

**Summary Report of the Fifth CAN Conference  
Kenyatta International Conference Centre,  
Nairobi, Kenya  
1<sup>st</sup> June – 5th June 2015**

**THEME: CBR Guidelines: A Bridge to Inclusive  
Society beyond the 2015 Development  
Framework**



Community Based Rehabilitation (CBR) Africa Network (CAN)

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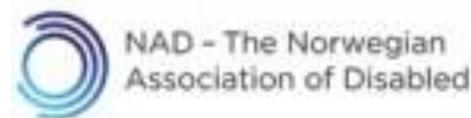
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## Glossary

CBR	Community Based Rehabilitation
CRPD	Convention on the Rights of Persons with Disabilities
MDGs	Millennium Development Goals
SDGs	Sustainable Development Goals
WHO	World Health Organization

## Acknowledgements

We would like to take this opportunity to thank CAN's donors and Conference sponsors for their contributions towards the 5<sup>th</sup> CAN Conference and for their ongoing support of CAN, without which our work and events would not be possible.



For more information on CAN and for access to the full presentations given at the CAN Conference please see our website at: <http://afri-can.org> or contact us at [info@afri-can.org](mailto:info@afri-can.org)

## Foreword

I am delighted to provide the foreword for this summary booklet of the Fifth CAN Conference held from 1-5 June 2015 in Nairobi, Kenya under the Theme “A Bridge to Inclusive Society beyond the 2015 Development Framework”.

The event, which was held at the Kenyatta International Conference Centre, was a memorable and important occasion in the CBR calendar, bringing together more than 135 participants (42% female and 56% male) from over 24 countries.

What makes the CAN events unique is the great variety of people who attend and present at the Conference. What they have in common is their passion for CBR/CBI and the Conference represents a chance to bring all of their knowledge and experience together under one roof for the benefit of sharing and moving forward the CBR sector. This booklet is the first publication of CAN the aim of which is to share some of the knowledge and ideas discussed at the conference. It will be followed by the more comprehensive CAN Book of the Conference which is currently being compiled.

I had the great honour of being elected Chairperson of CAN at the Conference and I look forward to serving CAN over the coming years. I hope that you enjoy this booklet and encourage you to continue to share your knowledge, wisdom and ideas through the CAN network for the benefit of all who are working in this critical and dynamic field.

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CAN Chairperson  
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## The CBR Africa Network (CAN)

The Community Based Rehabilitation Africa Network (CAN) is the African regional Affiliate of the CBR Global Network. CAN was founded in 2001 and exists to promote access to appropriate information on disability and development for all people in Africa.

CAN works closely with disability organizations, government agencies, development organizations, and national and regional decision makers to create increased awareness of, and support of CBR as defined in the WHO CBR Guidelines as an effective approach to promoting disability rights in Africa and realizing the UN Convention on the Rights of Persons with Disabilities (CRPD). One of the major aspects of CAN's work is to hold CBR Conferences every 3-4 years to bring together CBR stakeholders from across the continent to share ideas and experiences.

This was the first CAN Conference since the launch of the CBR Guidelines at the CAN Conference in Nigeria in 2010, and it represented an important opportunity for CBR stakeholders to come together to review progress against the guidelines and in the context of the broader development environment.

Originally scheduled to be held in 2014 in Egypt, the CAN Conference was moved to Kenya following unrest in North Africa. An outbreak of Ebola also resulted in a postponement of the Conference to 2015. I am happy to report that in spite of these challenges CAN and its partners were able to plan and host a memorable conference that achieved its objectives and helped the CBR sector to share learning, develop partnerships, and agree a series of resolutions relating to CBR/CBI.

As a key activity of the Conference, a new CAN Board was elected to drive the organization's work for the next period. This includes representatives from Burkina Faso, Cameroon, Egypt, Kenya, Tanzania, Uganda, and Zambia.

Dominic Mutabazi  
CAN Executive Director

## Conference Proceedings

The Government of the Republic of Kenya hosted the 5<sup>th</sup> CAN Conference and the secretariat was held by The Association of the Physically Disabled of Kenya (APDK) who coordinated the input of a range of Disability/CBR stakeholders in the country.

The conference highlighted positive developments, good practices and lessons learned in the implementation of the CBR Guidelines as well as stimulated debate, and explored solutions to identified gaps alongside promoting the replication and scaling up of successful interventions in the CBR field. A common theme of our discussions was towards the achievement of a post -2015 disability-inclusive development agenda.

The programme for the Conference was developed in partnership and collaboration with members of the Conference committee as well as the CAN Board and secretariat. As is usual with CAN conferences, our aim was to give opportunities to a broad range of speakers and to cover a wide range of CBR themes. The final programme included a total of xxx speakers including several very prestigious Keynote speakers. The following pages summarize the themes and presentations we were fortunate to include.

