Good Practices

on Community-based Inclusive Development in Asia and the Pacific

CBR AP Network APCD JANNET JSRPD

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Introduction

During the past decades various international frameworks such as the Community-based Rehabilitation (CBR) Guidelines (2010), the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006), the Millennium Development Goals (2000) and Beyond, as well as the Incheon Strategy for the promotion of the Asian and Pacific Decade of Persons with Disabilities (2013-2022) and other regional initiatives, have been adopted by governments, international and local non-government organizations, Disabled People's Organizations (DPOs), and various stakeholders in the implementation of relevant programs and projects involving persons with disabilities.

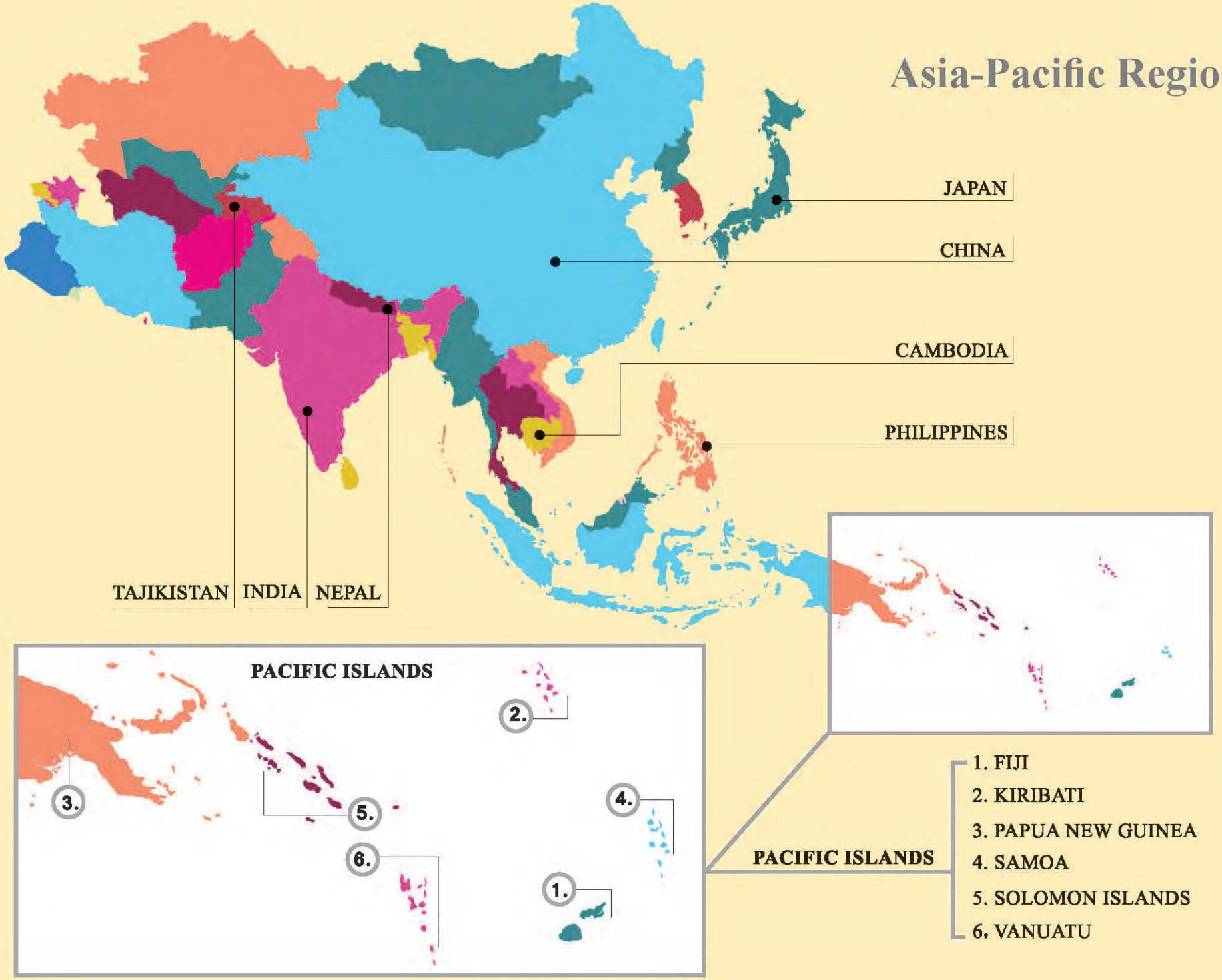
The aim, goal and end result envisioned by these initiatives is Community-based Inclusive Development (CBID),which means that the communities and society at large are transformed into being inclusive of all marginalized groups and their concerns, including persons with disabilities. The rationale is that no one should be excluded from development for any reason. Inclusive development requires partnerships and alliances between different stakeholders, especially between CBR, DPOs, families of persons with disabilities and governments.

As part of preparations for the Third Asia-Pacific CBR Congress being held in Japan in 2015, the CBR Asia-Pacific Network and Asia-Pacific Development Center on Disability (APCD) in Bangkok, in partnership with the Japan NGO Network on Disabilities (JANNET) and the Japanese Society for Rehabilitation of Persons with Disabilities (JSRPD), undertook to document initiatives in countries in the Asia-Pacific region, which reflect the achievements of CBR and CBID. The focus was on lessons learned to inform future development of such practice in the region.

Member countries of the CBR-Asia Pacific Network were initially sent a questionnaire to collect information on their CBR and inclusive development practices. The information sections included country background; laws and policies for persons with disabilities; main activities according to the CBR Matrix; management and organization; key stakeholders; impact of the program; challenges faced; sustainability; lessons learned; and future plans.

The responses received were critically reviewed by a panel of experts and five case studies were chosen. Since these cases were not representative of all regions of the Asia-Pacific region, efforts were made to selectively invite participation from countries within and outside the Network to ensure better regional representation. Finally, eight case studies were included in the document: Cambodia, China, India, Japan, Nepal, Pacific Islands (Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands, Vanuatu), Philippines and Tajikistan. These represent a variety of CBR practices, including those promoted by governments, by civil society and through partnerships between different stakeholders.

Asia-Pacific Region



CAMBODIA

Project for Creating Non-Handicapping Environments: Strong Community Involvement

Background

Since the passage of the Law on the Protection and the Promotion of the Rights of Persons with Disabilities in July 2009 and the ratification of the Convention on the Rights of Persons with Disabilities in December 2012, Cambodia (with an estimated 1.4 % of population who has disabilities, according to UNESCAP 2011) has had several initiatives to improve the quality of life of persons with disabilities at the local level. One of these initiatives is exemplified in Kien Svay District in Kandal Province which is situated 20 kilometers east of Phnom Penh.

Kien Svay District is composed of eight communes with 64 villages with a total population of 120,367 of which 1,086 are persons with disabilities. As in the case of other areas in Cambodia, persons with disabilities in Kien Svay face poverty generally due to limited access to education, skills training, employment/income generation opportunities and other social services. Access to the physical environment is limited as majority of public buildings are inaccessible to persons with disabilities, which hinders their full participation in activities of their community. Awareness on disability issues is also generally low, which often transforms to negative perceptions towards persons with disabilities.

The Kien Svay District through its local officials and relevant local stakeholders, together with the Asia-Pacific Development Center on Disability (APCD) with support from the Japan-ASEAN Integration Fund (JAIF) is in the process of changing this scenario, in collaboration with the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MOSVY), Disability Action Council (DAC) and National Center for Disabled Persons (NCDP). Through the Project for Creating Non-Handicapping Environment (NHE) in Kien Svay District, which was initiated in November 2012, project stakeholders are moving towards an inclusive-barrier free environment where persons with disabilities have more opportunities to participate fully in the economic and social life of their own communities.

Main Activities

The following activities have been implemented in Kien Svay District since November 2012:

1) Kien Svay District officials participated in the 1st ASEAN Regional Meeting held in Pattaya, Thailand on 6-7 December 2012, which allowed them to learn about non-handicapping approaches from resource persons and through on-site observation/ learning from the accessible facilities of Pattaya. As a result, accessible facilities such as ramps and toilet were installed in the training hall of Kien Svay District as of February 2013.

2) The Kien Svay Development Steering Committee composed of Kien Svay District officials and representatives from Disabled People's Organizations (DPOs), DAC, NCDP, the business sector, and APCD was established on 14 February 2013 to provide guidance and direction for the successful implementation of project activities. The Steering Committee is headed by Mr. Sorm Sin, the deputy governor of Kien Svay District.

3) To assess the current situation of disability in the district, a baseline survey was done from 5 to 13 March 2013 through the combined efforts of the Steering Committee members, persons with disabilities, and volunteers from communes and villages. Through interviews with randomly selected persons with disabilities (104) and persons without disabilities (70) as well as accessibility audits of public buildings (18), it was found that persons with disabilities have predominantly low levels of education and employment rates; both groups have low levels of awareness on disability; and public buildings were mostly inaccessible with only three buildings having accessible facilities such as ramps.

Household interviews conducted during the baseline survey

4) Based on the results of the baseline survey, a preliminary action plan for implementing NHE in Kien Svay District was developed on 6 to 7 June 2013 by the Steering Committee. The action plan highlighted three priority areas for action, namely:

5) To further hone their skills in implementing NHE, the Steering Committee members and selected DPO leaders underwent training on NHE in Bangkok, Thailand from 10 to 14 June 2013.

6) Participation in the 2nd ASEAN Regional Meeting in Hanoi, Vietnam on 27 to 28 August 2013 allowed the Steering Committee members to share their experiences and learn from the experiences of other ASEAN countries. A roadmap for the future based on the Hanoi Recommendations also gave the Steering Committee members ideas on how they could establish model communities in Kien Svay District for possible replication in other areas.

7) Based on the meeting of the Steering Committee on 6 to 7 May 2014, commitments to implement the action plan were renewed. Accessibility of local communities will focus on making rural markets accessible to everyone while advocating for free space in the market where DPO members can have livelihood/income generating activities in the future.

   The process of making rural markets accessible will promote awareness on the importance of accessibility in public establishments as well as the rights of persons with disabilities not only to access market services but to also provide products or services for their livelihood in line with poverty reduction strategies.

For this purpose, the NHE workshop was conducted on 8 to 10 May 2014 through actual physical modification of Phlou Thmey market. An agreement was also made between Kien Svay District, Phlou Thmey market owner, and APCD to cooperate fully on making the market accessible to everyone by making entrances, pathways, and toilet accessible.

8) To strengthen the capacities of Steering Committee members and DPO in raising awareness on disability, atraining on disability awareness/advocacy was conducted from 3 to 4 July 2014. As part of the training, the participants joined the launching of the National Disability Strategic Plan 2014-2018 and the Fifth Anniversary of the Law on the Protection and Promotion of the Rights of Persons with Disabilities; organized an awareness event through the launching of the new accessible Phlou Thmey market; and initiated another rural market modification for Kien Svay Krao Market.

9) In order to increase the capacity of Steering Committee members and DPO to generate their own funds, a training on project proposal writing was done from 8 to 10 October 2014. Additional rural market modification was also done in Sdao Kanleng market after agreements were made between Kien Svay District, Sdao Kanleng market owner, and APCD.

In the process of implementing the activities, persons with disabilities have been empowered by becoming active members of the Steering Committee for the planning and implementation of activities, actively participating in the baseline survey as interviewers and advocates on the rights of persons with disabilities, and promoting rights-based inclusive and barrier-free communities particularly through the actual modification of rural markets to make them accessible for everyone. Persons with disabilities now have easier access to services and products in the market. At the same time, they can now offer services/products in the market since a free space has been provided to them by the market owners of Phlou Thmey, Kien Svay Krao and Sdao Kanleng markets.

By making public areas such as rural markets accessible, the general public including the elderly, pregnant women, persons with disabilities, and others with special needs, now have better access to products and services in the rural market.

In the case of Phlou Thmey, more people have been observed to go to the market to buy and sell products due to facilities such as accessible toilet, accessible entrances and pathways, parking space for persons with disabilities, signs, etc. People around the market seem to be happier as they can have easier access to and from the Phlou Thmey rural market and are now more aware of the importance of making environments accessible for all.

For Kien Svay Krao, the accessible toilet can both be used by customers of the Kien Svay Krao market and the nearby restaurant.

Key Stakeholders

The key stakeholders of the Project include the following:

- Kien Svay District Officials
- Kien Svay Development Committee
- Persons with disabilities and their families
- General community including market owners, sellers and buyers
- MOSVY, DAC, NCDP, APCD

Impact

The Project for Creating Non-Handicapping Environments in Kien Svay District has shown the following impact:

1) Strong collaboration between Kien Svay District local authorities, Kien Svay Development Committee, organization of persons with disabilities, MOSVY, DAC, NCDP, and APCD. Through this collaboration and strong solidarity and commitment of the members of the steering committee, the project has been progressing steadily towards making Kien Svay District barrier-free, raising awareness on the importance of accessible environments for all, and empowerment of persons with disabilities through their active participation in the implementation of planned project activities.

Modification of Kien Svay District Training Hall

Before

After

Modification of Chheu Teal Commune Office

Before

Toilet

After

Modification of Phlou Thmey Market

Before

Entrance

After

Before

Main road at side of the market

After

	Before	After
Pathway		
Toilet		

2) Improvement in accessibility of public buildings in Kien Svay such as the Kien Svay District training hall, Chheu Teal commune office, Phlou Thmey market, Kien Svay Krao market, and Sdao Kanleng market, which were done through the collaborative efforts of the Steering Committee members, persons with disabilities, district authorities, and market stakeholders.

3) Strong support of market owners for the modified markets, which provided free market space for DPO members so they can have their own livelihood/income generating activities in the market.

4) Alignment of market modification plans with district improvement plans. The modification of Phlou Thmey market was made in link with the district plan to concretize the pavement in the market next to the main road. This made access to the market from the main road much easier for all people.

5) The number of people going to the Phlou Thmey market to buy products or services has increased significantly. The accessibility of the market may have contributed to this increase and could imply that accessibility is good for the market business as more buyers tend to come. Accessibility in the market also promotes awareness among many people on the importance of making environments accessible to all.

6) The accessibility modifications in Chheu Teal commune such as ramps and accessible toilet were done using the commune's own local resources/funds. This model is being promoted in seven other communes so that all the eight communes in Kien Svay will become accessible for all.

Modification of Kien Svay Krao Toilet

Lessons Learned

Based on the activities implemented and experiences gathered by Steering Committee members, the following are the lessons learned so far:

- Collaboration between various organizations at different levels should be strengthened further. Apart from strong support from DAC, NCDP, APCD, and JAIF, linkages at the provincial level (Kandal Province) and support from the business sector at the provincial and district level should be developed more.

- The implementation of local projects such as the one in Kien Svay should be aligned with national initiatives on disability such as the National Disability Strategic Plan 2014-2018. The NDSP can be used as a legal framework by the project to promote rights of persons with disabilities and the project can contribute towards the achievement of the NDSP particularly on accessibility.

- In implementing non-handicapping environment projects, it helps to have a particular focus such as rural market modification to have a clear and more realistic goal. However, other aspects of making the environment accessible such as accessibility in government offices, schools, hospitals, etc. should also be considered especially from the perspective of district development plans so that a more comprehensive approach of making the community accessible and inclusive to everyone may be achieved.

- In the selection of targets for rural market modifications, it is important to consider the support of the market owner not only to provide the free market space for DPO but also to contribute towards the modification of the market as well as the maintenance of accessible facilities. The market store owners should be encouraged to become part of the initiative at the initial stages so they can also contribute towards making the market accessible to everyone in the long term.

Sources of Financial Support

- Local government
- Contributions from market owners, sellers, business sector
- International organizations and agencies

Future Plans

In addition to the current modifications done in the market, the district plans to modify all of the eight commune offices so that they will become accessible to everyone. Other public establishments such as hospitals, schools, government offices are also considered for future modifications for accessibility. To make this happen and for sustainability, local policies on disability and accessibility with corresponding annual budgets will be integrated in the district development plan so that actual implementation will be realized.

