

CHAPTER 6

Government's Role in CBR

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SUMMARY

Several international documents are available to help and guide Governments to set up structures that will benefit people with disabilities. It is the challenge of every government to use these documents to create legislation appropriate to their own settings according to the needs and wishes of the people concerned. In Uganda, 'The World Programme of Action Concerning Persons with Disability' (UN 1983) was found to be a very helpful guide, and in the beginning of the 1990s, it was decided to promote the development of CBR programmes as a mechanism for facilitating a holistic approach to disability. The Government of Uganda has undertaken support of marginalised groups, including persons with disabilities, by formulating supportive policies within the constitution and in Local Governments' Acts. As a result, there is now representation by people with disabilities at every level of Government. This creates the structure and a level of participation that enables disabled people to develop their own solutions within the framework of the existing system. Other strategies include the introduction of Universal Primary Education (UPE), which encourage parents to send their disabled children to school, facilitating a move towards inclusive education. Mobilisation of resources, new administrative structures, de-centralisation, appropriate referral systems, training programmes and evaluation procedures, all contribute to ongoing activities relating to persons with disability, in Uganda.

INTRODUCTION

The extent of the need for rehabilitation services in Africa has so far not been reliably established. In 1992, a figure of 185 million people with moderate or severe disability in developing countries was estimated, as most of these people were thought to be without any rehabilitation services. In the 1980s, the World Health Organisation estimated that the prevalence of disability in developing countries was 10%, which was later revised by Helander (UNDP 1994) to 5%. However, according to the Uganda Bureau of Statistics, it is estimated that there are about 2.1 million PWDs who need rehabilitation, which is more than 10%. It is argued by some, that this figure could even be higher, given the political turmoil that this country has passed through.

Over the years, there has been some progress in the development of traditional vocational rehabilitation services, set up in 1965, to assist disabled youth and adults to learn vocational skills and become productively employed. This traditional approach, where services were provided in institutions by multi-disciplinary teams with specialised equipment, had limited capacity, high maintenance costs and promoted social segregation by removing PWDs from their environment.

In view of these shortcomings, coupled with the rising population of PWDs, the UN World Programme of Action concerning the PWDs (UN 1983), presented a document to guide the individuals, governments and non-governmental organisations (NGOs) in the promotion of programmes for PWDs.

In addition, the document provided for effective measures for prevention of disability, rehabilitation and the realisation of the goals of full participation of the disabled persons in social life, development and equality. This document has been used by the Ugandan Government to guide us in setting up the structures, that promote a conducive environment for full participation of PWDs in all spheres of life.

DEFINITION OF CONCEPTS

Presently, the Government uses the following operational definitions of the central concepts relating to people with disabilities. I, however, take

cognisance of the different definitions by different authors and development strategists, which have developed since the 1980s and recognise a need for our Government to re-consider our policies in the light of more recent perceptions.

Disability refers to any form of restriction or lack of ability to perform an activity in the manner, or, within the range that is considered normal for a human being. A person with disability is an individual who is officially recognised by society as such, because of differences in appearance, behaviour, communication and functional limitations (WHO, 1980)¹. Disability may be temporary or permanent and reversible or irreversible and may be described as progressive or regressive.

Rehabilitation includes all measures aimed at reducing the *impact* of disability for an individual, enabling him or her to achieve independence, social integration, a better quality of life and self-actualisation. It includes not only training of persons with disability, but also interventions in the general systems of society, adaptations of the environment and protection of human rights.

Community is defined as a group of individuals living together, with similar interests and having the same ideological, religious, cultural and economic aims.

Community Based Rehabilitation involves measures taken at the community level to use and build on the resources of the community, their families and the community as a whole. This means that CBR programmes should be planned and implemented with the participation of PWDs. This is different from the so-called community programmes, where the core phases and plans are done away from the actual community, often in the city.

Participation refers to the involvement of the beneficiaries in the programmes being initiated/implemented in the community, in order to ensure ownership and sustainability of such programmes. This is based on the assumption that it is the beneficiaries who know their own problems the best.

Decentralisation means delegation of responsibility, or functions of an organisation, along with authority for carrying out these functions, to those at the periphery of the organisation, i.e. the local governments and other implementers e.g. NGOs.

COMPONENTS AND PRINCIPLES OF CBR

As mentioned earlier, the World Programme of Action (UN 1983) concerning the persons with disabilities, was worked out by the United Nations in order to guide the stakeholders in the field of disability. The Community Based Rehabilitation approach is part of the recommendation of the World Programme of Action.