### Chairman of the Conference Organizing Committee Dr Samuel Kabue



## Highlights of Keynote Speeches

CAN was honored to welcome a variety of extremely experienced and inspiring speakers to give Keynote addresses at our conference. Some highlights of their presentations are below.

In a presentation entitled '**CBR Guidelines: A bridge to inclusive society beyond the 2015 framework**' Alarcos Cieza of the WHO Disability and Rehabilitation Unit in Geneva presented on the development of the Sustainable Development Goals and the roadmap to their adoption in September 2015. In particular Dr Alarcos highlighted the disability targets and indicators included in the SDGs and the objective to 'leave no one behind'. The shift from CBR to CBI was also discussed.

**The Role of the National Fund for the Disabled of Kenya on the Implementation of CBR Guidelines in Kenya** was the theme of the presentation by Annie Mugambi of the National Fund, which has the mission: *To offer best support services to persons with disabilities in Kenya through provision of resources, promotion of awareness and advocacy of appropriate policies.* The fund supports individuals and organizations and its work is aligned to the five components of CBR in a variety of ways that were presented. For example, in Health the fund supports provision of mobility devices and rehabilitation equipment. In Education the fund supports institutions to build and equip disability facilities that ensure access to education and inclusion of PWDs in integrated institutions. In Livelihood the fund supports individuals to earn an income through provision of vocational tools of trade thus enabling them to lead dignified lives & contribute economically to their families' welfare. Mrs Mugambi emphasized the need for partnerships and collaboration to achieve progress.

Focusing on the main theme of the Conference, Stephen Chacha the Africa Regional Coordinator of Africa Beyond 2015 gave a presentation entitled **CBR and the post 2015 Development Agenda** where he highlighted the global civil society campaign that had pushed for a strong and legitimate successor framework to the MDGs with the involvement of more than 1000 civil society organizations globally. He highlighted that the post 2015 development agenda objectives were to build on the foundations laid by the MDGs, complete the unfinished business and respond to new

challenges. Also to reinforce the international community's commitment to poverty eradication and sustainable development, integrating the three dimensions of sustainable development and being inclusive and people-centred.

CBM's regional senior advisor for East Africa Tigabu Gebremedhin presented on **Africa's Home-Grown Solutions for Disability Inclusion** and highlighted three solutions as follows: Making use of the unconditional love and affection of mothers to their children for disability inclusion; Making use of the power of peer positive influence; and bringing together representatives of key community stakeholders in an assembly to discuss and plan solutions. Tigabu gave the personal reflection that: *"Throughout my CBR field practices, years of experience and the impacts I witnessed, it is highly convincing that Comprehensive CBR Strategy implementation is an effective Disability Inclusive Community Development strategy for developing countries like Ethiopia in ensuring persons with disability are able to maximize their physical and mental abilities, access regular services and opportunities, and to become active contributors to their community and society at large"*.

Joerg Weber of WHO Geneva presented a case study on **Monitoring of CBR programmes**, and the progress on developing the WHO CBR indicators highlighting the use of the CBR Guidelines as guiding principles. The aim is to develop 25 indicators at the helicopter level and five at the plane level. An example is: *People with disabilities and their families take positive steps to maintain their health such as eating a balanced diet, getting vaccinated and exercising regularly*. An IDDC CBR working group has developed over 40 desirable outcomes and questions to be used for data collection via an App in development. A survey to obtain feedback from CBR experts about the validity and feasibility of the indicators is underway with a view to publication of a CBR M&E Manual.

AK Dube of the Africa Disability Alliance presented on **Social inclusion, Human Rights and CBR**, defining each of the concepts and highlighting that they are approaches and means of achieving improvements in the quality of lives of all people which facilitate mainstreaming strategies and provide a strong basis for ensuring that persons with disabilities are placed at the centre of planning. AK highlighted that all three concepts can be used to ensure equitable distribution of resources.

In his Keynote presentation on the **Role of the Disability Movements and Networks in Beyond 2015 Development Agenda in Africa** Dr Samuel Kabue of EDAN in Kenya noted: *"It is not possible today to discuss CBR without talking about the disability movement and its activities. CBR is about inclusion in development and general society and this is what the movement is all about"*. Samuel highlighted the role of the disability movement in advocating for the inclusion of persons with disabilities through their organizations in the post 2015 development agenda discussion and stated that it is for this reason that unlike in the MDG's and their targets, clear references to persons with disabilities are contained in the proposed SDGs.