CHINA

Mainstreaming Disability Into Development: Experience of Yunan Disabled Persons' Federation (YDPF)

Background

The Government of China is a signatory to the UN Convention on the Rights of Persons with Disabilities (CRPD) and has made provisions for policy and legislative support to promote equal opportunities and to protect the rights of persons with disabilities in the country through legislation such as the Law on the Protection of Persons with Disabilities, the Regulation on the Education of Persons with Disabilities, and the Regulation on Employment of Persons with Disabilities.

China has national five-year plans on disability in line with the national social and economic plan. Each province in China has a provincial disabled people's federation with branches at prefecture level (second level of administrative hierarchy in each province), which in turn oversees county (rural) or district (urban) levels. All these levels work in conjunction with the federal organization, the China Disabled Persons' Federation (CDPF).

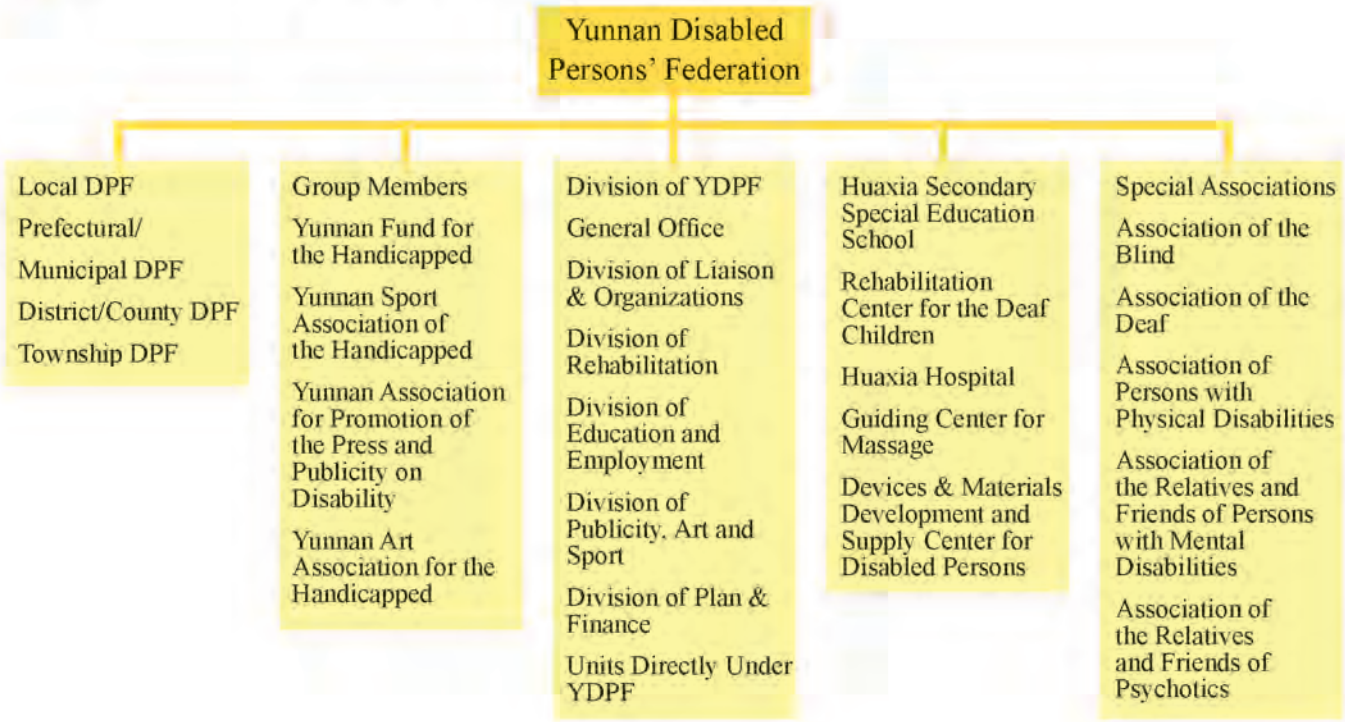
Disability working committees have been established from central to county level consisting of members from different government departments.

Yunnan Disabled Persons' Federation (YDPF)

Yunnan province is located in the southwestern frontier of China. Mountainous areas make up 94% of its total area. The population of Yunnan Province is 43.36 million, of which 32.45 million (76.62%) live in rural areas. From its 129 counties, 73 are considered as 'poverty counties' by the government. According to the second survey of population of persons with disabilities conducted in 2006 by CDPF, there are 2.88 million persons with disabilities in Yunnan province. Persons with physical disabilities constitute the largest group (25.18%); followed by those with hearing disabilities (22.03%); multiple disabilities (20.6%); visual disabilities (18.97%); mental illness (7.39%); intellectual disabilities (3.82%);and speech disabilities (2.01%).

Yunnan Disabled Persons' Federation (YDPF) was established in 1988 with approval of the Yunnan provincial government. It is a semi-governmental organization for and of people with disabilities. The aim of YDPF is to promote humanitarianism, protect the human rights of persons with disabilities and ensure their equal participation in society, their contribution to economic growth and social development, as well as receive their equal share in the economic and material achievements of the society.

Organization Structure of YDPF



In 2002, CBM International started working in partnership with the YDPF to implement a CBR pilot project in one district of Kunming. The experience sharing of the pilot projects in a CBR workshop in 2006 motivated representatives from 16 prefectures to develop CBR work in their areas. At this time, YDPF also integrated CBR into its five-year plan, which was approved by the Yunnan provincial government and funds were provided accordingly.

From 2007, YDPF has been promoting CBR in Yunnan province, with the objective of assisting each prefecture to develop CBR in at least one county/district as a demonstration and resource project. Since then, with the combined efforts of YDPF, CBM and the local Disabled Persons' Federations (DPF) and the local government, CBR has been initiated in 22 districts/counties of 12 prefectures of the province.

Main Activities

The consistent focus of the YDPF-CBM partnership has been on the following key result areas:

- Capacity building at all levels of the YDPF management structure using international frameworks such as the World Health Organization (WHO) CBR Guidelines and the UN CRPD.
- Developing a network of referral and support services for CBR implementation
- Advocacy and awareness raising to promote community involvement in CBR

- Sustainable resource mobilization through involvement of different sectors of government
- Advocacy for disability mainstreaming
- Capacity development of the field worker team

CBR principles are defined by YDPF as relevant and appropriate to the local context and activities are being planned using the WHO CBR Matrix as a guide. The principles that guide the CBR work are inclusion, participation, empowerment, self-advocacy, sustainability and barrier-free environment.

Table 1 illustrates how the YDPF activities address all components of the WHO CBR Matrix.

Table 1: CBR Matrix Related Activities of YDPF

Health	Education	Livelihoods	Social	Empowerment
Promotion Distribution of materials on prevention of diseases and disability, rehabilitation, health, etc. Training on prevention of diseases and disability Awareness raising in cooperation with the Health Sector	**Early Childhood** Daily living skills training, referral to kindergartens, education subsidy Referral to prefecture level special schools	**Skills Development** Vocational skills training at community Referrals to vocational skills training centers	**Relationships, Marriage and Family** Communication and interpersonal skills training and counselling to strengthen social relationship Counselling and assistance on marriage	**Advocacy and Communication** Advocacy by persons with disabilities and DPOs to lobby for their rights and for information DPFs at all levels, community coordinators and family members work together for the realization of the rights of persons with disabilities
Prevention Awareness raising on National Disability Day and other special days Promotion of maternal healthcare, disease control, home-based rehabilitation training Free outreach programs such as hearing screening for children under 5 years, free treatment on special days	**Primary** Referral to mainstream schools Education subsidy to those study in special schools	**Self Employment** Support for self employment	**Personal Assistance** Mobilizing volunteers and different government sectors to support persons with disabilities Training, information and funding support to family members	**Social Mobilization** Resource mobilization in the community and government sectors to support CBR CBR coordinators work closely with village/ communities to provide services to persons with disabilities

Medical Care Networking with Health Department and hospitals for referral Outreach programs by health experts, screening and referral for cataract surgeries, hearing screening, subsidy for medication and treatment	**Secondary and Higher** Referral to mainstream high schools Education subsidy to those in secondary and higher education and to children of poor persons with disabilities	**Financial Services** Access to credit or low interest and interest-free loans by DPF, banks	**Culture and Arts** Organizing cultural and arts programs	**Political Participation** Persons with disabilities participate in national and local political activities, such as voting for village/ township leaders, being elected as leaders
Rehabilitation Training for parents of children with speech and hearing disabilities Orientation and mobility training for persons with visual disabilities Free medication and treatment for persons with mental health problems Rehabilitation training for persons with physical and other disabilities Training on rehabilitation skills, usage of devices and prescription of devices for field staff	**Non-Formal** Home-based learning Advocacy for right to education, awareness raising activities for healthcare, training for parents of children with disabilities Short-term education to children with disabilities by parents and field staff	**Wage Employment** Facilitating employment in government and private sectors Facilitating employment in businesses of other persons with disabilities	**Recreation, Leisure and Sports** Organizing recreation, leisure and sports events	**Self Help Groups** Facilitating formation of groups Activating existing associations of disabilities
Assistive Devices Provision of assistive devices such as artificial limbs, wheelchairs, hearing aids, etc. Housing renovation and home adaptation	**Life-long Learning** Reading rooms and books in communities/ villages for all, including persons with disabilities Access to higher and continuing education for adults and older people	**Social Protection** Inclusion of persons with disabilities in all social protection measures, such as poverty subsidy, medical insurance, pension, etc. Advocacy to influence polices related to rights of persons with disabilities Housing renovation, subsidy for farming fuel/ gas, free public transport	**Access to Justice** Advocacy for rights of persons with disabilities on the National Disability Day, Sight Day and Hearing Day Legal assistance to those in need	**DPOs** DPFs are present in all levels to advocate for rights

Impact

The YDPF CBR project has undergone serial evaluations and mid-term reviews between 2006 and 2012. The major outcomes of the project in terms of mainstreaming disability issues into the local development processes, as documented in these evaluations, are listed below.

Capacity Building for Comprehensive CBR and Inclusive Development

Between 2006 and 2011, more than 5,000 persons underwent training on CBR and inclusive development, from province, prefecture, county, township/village levels.

These trained staff, in turn, imparted training on CBR, disability and inclusive development to field staff: In 2010, 736 out of the total 6,066 (for the whole province) CBR field staff received a five-day training; while in 2011, 644 of 6,066 CBR field staff were trained.

As a result, there is a pool of well trained and motivated field workers in place in the 22 counties. Many of them are persons with disabilities themselves or family members. As the evaluation reports have recorded, the field workers are knowledgeable, competent and motivated to work with persons with disabilities, and take much pride in their work.

At different levels of YDPF personnel too, the evaluations have recorded the changes in their understanding of CBR, which has changed from a medical and charity orientation towards aligning with international trends of a comprehensive rights-based approach.

Another direct outcome of the capacity building efforts is the establishment of a service and referral network from the prefecture level downwards to address needs of persons with disabilities. The decentralized service delivery structure and system has helped to expand the services to the periphery. In rural areas, the three-tier service system is available from the county to township to village level, while in urban areas, it is from district to sub-district to community level. As a result, the number of persons with disabilities who are registered for different services has increased from 898,000 in 2010, to 921,500 in 2011, according to YDPF statistics. This includes access to medical and rehabilitation services, poverty subsidy and insurance, education, livelihoods, home adaptation and improvement.

The evaluations have recorded that "their living conditions have improved, along with their self confidence and participation in social and community activities. Families have acquired skills to manage simple rehabilitation activities"; and that "awareness and publicity activities have made the communities aware of the CBR program, and of the potential of persons with disabilities, and helped in networking and resource mobilization. Traditionally people in rural areas have been 'kind' to persons with disabilities, viewing them with pity. The CBR program has helped to change those attitudes towards better acceptance and respect for their abilities". Also, "coverage and reaching persons with disabilities living in remote counties who hitherto had had no access to any services, is a significant outcome of this CBR program".

A few case studies illustrate the significant changes brought about in the lives of persons with disabilities through YDPF efforts.

Ms. C is an elderly lady who is blind. Her husband and two sons have passed away and her daughter lives in another province. Previously she was dependent on her daughter-in-law for income and for assistance around the house. With the help of the field worker she received rehabilitation training and assistance to raise chickens. From this income she was able to purchase a cow. The field worker also helped her to access the government poverty subsidy of 50 yuan per month. She reports that previously she used to feel depressed and fearful of going out on her own, but now feels very happy to be living independently, as she is no longer a burden on anyone.

Eight-year-old C is a boy with cerebral palsy who attends inclusive education at the local primary school. He has a mild physical disability, mild speech disability and some learning difficulties. The field worker acted as a resource for the school, assisting them to understand his needs, and to set up opportunities to maximize his social inclusion at school. The field worker also supported his mother to have the confidence to send him to school. The mother reported that she is very grateful to DPF and to the fieldworker for assisting her child to attend the mainstream school. She is happy that he has friends at school and the parents of other children are very nice to her and her son. The teacher reports that she is happy to have this student in her class and makes attempts to promote his full inclusion in class, such as encouraging him to raise his hand to answer questions in class. With the help of field workers' suggestions, the school installed handrails in the toilet to improve accessibility for him. The principal reports that access to all the available networks – the district DPF, localized community resources and government policy on inclusive education – helped her school.

Mr. A is a massage therapist. He became blind at the age of 4. He had no education and was dependent on his parents in their village until they passed away, and had very limited mobility outside the home, although he could help with housework indoors. After his parents died he had no source of income. With the help of the field worker he underwent O & M training and massage therapy training. He moved to the city and worked in a massage clinic from 2005 to 2008 and set up his own clinic last year. He also got married and had a baby. He reports that previously people in his village did not respect him and that some people felt that he was useless and looked down on him. However, now he that he lives in the city and is earning a good income, people look up to him when he returns to the village.

YDPF has also been successful in advocacy, networking and resource mobilization for inclusion of persons with disabilities into poverty reduction and other development benefits.

In 2011, eight CBR sites of YDPF were recognized as national pilot CBR units by the CDPF, according to the Guidelines produced by CDPF in 2009 on pilot CBR units.

Policy, Legislative and Financial Support from the Yunnan Provincial Government

The Yunnan provincial government has enacted employment support measures to ensure that all units or organizations employ 1.5% of persons with disabilities or provide vocational training fund for them. The local government provides subsidy and technical instruction for persons with disabilities to help them to develop agriculture and animal husbandry.

Following the goal set by CDPF – "Every person with disability has access to rehabilitation services by 2015" – the provincial government has developed policy guidelines on support for poor persons with disabilities, that require all local government units to include them in local social and economic development.

In Yunnan province, disability working committees are established from provincial to county level with representation from all local government departments, to facilitate multi-sector coordination and ensure mainstreaming of disability concerns into development. Another example of mainstreaming is the Community Service Centers that function as a 'one-stop-center' for all government services and benefits at the county level, including maintaining a health center. Demographic and service records of persons with disabilities are stored here and community volunteers maintain contact with them.

YDPF has their own plan in alignment with the provincial 12th Five Year Plan, approved by the provincial government. YDPF has also set up a provincial CBR office with CBM support to provide technical support for CBR implementation at the counties. The DPF structure and staff are available at all levels, to coordinate program implementation along with government departments.

The provincial government budgets for CBR have been increasing, from RMB 11,765,700 in 2006 to RMB 26,272,100 in 2011.

Lessons Learned

The critical factors for success in the YDPF experience are:

- Government leadership and involvement: If local government is not involved, then resources for implementation are inadequate. It is important to advocate with local government and get them involved.
- Establishment and building capacity of an effective disability working committee
- Capacity building on CBR and international concepts, for government sectors and DPF staff
- Mobilizing persons with disabilities, through community surveys, needs assessment surveys and ensuring quick access to benefits
- Localization of international concepts, especially 'empowerment' and 'self-help groups' (SHG)
- Ensuring that CBR is included in work plans and budgets of government sectors
- YDPF's role as an intermediary between government and persons with disabilities; and as a coordinating and capacity building resource agency

Sustainability is also ensured because of the strong policy and legislative backing along with prescribed targets for achievement; the availability of a service delivery structure that helps to expand services to the periphery; good networking and mobilization of resources for CBR at all levels, such as schools, rehabilitation centers, hospitals, primary health care networks and so on.

