

## CHAPTER 7

# The Role of Legislation in Facilitating CBR in Zimbabwe

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### SUMMARY

*This chapter examines some of the ways, in which legislation can facilitate the development of community based rehabilitation (CBR), with particular reference to the situation in Zimbabwe. CBR is seen as a programme that cuts across medical, educational, social and vocational services. Each of these areas is examined and suggestions made as to how important legislation is in facilitating the development of services in these areas.*

### INTRODUCTION

Community based rehabilitation (CBR), attempts to restore or maximise the full potential and functions of persons with disabilities (PWDs), in their natural environment within the family and the community. Integration into the community is concurrent with the rehabilitation process and not subsequent to it. Ong'golo (2000), supports the idea of programmes for PWDs being carried out in their immediate environment,

but questions the communities' capacity to provide the necessary resources, and calls for improvement.

Rehabilitation institutions have been criticised for isolating PWDs from their natural ecological environment and in some cases, giving them a distorted view of their niche in society. They also deprive the other units of society, such as the family, the village and the school, of the chance to make their contribution to the development of a person with a disability. While CBR is extolled for reaching more PWDs than institutional rehabilitation (Kim, 2000, Tjandrakusuma, 1989) in developing countries, the logistical problems caused by the scatter and diversity of needs of PWDs in rural areas, tends to contradict this view. Consequently, the CBR programmes usually fail to run along the structures and functional modes that have proved effective in more developed urban communities. Generally, necessities such as food production, primary health care and basic education have been given higher priority than CBR. Regrettably, political power and war have been considered ahead of the needs of people with disabilities.

It is necessary to point out in this introduction, that PWDs suffer a lot of deliberate and sometimes inadvertent discrimination from the governments and the various units of their society, such as employers, schools and even hospitals. Their plight therefore, needs to be addressed. Perhaps, this cry from a Nepalese Council for the Disabled (Gautam, Personal Communication) may help to stress this point:

*“We disabled people of Nepal are facing maximum, unexpected discrimination from the private sector, society and the government as well. We have decided to visit you in your active organisation to study, to gain the vast experience and knowledge which is necessary to establish and implement the following agenda in Nepal:*

- *The formulation of an anti-discrimination policy and related legislation concerning disabled people.....*
- *To re-enforce legal measures and influence additional legislation.....”*

**As there is minimal goodwill for PWDs in society, lifeline programmes such as CBR, need to be facilitated and protected by effective legislation, to ensure that the programmes can work and produce results.**

## **THE FORMAL STRUCTURE AND REQUIREMENTS FOR CBR**

Whilst home-based rehabilitation (HBR) can be carried out by one institutionally trained family member, with the assistance of the other members of the family, CBR is more complicated, with more complex structures. CBR entails a supervisory committee including health workers, welfare workers, members of the Red Cross and people with disabilities. These people determine policy and oversee the activities of the programme. Under the committee, is a trained, intermediate level supervisor in charge of the local supervisors. The intermediate supervisor instructs, organises and oversees the local supervisors. The local supervisors put in definite hours of work per week, training and supervising family trainers. Each family trainer directly trains the family member with disability (Zhou 1989). In this model, *“Rehabilitation is no longer the task of the specialists, but a responsibility of the whole community. Instead of having one person at the community level to deal with all aspects of rehabilitation, more people are involved”* (Burk, 1998 ).

For an elaborate organisation like this, to function smoothly and realise its goals, there is often need for some regulatory and facilitatory instruments, which may need the enforcement of law. This chapter will examine some of the ways in which legislation can facilitate CBR.

## **THE ROLE OF LEGISLATION**

CBR has often been seen as cutting across four areas, namely, medical, educational, social and vocational. It is expected that when all these areas have been addressed, the negative effect of a disability on a person is minimised and that they can realise their maximum potential. Each of these four areas can be facilitated by some favourable legislation.