**Hubert Seifert of CBM** presented on the topic **Improving Livelihood of People with Disabilities beyond 2015 Development Agenda**, highlighting that 80% of persons with disabilities in less resourced settings are unemployed and face attitudinal, physical and informational barriers. He talked of a paradigm shift from centre based programmes to community based programmes and inclusive livelihood development, with a shift towards mainstream skills training and employment initiatives, and opportunities for participation in Village Savings and Loan Associations (VSLA) where a group of people save together and take small loans from those savings.

**Strategies for Mainstreaming Disability in the Minimum Healthcare package. Ministry of Health (MOH) Dr. Nicholas Muraguri**

## Main Conference Themes

In addition to the Keynote speeches, more than 50 participants gave presentations on a wide range of CBR related topics. Some of the main themes of the presentations are highlighted below.

### CBR Frameworks

There was general consensus on utilizing the United Nations Convention of the Rights of Persons with Disabilities (CRPD) and the World Health Organization (WHO) CBR Guidelines as frameworks for CBR initiatives in line with the social model of disability. Many speakers also commented on the Sustainable Development Goals (SDGs) and the references to disability within them. They were contrasted with the Millennium Development Goals (MDGs), which had no specific mention of disability. There was a general optimism amongst delegates that the emphasis of the SDGs that *'no one be left behind'* and the presence of specific disability targets and indicators was a positive development.

Challenges to the development of CBR highlighted by several speakers included the lack of understanding of CBR as a concept and its acceptance as a valid intervention. Several presentations pointed to the ongoing need to promote the CBR Guidelines more widely. For example, in a study by CREATE in South Africa, 23.3% of respondents indicated that they were not at all familiar with the CBR Guidelines and CBR matrix. The Egypt Institute for Community Ophthalmology (EICO) of Magrabi Foundation, in partnership with CBM Egypt highlighted a significant lack of knowledge of disability legislation and CBR resources, with the majority of both CBR workers and people with disabilities and their organizations being unaware of the CBR Guidelines or principles, or sufficiently aligned with CBR programmes.

Poor planning and management of CBR projects and a lack of coordination between line ministries, as well as between government and other stakeholders - particularly DPOs - were also highlighted as inhibitors of effective CBR.

The Association of the Physically Disabled of Kenya (APDK) noted that using the CBR Guidelines enhances the complete services to persons with disabilities for the equalization of opportunities.

Masaka District Local Government in Uganda commented that CBR is based on clear guidelines that portray it as a multi-sectoral, bottom-up strategy to ensure the CRPD makes a difference at community level. They highlighted that CBR activities are designed to meet the basic needs of persons with disabilities, reduce poverty, and enable access to health, education, livelihood and social opportunities – all activities which fulfil the aims of the Convention of ensuring that persons with disabilities enjoy human rights on an equal basis with others.

### CBR for inclusive development

The role of CBR as a tool for inclusive development was a strong theme throughout the conference. Members of the Socio-Economic Empowerment of Persons with Disabilities (SEEPD) programme in Northern Cameroon expressed the view that *"Combining CBR with disability inclusive development principles makes a useful framework for considering how key outcomes are being realized. It deepens understanding of achievements at the local community level in broader development work, as well as providing some indications of the way forward for the post-2015 agenda"*. The SEEPD programme considers how CBR can contribute to social inclusion using the CBR Guidelines and principles of disability inclusive development as a framework.

Light for the World Burkina Faso also noted that CBR facilitates inclusion and social justice and the development of sustainable programmes, and asserted that inclusion is the best instrument for poverty reduction.

The Leprosy Mission in Niger defined inclusive development as a model of development focused on a rights-based approach to promote equality and the participation of the major part of society, particularly groups facing discrimination and exclusion challenges.

### Disability mainstreaming

Disability mainstreaming was recognized as one of the priorities for successful inclusive community development and the conference heard from a number of stakeholders promoting disability mainstreaming. For example, UoG-CBR in Ethiopia held regional workshops using the CRPD and developed a mainstreaming checklist for 22 sectors and provided training to disability focal persons in each sector to enable them to implement disability mainstreaming as stated in the checklists.

The Kenyan Government reported how they are mainstreaming the CBR concept in health systems and focusing on the formation of disability mainstreaming teams, disability Medical Assessment Committees, and collaborating with other stakeholders in civil society in CBR programmes and developing assessment tools for guiding communities. They believe CBR provides an ideal opportunity to integrate persons with disabilities in the community.

MERCI in Madagascar noted that: *“The programme should be part of mainstream development and have a multisectoral approach: including social integration interventions, health, education and economic programmes”*.