The Future

A major challenge in operationalizing the empowerment component of the CBR Guidelines has been the formation of self-help groups, despite training and capacity building on this concept, based on the CBR Guidelines. The concept of SHG as defined in the CBR Guidelines has not yet been successfully translated into action, suggesting that it may be difficult in the local context to develop a 'bottom-up' SHG the way it works in other countries. YDPF is making attempts to see how to operationalize the concept of SHG to fit into a centralized governance system, perhaps in a more externally facilitated manner, with the active involvement of the local DPF and government officials. Likewise, terminology can be changed to suit the context, from 'SHG' to 'club' or 'association' or 'disability support group' to make it more acceptable. There are also existing associations of persons with disabilities facilitated by the DPF officials that can be motivated and encouraged to expand their membership to include those from peripheral areas.

Other areas to focus on in the future include better coverage of services in remote counties, especially for persons with high support needs; development of local trainers in CBR and inclusive development for wider dissemination of current CBR principles and practice; capacity development for persons with disabilities and their families to become self-advocates; and better documentation systems. With efforts to address these issues, the YDPF program plans to be a good model for other provinces in the country to follow.

INDIA

SANCHAR: Reaching the Unreached

Background

India signed the UN Convention on the Rights of Persons with Disabilities on 30 March 2007 and ratified it on 1 October 2007. In addition, several laws and policies on disability were passed for the benefit of the 2.21 percent of total population who have disabilities (26,810,557 as of 2011, Census of India). These laws include the 1986 Rehabilitation Council of India Act, 1987 Mental Health Act, the 1995 Persons with Disabilities Act (Equal Opportunities, Protection of Right and Full Participation), and the 1999 National Trust Act for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation, and Multiple Disabilities.

Despite these laws and policies, many persons with disabilities in India particularly those living in rural areas still face various challenges and lack access to basic services. In West Bengal state for example, especially during the early 1980s, access to rehabilitation services for persons with disabilities at the village level were very limited or practically non-existent. The available services were mostly city based and geared towards urban and middle class population. Distance and poverty made it impossible for persons with disabilities living in villages to avail of city based services.

In addition, there were several issues in the communities such as poverty in highly populated districts of West Bengal, low budgetary allocation by the state government for entitlements of persons with disabilities, lack of awareness on disability, marginalization of persons with disabilities due to negative attitudes by families and communities at large, and existence of environmental and social barriers.

In response to this need, a group of disability workers in Kolkata decided to venture into Community-Based Rehabilitation (CBR) in 1988 to reach the unreached persons with disabilities living in rural communities. This group was later registered as SANCHAR AROD (A Society for Appropriate Rehabilitation of the Disabled) and began to provide rehabilitation services for persons with disabilities in the rural communities. The group took into account the prevailing socio-economic realities and actively involved parents, families, and the community to promote positive attitudes towards disability and remove barriers for the inclusion of persons with disabilities in their own communities.

With this mission, SANCHAR initially started working in 20 villages in South 24 Parganas district in West Bengal. Now SANCHAR works in 110 villages of the district and covers around 800 persons with disabilities, 2,500 parents and family members, more than 1,000 community members/stakeholders including government, and more than 1,000 children without disabilities.

As an organization, SANCHAR is headed by a Director who reports to the members of the General Body and to an executive committee composed of eight elected members including the president, secretary and treasurer.

The members of the executive body are elected every four years with emphasis on equal representation of gender and persons with disabilities among staff and board members.

Main Activities

The main activities of SANCHAR in link with the CBR matrix include the following:

1) Health and Rehabilitation – health promotion, home-based rehabilitation, prevention, medical care and provision of assistive devices.

2) Education – inclusion of children with disabilities in the mainstream education system including necessary support for children with disabilities in continuing their education. SANCHAR also focuses on changing the system to accommodate the student by promoting inclusive approaches within the education system and raising awareness on the rights of children with disabilities to education.

3) Livelihood – SANCHAR organizes training on business strategies and skills development on different trades for persons with disabilities and provides support for income generating activities. SANCHAR runs an outlet called 'Barnali' for Swabalambi, an inclusive income generating group of young adults with disabilities and their families, to sell their products.

4) Social Inclusion – SANCHAR promotes social inclusion starting with families and their community at all levels. Capacity building trainings are provided to persons with disabilities and their families for them to understand their rights and make them aware of the government entitlements available to them. SANCHAR also does advocacy and lobbying with different government agencies to ensure that the entitlements are really made available to persons with disabilities and their families.

5) Empowerment – SANCHAR helps persons with disabilities to become self-advocates themselves and become active contributors in the community. It helps young adults with disabilities to form their own disability rights groups to raise their voices as well as parents of children with disabilities to form their own parents groups to advocate for the rights of their children.

SANCHAR implements these activities in a collective manner through capacity building for persons with disabilities, their families and the communities to advocate for their rights and to collaborate with government and non-government organizations to ensure that entitlements and services are made available to persons with disabilities and their families. At the same time, SANCHAR promotes advocacy and awareness on disability rights and issues at various levels of the government to address barriers that hinder the full participation of persons with disabilities in their communities.

Home-based rehabilitation of children with disabilities involving families and community

Key Stakeholders

The key stakeholders include the following:

- Children/adults with disabilities and their families
- Government departments from village to district levels, district hospitals, the government's universal primary education program, school teachers of government schools, department of school education, vocational rehabilitation centers, department of social welfare, etc.
- Community people including local club members, self-help group members, local leaders, etc.
- Business sector including corporations, factories and private companies
- Other NGOs working in the field of disability

Role of Persons with Disabilities

Young adults with disabilities are actively involved in advocacy on the rights of persons with disabilities through their own Disability Rights Groups. SANCHAR supports these groups by continuously building their capacity to raise their voices and to reach out to other persons with disabilities in their own communities to encourage them to join the advocacy effort and to build their own capacity to become self-advocates.

State-level consultation of children with disabilities to raise their own voices

Role of Government

The local government provides services and entitlement available to persons with disabilities in their own communities. This includes issuance of disability certificates, identity cards, medical insurance and other services that are of benefit to persons with disabilities and their families. The local government also promotes and protects the rights of persons with disabilities in their own communities.

Partnerships

There is no formal partnership between SANCHAR and the local government but years of working together have built strong relations and trust. The local government offices are supportive of the activities of SANCHAR and help facilitate the planned activities in the community.

Impact

The noted impacts of the program are as follows:

- In the project areas, parents, family members and community stakeholders are helping each other to address disability issues in their own communities. Members of parents groups would often support other parents in the conduct of home-based rehabilitation for children with disabilities. The communities are also helping in the identification and referrals of new cases of children with disabilities to SANCHAR or to the local government.

- Several children/adults with disabilities have been empowered to form their own Disability Rights Group to raise their own voices and promote inclusive, barrier-free environments in their communities, in schools and other public places.

Children's Day advocates for children's rights

- 80% of children with disabilities in the program area going to school regularly, participating in social activities, and availing of government support and entitlements that will allow them to continue their education after primary school.
- Active parents groups have been established to build capacity of new parents and do advocacy on the rights of children with disabilities at district, state and national levels.
- The community of the program area is developing knowledge not only on disability but also other issues like HIV/AIDS, violence against women, abuse of children, etc.
- Attitudinal and infrastructural changes are happening in the communities as schools, offices of local government, etc, are starting to consider building accessible rooms not only for persons with disabilities but also for elderly, pregnant women, etc.
- Local government offices are helping persons with disabilities not only to avail of disability-related entitlements but also other poverty alleviation schemes.
- SANCHAR's CBID practice has encouraged 100 community-based organizations in 17 states of India to implement CBR and promote CBID.

Lessons Learned

Based on the implementation of the activities of SANCHAR, some of the lessons learned are as follows:

- Parents should be involved from the very beginning as they play an important role not only in the rehabilitation and home care of their children with disabilities but can also support other families and children with disabilities.
- In the process of implementing home-based rehabilitation services, families should be encouraged to promote ownership and reduce dependence on SANCHAR.

- In order for interventions to be effective, poverty and economics should be addressed for the families of children with disabilities.
- Inclusive development to include other groups/issues is a must. Issues of other marginalized groups who are victims of abuse, violence and discrimination should be considered in parallel with the issues of disability in the community.
- The process of implementing activities in the community is a continued learning for all stakeholders. It needs to be continually encouraged and supported so that it can be a source of continued learning to address important issues effectively.
- CBR should not only be a project but should be a continuing process, driven by the community as part of their way of life.

Sources of Financial Support

- Donor agencies
- Individual donations
- Corporate donations
- Training and consultancy

Future Plans

SANCHAR will continue to build on the work they are doing in their current target areas but there are plans to expand to other areas in Kolkata where services to persons with disabilities are very limited or non-existing. This will be done through replication strategies with appropriate modifications based on the actual needs of the community.

At the same time, it is envisioned that alliances with other rights groups, such as women rights groups, will be strengthened. Continued capacity building of disability rights groups and parents groups will also be done so that eventually 30–40% of the responsibility of SANCHAR will be done through these groups.

Sustainability

SANCHAR has been operating since 1988 with its longevity attributed to sustainable mechanisms involving parents/families of persons with disabilities, persons with disabilities themselves, their communities, local governments and other local stakeholders who have not only supported the activities but have also shown ownership of the program. The same principle will be continued and strengthened so that the activities will be sustainable using the resources of the community in the long run.

International Day of Persons with Disabilities

Home-based rehabilitation by SANCHAR and parents' group

Advocacy through candlelight vigil

State-level consultation for children with disabilities

JAPAN

Kusanone Mutual Support Project: Working Towards Social Inclusion with Nekonote Bank

Background

Kusanone Mutual Support Project was established as a voluntary organization in 2011. It became a general incorporated association in 2012. The Project works in Aichi Prefecture of Nagoya City. The population of Nagoya City is 2.25 million; and it is estimated that about 16% of the people are in the state of relative poverty as of 2009 (in relation to the national average).

Detailed interactions with persons with multiple problems and their supporters led the Kusanone Project to realize that many people who have difficulty coping with life are those troubled simultaneously with both economic and relationship issues. Analysis shows that these people are excluded from existing social services and welfare systems, resulting in their social isolation. With this awareness, the Kusanone Project was started as an outreach-type of livelihood support that aims for the elimination of poverty resulting from social isolation, through the continuous provision of personal support services to help clients establish trusting relationships, according to their specific needs and situations. The vision of the Project is to realize a society where no one falls into poverty and social isolation.

The clients are those in social isolation and poverty, resulting from the cycle of economic difficulties and the lack of good relations with others. Their isolation is often caused by problems in communication and the lack of understanding of the people around them. Before this situation ends up in the worst-case scenario – suicide – the Project attempts to restore their functioning in the community by helping them face "familiar and everyday difficulties."

The Project focuses on persons with multiple problems, including persons with developmental disabilities, persons with mental health problems, persons with intellectual disabilities, persons with incurable diseases, alcoholics, drug addicts, victims of domestic violence and abuse, people with school phobia/bullied persons, sexual minorities, etc.; in short, anyone who finds themselves isolated.

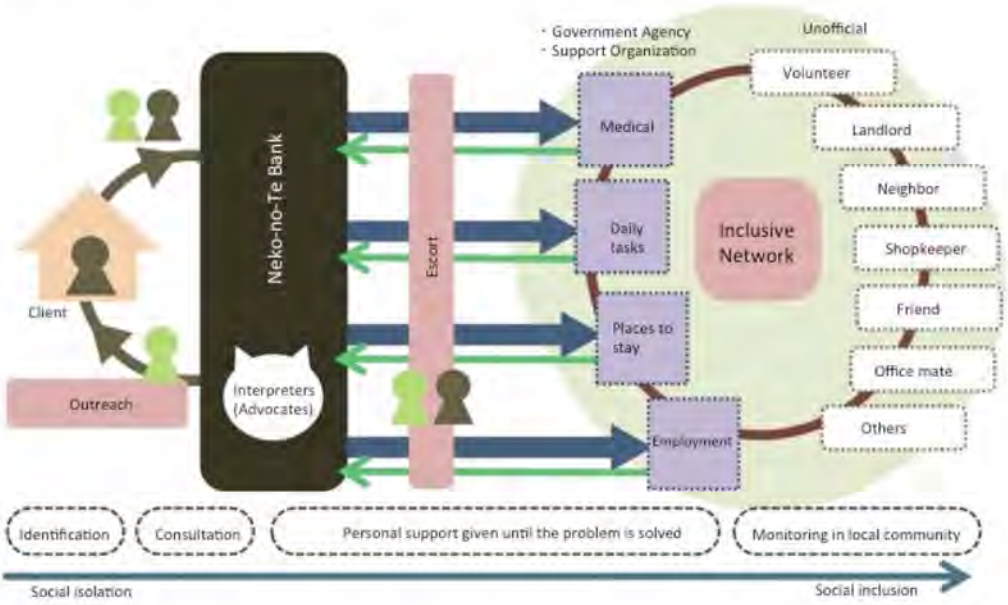
Nekonote Bank is thus an outreach mechanism that has an interpretative function to re-establish links between these people and others.

The Project utilizes the support of different stakeholders such as volunteer staff members who serve as the intermediary between the clients and society; sub-volunteer staff members who help main volunteers to provide escort and visitation services; support organizations with expertise to help solve various problems; local government of Aichi Prefecture; members of an informal support network in Nagoya City; and neighborhood and satellite communities.

Activities

The activities include:

- Survey of the number of people who have difficulty coping with life and who are on the brink of social isolation (Identifying function)
- Reaching out to these persons and establishing personal, trusting relations through attentive listening (Outreach function)
- Advocacy with society about these people and their issues (Interpretative function)
- Home visits to clients and escorting them to the support organizations that can help them address their problems (Visiting and escorting function)
- Collaboration with other support organizations/individuals who have the expertise to address their issues (Network function)
- Mobilizing general support, which is not covered by any specialized organizations or existing services from the local community (Unofficial function)
- Gradual transfer of support roles to some people in the local community and establishment of an inclusive monitoring system (Monitoring function)



New Approach to Solve Social Isolation and Poverty

The core team behind the activities are volunteers who came together to study the issue of social isolation, and include supporters in various fields, persons with disabilities, government employees, company employees, academics, etc. It is necessary to learn about the clients' issues to help in

finding the appropriate solutions through careful hearing survey and analysis. The project makes use of various approaches such as brainstorming ideas, group studies, and social experiments in this process.

Interpretative Function and Outreach

The Project staff play three main roles in their interpretative function and outreach:

1. As a personal assistant: To help the client face everyday challenges together as a team
2. As an advocate and communication facilitator: To help re-establish relations between the client and the society
3. As a coach encouraging skills development: To support the client in acquiring skills to effectively form connections with others in the community

Through these efforts, the Project tries to re-establish linkages between the clients and the existing social welfare systems, as well as the local communities, including people in the neighborhood.

Networking Social Resources

To alleviate/solve each difficulty, a particular expertise is required. Existing service providers in each particular field in the local communities are the ones that can offer such expertise. Therefore, the Project consciously and deliberately tries to establish collaborative mechanisms between and among various organizations, including non-profit organizations and government bodies, by holding a "Potluck of What-I-Can-Do Workshop" in various places.

CBR Matrix

The Project's direct activities according to the CBR Matrix cover personal assistance, advocacy and communication, and skills development.

