MASTER THESIS

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„Challenges of Community-Based Rehabilitation (CBR) as a Strategy for the Inclusion of Persons with Disabilities with Reference to Its Practices in Ethiopia“

verfasst von / submitted by

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II. Abstract English

Since its inception, the concept of Community-Based Rehabilitation (CBR) has made a great contribution to the improvement of the plight of several persons with disabilities residing in the developing part of the world. Having earned the recognition and acceptance of the international community and the civil society within 40 years of its age, it has been expanded into many parts of the globe. CBR, in its conceptual and philosophical framework and practice, has also progressively moved through different developmental stages in conformity with the enhancement of the concept of disability. In order to advance the quality of its services and effectuate its implementation in its journey of 4 decades, very essential consultation and discussions amongst the concerned bodies have been conducted at international, regional and national levels. As a result, joint position papers and guidelines have also been produced by the rigorous efforts of the three UN Agencies, namely WHO, ILO and UNESCO.

But there are a number of challenges which CBR has still faced during its implementation. In this thesis, endeavors have been made to identify and discuss major challenges CBR have experienced in its hitherto practices. To come up with this result, different definitions of the concept of CBR and other key concepts have been analysed. The causes and consequences of disability in the eyes of different societies have also been presented. The thesis made an attempt to investigate the progressive movements of CBR within the domain of medical model of disability and later, within the contemporary of social/human rights model of disability. The main challenges and opportunities experienced in the practices of CBR have been thoroughly discussed. The thesis also tried to look into the role of CBR in the implementation of international disability-focused legislations and the mainstreaming of disability in the international development strategies. Furthermore, the definitions of disability and its causes and consequences, the practicality of CBR including its implementation, its achievements and challenges within Ethiopian context were analysed. The thesis also contained the organisational profile of Help for Persons with Disabilities Organisation (HPDO) as a selected case-study.

All facts analysed and discussed in this thesis were collected mostly from secondary data and in addition, from the responses to the questionnaires disseminated for the CBR managers and association leaders in Ethiopia. Finally, the research has been concluded by pinpointing three interrelated challenges pertinent to the sustainability of CBR. Subsequently, possible solutions have also forwarded for further discussions and investigations to those who are and will be engaged in the field.

III. Abstract German

Von Beginn an hat die Arbeit von Community-Based Rehabilitation (CBR) einen großen Beitrag zur Verminderung der Nöte von Menschen mit besonderen Bedürfnissen in den weniger entwickelten Ländern dieser Erde beigetragen.

Im Laufe des vierzigjährigen Bestehens dieser Organisation fand sie öffentliche und private Anerkennung und ist so in vielen Teilen der Welt tätig. In diesen Jahren durchlief sie, sowohl was den philosophischen Hintergrund betrifft als auch die praxisbezogene Arbeit, diverse Entwicklungsstufen, einhergehend mit der sich wandelnden Auffassung des Begriffs Behinderung. Grundlegende Beratungen und Diskussionen auf internationaler, nationaler und regionaler Ebene sorgten für Qualitätssicherung bzw. Qualitätssteigerung. Durch die engagierten Bemühungen der UN-Organisationen WHO, ILO und UNESCO entstanden Grundsatzpapiere und Leitfäden für eine fruchtbringende Arbeit auf dem Gebiet.

CBR sah sich - und sieht sich noch immer - vor eine Vielzahl von Aufgaben gestellt.
Diese Master-Thesis bemüht sich, die Herausforderungen aufzuzeigen denen sich CBR stellte. Zu diesem Zweck werden verschiedene Auffassungen des Konzepts von CBR und ähnlicher Schlüsselkonzepte analysiert und Gründe und Folgen von Behinderungen aus dem Blickwinkel verschiedener Sozietäten vorgestellt.