## **MEDICAL REHABILITATION**

In medical CBR, the PWD may require access to expensive specialist equipment, professional expertise or drugs. These services are often too expensive for most PWDs to afford. CBR projects usually do not have adequate financial resources. If in a country, the government has legislated for free medical treatment for all its citizens, the PWDs will be able to access the expensive medical facilities. In Zimbabwe, at independence (1980), free medical attention for all, was legislated. Poor people, with, or without disability were able to access specialist medical services. However, this proved to be too expensive for the national economy and had to be modified. The current position is that certain categories of medical or physiotherapy services are available only on payment. There is no preferential treatment for PWDs and exceptions are made only for those who cannot afford to pay, based on an entirely financial assessment.

Under these circumstances, CBR projects find it difficult to access medical specialists, who often charge very highly to provide the necessary medical treatment. Politicians need to lobby for PWDs to enjoy unconditional free treatment as they used to do earlier, as a way of giving them some head start, to enable them to cope with the challenges they face in life. It may be necessary to add that, 'free' treatment' means a service provided by a government institution, but where a private institution provides the service, the government pays for the treatment, possibly through the social welfare department.

Most CBR projects in Zimbabwe rely on voluntary services of the supervisors, trainers and caregivers. With the increasing numbers of PWDs, it becomes more demanding on these voluntary workers. They have to put in more time and still have to spare some time to work in their remunerative endeavours, to sustain themselves and their dependents. In fact, in the present harsh economic conditions, some caregivers and trainers volunteer in the hope, that the free service may be turned into remunerative employment. Governments cannot continue to sit back and leave such heavy work to NGOs, like the Red Cross.

They now have to legislate and put these activities under their Ministries of Health or Social Welfare, so that these activities receive regular funding to enable them to pay for the services rendered to PWDs. Things are now changing and Governments need to be responsive.

In Zimbabwe, after the general elections of 1995, the president appointed a man with disability to represent PWDs in Parliament, occupying one of the presidentially nominated seats. The PWDs found a lot of hope in this gesture, as their problems and concerns were sure to be fully articulated by one of their number. However, five years on, this was withdrawn when political expediency demanded otherwise. One admires systems like that of Uganda, where PWDs are represented at all levels of government and examples such as theirs, has shown the fruits that such structures can bear.

## **EDUCATIONAL REHABILITATION**

In the area of educational rehabilitation, the debate on inclusion versus segregation appears to have occupied the minds of academics more than other issues. However, legislation should be put into place to support and safeguard the rights of PWDs to access education, since free education for all, requires supporting legislation. Where there is free education, CBR can be expected to promote and facilitate its use and development, whereas, when PWDs have to pay for education, the local school may be too expensive for the person with disability, or, the school may not know how to cope with his/her educational needs, thereby forcing him/her to seek education elsewhere, outside his/her original community. In such a case, they cannot remain in their own home and community; which renders the whole concept of CBR impracticable. It could be legislated that, PWDs in the local community be given special priority for admission in any school. This requires facilitation by the government. Such a legislation would ensure that PWDs can learn in their schools, so that other aspects of CBR can be conducted while they are within their own community.

When Governments award scholarships for specialist training, a quota system could be legislated, so that a certain percentage is reserved for

people who undergo skills training associated with the needs of PWDs. CBR requires people with specific skills associated with the needs of PWDs, it also requires these people to be available within the community. When they are not available or when they are too few in number, the clients have to travel away from their communities to institutions where such skilled persons are available. This is against the recommended structure of CBR, which requires that the person be rehabilitated within his/her own community. It can therefore, be seen that there is a lot of scope for legislation to facilitate the educational aspect of CBR.

In Zimbabwe, in spite of free primary education introduced at independence in 1980, by 1997, 21% of persons with disability aged between 5 and 24 had never been to school. This could indicate that declaring free education for all is not enough. It could also be, that at that time, the institutional approach which was mainly used for the education of people with disability, was not effective in enabling them to access education. Perhaps a CBR approach could have achieved better coverage for the PWDs. This also shows that any legislation that is decreed, needs to be compulsorily enforced, to ensure that the desired effect is achieved.