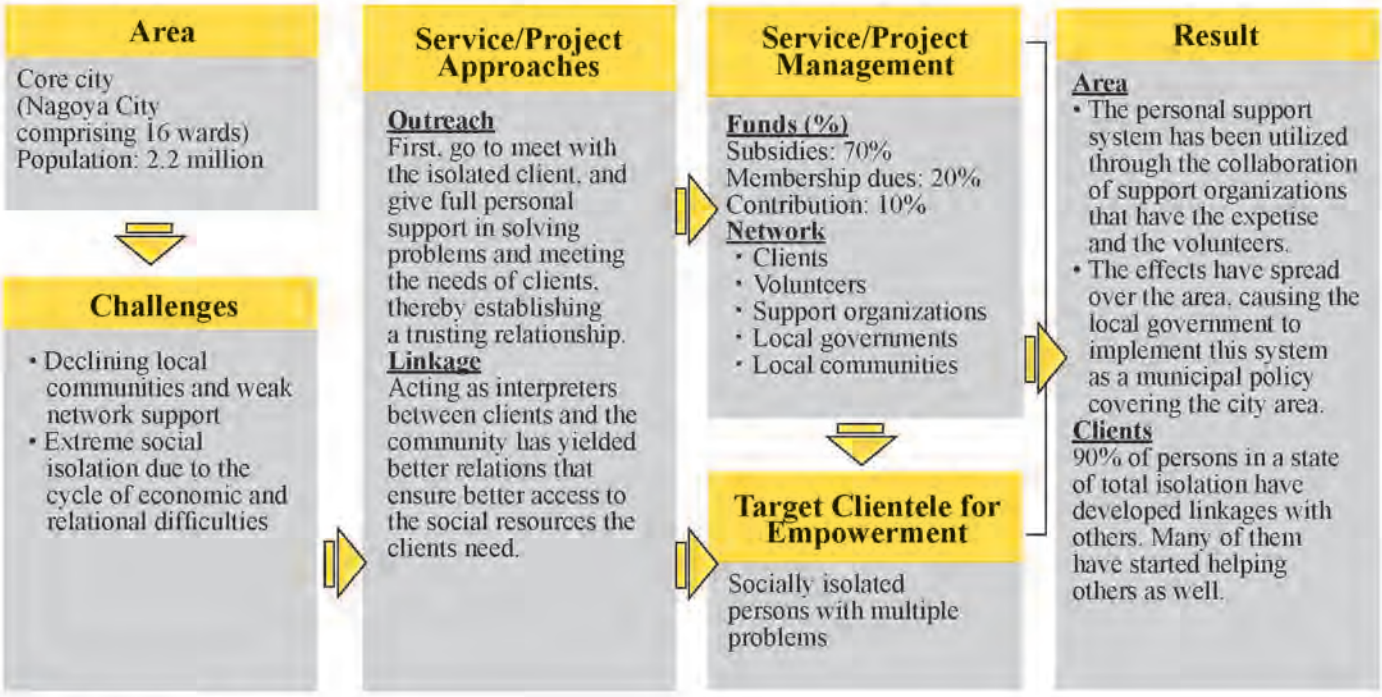
CBR MATRIX

HEALTH	EDUCATION	LIVELIHOOD	SOCIAL	EMPOWERMENT
Promotion	Early Childhood	Skill Development	Personal Assistance	Advocacy & Communication
Prevention	Primary	Self-Employment	Relationships, Marriage & Family	Community Mobilization
Medical Care	Secondary & Higher	Wage Employment	Culture & Arts	Political Participation
Rehabilitation	Non-Formal	Financial Services	Recreation, Leisure & Sports	Self-Help Groups
Assistive Devices	Lifelong Learning	Social Protection	Justice	Disabled People's Organizations

First, the Project team visits the client (outreach), and provides personal support during the process of addressing the problem the client wants to solve most urgently. The client, who has long been isolated from the community, will regain confidence to connect with others and acquire communication skills, among others.

The client will then find enough social resources; those who were previously isolated from the community slowly come to trust others. With the Nekonote Bank's escort services, they build up relationships with others, and start to have good relations with support organizations and communities (blue-coded in the previous chart), and organizations with the appropriate expertise (yellow-coded). Eventually, they will acquire skills and improved abilities to enable them to play a role in the community and they will thus become empowered, which is the ultimate goal.

The figure below provides a snapshot of the Kusanone Mutual Support Project.



Lessons Learned

Since its establishment in 2011, the Kusanone Mutual Support Project has grown tremendously. What is common and key to success in all projects is a three-step process: 1) Visiting the client; 2) Engaging in thorough and attentive listening and dialogue with the client, thus establishing a trusting relationship; and 3) Linking the client to the appropriate special support and to the local community. When promoting this Project as a model, the most important thing is the basic policy that "We never exclude a client who does not seem to fit in to an existing system or a common framework," and that "We will always try to help anyone by creatively utilizing any kind of social resource." In order to disseminate this mindset in the community and recruit people who share the same belief, it is necessary to hold open workshops. In one of the activities called Kusanone Study Group (Kusa-Labo) consisting of activity report and a workshop, the members take turns being

a facilitator, which helps them discover something new through discussions with other members from various backgrounds. There are many participants who may be "socially vulnerable." They can take the lead in discussing issues in society that are directly related to their difficulties. By regularly listening attentively to these discussions with diverse kinds of people, some have changed their attitudes and others have learned to trust others more. Creating such occasions for discussion may be the essence of the Kusanone Mutual Support Project.

Financial Support

The main sources of revenue include subsidies, membership fees and donations.

Impact

Working with Individuals

In the Kusanone Mutual Support Project, it is important to visit clients regularly, listen attentively and discuss their concerns, and first try to establish a one-on-one relationship of trust, and then gradually help them expand such relationships with other people. It is only then that the client starts to let the Project staff help them. After identifying a client's problems, until his/her mind is set towards a solution, the Project's volunteer staff members patiently provide personal support. The Kusanone Mutual Support Project is based on an equal relationship between the client and the Project members where the client identifies the root cause of his/her difficulty of coping with life and wants to solve the problem. It is not merely a 'support – being supported' kind of relationship where one is more superior to the other. This approach has helped to bring about changes in many individuals whom the Project has helped.

A Project based on trust and mutual support

An example is a client who used to be completely isolated from his family and community. After he got in touch with the project on the phone, he got connected with the Nekonote Bank. After going through many steps, he now lives alone in the community with some monitoring. He is not only happy about getting the necessary support from more people than before, but more importantly, he has regained self-confidence and kindness for others to a point where he himself wants to help those in need of support, just as the Project members have supported him. He has made the first step towards independent living.

Working with Communities

In the process of solving specific and general problems, the Project tries to appropriately refer clients to organizations with the relevant expertise. Consultations had revealed that many of those who have problems were those whose issues were not addressed by public services or support systems. Some persons also have multiple problems. In order to address these problems thoroughly, the Project regularly conducts a report meeting/workshop called Kusanone Study Group (Kusa-Labo), which welcomes people from all walks of life, forming the Informal Network Nagoya. This inclusive type of network consists of various kinds of people, including civic volunteers, pro bono specialists, people facing problems, students interested in welfare, etc., as well as more than 100 support organizations. Through these networks, the Kusanone Mutual Support Project works to bring changes in the community.

Monthly voluntary study group

In the case of one young homeless person, since there was a need to address his homelessness urgently, the Project collaborated with an organization that helps the destitute, as well as with other supporters in the government's welfare services and volunteers of the Nekonote Bank. As the Project Director put it, "Once we are sure that our client has developed strong ties with the community and is accepted by the people there and that he/she will never be isolated again, that is when we gradually withdraw from the scene. Our role is being with the client only temporarily enough to help him/her establish human relationships."

Current Challenges and Future Tasks

One of the current challenges is that in most cases the isolated people are referred by support organizations such as the Comprehensive Counseling Center for Children and Youth. In order to identify isolated people earlier, it is imperative to train volunteers with positive attitudes and skills who can cope with various people with diverse difficulties, and also to recruit coordinators who can supervise the volunteers. The Project is in the process of establishing better ways to recruit and train more volunteers and supervisors, and to come up with a mechanism of a volunteer bank that can cover the entire Nagoya City. With this new type of endeavor, in which ordinary citizens help support the local community using public funds, the Project hopes to develop a successful model for the future.

NEPAL

Karuna Foundation: Working Towards a Successful and Sustainable Community Health Intervention

Background

Nepal signed the UN Convention on the Rights of Persons with Disabilities (CRPD) on 3 January 2008 and ratified it on 27 December 2009. This is in addition to a number of policy, legal and international measures for the protection and promotion of the rights of persons with disabilities in Nepal, such as the 1982 Disabled Protection and Welfare (DPW) Act, the 1994 Disabled Protection and Welfare Regulation, the 2007 adoption of an instrument on the definition and classification of disability including guidelines on disability identity card distribution with four different categories based on severity of disability of the person, and the 2013 accessibility guidelines.

Nepal has also pursued separate policies on human rights, with social inclusion of the vulnerable or marginalized groups or communities. The Three-Year Interim Plan of 2010-2013 has set Nepal's long-term vision on human rights as to build an inclusive, just and prosperous nation based on human rights culture. The current Interim Plan of Nepal (2013-2015) specifically aims to empower all persons with disabilities with respect and in a barrier-free society so that they can access resources to lead a dignified life. The government is also working on the revision of the domestic legislation to bring it into full compliance with the CRPD. The government has also prepared a draft bill to substitute the DPW Act, and an inclusive education bill that will be in line with CRPD.

Despite these developments, the 1.94 percent of the total population who are persons with disabilities (513,321 based on 2011 National Census) still face several challenges particularly at the community level. Persons with disabilities in the communities hardly get attention from their families and communities and are isolated from very basic needs such as social participation, health care, nutritious food, education, income generation activities and even from government service provision. Persons with disabilities lack awareness about their rights and lack access to barrier-free infrastructure and physical environment, which impedes their access to basic services.

Health facilities in rural Nepal are functioning with limited services, and fail to provide essential and preventive health services to the people in their communities. Health workers are often not accountable to the community which they serve, the management committees are unresponsive to the needs of the community, and paramedics, essential drugs and services are often unavailable. Community members are not treated as rights-holders. Preventable illnesses and deterioration in physical disabilities continue to afflict community members because of the absence of an effective health-care system that addresses the needs of the community and its most vulnerable members.

Although the Government of Nepal has enacted a decentralization and devolution policy through

the Local Self-Governance Act-1990, it failed to substantiate its real implementation by creating community ownership and management of social services. This has been further aggravated by the absence of locally elected bodies for the past 15 years. Despite 7% of the annual budget being allocated to healthcare, the health indicators, especially maternal and infant mortality are still poor. Public spending has remained inadequate to supply essential medicines and supplies. Therefore, more than half of the total healthcare expenditure is borne by people themselves.

Similarly, a patriarchal social mindset and widespread stigmatization of, and discrimination against, persons with disabilities tend to make the lives of vulnerable groups like women and children difficult even within their own families and communities. The adults/children with disabilities are mostly considered as a burden than a social asset. They face stigma and discrimination within their families, communities and workplace. Most of the families with children/adult with disabilities fall below the poverty line, which makes them even more marginalized. Education and awareness level, poverty and access to the service in rural areas and access to government provision are major challenges faced. Many persons with disabilities have multiple disabilities, mental and intellectual disabilities that need special attention, which is difficult to address when the state has less resources and services are limited.

Home-based rehabilitation of children with disability involving families and community

Amid this background, Karuna Foundation started its work in Nepal in 2008. An entrepreneur from Holland, a development professional with experience in Latin America and a child rights activist from Nepal developed a vision and strategies to work with existing government health structures to prevent avoidable disabilities and to improve lives of children with disabilities within their own community. The Share & Care program was launched in 2008 and Prevention and Rehabilitation program (currently called Inspire2Care) in 2011. The Share & Care program is a comprehensive disability prevention and rehabilitation program with community-based health insurance targeting the whole community and the Prevention and Rehabilitation program is a disability prevention and rehabilitation program focusing on children with disabilities and their families.

Karuna strongly believes that prevention of causes of impairment and disability is as important as rehabilitation. Focusing only on rehabilitation without stronger prevention activities does not address the root causes, thus rehabilitation and prevention activities are done together. After working for five years, Karuna has shown that prevention activities can be very effective. This is from the fact that the number of children with disabilities is not increasing in the last years compared with the baseline data at the beginning of the project.

The objectives of the Project are:

- Prevention of birth defects and childhood disability
- Improvement in quality of life of children with disability

The Country Director leads the Karuna Foundation Nepal team. The Advisory Board, the Head Office and the Board in the Netherlands provide directions for program operation. In Nepal, there is a Senior Management Team (SMT), which meets twice a month and comprises of senior staff members who make joint decisions on operation level issues such as human resource management, strategic planning, providing policy support for program implementation. Operation manuals for administration, finance and programs help to guide operational management in the organization. SMT reports to the Project Advisory Board twice a year. The progress and financial reports are presented in the board and endorsed. The organization and all team members have a very open, non-hierarchical and transparent way of working.

The Project area covered by Karuna includes eight Village Development Committees (VDC) in Sunsari District; five VDCs in Rasuwa; and three VDCs in Kavre District. The population covered is approximately 134,860 from 16 VDCs of three districts, with 747 children with disabilities having been directly supported by the program.

Main Activities

The main activities of Karuna Foundation according to the CBR Matrix are as follows:

Health: Promotion, Prevention, Treatment, Rehabilitation, Assistive devices

Education: Early childhood disabilities, Primary and secondary education

Livelihood: Vocational training, Access to finance, Self employment

Social: Human rights, Community mobilization, Creating accessible environment

Empowerment: Children's club, Self-help groups

Karuna Foundation works together with the government system and local partners to promote the 'Twin-Track Approach'. It has been focusing on strengthening the government system, empowering the children/adults with disabilities and community people and mainstreaming

disability in national policies and programs. The Project works to develop capacity of local partners including development of human resources and infrastructure, which is believed to be essential for strengthening local structures.

Karuna also facilitates the community to support and empower children/adults with disabilities, their families and representative organizations through increasing their access to health care service, education, livelihood and social activities as well as empowerment through self-help groups and child clubs.

Karuna works with communities to identify and overcome the barriers in society that persons with disabilities face, eg. physical accessibility, attitude, communication, legislation, and promotes inclusion persons with disabilities into all aspects of development.

Key Stakeholders

The key stakeholders of the program are as follows:

VDC Level:

- Children/persons with disabilities and their families; women of child-bearing age; children under five years
- Health workers; Political leaders; Teachers; Volunteers
- Village Disability Rehabilitation Committee (VDRC), Health Facility Operation and Management Committee (HFOMC), VDC Office, etc.

District Level:

- District Development Office; District Health Office; District Education Office; District Women and Children Development Office; DPOs

Central Level:

- Ministry of Women Children and Social Welfare; Ministry of Health and Population

Role of Persons with Disabilities in the Project

- Involvement in the program planning, monitoring, supervision of the program
- Lobby and advocacy for the fund-raising from the VDC and local community
- Give suggestions, feedback of the intervention provided to persons with disabilities, and other programs being implemented in the community

Role of Government

Central Government:

- Take leadership in endorsement of national policies and other guidelines (such as CBR Guidelines and Accessibility Guidelines)
- Ensure the implementation of the program as per the agreement with and policy of the government
- Supervision and monitoring of the program
- Evaluation of the Project (midterm and final program evaluation) and provide feedback and recommendation
- Replicate the program/best practices in other areas

District (Local) Government:

- Participation in program planning and implementation
- Ensure the local resource allocation from District and VDC
- Supervision and monitoring of program implementation and provide feedback and recommendation
- Support for the capacity building of the community
- Support and coordinate with the community for fund raising

Partnership with Government

Karuna Foundation has been supporting the Ministry of Women, Children and Social Welfare, Ministry of Health and Population to develop policy, guidelines such as National CBR Guidelines, Accessibility Guidelines, Disability Resource Book, National Health Insurance Policy, etc. and to organize and implement different programs related with Disability and Health issues.