### **CBR training**

It was acknowledged by several speakers that many community workers are still operating from a medical model perspective and CBR training as well as refresher training and supervision initiatives can help shift their approach and understanding of disability from a medical model to a rights and person-based model. Conference participants acknowledged that CBR has become part of the broader objective of inclusive development and new approaches to training are needed.

The Community Based Rehabilitation Alliance (Combra) in Uganda presented challenges to CBR training including the lack of sponsorship for participants, sustainability of workers when CBR projects come to an end, and the lack of systems and resources for support supervision and refresher training. Combra also highlighted factors that had enabled them to sustain CBR training for 24 years including a support supervision programme which follows up CBR workers, refresher training, and a network of resource persons including professionals, persons with disabilities and disability activists, as well as their CBR training centre.

Several conference participants discussed online CBR training. Pwani University College (PU) of Kenya and Technische Universität München (TUM) of Germany are collaborating to develop four study modules aimed at linking the CBR Guidelines with theoretical concepts to provide an introduction to disability and CBR from an academic perspective. The modules cover concepts of disability, participation and community as well as education, livelihoods, and empowerment for persons with disabilities.

The aim is to make them available to a network of institutions through an online platform.

In an EICO study 70% expressed the need to improve their computer skills before taking part in a computer-based training course and this was considered to be a common challenge. EICO research highlighted the *legal framework on disability* as the top priority subject for CBR training followed by *Concepts of the new CBR approach and inclusive community development* as well as *supporting people with disability to develop self-care and daily life skills*. EICO highlighted that training can play an important part in educating DPOs on the CBR Guidelines and strengthening collaboration between DPOs and CBR actors.

UoG-CBR in Ethiopia has developed a comprehensive Disability Training Guideline for CBR field workers addressing the five CBR components. Thirteen departments of UoG were involved in producing the training guideline including anatomy, physiotherapy, pediatrics, internal medicine, ophthalmology, surgery, psychiatry, nursing, public health, social work, psychology, law and special needs education.

Madagascar Education and Resource Center Initiated for all people with disabilities (MERCI) in Madagascar highlighted that *“As the transfer of skills to clients, family and community members are central to CBR, the provision of effective training is a key challenge. In instances where the community-based model relies on intermediate level workers, community workers or family members, appropriate training will be required at multiple levels. Additionally, with a corresponding shift in professional roles, specialized training will be necessary to enable professionals to take on more strategic and more empowering roles in CBR.”*

### **CBR or CBI**

The question of moving from CBR – Community Based Rehabilitation to CBI – Community Based Inclusion – was raised within many presentations and subsequent discussion sessions with a proportion of delegates feeling the time was right to make the change and others feeling that the term was not yet sufficiently known or understood. It was decided to recommend further discussion at the Global CBR level, with a recommendation that the change be made over time in a systemized way in order not to create confusion at the grass roots level.

## **Importance of Collaboration**

One of the strongest themes of the conference highlighted in presentations was the acknowledgement that collaboration of all stakeholders is essential to create strong CBR programmes and positive outcomes for persons with disabilities. A few examples are provided below.

FANILO CBR in Madagascar commented that: *“We learned that the close collaboration with all stakeholders including people with disabilities is effective in promoting inclusive local development and approach and leads to effective participation of people with disabilities in their community.”*

Holy Family Centre (HFC) in Zambia expressed optimism that with continued collaborated efforts of the government and other relevant stakeholders, it is possible to have inclusive societies and to achieve the MDG's with persons with disabilities on board.

MERCI in Madagascar cited the importance of relationships between rehabilitation professionals and people with disabilities, and the enhancement of networks and partnerships, especially with DPOs and governments as well as greater connection with communities. *“Further, collaboration is required among practitioners, policy makers, unions, consumers, educators and professional associations to support this transformation”.*

Handicap International used their experience in Dadaab, Northern Kenya to highlight that achieving the MDGs for persons with disabilities requires concerted efforts by all stakeholders including the government, and acknowledged that it is possible to achieve elements of the MDGs in a complex situation such as Dadaab through a well-designed CBR project with a strong partnership mechanism, community commitment and support systems in place. Key ingredients in ensuring access to services by persons with disabilities in the camps were seen as partnership and networking with other humanitarian and development agencies to raise awareness, and carrying out advocacy to create an enabling environment. The need to think beyond the camp environment for refugees was also highlighted.

A number of organizations emphasised the role of communities. For example, SEM Sudan highlighted how the community had been

encouraged to be part of the inclusion process. During school environment adaptations in some areas, community members and organizations had contributed bricks, sand, water, and labour.

