

## CHAPTER 15

# CBR in Africa: The Way Forward

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*(Participation from the UNISE 'CBR team' and all conference participants is acknowledged).*

### SUMMARY

*The opportunity for the conference participants to share their experiences provided a rich source of inspiration for all those involved. It is the intention of this chapter to share this inspiration and suggest some ways forward, that will facilitate the development of CBR programmes. The first part of the chapter summarises the key issues that arose from the presentations, discussions and deliberations, drawing together constructive ideas and developing a vision for the way forward. These included, 'The key ingredients of CBR in Africa' which were ratified by the conference participants. The second part of the chapter reports on four specific tasks relating to the key issues, which the conference participants agreed to take forward. These were, the development of national associations of CBR workers, initiatives to improve the capacity for sharing information about good practice, a review of the development of training on CBR and the organisation of another conference on CBR in 2004. Finally, readers of this chapter are invited to participate by contacting the people responsible for the different initiatives and contributing their own efforts and ideas, to those that have already started. They are also invited to use the ideas outlined here, within their own settings, as a basis for developing further ideas.*

**The wider the participation, the greater the impact!**

**It is up to you!**

**Are you going to participate?**

**How? when?**

**What will you do?**

## **KEY CHALLENGES FOR CBR WITHIN THE AFRICAN CONTEXT**

The key challenges for CBR identified at the conference were fourfold.

1. The need for a working definition of CBR.
2. The need to raise awareness on the role of participation in effective CBR programmes.
3. The need for CBR training and practice to be documented and synchronised nationally and inter-continently.
4. The need for all the stakeholder groups to have a clear understanding of their role in the CBR process and to know how this relates to the roles of others.

### **1. The need for a working and flexible definition of CBR**

Presentations and discussion at the conference highlighted an urgent need to establish a working definition of CBR within the African context. It was observed that the lack of such a definition or a common understanding, has led to confusion and mis-information and is now hindering the further development of CBR programmes. The participants of this conference accepted the positive role that has been played by the Joint Statement on CBR, made by WHO, ILO and UNESCO (1994), but felt that a more context specific guideline was required.

The deliberations on what constitutes a CBR programme, discussed in Chapters 1 and 2, illustrated the dynamic nature of CBR and the context specific influences on its development. It is recognised that it is this

flexibility and the capacity to respond to contextually different challenges, which have been a great strength in the early development of CBR. This flexibility has allowed the local people to interpret and develop CBR in many different directions and this has contributed significantly to the broad and holistic understanding that has now emerged. The participants of the conference rose to the challenge of establishing a working definition of CBR, by creating and ratifying 10 key ingredients that they perceived should either exist within CBR programmes, or should be used to provide a vision for future plans and development. These key ingredients are listed in the following box.

### **KEY CBR INGREDIENTS FOR AFRICA**

- 1. CBR must take a rights-based approach, empowering disabled people and their families.**
- 2. CBR must involve disabled people, parents and their organisations from the start.**
- 3. CBR must enable key stakeholders to access information on all issues, including HIV/ AIDS.**
- 4. CBR must be holistic; it must look at people with disabilities in totality.**
- 5. CBR must advocate for appropriate legislation and policies.**
- 6. CBR must enhance self-advocacy of disabled persons.**
- 7. CBR must develop long term and short-term plans together with all stakeholders. It must 'be strategic'.**
- 8. CBR must ensure inclusion of disability issues in all development programmes. It must collaborate with all sectors.**
- 9. CBR must take into consideration local cultures, resources and practices.**
- 10. CBR must address issues of poverty among disabled people and their families.**

## **2. The need to raise awareness of the role of participation in effective CBR programmes**

The participants recognised the essential role that participation plays in effective CBR programmes. However, they also recognised that the participatory process is on a continuum. Participation is not something which can be considered present or absent, but something that has small beginnings, for example, the partnership between parents and their children, between two people with disabilities, between two professionals. It is important to nurture these relationships, to build on them and to value their importance, so that they can grow in frequency and strength and eventually form a corner-stone of all initiatives.

The process of participation is seen to include the sharing of information, ideas and responsibilities. Participants recognised that this should be a two-way process for effective outcomes and one based on co-operation of all the stakeholders. The stakeholders identified at the conference, besides disabled people themselves, included parents and relatives of disabled children and adults, other community members associated with the families, including a wide variety of professionals, Government bodies and non-government organisations including disabled peoples' organisations and funders.

The conference itself, strove to achieve a high level of participation, by including representatives from as many stakeholder groups as possible, in all stages of planning and execution. Many presenters spoke from first hand experience of having a disability themselves, or having a disabled child themselves. People from all the stakeholder groups shared the responsibility of running the sessions. One of the strongest feedback messages from the participants, was how participatory the conference had been and how they would not have believed it possible, if they had not seen it for themselves.