Partnership with NGOs/DPOs

Karuna Foundation works in partnership with National Federation of Disabled Nepal, and different rehabilitation centers such as Hospital and Rehabilitation Center for Disabled Center, CBR Biratnagar, Spinal Injury Rehabilitation Center, Self Help Group for Cerebral Palsy, etc. Karuna works in partnership with different stakeholders from central to local level to influence policy, implementation and collaboration to share learning and improvement along the way.

Impact of the Project

Karuna has conducted baseline studies before starting the project and various mid-term and endline studies by independent evaluators. For the prevention birth defects, impact was measured based on contribution of increase in maternal and child health indicators towards birth defects prevention.

For the CBR program, initial comprehensive assessment (questionnaire based on the CBR matrix and open questionnaire to parents and community) was done for children with disability, followed by updates of their progress every year. Measurement of quality of life of children with disability was done through an external evaluation in 2012.

Share & Care Project

- Nearly 64,753 persons (21.3%) out of 303,326 persons were financially protected through health insurance scheme from 2008-2013.
- Nearly 242,661 persons (80% of total persons) utilized the improved health care services. Out of this 58,278 (24%) persons were members and 184,383 (76%) persons were non-members.
- A total of 1,818 members out of 64,753 members in six years (2.6%) got financial protection for hospital referral expenses.
- A total of 497 families (4.5 % of total households in project VDCs) below poverty line received loans, which they utilized for income generation.
- Karuna tried to include as many households as possible into the system (25% of the total households and 40% of households within reach of Health Facilities are now members).
- Karuna covered an entire region or cluster of VDCs so that adjacent VDCs share ideas and learn from each other, and the program operation also becomes easier.
- Now, the local health systems in the program VDCs accept it as their regular business.

Prevention of Childhood Disability and CBR Project

- Strengthening of Primary Health Care /Outreach Clinic has been done in all program VDCs.
- Children's Day celebrations, street drama presentations and orientation on reproductive health issues were conducted in project VDCs.

- A total of 747 children with disabilities have been identified. Out of this, 108 children (14%) with disabilities have been successfully rehabilitated in their communities through the CBR approach.
- Karuna's experiences show that the CBR program could be organized effectively and at a lower cost if a wide range of stakeholders are involved.
- The CBR approach can create a great impact in the life of children with disabilities and their families.
- Communities are focusing on inclusion of persons with disabilities and their families in all community development activities and also starting to create inclusive and barrier-free environment in surrounding areas.
- A total of 457 health workers from 150 different health institutions were trained in three districts in Rasuwa, Kavre and Sunsari, and 150 prevention projects were designed and implemented by health professionals.
- A total of 29 birthing centers were established and strengthened.
- More than 750 birth defects were prevented after training of health professionals and implementation of prevention projects.

Lessons Learned

- The CBR program could be organized effectively and at a lower cost if a wide range of stakeholders are involved.
- Any intervention can be successful and sustainable if it is supported by the program and policy of the state. To achieve this, Karuna worked on a twin-track approach – to show results by working in the community and simultaneously working with the government authorities in the field and at the central level to facilitate and pressurize the state to formulate and implement conducive policies.

Sources of Financial Support

The Project is supported by a few external donors and private funds.

Future Plans

Karuna is planning to cover a whole district to reach the 300,000 population in the next five years through the program on prevention and rehabilitation of children with disabilities to improve their quality of life.

On the basis of successful completion of the first phase of the program and after expansion of the program in a whole district, Karuna plans to recommend the model to the government for a nationwide rollout. Effectiveness and progress of program will be further accelerated through partnership and coordination with like-minded organizations.

Sustainability

Karuna is guided by the principle of sustainable development process and aims to create ownership within the given period of time. Karuna has defined sustainability into three categories: Financial, Quality and Structural Sustainability.

Karuna works with the local structure and from the very beginning depends on the community to initiate, own, develop and progress Karuna's vision and activities. By financial sustainability, it is meant that the community has to be independent financially after three years of the program's initiation. The community collaborates with the district, local structure and organizations to create a sustainable financial fund.

Karuna believes and works towards the sustainability of the quality of services being shared with children and persons with disabilities. This is done by the involvement of families of children with disabilities, opinion leaders, political leaders and other community members in the program from the very beginning.

Finally, structural sustainability completes the picture by investing in existing government structure with the belief that the structure will continue to function with the same zeal that Karuna started with, as the community starts to recognize that the program is possible and the changes become visible.

Village meeting

Walkathon for accessibility

PACIFIC ISLANDS

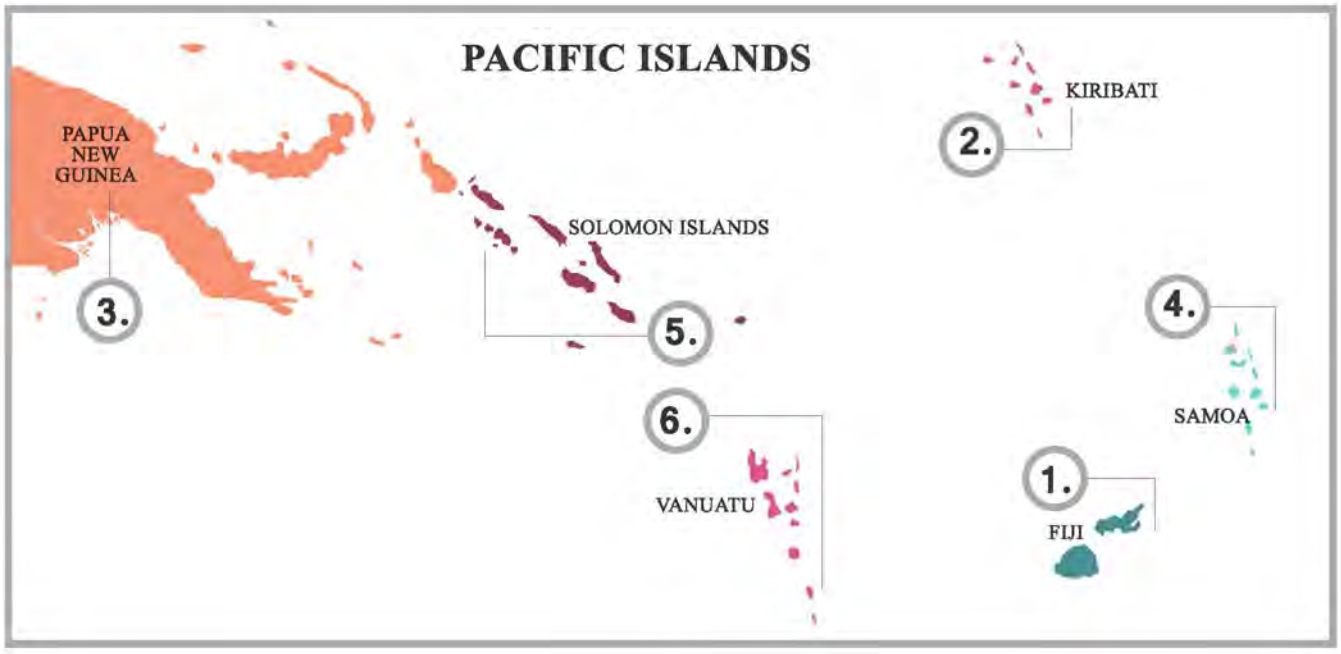
CBR Experiences in the Pacific

Background

Community-based Rehabilitation (CBR) has existed in the Pacific for over two decades. Fiji, Papua New Guinea, Samoa, Solomon Islands and Vanuatu have all implemented CBR programs and established a cadre of workers with CBR knowledge and skills. CBR training programs have been developed in the region, including the Diploma in CBR at Solomon Islands College of Higher Education, a Certificate in Community Rehabilitation and Disability at Fiji National University and the short courses run through Callan services in Papua New Guinea for many years.

In June 2012, the first Pacific CBR Forum was held in Fiji, jointly hosted by the Pacific Disability Forum (PDF), Pacific Island Forum Secretariat (PIFS) and World Health Organization (WHO). This workshop was attended by approximately 60 representatives from government, DPOs and service providers from 14 Pacific Islands countries. The Pacific CBR Action Plan was developed in line with the Pacific Regional Strategy on Disability 2010-2015. The action plan positions CBR as a practical strategy to contribute to achievement of national policy objectives. The Polynesia CBR Forum was held in Samoa in June 2013, the Micronesia CBR Forum in Solomon Islands in January 2014 and the Micronesia Forum in the Federated States of Micronesia in August 2014. The Second Pacific Regional CBR Forum is planned in 2015.

CBR in the Pacific – A Snapshot



1. **Fiji:** The Ministry of Health has supported CBR for over 20 years. Community Rehabilitation Assistants are working within the health system, and currently 14 are spread across the country. The Fiji National Disabled Persons Organisation is using the CBR with a pilot project of Community Inclusion Officers in local government of whom currently there are four. Other disability service NGOs in the country are also utilizing CBR approaches.

2. **Kiribati:** CBR is new in this country, and the experience is of less than two years' duration. A CBR Program is established under the Ministry of Women, Youth and Social Affairs. Training in CBR is being undertaken for Social Welfare Officers and Island Community Workers.

3. **Papua New Guinea:** There is more than 20 years of CBR experience predominantly supported by Callan Services, an NGO, and other NGOs. Initial CBR focus was on children with disabilities with the Ministry of Education supporting CBR teachers, and the Ministry of Health supporting vision, hearing and mobility device provision with strong CBR linkages. A national CBR Coordination Committee has been established and, in November 2013, a National CBR Forum was held in which a Strategy and Action Plan was developed.

4. **Samoa:** There is more than 10 years of CBR experience predominantly supported by NGOs. A recent development is support from the Ministry of Women, Children and Social Development for CBR and establishment of a National Framework for CBR to strengthen multi-sectoral community-based disability inclusion efforts.

5. **Solomon Islands:** More than 20 years of CBR experience was supported by the Ministry of Health and Medical Services. CBR workers are established within the health system, and currently 12 are spread across the country. Initial focus in CBR was on health, but increasingly CBR is taking on a multi-sectoral approach and engaging with DPOs.

6. **Vanuatu:** CBR has been in existence for more than 10 years, initially through NGOs with support from international donors. Recently the Ministry of Justice and Community Services supported the conduct of the first CBR Meeting in May 2014, along with the establishment of a national CBR working group.

CBR in the Solomon Islands

Elderly woman with disability being carried by CBR workers

The 2009 Solomon Islands National Population and Housing Census reports that 14 percent of the total population – or 72,222 people – live with disability. The Census questions focused on difficulties or health problems regarding seeing, hearing, walking ('lameness') and/or remember or concentrating ('senile and/or amnesic'). Some highlights from the Census:

- There was minimal gender disparity in disability prevalence rates, with the proportion of females living with disability being slightly higher than that of males;
- Ten percent of children younger than five years of age had disability and less than five percent of youth aged 5 to 19 years reported disability;
- The proportion of people with disability increased with age with approximately 50 percent of those aged 55 to 59 years reporting difficulties;
- Twenty percent of the total population of people with disability were in Guadalcanal and Malaita

Solomon Islands signed the UN CRPD in 2008. The country's National Policy on Disability 2005 - 2010 was endorsed by the Cabinet in November 2004. Prior to its endorsement, consultations were held throughout the country with many stakeholders during 2004. The review of this Policy was conducted by the United Nations Economic and Social Commission for Asia and the Pacific

(UNESCAP) Pacific Office from December 2012 to March 2013. During this time, numerous individuals, Ministries of the Solomon Islands Government and organizations were consulted both on the implementation of the original policy as well as planning for a future policy.

A consultation with People with Disabilities Solomon Islands (PWDSI) took place in December 2013 and a multi-stakeholder consultation to discuss the draft revised policy was held in February 2013 in Honiara. Further consultations took place in Malaita, Western and Guadalcanal provinces in August 2013. Solomon Islands has a National Health Strategic Plan for the period 2001 – 2015.

In 1991, the Ministry of Health and Medical Services (MOHMS) carried out a feasibility study in the country and established that around approximately 10,000 people live with some form of disability. The CBR Program was subsequently initiated by MOHMS in partnership with a DPO. The existing Physiotherapy department was changed to the Rehabilitation Division in 1992 and MOHMS established a CBR Department as part of this division. In 1994, 14 trainees were selected and trained for one year to work as CBR Aides; they started working in 1995.

In 2004, MOHMS and the CBR Department developed a disability policy based on ESCAP guidelines. The policy was endorsed by the Cabinet in 2005 and it was formally launched in July 2006. In 2006, a pilot CBR certificate course was launched. It was reviewed in 2009 and relaunched with accreditation from the government in 2011.

Key Stakeholders

MOHMS continues to be the government focal point for disability and CBR work. Although the initial focus was on health, increasingly a multi-sectoral approach is being adopted, in partnership with other government sector partners such as Social Welfare; Education; Women, Youth and Children; Mental Health, along with Provincial government offices and health services. NGO partners provide technical, training, advocacy and financial support.

Main Activities

The CBR Program is managed by the CBR National Office that has a National Coordinator. There are eight Provincial Coordinators, most of whom are nurses seconded to the provinces. Only two coordinators have a rehabilitation background. The coordinators are supported by 12 CBR Field Workers who have gone through an accredited CBR course in-country. The Field Workers are assisted by 10 CBR Aides who have received on-the-job training. In addition, there are two staff members to assist children with visual disability.

The CBR Program includes persons of all age groups and those with various categories of impairments. Focus on mental health is limited.

CBR field workers visiting a child with disability

CBR Matrix Related Activities

Health

- Promotion and Prevention: Educating client/caregivers on disability, how to care for and prevent further complications on disability/impairment; awareness raising in schools and the community on prevention of causes of impairments and disabilities; advocacy with national/province/local level government and with communities
- Medical: Early detection and referrals; health/disability related screening
- Rehabilitation: Home based therapy, home improvement for accessibility
- Assistive Device/Equipment: Provision of appropriate mobility aids (wheelchairs, crutches, walkers, strollers) and aids for visually impaired/blind persons (white cane, sunglass for eye protection)

Education: CBR workers identify, assess and refer children with disabilities to the local schools.

Social: Persons with disabilities are involved in promotional activities, sports and community activities.

Livelihood: Income generation activities are carried out for persons with leprosy.

Empowerment: Training is provided for persons with disabilities to do advocacy; at provincial level, CBR workers have supported the establishment of self-help groups and DPOs.

What Has Worked Well in the Solomon Islands

- Government support through the Ministry of Health and Medical Services (MOHMS) for a national CBR Program
- Strong leadership and coordination of the national CBR Program through the establishment of a National CBR Coordinator in the MOHMS
- Development of a cadre of CBR workers, trained either on the job or through a national training course
- Clarity within MOHMS regarding tasks and responsibilities of CBR workers
- Regular national training program for CBR workers; and close supervision support and back-up of CBR workers through role of National CBR Coordinator.
- CBR workers have access to transport and live in close proximity to communities to enable support in the community
- CBR workers are trained explicitly in disability rights and empowering approaches in working with persons with disabilities
- Over time some persons with disabilities have been recruited as CBR workers
- CBR workers have developed collaborative approaches with local DPOs
- Development of disability data reporting system through CBR Program
- Funds within MOHMS to support transport of persons with disabilities for referral support

Challenges

- Development of capacity, especially on advocacy for field staff and training to expand their skills further beyond a health focus and in line with the CBR Guidelines of WHO
- Establishment of a database on all persons with disabilities
- Monitoring and evaluation systems
- Differing priority for CBR in provinces
- Change of personnel at provincial level
- Networking between government, NGOs and DPOs

Future

An evaluation of the program is planned in 2015, to inform future planning and implementation.