Masaka District Local Government in Uganda talked of the need to establish a social inclusion unit in the Ministry of Local Government as a crucial aspect in the process of planning and evaluation of social inclusion. They asserted that this would help social inclusion to become accepted as part of Local Government's mainstream business and not just an “add on” to core programmes: *“Disability issues within Local Government are addressed as a matter of compliance and not as a matter of inclusivity”.* They emphasized that Disability related issues should be mainstreamed and budgeted for within all departmental plans, programmes and services.

Light for the World Burkina Faso also highlighted inadequate networking as a challenge for CBR and proposed greater networking among development actors and increased awareness on the need for inclusion at all levels.

## **DPO and Parents groups involvement in CBR practice**

The essential need for DPOs and parents groups to play an integral role in CBR was communicated strongly in a wide range of presentations and discussions throughout the Conference. CORSU in Uganda highlighted that when empowered and mentored, Parent Support Groups (PSGs) form a strong pillar in sustaining CBR service delivery at household level especially in rural communities. CORSU defined benefits of collaboration between PSGs and CBR workers, whereby CBR Workers can provide skills training and technical support, and PSGs can mentor and promote attitude change among parents of children with disabilities and community members, as well as lobby and advocate for their needs such as for access to schools, provision of disability grants, and provision of health services. CORSU highlighted that parents of children with disabilities can be powerful role models and play a vital part in early identification and referral.

OREBACOM in Beira, Mozambique illustrated the importance, advantages and challenges of DPO ownership of CBR programmes. As a result of close DPO involvement from the start of their programme, CBR workers were either selected by the DPO representatives or by the community leaders in the implementation area. All CBR workers reside in the community where they work. The programme has a high rate of persons

with disabilities among CBR workers, staff and board members and has influenced the perception of persons with disabilities in the programme and the broader communication with the community and other stakeholders. Families who have been hiding or feeling embarrassed about their child with a disability, react particularly strongly to receiving a CBR worker with a disability in their home. *“DPOs understand the various needs of persons with disabilities, beyond “physical rehabilitation” and understand the need to address all aspects of the CBR matrix”.*

VISION CBR Association (VCBRA) in Ethiopia encouraged CBR programmes to strengthen and support DPOs as the best way of advocating for the rights of persons with disabilities, including through capacity building and training DPOs in the CRPD and creating linkages between DPOs and other development sectors. They noted that DPOs can advocate CBR as a strategy for poverty alleviation and inclusive development and implement CBR where programmes do not exist.

#### **Data, documentation and research**

Many delegates highlighted the need for further research and reliable data across a variety of CBR topics, and several innovative projects were presented. A presentation of CBR experiences from Malawi, Uganda and Zambia, where the Norwegian Association of Disabled (NAD) is supporting a Documentation and Research in CBR Project reported how a wide range of information has been gathered and shared to promote learning across the sector. The presentation emphasized the need for empirical data through rigorous research and documentation to effectively inform advocacy by DPOs and policy development. They also highlighted the need to provide evidence-based justification for investment in CBR as an effective strategy for influencing change in the lives of disabled people, their families, communities and even government policy.

A presentation from CBM Cameroon highlighted how CBR workers had been key contributors to Best Practice Guidelines for Rehabilitation, adapting some of the WHO CBR Guidelines for the local context through formation of working groups who reviewed literature and practices and assessed them for the local context.

The National Council for Persons with Disabilities in Kenya reported that it has amongst its aims to: Improve disability data collection through the development and application of a standardized model disability survey and

to reform national data collection systems, including health information systems, to routinely include gender and age-disaggregated disability data based on the International Classification of Functioning, Disability and Health.

University College London presented on their project underway in collaboration with several African partners to design a model of evaluation and a set of tools which could work flexibly in different programmes to explore questions including what is CBR trying to do, how does it do it, and does it do it well? Also what changes in the lives of persons with disabilities are the most important?

MERCI is using an ‘MIF’ (Mesure de l’Indépendance Fonctionnelle pour l’Enfant) tool to measure progress of children with disabilities according to rehabilitation and life objectives defined for each child. They evaluate areas such as increased independence, enhanced mobility, and greater communication.

#### **Sexual and Gender Based Violence**

Sexual and gender-based violence was one of the key sub-topics of the CAN Conference and many informative and valuable perspectives were shared. Handicap International’s research on sexual violence against children with disabilities in Africa showed they are almost four times more affected by physical violence and three times more affected by sexual violence than non-disabled children. HI proposed initiatives to include children with disabilities in schemes to learn about keeping themselves and others safe.

Advantage Africa cited the main reasons why persons with disabilities are susceptible to abuse, which include that disabled victims are seen as easy targets, as well as the belief that disabled people cannot choose their own relationships, and that law enforcement is ineffective. They highlighted that perpetrators are often people familiar to the victim such as family members, teachers and other carers. It was reported that professionals in education, health, and the police and judicial services are often poorly equipped to provide appropriate support and welfare facilities for persons with disabilities. The need to increase people’s awareness of sexual and disability rights and to provide information suitable for different audiences was emphasized.