## **3. The need for CBR training and practice to be synchronised nationally and inter-continentially**

The presentations from the conference revealed the presence of a considerable amount of CBR training in many African countries. This

took place in two main forms, in-service and institutionalised. There was some evidence of exchange programmes between African countries, but the content of the training was seen to be diverse and generally unknown to others carrying out similar training programmes, whether this be in other countries, or even within the same country. It was observed that there was little synchronisation of these training programmes in terms of complementary information and expected levels of achievement. Uganda was highlighted as an example, in that, it had several training programmes at different levels, but little integration between the programmes offered and complementary areas of the programmes remained unknown. Participants felt there was a need to harmonise the CBR training curricula by sharing information through documentation of research and publication in working papers, reports, journals and newsletters.

#### **4. The need for all the stakeholder groups to have a clear understanding of their role in the CBR process and to know how this relates to the role of others**

A great deal of time at the conference was given to sharing and exploring the different roles and perceptions of the stakeholders. From this process, it was clear that each group had a very valuable contribution to make to the whole process, but no group could manage the process alone.

The role of trainers has already been touched upon, but the presentations and discussion from the Government representatives illustrated the high level of commitment and energy that has been directed by some African countries, in shouldering the responsibility for setting the best structures in place, to nurture the empowerment of disabled people and their families. It illustrated the importance for up-to-date information being made available to the people responsible and for mainstreaming the policies relating to people with disabilities. A multi-sectorial approach was required to develop structures that could handle this process with sufficient funding, to make such ideas a realistic proposition. It highlighted the need for economic empowerment.

People with disabilities and their organisations (DPOs), emphasised the need for their involvement at all stages of the process. They recognised and appreciated the role of the professional and shared some of the problems they face within their own structures. They also shared the painful process of learning which is taking place, in order for them to achieve sufficient harmony to make even more positive contributions.

Professionals shared the difficulties they face in changing their exclusive structures and superior attitudes, and working towards a more inclusive sharing approach, without losing the essence of their standards of practice and professional commitment. They recognised the need for a more participatory approach, utilising the wisdom of the local culture. An illustration of their commitment to this resulted in long 'after hours' sessions in conjunction with representatives of people with disabilities, concerning access to information about HIV/AIDS, through CBR programmes. The importance of this activity and the need for networks between CBR and HIV programmes, to develop and supply information that was appropriate and user friendly to people with disabilities, was highlighted.

The contributions from parents and community members, illustrated the extraordinary commitment made by this group and their degree of involvement and commitment left all the participants full of admiration. The parents shared their frustrations about the difficulties experienced in achieving recognition, in finding resources to carry out their ideas but nevertheless, expressed their appreciation for the support of other stakeholder groups.

Representatives of non-government organisations saw themselves as promoters of the complementary role that all stakeholders need to play, the need to network between all parties and to share the workload and responsibility. They identified the problem of overtaxing the family members and the community and expressed fears and suspicions, that people worked towards their own agendas more often, than out of consideration for the welfare of the target group.

The level of participation by donors at the conference was perhaps the 'weakest link', but the excellent paper presented, raised many of the very difficult issues that need to be faced by all participants. These included the misgivings about achieving participation when roles have very different agendas, the issue of transparency and community involvement and the difficulties of a holistic funding approach.

## **FOUR SPECIFIC TASKS**

The conference participants agreed to take forward four specific tasks as a first step, in meeting some of the challenges outlined in the previous section. They were:

1. The development of national associations of CBR workers.
2. Initiatives to improve the capacity for sharing information about good CBR practice.
3. Review of the development of training on CBR in Uganda as an initial step in synchronisation of training programmes.
4. Organisation of another conference on CBR in 2004, in Southern Africa (possibly Zimbabwe).

### **1. The development of national associations of CBR workers**

It was agreed that, where possible, participating countries should start CBR associations. The aim of these organisations would be:

- To create a linkage between all the stakeholders in the development and sustainability of CBR programmes.
- To provide a forum where they could share information.
- To lobby and advocate for disabled people and their families.

It was agreed, that conference participants would go back to their countries and motivate other CBR workers to form associations. This would be done in liaison with existing bodies.

The recommended process for setting up these organisations would be:

- to identify a working group and arrange some meetings,
- set up a constitution and establish the aims of the association in accordance with the local needs and the ideas expressed above, as a guideline only,
- elect officers, develop a plan of action with a timetable and lines of accountability and canvas for members,
- set up mechanisms for dealing with membership.

Once a number of national organisations had established themselves and created communication links, then regional and Africa-wide associations could be formed. It was felt that regional associations would come later, once the national organisations were active. This later stage would involve an African Charter Working Group, to be set up.