Lessons Learned Regionally that Have Improved CBR Development in Pacific Islands

- CBR programs require government support for sustainability.
- Either a Ministry of Health and/or Ministry of Social Affairs (lead disability ministries) are usually well placed to support establishment or expansion of CBR.
- CBR is one of few "programmatic approaches" available in the Pacific that reaches out to provide services to persons with disabilities in their homes and local communities.
- CBR programs translate high-level policies, legislation and political commitments into action 'on the ground' and bring about changes in the lives of individuals with disabilities.
- A CBR workforce is necessary: this may be dedicated CBR workers (focused only on disability) or social welfare or community workers who also take on this responsibility.
- National coordination, supervision of CBR workers and monitoring and reporting systems are necessary for effective implementation.

Sources of Financial Support

- Ministry of Health and Medical Services and other government agencies
- NGO partners

PHILIPPINES

Simon of Cyrene: A Twin-Track Approach to Advocacy and Empowerment

Background

The Philippines has passed several laws on disability such as the BP 344 or 1983 Accessibility Law and the 1991 Republic Act No. 7277, "An Act Providing for the Rehabilitation, and Self-Reliance of Disabled Persons and Their Integration into the Mainstream of Society and for Other Purposes," otherwise known as "The Magna Carta for Disabled Persons", and later amended in 2011 as Republic Act 9442. The Philippines also signed the UN Convention on the Rights of Persons with Disabilities (CRPD) on 25 September 2007 and ratified it on 15 April 2008. However, the full implementation of these laws as well as CRPD remains a challenge to the 1.2 percent of the total population who has disabilities (UNESCAP 2011) especially at the grassroots level. On a positive note, programs and services for persons with disabilities at the local government unit level have been initiated through the joint collaboration of local government and non-government organizations. One of these initiatives is that of Simon of Cyrene Community Rehabilitation and Development Foundation, Inc. (SCCRDFI), a local NGO based in Daraga, Albay, Bicol, Philippines, which is located on the southeastern tip of the Luzon Island with a total population of 5,420,411.

Simon of Cyrene is a pioneering organization in rehabilitation and development since 1981, and adopted the Community-based Rehabilitation (CBR) Program in 1987 to reach out to persons with various disabilities, their families and communities. The services include rehabilitation, prevention campaigning, health and nutrition, formal and non-formal education and capital and technical assistance in livelihood projects. The Foundation is focused at developing community awareness on the rights of persons with disabilities and encouraging persons with disabilities to participate in development projects in their communities. The aim of the CBR Program is to empower persons with disabilities and DPOs to become proactive members of society and enhance their quality of life.

The CBR Program of SCCRDFI works in partnership with 16 Local Government Units and DPOs. Simon of Cyrene is on its second decade of implementing the program, which is now anchored on Executive Order 437 passed in June 2005, which encourages the implementation of CBR in all local government units in the Philippines and allocates funds to support it.

As an organization, Simon of Cyrene is headed by the chairperson/president with the executive director being responsible for the day-to-day operations of the Foundation. The decision-making body is made up of the board of trustees composed of 11 members who provide dynamic leadership and policy making in the organization.

16 Present CBR Areas

Camarines Sur: 6

2nd District
Pili
Basa
Ocampo

3rd District
Tigaon
Iriga
Sagñay

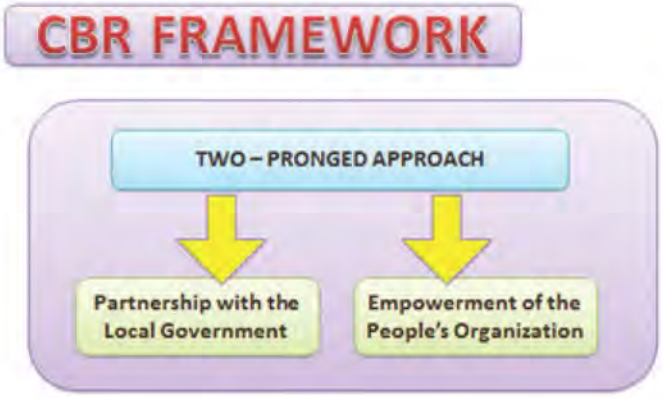
Albay: 10

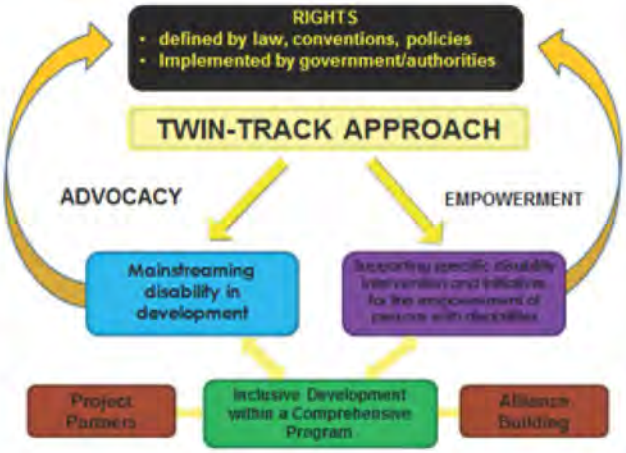
1st District
Tiwi
Malinao
Tabaco
Sto. Domingo

2nd District
Daraga
Camalig
Legazpi

3rd District
Ligao
Guinobatan
Libon

Simon of Cyrene works in eight municipalities and two cities in Albay with a total population of 864,428 (as of 2013) with 444 barangays; and five municipalities and one city in Camarines Sur with a population of 366,645 (as of 2013) having 159 barangays. The total population covered in the 16 CBR areas is 1,231,031, of whom an estimated 184,661 (15% of the total population) are persons with disabilities. Through the years, from 1981-2013, Simon of Cyrene have served 102,741 persons with disabilities in the 16 CBR Areas.





Main Activities

Based on its two decades of positive experience in CBR, Simon of Cyrene pursues the two-pronged approach of partnership with the Local Government Units to mainstream disability into the community development and empowerment of Disabled People's Organizations to advocate for their rights and participate in the delivery of services to persons with disabilities.

CBR promotes the rights of persons with disabilities to live on an equal basis with others within the community, to enjoy health and well-being, to participate fully in educational, social, cultural,

religious, economic and political activities. The concept of an inclusive development fosters that the communities adapt their structures and procedures to facilitate the mainstreaming, and increase access of persons with disabilities to the basic services.

Growth strategies include partnership with Local Government Units (LGUs), empowerment of persons with disabilities, service diversification, expansion of CBR coverage in Albay and Camarines Sur (with outreach services in neighboring provinces of the Bicol Region), and a multi-disciplinary approach. There is a strong emphasis on the community development aspect of CBR. This mainly involves motivating LGUs to play a central role in CBR implementation.

In introducing CBR at the LGU level, the Simon CBR team conducted exploratory visits, gathering of primary and secondary data and orientation to the Local Chief Executive, Municipal Councilors and line agencies of the government. Simon entered into a Memorandum of Agreement upon acceptance of the CBR Program through a City/Municipal Resolution adopting the CBR Program in their municipality/city. With this, the LGUs formally adopt CBR as a policy either through a resolution or in some areas with an Ordinance, and commit themselves to support the program.

The LGUs also organize the Municipal/City Council on Disability Affairs, which is the policy making body on disability concerns and is headed by the Local Chief Executive/Mayor. To support the operation of the council, a CBR Technical Team is formed to look after the basic needs, services and empowerment of persons with disabilities. A CBR Coordinator is appointed by the Local Chief Executive as the focal person and attached to the City/Municipal Council on Disability Affairs. Appropriate budget allocation is provided based on the prepared and approved program and financial plan.

At the barangay level, the CBR Program is introduced to the league of barangay captains and adopted through a barangay resolution. A CBR volunteer is selected from among the constituents who meet the criteria for the position. In some areas, a CBR Barangay Committee is organized that helps in the organization of the Disabled People's Organization.

The role of Simon of Cyrene is to provide technical assistance and training on continuing empowerment and capacity development of DPOs, which is composed of persons with disabilities, parents, volunteers and LGU stakeholders. DPOs are equipped with CBR skills and management, including planning, implementation, monitoring and evaluation.

Key Stakeholders

- Local government officials
- Persons with disabilities, their families and the general community
- Community health workers and volunteers
- Simon of Cyrene

Role of Persons with Disabilities

- Participation in decision-making in the preparation of Individual Rehabilitation Plan
- Participation in the planning, implementation, monitoring and evaluation of individual rehabilitation plan
- Attend orientation, trainings and meetings: to know more about the nature of disability, prevention and rehabilitation, rights of persons with disabilities, how to contribute in the implementation of services

Activities promoting child-friendly spaces in emergencies

- Participation in community awareness campaigns
- Lobbying with local government units – to improve facilities and services at the village level
- Training other persons with disabilities and parent leaders to foster their participation in planning and monitoring of the program of local government and to become resource persons in training
- Participation in strategic and annual evaluation and planning of programs together with the program staff and governance of Simon
- Participation in local and international presentations during CBR Congress and conferences with funding partners and other stakeholders
- Building partnerships and collaborations with different stakeholders in the community

Role of Government

- Provide government services and support to persons with disabilities in their community
- Promote and protect the rights of persons with disabilities through passage and implementation of local policies on disability
- Allocate necessary funds for the implementation of planned activities for persons with disabilities

Partnerships with Simon of Cyrene and the local government units are done through a Memorandum of Agreement, which details the commitment and responsibilities of both sides. This partnership is further amplified through the passage of local laws on disability with corresponding annual budgets which ensures that the program is integrated into the framework of the local government.

Impact

- Local Government Units in partnership with local NGOs have accepted the CBR Program, and support programs for persons with disabilities by providing funds and manpower resources.
- Facilities and services are available in the communities such as: Inclusive schools; SPED centers; Health Units; Satellite Rehabilitation Centers; Home-based Early Intervention; Eye and Ear screening and referral system; Mental Health facilities and services; Inclusive Disaster DRRM.
- Rehabilitation services are slowly being integrated into the government primary health care.
- The communities are aware of government and non-government facilities and services for persons with disabilities.
- Persons with disabilities have access to health, education, livelihood, social and empowerment services.
- Persons with disabilities and parents have organized themselves and have greater participation in decision making; they contribute in CBR implementation and carry out advocacy campaigns
- Persons with disabilities and parents' groups are aware of and claim their rights by availing of services and support of government and non-government agencies

Training youth leaders in radio broadcasting to advocate for their rights

The youth and children under the CARE Project and their parents share personal experiences and testimonies, which inspired fellow children with disabilities to continue to achieve their life goals. Disability is not a hindrance to live a life full of hope and dreams.

- Self-enhancement and leadership training have boosted their self-esteem and self-confidence and they can participate in family and community activities.
- Higher education and skills training have given opportunities for employment and income-generation.
- Persons with disabilities in the barangay (village) as well as in the municipal levels of each partner municipality are now organized and accredited members of the Barangay Development Council. They are able to lobby for funds for the organization and implementation of the CBR Program.
- Communities are more aware of the rights of persons with disabilities.
- Building owners/responsible persons are more aware of accessibility features of public buildings.
- Families are more aware of the need for early intervention (i.e. management of clubfoot of newborn babies).
- Communities are accepting the fact that persons with disabilities are also part of the society.
- The visibility of persons with disabilities in community activities is making a significant impact through acceptance and understanding of their right to be part of the society.

Lessons Learned

- Comprehensive baseline data on disability for effective program planning, implementation and monitoring should be developed and regularly updated.
- Accessibility in public buildings, transportation and information and communications technologies is vital to ensure active participation of persons with disabilities.
- A continuing information and education campaign in the community must be sustained in order to change the perspective of the community.
- There is the need to strengthen the participation and strong leadership of persons with disabilities in the process of social change for their inclusion and equal rights.
- Changing the negative attitudes of the community on disability issues through community education and multi-media information campaign is necessary.
- The commitment of the Municipal/City Council on Disability Affairs – as coordinating and policy making body on disability concerns – needs to be sustained.
- Health and educational facilities and support systems should be made accessible to persons with disabilities.
- Continuing advocacy to include disability and development issues in the three-year social development plan of the LGU/administration should be included in CBR planning and implementation.
- It is important to constantly remember and promote the principle of partnership with LGU and PO.

Sources of Financial Support

- Christoffel Blindenmission (CBMI-Germany)
- Australian Aid (AusAid)
- Kindernothilfe (KNH-Germany)
- Handicap International (HI-Philippines)
- Liliane Foundation (LF-Netherlands)
- ABS-CBN Foundation, Inc.-Sagip Kapamilya (Philippines)

Future Plans

Simon of Cyrene plans to continue to strengthen its programs and activities in collaboration with partners in the target local government units. Promoting the inclusion of disability in disaster preparedness particularly at the height of the impending eruption of Mayon Volcano is also in the works. To sustain the activities, the program has been integrated into the local government mechanisms supported by local laws on disability with corresponding annual budgets. Thus, programs and activities for persons with disabilities will continue using own resources of the local governments while Simon of Cyrene continues provide technical support.

Simon of Cyrene staff

Awareness-raising activities on visual impairment

DPO core leaders taking part in activities

Training on disaster preparedness

TAJIKISTAN

All About Children Program: A Group-Based Approach to CBR

Background

Tajikistan remains the only Central Asian country that has not signed the Convention on the Rights of Persons with Disabilities. For 2015, however, Tajikistan has been included in the UN Partnership to Promote the Rights of Persons with Disabilities Multi-Donor Trust Fund (UNPRPD MDTF), which leads to higher hopes on achieving the signature and implementation in the near future.

The Tajikistan Constitution protects the rights of persons with disabilities, describing their rights to medical services, education, social welfare services, housing and leisure facilities, as well as their equality in society. Although the Government of Tajikistan set up the Coordination Council on Social Protection of Persons with Disabilities in 2011, there is neither a national strategic document with a holistic and consistent approach, nor a precise action plan for the sector defining roles and responsibilities.

Key laws describing rights and benefits for persons with disabilities in Tajikistan are the Law on Social Protection of Persons with Disabilities (2010), the Law on Pensions (1993, 2012), the Family Code (1998, 2008), the Housing Code (1997), and the Law on Health Care (1997, 2013). The Law on Social Protection of Persons with Disabilities, approved in December 2010 lays the basic foundation for compliance with the Convention on the Rights of Persons with Disabilities. The Ministry of Health and Social Protection, in consultation with a wide range of stakeholders, has developed a six-year (2014–2019) position paper entitled 'Better Health for Persons with Disabilities for an Inclusive Society in Tajikistan'.

While the national legislation provides for the rights and freedoms of persons with disabilities, these are not always transformed into reality. Thus, many persons with disabilities do not, in practice, have access to health care, education, social services, employment or justice. The medical view of disability as something which is the individual's own fault tends to be preponderant in the legislation.

The All About Children (AAC) Program

The All About Children program is located in the northern Sughd region of Tajikistan, which has a population of approximately 2 million. The Tri city region (Khujand city, Bobojon Gafurov and Chakolovsk districts) with a population of 250,000 is the main catchment area.

AAC was started when a group of mothers of children with disabilities approached Operation Mercy Tajikistan with their needs in 2006. At that time, there were no services for children with disabilities in the whole region. All that was available for such children was medication and

electrostimulation in a hospital and some massage therapy. Since then, the small mothers' group has grown into a large inclusive community disability program. Many mothers were trained and became staff of the program. In 2011, they registered their own local NGO Manbai Mehr (Springs of Mercy), and they are now running the program with their own leaders and ownership.

The program has four subcomponents: early intervention in urban setting (six groups at Kindergarten #26); community-based early intervention in rural communities (four groups at village community level); day care center (two groups at Kindergarten #26) and school transition and inclusive education (approximately 100 children in a large number of schools and kindergartens).

Local coordinators are responsible for the subcomponents; they report to the overall manager and director of Manbai Mehr. The Director reports to different stakeholders in government (Ministry of Health and Social Protection) and donor agencies. Three of the four coordinators as well as the overall director of the program are women who are themselves mothers of a child with disability. Operation Mercy still provides international volunteers, some funding, and most of all training and mentoring to Manbai Mehr and its staff.