It is increasingly accepted, that a good CBR programme is based on a holistic approach and will include many of the following aspects (O'Toole and McConkey 1995):

- Understanding community needs;
- Identifying community perceptions and beliefs;
- Promotion of social integration;
- Transferring knowledge to communities but also learning from the communities;
- Empowering PWDs and community;
- Encouraging PWDs reach their potential, mobility etc.;
- Removal of physical barriers, social and physiological;
- Building strategies for sustainability;
- Changing negative attitudes;
- Addressing human rights issues and information sharing, as essential components of the CBR programme.

INTRODUCTION OF CBR IN UGANDA

In Uganda, the Government started planning for a community based rehabilitation programme in 1989. In 1992, the Norwegian Association

of the Disabled (NAD) agreed to support the Government in the implementation of CBR. The programme was first piloted in the three districts of Kabale, Mbarara and Bushenyi. The CBR programme was initially started in 15 sub-counties in each district. The lessons learned from the three pilot districts were later used to extend the programme to six more districts namely; Kamuli, Iganga, Tororo, Mbale, Ntungamo, Rukungiri and Mukono.

Strategies and role of government in promoting participation in CBR

In order to improve and strengthen implementation, the Government must set up management structures to facilitate the smooth operation of CBR programmes. This includes policy-making and planning, appropriate administration structures, provision of resources, decentralisation, training personnel, onward referral systems and monitoring and evaluation.

Policy formulation, review and promotion

Today, various governments have laid down a number of strategies to promote participation of marginalised groups. Governments have policies applicable to vulnerable groups in general, but there is a need to design policies, which adequately address issues of PWDs. This may require formulating new ones, promoting or reviewing existing ones, so that any deficiencies in particular sectors such as health services, schooling and employment opportunities that affect PWDs are corrected. By formulating a detailed policy statement, the government points out what is to be achieved, how to implement change, who is responsible, when can change be made and a commitment to provide the resources. In Uganda, the affirmative strategy has been used to promote participation.

For example, at present, in the bid to ensure participation of PWDs in the political life of the country, the Ugandan Government included Article 32 (1995) which states:- *“Notwithstanding anything in this Constitution, the state shall take affirmative action in favour of groups who are marginalised on basis of gender, age, disability and any other reason treated by history, tradition or custom for the purpose of redressing*

imbalances which exist against them. In addition, commitment is made to addressing the needs of older people. The state shall make reasonable provision for the welfare and maintenance of the aged.”

The Local Government Act of 1997 also provides for representation of PWDs at all levels of Government. Presently, there are 47,000 councillors representing PWDs participating in decision-making processes at various levels. The Government has also appointed a Minister of State for Disability and Elderly, and created a full Department of Disability and Elderly to address needs and issues of disability. More affirmative action was done through the election of five members of Parliament to represent PWDs.

The crosscutting nature of disability calls for the development of mainstream strategies, to address all the aspects, which affect PWDs. For example, the Ministry of Education and Sports has also established a Department of Special Needs Education Guidance and Counselling, to ensure participation of children with disabilities in school activities at all levels. The Universal Primary Education (UPE) has a policy, that in families where there are children with disabilities, they must be given priority to attend schools. The Functional Adult Literacy Programme has also mainstreamed issues of PWDs in the curriculum. All these efforts by Government are to ensure full participation of PWDs in all programmes.

Putting up appropriate administrative structures

The Government has set up the necessary structures to ensure Community participation in CBR programmes. This includes the Department of Disability and Elderly in Ministry of Gender, Labour and Social Development to coordinate disability issues. This Department has also set up a National CBR steering Committee, which consists of the key stakeholders to monitor the activities of the CBR programmes. Due to decentralisation, a similar structure has been duplicated at district and lower levels. The Ministry of Health has set up a Disability desk and they are in the process of reviewing the health related curricula to include disability issues. The Ministry of Education too, has a special unit.

Mobilisation of resources

Funds, personnel, equipment, transportation, physical structures, statistical services, research and information are some of the resources that have to be mobilised.

Central and local government bodies, communities and non-Government organisations provide these resources. The government role here is to identify with the communities the available resources, and to point out to the community what it has to do, such as, provide local management and some of its resources. The government can then fill the missing components through training, technical supervision, administrative support and referrals.