Die Arbeit bemüht sich, den auf die Anstrengungen von CBR zurückzuführenden Fortschritt bezüglich der medizinischen Sicht auf Behinderung und die daraus resultierenden positiven Folgen für die Betroffenen im sozialen und juristischen Bereich aufzuzeigen. Auch wird die Rolle von CBR bei der Implementierung behindertenfreundlicher Gesetzgebung und dem *mainstreaming* von Behinderung innerhalb internationaler Entwicklungsstrategien betont. Der Fokus liegt dabei auf Äthiopien, auf Definitionen von körperlicher Beeinträchtigung und deren Konsequenzen für die Betroffenen in dieser speziellen Gesellschaft. Als Fallstudien

beinhaltet die Arbeit das Organisationsprofil von Help for Persons with Disabilities Organisation (HPDO), einer äthiopischen Non-Profit-Organisation, die auf diesem Gebiet tätig ist.
Alle hier präsentierten Fakten beruhen hauptsächlich auf sekundären Daten und, zusätzlich, auf den Ergebnissen einer Befragung von CBR-Managern und Chefs von ähnlichen Organisationen in Äthiopien.

Schlussendlich werden Lösungsvorschläge zur Diskussion gestellt und mögliche Forschungsthemen für alle in diesem Bereich Engagierten präsentiert.

IV. Abbreviations and Acronyms

AIFO: Italian association Amici di Raoul Follereau
CBID: Community-Based Inclusive Development
CBR: Community-Based Rehabilitation
CRPD: Convention on the Rights of Persons with Disabilities
DPO: Disabled Persons' Organisation
ENAB: Ethiopian National Association of the Blind
ENAD: Ethiopian National Association of the Deaf
FDRE: Federal Democratic Republic of Ethiopia
FSCE: Forum on Street Children Ethiopia
HPDO: Help for Persons with Disabilities Organisation
IBR: Institution-Based Rehabilitation
ICIDH: International Classification of Impairment, Disability and Handicap
ICF: International Classification of functioning, Disability and Health
IDDC: International Disability and Development Consortium
ILO: International Labour Organisation
INGO: International Non-Govermental Organisation
MDGs: Millienum Development Goals
MOLSA: Ministry of Labour and Social Affairs
NGO: Non-governmental Organisation
SDGs: Sustainable Development Goals
SPRPs: Poverty Reduction Strategic Papers
UN: United Nations
UNDP: United Nations Development Program
UNESCO: United Nations Educational, Scientific and Cultural Organisation
UNICEF: United Nations Children's Fund

UNISE: Ugandan National Institute for Special Education

WBU: World Blind Union

WHO: World Health Organisation

1 Chapter One Introductory Remarks

This chapter highlights the introductory part of the thesis, including the background of the thesis, the objectives and the significance of the thesis. Besides, the research questions and the presumptions, the research methods and limitations as well as the scope of the thesis will be discussed thoroughly.

1.1 Background of the Thesis

The Alma-Ata Declaration www.who.int/publications/almaata_declaration_en.pdf which was the product of an International Conference on Primary Health Care in September 1978 defines the concept of primary health, in Article I, as „a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important worldwide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector". Accordingly, as stated in the Article VII, (2) of the Declaration, "primary health care addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services"[1].

Following the Alma-Ata Declaration, Community-Based Rehabilitation (CBR) was initially introduced by World Health Organization (WHO) as a means of improving the physical functions of persons with disabilities to the maximal optimum. Accordingly, it was designed to urge the governments in collaboration with international organisations and the whole world community to support their citizens with disabilities medically and socially to attain a certain level of health by the year 2000 as described in Art.V of the

[1]WHO, *Declaration of Alma-Ata, International Conference on Primary Health Care*, Alma-Ata, Russia, 1978, pp. 1-2.

Declaration that enables them to lead socially and economically productive life. In order to attain the optimal level of health as a target, primary health care was taken as a key strategy as part of development in the spirit of social justice. As a result, the philosophy of CBR was grounded on the principles of primary health care which, "requires and promotes maximum community and individual self–reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate" as put in Article VII (5) of the Declaration[2].

Even though CBR programs were implemented to provide medical oriented services focusing on the health condition of and individual, the international disability rights movement led by persons with disabilities themselves since 1980s pushed the international community to take appropriate political and legal measures which promote disability as a human right issue[3]. Consequently, the United Nations (UN) and its affiliates have taken consecutive political and legal measures including mainly enacting World Program of Action concerning Persons with Disabilities in 1982 and Standard Rules on the Equalisation of Opportunities in 1993 based upon the recommendations of the experts who reviewed the implementation of the decade of the disabled 1983-1992[4]. In spite of all these measures, Disabled Persons' Organizations (DPOs) and their associates persistently struggled for the realisation of a binding international legal instrument which coerces the member states to respect, protect and promote the rights of their citizens with disabilities. Finally, the disability rights movement supported by the international community i.e. the UN agencies and International Non-Governmental Organisations (INGOs) reached its peak by the coming of the Convention on the Rights of Persons with Disabilities (CRPD) which was adopted by the UN General Assembly on December 13 2006. The Convention is one of the nine core international human