## Health

Several presentations recognized the challenges related to provision of assistive devices. CORSU's presentation highlighted that health workers frequently employ a top-down or traditional medical approach, where caregivers are not involved in deciding whether a child would benefit from splinting and therapists make this decision. CORSU highlighted that physiotherapists, occupational therapists and community-based workers can form a strong team by involving the caregivers and children at all stages of provision.

Motivation Africa's presentation highlighted that WHO estimates that globally only 5-15% of people needing assistive devices have access to them and that community-based rehabilitation actors could play a significant role in overcoming these challenges. The WHO Wheelchair Guidelines (2008) developed in response to the need for functioning systems of wheelchair provision in less-resourced settings outlines an eight step process of wheelchair provision and highlights that CBR workers can play a role in four of the eight steps: (Step 1 Referral, 4 Funding, 7 User training, and 8 Follow-up, maintenance and repair) and CBR workers are therefore integral to effective provision.

## Education

Many presentations focused on the importance of inclusive education within CBR initiatives. Deaflink Uganda cited inadequate investment, poor governance, high poverty levels, infrastructure, and insufficiently trained teachers, among the reasons for Africa failing to meet the MDG of universal primary education for children with disabilities. They noted that the majority of deaf children in school would not acquire literacy and numeracy skills by the end of primary due to the general lack of qualified teachers of deaf children or schools catering for their needs.

A Light for the World and Save the Children initiative in the University of Gondar in Ethiopia highlighted the value of training teachers to work with children with disabilities. One of the teachers trained through their programme said *"I am a 5<sup>th</sup> grade teacher and I have four deaf children in my classroom. Before I got the training I really didn't have any clue whether they had a happy or bad day. After attending the training I have started communicating with them and I am able to help them."*

In the SEEPD programme in Northern Cameroon in common with many other regions, a twin track approach of promoting mainstream inclusive education alongside separate supported education is being promoted.

CBM highlighted the need for inclusion to begin right after birth with early detection, early education and a referral system including building alliances of early education stakeholders including government and parent organizations. It was highlighted that inclusive education needs preparation, and not necessarily money. Experience has shown that successful inclusive education programmes have been incorporated in small community schools. Along with support from the community, other requisites to value diversity and reach inclusiveness are: Age peers, neighborhood schools, accessibility, and teacher training.

Hawassa College of Teacher Education in Ethiopia hold an annual forum on inclusive education with the aim of awakening all stakeholders to discharge their responsibility. The community has also participated through community committee/project support groups, sensitizing the community through different events.

Women with disabilities were highlighted as a particularly marginalized group in education. A study in Bamba district by World Vision Kenya and MoH NCAHU highlighted the general lack of education of women with disabilities.

CBM highlighted factors contributing to effective inclusive education such as teaching practice based on working with diversity - starting from the reality of the learners, their interests and communication needs in order to learn from each other and share. Also the need for teachers to work in teams, organizing support and resources from the community as well as from external stakeholders such as health and special education to create quality education for all. Also proposed were inclusive learning friendly environments, which promote learning with all senses and include movement. Safe environments especially regarding the needs of female learners are needed. Curriculum adaptations are also necessary: to instructions, presentation of information, and types of materials.

In Ethiopia more than 85% of the teachers working in Government schools of Tula sub-city have been reached through trainings resulting in a marked

improvement of the commitment of teachers and school principals on supporting children with disabilities. The Parent Teachers Association and administration personnel have also been reached through repeated trainings on disability and inclusive education.

Handicap International in collaboration with Islamic Relief conducted a school barrier assessment for children with disabilities in a refugee camp in Dadaab, Kenya. The study revealed that access to school for children with disabilities was a major problem: 42.1% of the teachers indicated that 'Discrimination' was the leading cause of attitudinal barriers. 'Nicknaming' was cited by 44.7% with children being called names or labeled by other pupils. Some parents also did not attach a value to education for their children with disabilities. Poor infrastructure in the schools was another major inhibitor: 32% of the teachers pointed to 'Inaccessible toilets' as the leading physical barrier. The lack of accessible footpaths, water points and ramps at crucial places were also prohibitive. 53% of teachers in the study pointed to lack of 'Sign Language' skills as a major barrier. Institutional barriers cited included lack of training on Inclusive Education to have the skills to handle children with disabilities in school. Inadequate assistive devices and speech training were also noted as major contributors.