Nine participating countries agreed to take this initiative forward and the conference participants who agreed to spear-head this initiative were:

**Uganda** - Paul Ojwang. UNISE, P.O. Box 6478. Kampala. Fax 256 041 222961 unise@swiftuganda.com

**South Africa** - Agnes Okosi c/o Chief J.M.Dlami, Cheshire Home Box 1344, Elukwatini 1191. Fax 27134833169.

**Tanzania** - Khalfin-Khalfin. Khalfin@cats-net.com

**Kenya** - Shaya Asindua. c/o AMREF Kenya Nairobi. Kibwesi Office Kibwezi@amref.org

**Senegal** - Dione Abdoulaye. Ministry of Education, Senegal. adione@avu.org

**Sierra Leone** - Aprilus Damba. c/o Sir Milton Margi Cheshire Homes Tikono Road, Box 150. Sierre Leone. Fax 23232308

**Zimbabwe** - Servious Dube. s.dube@ich.ucl.ac.uk. Obert Ndawi University of Zimbabwe Department of Curriculum and Arts Education. Fax 263 433 3407

**Ethiopia** - Mekdes Gebretensay. c/o Save the Children Fund scukethiopia@scf.org.uk

**Zambia** - Siame Musonda. c/o Leonard Hermansen.  
H.hermansen@london.leonard-cheshire.org.uk

## **2. Initiative to improve the capacity for sharing information about good CBR practice**

This initiative aims to facilitate stakeholders to share experiences concerning CBR practice throughout Africa. It is based on the perception that many good CBR initiatives take place, but the practitioners involved either do not have the time or skills to share these experiences, or, they do not see the need. The conference participants felt that a lot of good CBR work took place in Africa, but the 'oral tradition' often prevented the people concerned, from documenting their activities. Difficulties in communication between countries, a lack of resources and poor motivation and writing skills, all, contributed to this problem. The result was that the rest of the world thought very little was happening in CBR in Africa and community programmes were making the same mistakes over and over again, and failing to learn from other initiatives.

As a first step in the process, this initiative proposed to produce an edited volume of CBR experiences in Africa. Key co-ordinators would be identified and authors from different countries would be approached to write different chapters. Two editors would be appointed and there would be a series of writers' workshops. The workshops would be carried out at training institutions in Africa such as UNISE, KISE and TMI. The time frame for this programme suggested that two writing workshops would be carried out by 2003, the final manuscript produced by 2004 and the book published by 2007. The team identified to carry this initiative forward is:

**Dr. Alice Ngangua.** Ministry of Health, Kampala, Uganda

**Dr. Joseph Kisanji.** Tanzania Global Development Learning Centre, Stabon Robert Street, IFM Building, Tanzania. k.kisanji@avu.org

**Mr. Moses Ddamulira.** UNISE, P.O. Box 6478. Kampala, Uganda. Fax 256 041 222961 drcunise@swiftuganda.com

**Dr. Sally Hartley.** Institute of Child Health, 30 Guilford Street, London Wc1N1EH. UK. s.hartley@ich.ucl.ac.uk

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London WC1N UK. sbrifkinl@cs.com

### **3. Review of the development of training on CBR, as an initial step in synchronisation of training programmes**

The participants of the conference identified a wide variety of training programmes in CBR, ranging from very formal Masters' and PhD programmes, to informal in-service training of a short duration. The knowledge of the different training programmes and the difference between the courses remains unclear. There is a need firstly, to gather information about the nature of the courses and then to synchronise them, so that individuals can progress from one to another in a hierarchical and productive fashion. There is also a need to promote the inclusion of courses on CBR, as part of other education programmes such as training for nurses, doctors and teachers and a need to establish training courses for other interested groups such as parents, government officials, donors etc. As a first step towards addressing these issues, it was agreed that Uganda would take the lead by documenting their training programmes and making proposals about synchronisation and future development. This information would be made available to other countries in Africa and a similar initiative would be encouraged.

#### **The participants who agreed to lead this initiative were:**

**Mr. Edward Kisolo Kimuli.** Director, UNISE. P.O. Box 6478. Kampala.  
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**Moses Ddamulira.** Disability Resource Officer, UNISE. P.O. Box 6478.  
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### **4. Organisation of another conference on CBR in 2004, in Southern Africa (possibly Zimbabwe).**

The participants saw another conference as a forum for sharing information across Africa, and for following up on the initiatives already agreed upon. They saw a need to have future conferences to provide the focus required for the action groups to be motivated to continue and to

report back at the next conference. They felt that a theme should be identified by an organising committee that should be based in the host country, and would be in consultation with the CBR association of that country. It was agreed, that the next conference should be held in Zimbabwe, (with other offers from West Africa and Ethiopia) in 2004. The criteria for the choice of the country was that it should be reasonably secure, a lead person had been present at the Uganda conference, the country had experience of CBR and that it was in a different region of Africa other than Uganda. The organising committee would seek funding for the conference from donors.

**The participants who were identified to lead this initiative were:**

**Servious Dube.** Research Fellow, Institute of Child Health, 30, Guilford Street, London. WC1N 1EH. s.dube@ich.ucl.ac.uk

**Obert Ndawi Paradzai.** University of Zimbabwe, Department of Curriculum and Arts Education. Tel: 263 4 333407

**Readers of this Chapter are very welcome to join any of these initiatives by contacting the people concerned.**

**The more people who participate, the better the outcome will be!**

**REFERENCES**

WHO, ILO, UNESCO (1994). *Joint position statement on Community based Rehabilitation*. Geneva.