According to Manbai Mehr, the main objective of the program and its sub-components are:

- To assist children with disabilities (CWDs) in reaching their full potential intellectually, physically and socially through play, development and learning activities
- To support parents and family members of CWDs
- To create opportunities for CWDs to have positive interactions with other children their age
- To promote independence in CWDs through everyday activities
- To provide CWDs and their families with access to appropriate learning environments, resources, and equipment
- To support the inclusion of CWDs within mainstream education and recreation programs
- To promote the rights of CWDs through media and advocacy

In 2014, the AAC program covered 204 children with physical, learning and sensory difficulties between 0 and 7 years in regular community-based rehabilitation activities; included in this statistic are 25 children recently transferred to mainstream education services. Seventy-two children between 8 and 15 years old are followed up two to four times a year as they attend mainstream school as part of the inclusive education component of the program.

The program focuses on the CBR matrix areas as described below:

Health/Rehabilitation/Assistive Devices: Through physical rehabilitation exercises during the early intervention groups (urban and rural) and the design and provision of simple, locally-made assistive devices like walkers and corner chairs. To a lesser extent, preventive health lessons are part of the mothers' self-help group.

Locally-made assistive devices for children with disabilities

Education/Early Childhood/Primary/Secondary: Inclusion in all levels of education is one of the main aims of the program, and early childhood education is part of the early intervention groups as well as in the day care groups. The children who have been transitioned into mainstream education are followed up regularly and training is provided for their teachers.

Social Protection: The teachers and CBR workers assist the family in securing their right to a disability pension and other benefits as well as assisting them with the needed paperwork to ensure their right to free education and free health care.

Social/Culture Arts/Recreation, Leisure, Sports: A big part of the process towards inclusion is taking the children out of isolation into the community to public events and concerts, playgrounds and sports events. Annually, the project provides a picnic and leisure time for moms and kids by the nearby lake, a well-known respite area.

Empowerment/Advocacy, Communication/Self-Help Groups: The program regularly addresses issues of children's rights and disability rights on local television as well as through newspaper articles. Each early intervention group is accompanied by a parallel mothers/caregivers support self-help group, where mothers can chat and encourage each other but also get advice and knowledge on topics, like social protection, different types of disabilities, health prevention, and child raising.

Mothers of children with disabilities exchanging information and advice about disability rights

Twin-Track Approach

a) Disability-specific activities and mainstreaming disability into community development

While many of the activities in the early intervention and CBR groups as well as the day care center are disability specific, all activities take place within the locations of mainstream government kindergartens and community meeting places. In the rural CBR groups in particular, teachers from the government kindergarten are trained and directly involved in the specialist activity but at the same time become the open door for children to join mainstream groups. Once children transfer to inclusive schooling – the program becomes a mainstream outreach program with visits to the children in their school locations.

b) Integrating grassroots services and advocacy for rights and policy change in a program

In this understanding of the twin-track approach AAC makes the best use of local media and national event celebrations to present their day to day work with the children and the community to create a wider understanding of disability rights and a correct implementation of existing laws and policies. In meetings with government officials on city, regional and national levels they advocate for inclusive and child-centered services and the implementation of children's rights and rights of persons with disabilities.

Stakeholders

All About Children's key stakeholders are the families of children with disabilities. Besides the mothers, the wider family network is very important in Tajikistan, and regular home visits to engage with the grandmothers and fathers (if he is not working as a labor migrant outside the country)

are crucial for the success of the inclusion process and reducing stigma even inside the family.

The key government stakeholder and partner is the Ministry of Health and Social Protection (MOHSP). The Ministry oversees early childhood programs and provides funding for day-care centers for children with disabilities via a national tender. Manbai Mehr has been awarded these funds as one of nine national NGOs for the last three years. Thus, about 30% of the project is funded through government funds. The MOHSP regularly visits the program for monitoring and checks all documentation in detail.

In terms of international stakeholders the key partner to Manbai Mehr and the All About Children Project is Operation Mercy Tajikistan. CBM Eastern Mediterranean Regional Office was also a donor and supporter to the project between 2009 and 2013. As of this year (2015) Manbai Mehr is one of six local NGOs and DPOs partnering with Operation Mercy in a project to build capacity in leadership management and social services based on the CBR framework, funded by the Swedish International Development Cooperation Agency (SIDA) via the Swedish Mission Council.

Manbai Mehr is also gaining influence within the local CBR and childhood disability networks and is starting to participate in UNICEF and WHO working groups. However, their location in the North while most meetings happen in the capital is a disadvantage for them in this area.

Impact

The impact of the Project can be seen as spreading in concentric circles – from the individual child to the highest government and policy levels.

At the **individual child level** there is impact at the level of skills physically and intellectually, as well as levels of socialization, independence and self-confidence. The changes are measured and recorded in each child's case management file. An initial assessment of the child in the areas of physical, intellectual, social, emotional and communication levels as well as an interview with the family sets the baseline and the starting point for individual goal setting.

At the **family level** the impact is seen in reduced stigma towards mother and child, regular implementation of the individual lesson plan, and acceptance of the goals and limits encountered. Interaction between mother and child is observed at monthly meetings where observations are reported back and documented, and anecdotal and observational evidence is collected. Once a year a home visit is made to assess the situation at home and within the household community. An outcome-based reporting tool is used to rank progress in understanding the attitude of the nuclear and extended family towards the child at regular intervals. Mothers who were earlier stigmatized and isolated are now confident staff members, able to meet government officials on their own.

At the **neighborhood and extended family level** impact is seen in acceptance and understanding of CWDs' rights to education and equal quality of life. The child and mother can directly interact and be change agents in their small community who is observing them closely. The CBR workers collect stories and responses from the parent groups about situations like: how people react when seeing a child or person with disabilities on public transport, what people comment after a disability

program is seen on TV or other day-to-day situations when encountering persons with disabilities.

The **community and school level** is impacted directly through the participation of CWDs in their activities as well as through specific trainings focusing on teachers and school directors. School teachers and directors are much respected in every community and a great influencer of public opinion and attitude. Changes are observed as the school transition facilitator encounters different teachers and directors over the years.

In cooperation with other CBR projects and stakeholders the AAC program has played its role in impacting the **government and policy making level**. On several occasions, the program hosted visits from a Cabinet minister and other high ranking officials. Observing and recording changes in the content of public and private speeches and discussions with officials from the different government ministries all the way to the latest address to the nation by the President, show that there is a growing understanding of community-based approaches and rights of persons with disabilities.

Lessons Learned

One of the key features of the program that has been closely observed by other disability organizations in Tajikistan is the group-based approach to CBR. While most programs in Tajikistan are still based on a home visiting rehabilitation strategy, the AAC from the very beginning looked to facilitate not only physical rehabilitation but also socialization and intellectual stimulation of the children through group play and interaction. **Group lessons away from home but within the community help the children to come out of isolation and experience a bigger world, make friends, learn communications, rules and boundaries as well as self-confidence and independence.**

The group approach also extends to the parent self-help groups that meet parallel to the children's program. After some interaction with the children and CBR workers the parents and care givers have the opportunities for peer support and friendship building. Totally isolated and statements from many mothers like "I thought I was all alone and the only one with a child like this" are very common.

A second lesson possibly helpful for other programs is the combination of **training parents** and **community stakeholders like kindergarten teachers as CBR workers** especially in communities that value education highly.

Many of the local staff members have grown out of the parents' support groups, and these women have a key understanding of the social and emotional situation of the family attending the service that no outsider can ever achieve. Training in CBR, inclusive education, early childhood development, areas of physical rehabilitation and more have transformed these previously stigmatized and marginalized parents into valuable self-confident staff.

The second group of CBR workers for the rural community is chosen from existing government kindergarten teachers, trained in the same topics. With the vision of inclusion and inclusive education these mainly women workers have proven very valuable change agents for their institutions, often working part time in the CBR group and also being the first to accept children into a mainstream group and positively influencing the community around them.

Currently, however, Operation Mercy is learning that even within Tajikistan there is a strong geographical difference between different regions in terms of availability of Kindergartens and the importance given by the local community to preschool education. While in AAC in the north of Tajikistan, known for its value on intellectual abilities, this approach has worked very well, it is much harder in other regions where there are very few preschools and where people prefer their children to be at home in larger extended families.

Sources of Financial Support

The financial support of the project is built on three pillars: national government grants; cooperation with international NGOs especially Operation Mercy; and local gifts from the community.

Currently, the two first ones make up almost all of the cost but Manbai Mehr is working on raising the profile and understanding of the work among local business and other community donors to shift their giving from charity (gifts in kind for food and toys) to giving that enables to program to become more sustainable.

Future Plans

The plans for Manbai Mehr and AAC in the next years are to strengthen existing services and management and leadership capacity. Networking on CBR and inclusive education needs to be done nationally and, if possible, regionally. In terms of expanding the services to new geographical locations, a new additional CBR group for early intervention will be opened in the coming months and more are planned in 2016.

Another focus will be to further increase quality of the parent support groups through specific psychosocial support training for key members of the groups to enable them to be better listeners, to provide peer support to others and to refer people to professional services when needed.

Operation Mercy is planning to extend the small local assistive devices project into a wheelchair service project. In the future, Operation Mercy aims to engage more fathers and male relatives in this project. As many men are currently unemployed and out of work, this might be a key time in terms of providing work and involvement to this subgroup of family stakeholders.

Since many of the original children of the program are becoming teenagers the cooperation with several local DPOs in the target area is growing and families are referred from the child-focused program to programs in livelihood and skills training run by DPOs. One of Operation Mercy's

main goals in the next years is to foster these cooperation and local networks as organization partners in capacity building.

Sustainability

The above mentioned inputs on management and leadership and improving quality of services are keys to sustainability. Financially the program has a high level of staff costs even at the relatively low Tajik wage, and finding continuous support from outside donors is not easy. In the competitive market for donor funding it is important for the local managers to be highly equipped in management, communication and reporting.

There is an expectation that MOHSP will extend their support from just day care centers for children with disabilities to a more wide range of CBR services. Manbai Mehr has been used as an example of an organization that already has that range of services so it is hoped that a higher percentage of the overall costs will be covered by local funds in the future.

Summary and Conclusions

Countries

The case studies presented in this document provide a good overview of CBR and CBID practices in the Asia-Pacific region, with representation from different regions and diverse social and economic contexts. There is further diversity across these cases in terms of number of years of operation, areas and populations covered, and how they are managed and organized.

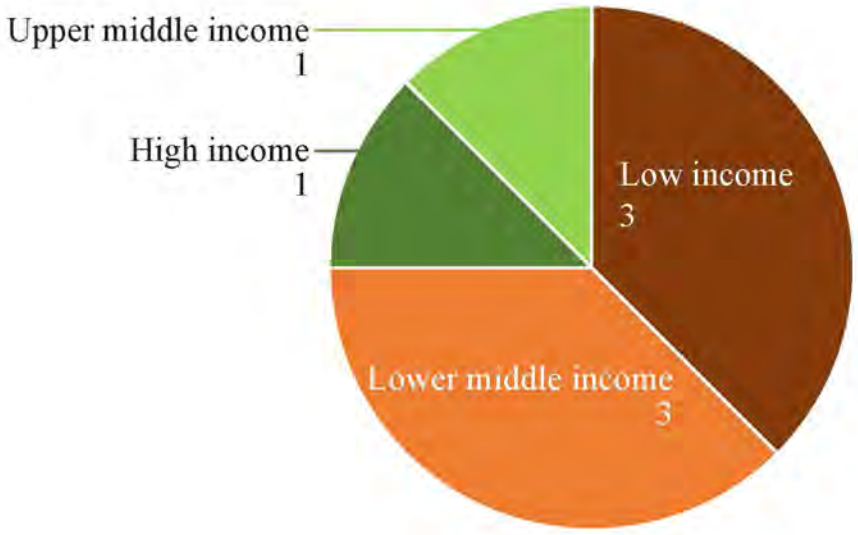
Of the eight countries, three are from East Asia, one from Southeast Asia, two from South Asia, one from Central Asia and one from the Pacific.

According to the World Bank classification, three countries (Cambodia, Nepal, Tajikistan) are low income economies; three countries (India, Philippines, Solomon Islands) are lower middle income economies; China is an upper middle economy; and Japan is a high income economy. (http://data.worldbank.org/about/country-and-lending-groups)

Table 1: Country Classification by Economy

Income Classification	No. of Countries
Low income	3
Lower middle income	3
Upper middle income	1
High income	1

Figure 1: Country Classification by Economy

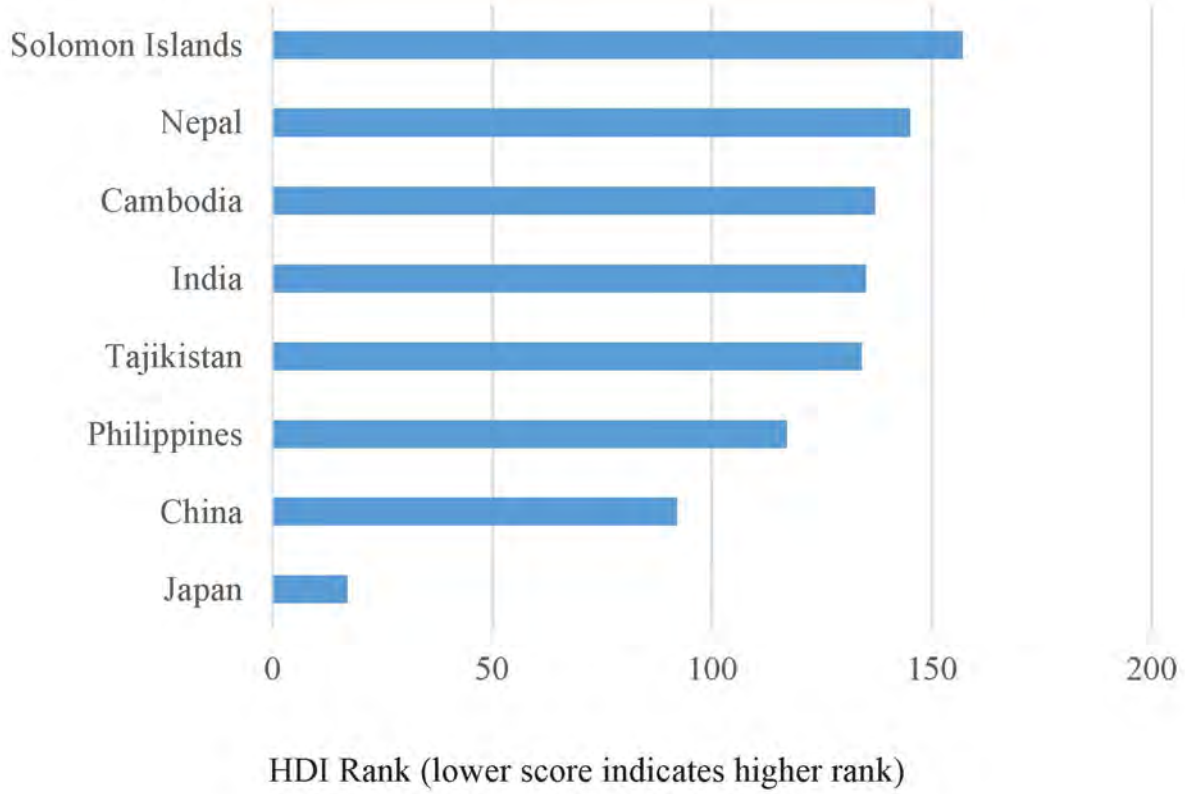


From the point of view of the Human Development Index (HDI) ranking, the eight countries show a wide range from 17 (Japan) to 157 (Solomon Islands), out of 195.