The Sudan Evangelical Mission (SEM) commented that: *"The concept of having all children go to mainstream schools is supported by school environment adaptations, teacher trainings on skills like inclusive education, and classroom management that benefits all children in learning. To promote inclusion of children in schools and outside school, awareness raising among the children is done through songs, drama, and poems"*. SEM noted that for advocacy on issues affecting the community, parents groups and DPOs are very instrumental. For example, groups of parents were able to meet the County Education Department to lobby for school fees to be waived for children with disabilities with a positive outcome.

### **Livelihoods**

The need to empower persons with disabilities economically was highlighted within many of the presentations and discussions. Strategies proposed including raising awareness of persons with disabilities rights under local and international conventions and laws, advocacy across all sectors, training and skills development, and access to finance.

SEM in Sudan runs training in business planning, business management and enterprise selection, leading to many people with disabilities managing to set up self employed ventures such as rearing goats and chickens, planting food crops and establishing retail trades. SEM as well as many other organizations represented at the Conference reported on successful Village Savings and Loans schemes (VSLA) being run as effective means of supporting the livelihoods of persons with disabilities.

A study conducted in 2011 by HFC in Zambia showed that the *"Rural poverty rates in Zambia have remained very high, at 80% over the past decade and a half, whilst urban poverty rates have declined, from 49% in 1991 to 34% in 2006"*. An inclusive approach by all sectors has been the strategy that HFC is advocating so that the persons with disabilities are not left behind in the development process.

Deaflink Uganda asserted that the goal should be the development of everyone's capacities based on their individual needs, opportunities and human rights, enabling persons to contribute to the development of their communities. They argued that livelihood, transitions from school to vocational training and employment (formal or non-formal) are essential, and that the education system has the opportunity through CBR projects to influence and train employers and vocational training institutions to become more inclusive.

UoG-CBR in Ethiopia reported on a success story whereby they initiated a vocational training programme for 130 youths from different regions of the country to participate in a five months training on weaving, tailoring, woodwork, printing and computer training. The project resulted in the government's Labour and Social Affairs office recognizing the need for vocational training for many youths with disabilities and promoting for district administrative bodies to allocate government budgets to send trainees to the training centre.

### **Social**

Access to justice and political processes for persons with disabilities was a recurring theme within presentations. The Integral Service to fight against Disability (SILH) project, run by PIAP/CODAS Caritas Garoua provided health, education, livelihood services, social integration and empowerment through CBR in villages of Northern Cameroon. The project identified that

training of CBR fieldworkers on the rights of persons with disabilities significantly increased their involvement in facilitating access to justice for persons with disabilities.

The SEM CBR programme in Sudan was able to raise awareness amongst persons with disabilities on the importance of participating in political events including the referendum for South Sudan, and general elections. Some persons with disabilities were also clerks and observers in the process and the community also elected persons with disabilities as county councillors for the first time.

CREATE reported that historically people with disabilities in Kwa Zulu Natal in South Africa were denied access to justice in the traditional courts and the traditional leaders did not treat people with disabilities equitably. Following training workshops for traditional leaders in focusing on understanding disability and how people with disabilities can access justice in the traditional courts positive impacts were reported: *“Traditional leaders are talking about people with disabilities in their meetings, which has improved the situation of being discriminated against on the basis of disability”*.

MERCI noted that persons with disabilities and their families and communities often believe that they are unable to take care of themselves, to work, to be mobile, and to function properly. Therefore, nothing is expected of them and they are not provided with the opportunity to develop, which brings about their marginalization in society. In addition, most persons with disabilities live in traditional large family's structures where an extra pair of hands may not be required, so there is no necessity for them to contribute.

### **Empowerment**

The major theme within the empowerment sector of the CBR matrix was the importance of capacity building DPOs and parents groups. Many delegates highlighted the importance of training and capacity building for DPOs and for stronger links between CBR and DPOs. For example, Handicap International's programme worked with the Network of Associations of People with Disabilities in Burundi (RAPHB) and its 37 member organizations to build capacity and address weaknesses at organizational and operational levels. Their aim was to implement awareness raising and advocacy for a more inclusive society. They noted

that *“Advocacy actions at national level have led to the ratification of the CRDP”*.

UoG-CBR in Ethiopia reported how DPOs in Ethiopia have played a pivotal role in enabling the Labour and Social Affairs Office to influence the district administrative authorities to allocate government funding to vocational training and economic empowerment initiatives.

Several presentations highlighted the need for CBR to provide training and sensitization of significant others and trainers in the life of persons with disabilities. The Pan Africa Christian University of Kenya presented on the 'personal agency' of persons with disabilities, which is defined as having a satisfactory experience of who you are and confidence in yourself that you have capacity to drive your own life. They noted that persons with disabilities are capable of developing agency and driving the agenda of their lives but they need a nurturing environment, and that encouragement from parents, teachers, and adults in diverse relations including church and their peers play a role in creating who they became.