## **SOCIAL REHABILITATION**

Social rehabilitation is concerned with integrating the PWD into society with the maximum possible adjustment, to cope with the normal social demands as well as the extra demands placed on them by their disability. The ultimate goal of social rehabilitation is to allow people with disabilities to have the same sense of well being in society, as people without disabilities. If an adult man loses his arm, for example, he will first of all, need treatment to get rid of the pain and heal the wound. This is the medical rehabilitation which has to be followed by an educational rehabilitation of learning how to perform daily living operations such as dressing, eating and washing with only one hand. If an artificial arm is fitted, the PWD will also need to learn how to use it to maximum advantage. Another important aspect of his educational

rehabilitation is that he will need to learn to accept and assert himself as a normal, though one-handed, person. He will also need to learn to cope with the initial shock expressed by people on meeting him for the first time, and make the best of his new circumstances, rather than resigning himself to his new condition and waiting for social handouts. Indeed, the person will also need rehabilitation to regain much of his/her vocational abilities. However, social rehabilitation is not altogether confined to the person with disabilities, but should also address the needs of family and friends. What information do they require, to make the adjustments necessary for PWDs to continue life in an integrated and acceptable way? How can they accommodate their different needs and help to create an environment where they can be accepted, and function as independently as possible? Social rehabilitation also calls for the community to institute measures that make life easier for PWDs. Aspects such as easy access to buildings and toilets, voice aided traffic controls and removal of hazards from busy paths to protect PWDs from injury, are very important and may need enforcement by the law. Ensuring that PWDs are represented at all levels of local government, best facilitates efforts of this nature.

### **VOCATIONAL REHABILITATION**

This requires the support of legislation, probably more than any other aspects discussed so far. According to Mapande (1986), 'vocational rehabilitation is a preparation for work and placing disabled people in suitable jobs'.

The Government and private institutions may recruit PWDs and impart vocational skills to them, but they will also need to be placed into jobs for vocational rehabilitation to be complete. The training can be conducted within the community or at external institutions. CBR programmes would however, be looking at them being employed like other people, within their local community. Very often, prospective employers are suspicious or uninformed about the capability of a person with disability, to perform productively on a job, hence, they opt to play

it safe and exclude such a person without even trying him or her. This is discriminatory and can call for legal intervention. Perhaps, the action taken in Korea and reported by Kim (2000), is appropriate in that, the law for employment and promotion of people with disabilities requires that companies with 300 or more regular workers, employ people with disabilities as at least 2% of their workforce. Employers would be required to ensure that they abide by this requirement, job placement officers would also have to ensure that such vacancies are made available, and whenever possible, fill them with PWDs. Unfortunately, such laws are often flouted. In the Korean example, in 1996, with 2227 companies subject to this law, only 23% of the required number of PWDs were employed in an integrated work environment.

The law in Korea requires national and local governments to enlighten employers on the employment of PWDs and to assist them to do so. The governments themselves are required to lead by example, in this regard. The employers are also expected to assist the PWDs in their career development and not to discriminate against them in staff development, promotions and transfers. Legal provisions such as these would enable PWDs to secure jobs, work and live normal lives within their own communities. Only then, could the PWDs be said to have been given a comprehensive CBR programme.

## **CONCLUSION**

As discussed in this chapter, the main areas of concern in CBR have been cited, and used to explain how legislation can facilitate the smooth organisation and delivery of CBR programmes. It has also been shown, that legislation alone may not suffice, especially where the co-operation of other institutions is required. There has to be effective mechanisms to monitor and ensure that the legislation in place is adhered to. It has also been argued that further to legislation, financial and moral commitment on the part of the governments to the welfare of PWDs in general, and to CBR in particular, is important.

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