Decentralising to encourage community participation

One of the key features of CBR programme development is decentralisation. However, this in itself is not enough, as there is no guarantee that this process can lead to higher levels of participation in the community based rehabilitation programmes. Decentralisation must be followed by a change of attitudes. The implementers of decentralisation need to be disability sensitive, to ensure that issues of disability are mainstreamed in the plans at district and lower levels of local Government. In Uganda, CBR programmes are implemented by the local Government and NGOs.

Training and sensitisation

This component is important, for building a competent workforce at all levels. In Uganda, training of CBR workers is carried out at UNISE, COMBRA and Makerere University (Makeree University 1994). Sensitisation is another key activity. All stakeholders have been involved in sensitisation of technical personnel, political and district local authorities, to increase awareness and appreciation of the issues that PWDs have to face (Jackson 1993). Training of the PWDs themselves has been done to build their confidence, capacities and capabilities to realise their potential and actively participate and demand attention of the issues that affect them. Training of families and communities has

raised awareness on causes, management and prevention of disabilities as well as contributed towards a change in attitude and increased awareness concerning the provision of resources.

Building and maintenance referral options

Referral options are looked at as places where PWDs can be referred for treatment, education, employment and legal advice. In most cases, these cannot be handled by communities, so it is the role of the government to ensure that these services are operating efficiently. Referral options in Uganda, have included major hospitals, special schools and vocational rehabilitation institutions. The government is encouraging integration in all fields as a way of increasing participation of PWDs. As the community based programme is being implemented, any PWDs identified and referred, should receive the necessary service.

Monitoring and evaluation

The Government monitors and evaluates the progress of all the programmes relating to people with disabilities. This serves as a check and contributes to the quality of the programme's development. High levels of participation are encouraged and where this is not achieved, action is taken to increase the level of participation and the range of stakeholders involved.

CONSTRAINTS

Inadequate funding

The Government would like to extend the CBR programme to the whole country, but due to inadequate funding, CBR is still limited to 10 out of 56 districts.

Lack of statistical data

The magnitude of disability prevalence is not known due to lack of reliable data. It is hoped that the next Population and Housing Census will come up with better disability statistics for ease of planning and resource allocation.

RECOMMENDATIONS

Empowerment

Even though some measures have been undertaken by the Government to eradicate poverty among PWDs and promote access to employment, this is an area, which still needs greater focus. For example, more PWDs need accessibility to micro-finance schemes in the community. Through this, the government will have ensured that PWDs are engaged in productive ventures for an improved standard of living.

There is also a need to promote cultural values and languages, including sign language, which is used by the deaf to preserve and enhance dignity of all.

Gender balance

Emphasis should be laid on gender balance, fair representation of disadvantaged groups and a call for society to respect the rights of PWDs, particularly the girl child and women. There needs to be better educational opportunities for the girl child, whether she is able-bodied or not.

Health care system

Since the leading causes of disability are communicable and preventable diseases, an improved health care system is a pre-requisite for reducing the rate of disability. This has a corresponding positive impact on the situation of those already affected by disability, in the sense that the available limited resources would be used to cater for a large number of PWDs. This could be supported by development of support services including supply of assistive devices, such as sign language training, provision of Braille, as well as the more obvious wheelchairs etc.

Removing physical and environmental barriers

The Government should be able to be more vigilant and avoid activities that increase disability, such as wars and motor accidents. Laws should be enforced to punish careless drivers and those involved in domestic

violence. Work places should be conducive to productivity and repetitive straining influences should be avoided.

Institutional rehabilitation

Everyone is well aware that community based rehabilitation does not provide all skills to PWDs. There are those who are severely handicapped, and, who still need the services of institutions. Governments should therefore continue to fund Institutions, so that they work hand- in- hand with the CBR programmes.

Coordination

As has already been discussed, CBR is implemented by different stakeholders. In order to avoid duplication, the government should be able to coordinate the activities together with the stakeholders and monitor and evaluate them.

CONCLUSION

In Uganda, it is believed that community based rehabilitation is one of the best approaches to rehabilitation. It is cost effective and more PWDs have been reached. However, there are people with severe impairments whom the community may not be able to accommodate and assist. This is why the referral system has been integrated in the programme. Institutions like hospitals, health units and vocational rehabilitation centres will remain points of referral. The two approaches should be seen as complementary and not in competition with each other. We believe that it is through this complementary approach that the problems of PWDs will be effectively tackled.

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¹ **(Editor's note:** These classifications have recently been revised through a lengthy participatory process and the new document The International classifications of Functioning (ICF) (2001) is now available. For more details of these new classifications please look at Chapter 13).