SEM CBR reported how their programme had stimulated the formation of DPOs, and some are now running with minimal support from the CBR programme. The National Council for Persons with Disabilities in Kenya reported that one of its functions is to engage, support and build the capacity of persons with disabilities and their family members and/or informal caregivers in order to support independent living and full inclusion in the community.

Many participants with disabilities in CREATE's case study in South Africa mentioned how important it had been for them to learn about disability and disability rights and how the training had been instrumental in achieving improvements in the situation of people with disabilities. One participant commented: *“Before the CREATE training we knew there were things called “law”, “policies”, “Bill of Rights”, “Constitution” and so on, but we thought that it is something that you get from Pretoria or Cape Town and it is for lawyers or educated people only. We now have information and we use it to challenge government departments”*.

Several studies presented at the Conference indicated that parent support groups can be a valuable asset to the lives of parents and their children with disabilities. They provide parents with emotional support and

encourage them to undertake joint action. It was acknowledged that the success of the child's development depends to a large extent on the role that parents play in the life of the child, and it was therefore recommended to support the formation of parent support groups and recognize them as a key player in the development and implementation of CBR programmes.

CBM highlighted how parents organizations encourage other families to send their child with a disability to school, and together parents can advocate more strongly for their children's rights at the political level.

A study by Liliane Fonds, Enablement and SWEB Foundation in Ghana was presented which engaged parents of children with a severe/multiple disability to identify factors that influence their daily life. The identified factors were then discussed during focus groups and the group jointly searched for ways to support each other and form parent support groups for future engagement. Parents reported that time spent on the care of their child; their own health; the weak health status of the child; and lack of educational opportunities for their child with a disability were the most influential factors which affect their wellbeing. This is aggravated by the fact that husbands often desert their wives as soon as a child with a disability is born, and mothers often have to care for their child alone. Consequently, they have lesser opportunities to generate an income, leaving the family in poverty.

Motivation noted the importance of the transfer of knowledge and skills to parents and carers of children with cerebral palsy to maximize their function and independence. Family members are frequently isolated, with many feeling helpless, frustrated and anxious. With education and support however, the lives of both the children and their families can dramatically improve as noted by Miriam, a mother of a child with cerebral palsy: *"Because of the training, Doreen is now able to communicate. I now know what she needs. The way of looking after her is much easier, because she lets me know what she needs and what I have to do for her."* Miriam says her increased knowledge is helping to show others how to interact with her daughter. This is making life easier and happier for her as she gets more time for other tasks and gets to see joy in her child when she goes off to play with her friends.

## Conference Resolutions

The broad range of rich and diverse presentations and discussions at the 5<sup>th</sup> CBR Africa Network (CAN) Conference were considered in the development of a list of 12 Conference resolutions which were drafted and presented to the delegates for discussion and adoption as follows:

1. All CBR stakeholders should recognize and promote the active participation, involvement and ownership of all phases of CBR programmes by Disabled Peoples Organizations (DPOs) as well as family-based organizations of persons with disabilities.
2. Leveraging/networking: There is need to work closely with established organizations and institutions to mainstream disability at all levels.
3. Data on disability: All CBR practitioners to collaborate with line government institutions to ensure use of available data to inform CBR programming and at the same time explore opportunities for generating new data.
4. Advocacy on CBR: All CBR practitioners and organizations of persons with disabilities and their families should advocate for governments to ensure effective harmonization of policy and practice.
5. CBR and Microfinance: CBR programmes will remain focused and engaged in ensuring savings and loans schemes include PWDs.
6. Governments should take leadership on disability inclusion through line ministries as well as ensure adequate allocation of resources.
7. Information sharing on CBR: There should be enhanced communication on CBR activities to promote learning and exchange of good practices. CBR networks should be established and strengthened at national, regional and global levels.
8. Participation of both women and men with disabilities: Governmental and Non-Governmental should ensure participation of both women and men with disabilities at all levels of decision making, planning, policy development, monitoring and evaluation.
9. CAN to continue to disseminate, support and promote knowledge and information exchange across the CBR network.
10. Shift from Community Based Rehabilitation (CBR) to Community Based Inclusion (CBI): The conference recommend for further discussion at the global CBR Conference but with Africa Position as CBI; with gradual change and sensitivity to the grass-root.

11. Bring CBR community participation into regular schools in order to base teaching on the reality of the learners, reach a better quality education and create the conditions for inclusion.
12. Ensure increased participation of women with disabilities at the next CAN conference.