[2] Ibid, p. 2.
[3] D.B. Wakenè, *the Role of Disability Rights Movements in the Ethiopian Development Agenda*. Master Thesis, University of Stellenbosch, Netherlands, 2011, p. 34,
Available from *scholar.sun.ac.za/handle/10019.1/6669*
[4] UN General Assembly, *Standard Rules on the Equalisation of Opportunities for Persons with Disabilities*, New York, 1993, p.1

rights treaties, which has a mandate to oblige the member states who have accepted by signing and ratifying[5].

Ethiopia as a member state of UN has also participated in the above-mentioned disability-focused actions. So a governmental agency named Rehabilitation Agency for the Disabled (RAD) in collaboration with United Nations Development Program (UNDP) and International Labor Organisation (ILO) introduced CBR in 1983 by having launched CBR programs in two regions of the country namely Asella and East Showa, not more than 150 km far away from the Capital City. Yet, the programs failed, so that they could not be implemented for a long time as expected[6]. Nevertheless, following the adoption of the Standard Rules on the Equalisation of Opportunities for Persons with Disabilities, some existing and newly-established NGOs started implementing CBR programs in different parts of the country, although they were concentrated in urban areas. By the time, like in many other developing countries, in Ethiopia the CBR programs were designed and implemented focusing on prevention of diseases causing various disabilities, early intervention and provision of rehabilitation services for persons with disabilities through community participation[7].

WHO and other concerned UN Agencies and International Non-Governmental Organizations (INGOs) also took corresponding measures to improve the philosophical and conceptual framework of CBR in line with the principles of social model of disability. Hence, CBR has made a paradigm shift from a medical and institutional approach to a social and human rights-based approach. Some of these consecutive measures were:

- developing a training manual which consists of 4 guides and 30 training packages for the key stakeholders i.e. local supervisors, community rehabilitation committees, school teachers, persons with disabilities and their

[5] UN General Assembly, *Convention on the Rights of Persons with Disabilities*, New York, 2006, p. 1.
[6] Forum on Street Children Ethiopia (FSCE), *Investigating the Intervention of Community-Based Rehabilitation Program for Children with Physical Disabilities in Adama Town*, Addis Ababa, 2000, p. 35
[7] CBR Network-Ethiopia, *CBR Service Standards*, Addis Ababa, 2004, p. 7.

family members by WHO 1989 in order to improve the planning, implementation and evaluation processes of CBR programs[8];

- producing the first CBR Joint Position Paper by WHO, ILO and United Nations Educational, Scientific and Cultural Organisations (UNESCO) 1994 for the purpose of promoting a common approach to the development of CBR programs;
- producing the second improved CBR Joint Position Paper 2004 mainly based upon the recommendation of an international consultative conference in Helsinki 2003, with the purpose, "describe and support the concept of CBR as it is evolving, with its emphasis on human rights and with its call for action against poverty that affects many persons with disabilities"[9];
- developing the 2010 CBR Guidelines with due consideration of the philosophy and principles of the CRPD, by WHO, ILO, UNESCO and IDDC as well as other governmental and non-governmental organizations including DPOs, with the fulfillment of the following purposes:
- "provide guidance on how to develop and strengthen CBR programs;
- promote CBR as a strategy for community-based development involving people with disabilities;
- support stakeholders to meet the basic needs and enhance the quality of life of people with disabilities and their families;
- encourage the empowerment of people with disabilities and their families"[10].

Despite the fact that CBR has made significant progresses since its inception, it still faces a number of challenges in its practicality. We hereby discuss some of the interrelated challenges which have to do with its implementation and sustainability as the main concern of this thesis.