Table 2: HDI Ranking

Country	HDI Rank (lower score indicates higher rank)
Japan	17
China	92
Philippines	117
Tajikistan	134
India	135
Cambodia	137
Nepal	145
Solomon Islands	157

Figure 2: HDI Ranking



CRPD, Laws and Policies

Table 3: Country Status on CRPD

Country	Convention Signature	Protocol Signature	Convention Ratification	Protocol Ratification
Cambodia	1.10.2007	1.10.2007	20.12.2012	
China	30.3.2007		1.8.2008	
India	30.3.2007		1.10.2007	
Japan	28.9.2007		20.1.2014	
Nepal	3.1.2008	3.1.2008	7.5.2010	7.5.2010
Philippines	25.9.2007		15.4.2008	
Solomon Islands	23.9.2008	24.9.2009		

Tajikistan is the only country that has not signed the Convention. The other seven are signatories and all, except Solomon Islands, have also ratified the Convention.

All countries, including Tajikistan, have various laws and policies for promoting rights and opportunities for persons with disabilities. There are laws specifically for persons with disabilities as well as general laws that include persons with disabilities.

Management and Organization

Of the eight countries, the government is the lead implementing agency in Solomon Islands and China. The Cambodia, Philippines and Tajikistan programs illustrate models of partnership between government and NGOs. In the other four countries, non-governmental organizations (NGOs) manage and implement the programs.

Table 4:Management of Programs

Agency	No. of Countries
Government	2
NGO	3
Partnership	3

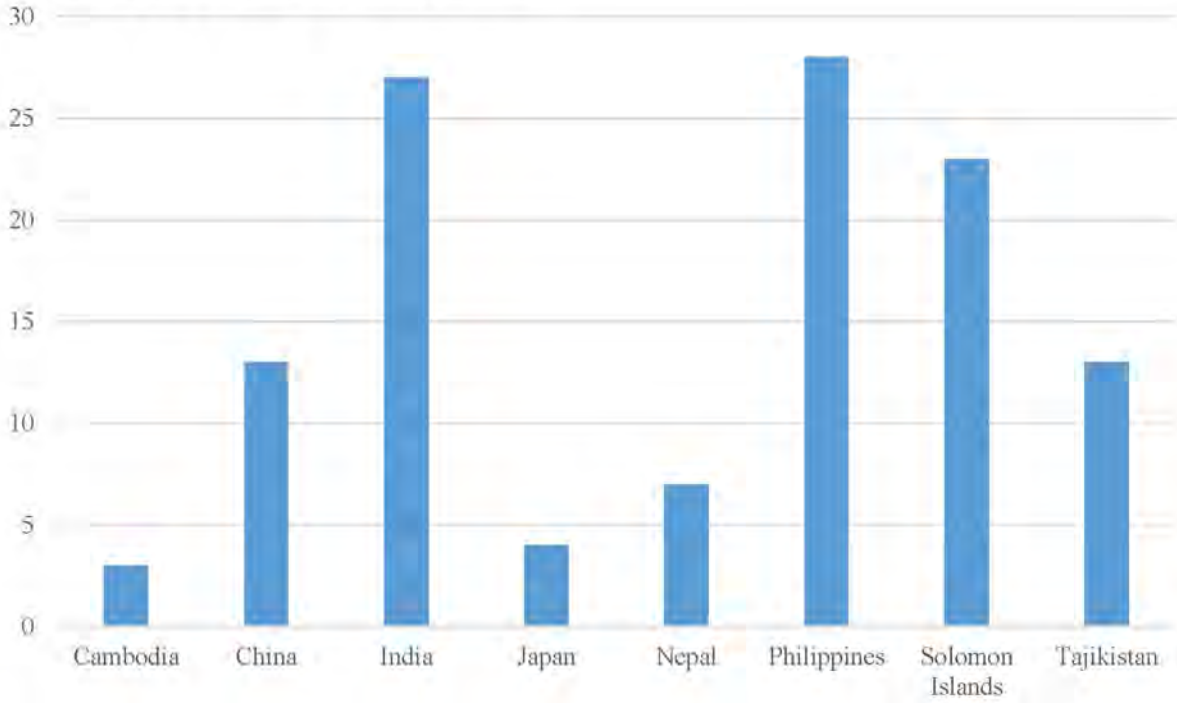
Figure 4: Management of Programs

There is diversity among the programs in terms of number of years of implementation and areas of focus, as shown in Table 5. Along with the promotion of CBR by international agencies in the 1980s, NGOs in India and the Philippines started their programs in the late 1980s, while the government program in the Solomon Islands was started in the early 1990s. The duration of implementation ranges between 28 years (Philippines) and three years (Cambodia).

Table 5: Years of Implementation and Areas of Focus

Projects	Year of Starting Each Project	Focus Areas
Project for Creating NHE (Cambodia)	2012	Rural market accessibility
YDPF (China)	2002	Comprehensive CBR
SANCHAR (India)	1988	Comprehensive CBR
Kusanone Mutual Support Project (Japan)	2011	Persons who are socially isolated
Karuna Foundation (Nepal)	2008	Comprehensive CBR, focus on children and families
Simon of Cyrene (Philippines)	1987	Comprehensive CBR
Pacific CBR Action Plan (Solomon Islands)	1992	Comprehensive CBR
All About Children Program (Tajikistan)	2002	Early intervention and education, focus on children and families

Figure 5: Years of Project Implementation



Coverage

The coverage area of the programs is varied – from a single prefecture within a city (Japan) to 22 districts of a large province (China). The government programs have a much wider coverage, compared to those of NGOs, where the area of operations is limited.

Activities and Impact

All programs follow a twin track approach in terms of direct support to persons with disabilities on the one hand, and making communities inclusive, on the other.

Programs in China, Philippines, India and Nepal demonstrate a comprehensive model of CBR, addressing almost all components and elements of the CBR Matrix. Solomon Islands shows a strong emphasis on health, with less activities in the other elements. In Tajikistan, since the focus is on children and families, the component of livelihoods receives less emphasis. The Japan example has livelihoods, social and empowerment components, while the Cambodia program focuses on livelihoods and empowerment.

All programs have shown impact at the level of individuals, families and communities. For persons with disabilities, there is increased access to opportunities, rights, schemes and entitlements. There is improvement in their confidence, reduction in social isolation, increased participation in social and community life, and improvement in their general standard of living. In addition, they have had their capacities built to advocate for themselves through self-help groups and DPOs. Families have had their capacities built as well; peer support groups for mutual support and sharing have boosted their confidence and reduced their isolation. Communities have become more supportive, less discriminatory and more inclusive of persons with disabilities.

Impact is also seen in increased government support in terms of policies and financial support (China, Philippines, Cambodia, Tajikistan), establishment of service and referral networks (China, Japan, Nepal, Philippines, Tajikistan), capacity building of government functionaries (China, Nepal, Philippines, Cambodia, Tajikistan), and mainstreaming of disability into poverty alleviation and other development programs (China, India, Japan, Philippines).

Sources of Financial Support

Government, international donors and local donors are the sources of financial support. Government is the main source of support in China, Cambodia and Solomon Islands, and provides some support in Tajikistan. International donors have a strong presence in Cambodia, India, Philippines, Nepal and Tajikistan. Private donors are the mainstay of the Japan project, and to a lesser extent, provide support to programs in India, Nepal and Tajikistan.

Lessons Learned

Table 6: Lessons Learned from Country Experiences

Country	Lessons Learned
Cambodia	Collaboration between various organizations at different levels should be strengthened. The implementation of local projects should be aligned with national initiatives and policies on disability. It helps to have a particular focus such as rural market modification to have a clear and more realistic goal. However, other aspects of making the environment accessible such as accessibility in government offices, schools, hospitals, etc. should also be considered. It is important to consider the support of the market owner from the beginning, not only to provide the free market space but also to contribute towards the modification of the market as well as the maintenance of accessible facilities.
China	Government leadership and involvement: if local government is not involved, then resources for implementation are inadequate. Establishment and building capacity of an effective disability working committee Capacity building on CBR and international concepts, for government sectors and staff Mobilizing persons with disabilities, through community surveys, needs assessment surveys and ensuring quick access to benefits

China	Localization of international concepts, especially 'empowerment' and 'self-help group' Ensuring that CBR is included in work plans and budgets of government sectors YDPF's role as an intermediary between government and persons with disabilities; and as a coordinating and capacity building resource agency Ensuring sustainability because of the strong policy and legislative backing along with prescribed targets for achievement; the availability of a service delivery structure that helps to expand services to the periphery; good networking and mobilization of resources for CBR at all levels, such as schools, rehabilitation centers, hospitals, primary health care networks and so on.
India	Parents should be involved from the very beginning as they play an important role not only in the rehabilitation and home care of their children with disabilities but can also support other families and children with disabilities. In the process of implementing home-based rehabilitation services, families should be encouraged to promote ownership. In order for interventions to be effective, poverty and economics should be addressed for the families of children with disabilities. Inclusive development to include other groups/issues is a must. Issues of other marginalized groups who are victims of abuse, violence and discrimination should be considered in parallel with the issues of disability in the community. The process of implementing activities in the community is a continued learning for all stakeholders. It needs to be continually encouraged and supported so that it can be a source of continued learning to address important issues effectively. CBR should not only be a project but should be a continuing process, driven by the community as part of their way of life.
Japan	The key to success is a three-step process: (1) Visiting the client, (2) engaging in thorough and attentive listening and dialogue with the client, thus establishing a trusting relationship, and (3) linking the client to the appropriate special support and to the local community. Following the policy that *"We never exclude a client who does not seem to fit in to an existing system or a common framework,"* and that *"We will always try to help anyone by creatively utilizing any kind of social resource."* Creating opportunities for discussion in order to disseminate this mindset in the community and recruit people who share the same belief, through open workshops
Nepal	CBR program could be organized effectively and at a lower cost if a wide range of stakeholders are involved. Any intervention can be successful and sustainable if it is supported by the program and policy of the state. A twin-track approach helps– to show results by working in the community and simultaneously working with the government authorities in the field and at the central level to facilitate and pressurize the state to formulate and implement conducive policies.

Philippines	Comprehensive baseline data on disability for effective program planning, implementation and monitoring should be developed and regularly updated. Accessibility in public buildings, transportation and information and communications technologies is vital to ensure active participation of persons with disabilities. A continuing information and education campaign in the community must be sustained in order to change the perspective of the community. There is the need to strengthen the participation and strong leadership of persons with disabilities in the process of social change for their inclusion and equal rights. Changing the negative attitudes of the community on disability issues through community education and multi-media information campaign is necessary. The commitment of the Municipal/City Council on Disability Affairs – as coordinating and policy making body on disability concerns – needs to be sustained. Health and educational facilities and support systems should be made accessible to persons with disabilities. Continuing advocacy to include disability and development issues in the 3-year social development plan of the LGU/administration should be included in CBR planning and implementation. It is important to constantly remember and promote the principle of partnership with government.
Solomon Islands	CBR is one of few "programmatic approaches" available in the Pacific that reaches out to provide services to people with disabilities in their homes and local communities. CBR programs translate high level policies, legislation and political commitments into action 'on the ground' and bring about changes in the lives of individuals with disabilities. Government support through the Ministry of Health and Medical Services (MOHMS) for a national CBR Program Strong leadership and coordination of the national CBR program through establishment of a National CBR Coordinator in the MOHMS Development of a cadre of CBR workers, including persons with disabilities, who have access to transport and live in close proximity to the communities, trained either on the job or through a national training course, along with close supervision support and back-up from National CBR Coordinator Clarity within MOHMS regarding tasks and responsibilities of CBR workers CBR workers are trained explicitly in disability rights and empowering approaches in working with people with disabilities; and work in collaboration with local DPOS. Development of disability data reporting system through the CBR Program

Tajikistan	Group-based approach to CBR: Group lessons away from home but within the community help the children to come out of isolation and experience a bigger world, make friends, learn communications, rules and boundaries as well as self-confidence and independence. This also promotes opportunities for mutual/peer support among parents. Training of parents and community stakeholders like kindergarten teachers as CBR workers especially in communities that value education highly. Previously stigmatized and marginalized parents are transformed into valuable self-confident staff. Government kindergarten teachers have proven very valuable change agents for their institutions, being the first to accept children into a mainstream group and positively influencing the community around them.

The eight country experiences on CBR and inclusive development practices demonstrate the relevance of CBR across the Asia-Pacific region, despite differences between these countries in terms of size, social and economic development. As mentioned in the Pacific example, "CBR programs translate high-level policies, legislation and political commitments into action 'on the ground' and bring about changes in the lives of individuals with disabilities".

Although CBR was initially promoted as a strategy meant for developing countries, the Japan experience shows how CBR principles are applied in a high-income country, to address needs of marginalized groups of people.

The experiences provide evidence for the impact of CBR on persons with disabilities, their families and communities. Governments, another major stakeholder, are seen to be increasingly supportive of CBR and inclusive development efforts in terms of financial, human resource and technical support.

Some key lessons learned include the importance of government involvement and inclusion of CBR into local government plans and budgets; partnerships between government and other stakeholders; capacity building for all stakeholders, especially persons with disabilities, families and CBR functionaries; awareness raising in the communities; mainstreaming of disability into development and poverty alleviation policies and programs; and establishment of effective supervision, monitoring and evaluation mechanisms.

These country experiences and lessons learned can be of help to inform future policy and programming related to inclusive development across the Asia-Pacific region.

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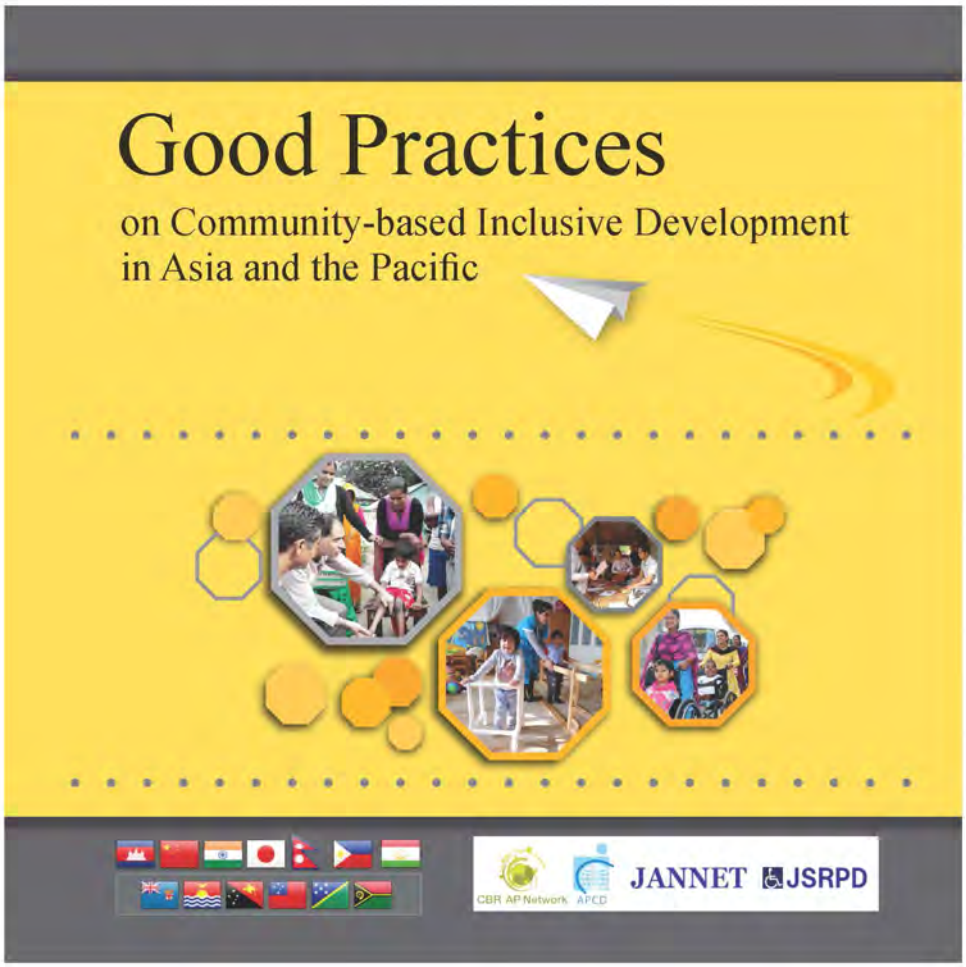

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