First, at present, it is obvious that CBR is often implemented in many parts of the world in the form of projects with limited time, resources and within a specific area. Then, as

[8] E. Helander, P. Mendis, G. Nelson et al,
Training in the Community for People with Disabilities, Geneva, 1989, p. 1.
[9] WHO, ILO and UNESCO, *CBR Joint Position Paper,* Geneva, 2004, p. 1.
[10] WHO, ILO, UNESCO and IDDC, *CBR Guidelines,* Geneva, 2010, p.1

projects, they should phase out. But unfortunately, most of the CBR projects phase out with no practical sustainability strategy enabling to achieve inclusive development at community (as referred to chapter 2.1.4.) in this thesis level in particular, at national level in general. Most of the projects phase out due to shortage of fund so that it is unable to maintain their achievements in the communities. Even there are no follow up mechanisms after the phase out of the projects.

Second, these CBR projects are also mostly launched and managed by non-governmental organizations (NGOs) with passive participation of organizations of persons with disabilities and concerned governmental bodies. By virtue of this, it is difficult for the community (as referred to chapter 2.1.4 in this thesis) to effectively and efficiently sustain the rehabilitation process for its members with disabilities because of scarce of resources, commitment, and other grounds. The active participation of these key stakeholders should necessarily be practical in its planning, implementation and evaluation of any CBR project.

Third, the CBR projects are often designed to be implemented at grassroots level in a decentralized manner. There does not exist a strategic linkage between the project-owned community and the policymakers. That means, we do not see any strategic approach vividly indicated in the CBR documents, such as CBR Joint Position Paper and CBR Guidelines to guide the CBR implementers to pressurize the states to mainstream disability issues into their legislations, policies and action-plans as well as service provisions. As a result, there is a big gap between the grassroots level CBR projects and the higher level of a state structure, including the legislative, judiciary and executive bodies of the government. This can be considered as a big challenge for the effectiveness of CBR as strategy for the independent living and inclusion of persons with disabilities into the whole system of a nation.
In this thesis, an attempt will be made to ascertain the challenges of CBR with concrete evidences and forward recommendations based upon the findings of the research.

1.2 Objectives of the Thesis

The thesis has the following main objectives:

- to identify the challenges CBR programs would face in order to achieve sustainable, inclusive development in the community;
- to propose possible solutions towards enhancing the effectiveness and efficiency of CBR as a strategy for the inclusion and independent living of persons with disabilities in particular, community-based inclusive development in general;
- to motivate further researches in the area by interested groups of researchers.

1.3 Significance of the Thesis

The major purpose of this thesis is to motivate the concerned bodies to review the implementation of CBR as a strategy in light of the principles of the CRPD. Hence, it encourages the professionals and practitioners to conduct further study to ensure the practicality of CBR as a strategy for the inclusion of persons with disabilities. That means it will pave a way for the interested individuals and groups to make deep and empirical studies by employing other additional research methods which will produce concrete and visible results. Moreover, the thesis can serve as a platform for fruitful discussions on vitally important points raised therein and other relevant issues amongst stakeholders including the concerned professionals, academicians, practitioners, beneficiaries and their families as well as other community members. It will also draw the attention of stakeholders to revisit the philosophical principles and conceptual framework of CBR analyzed in the guidelines and joint position papers in light of its practicality to overcome the challenges thereof. As a result, it will be contribute to the development of the concept of CBR as a strategy for independence and inclusion of persons with disabilities in the practical manner.

1.4 Research Questions and Presumptions

In this subchapter, the research questions and presumptions will be discussed. The questions raised in the thesis should be answered by the research process. The answers of the questions should also result in confirming the viability of the presumptions in this sub subchapter.

1.4.1 Research Questions

In this research, endeavors have been made to answer the following key questions so as to address the major purpose of this thesis.

- What is required of a community to effectively and efficiently sustain the CBR programs?
- Who are the key stakeholders in implementing these CBR programs?
- What strategy CBR should employ to achieve systemic mainstreaming of disability issues in any national development agenda?
- How can be defined the role of a government in the realisation of CBR at national and local levels?

1.4.2 Presumptions of the Thesis

The thesis is expected to result in identifying the difficulties CBR encounters to effectively achieve the inclusion of persons with disabilities into the society. The implementation of CBR lacks:

- concrete strategy for sustainability;
- strong commitment for the empowerment of the organisations of persons with disabilities;

- preparedness of the government to mainstream disability issues into the whole system of the society.

Even though the concept of CBR is well stated in various documents, such as CBR Joint Position Paper and CBR Guidelines, they have not indicated sustainability strategy in a concrete manner. So it is common to see different practices in different CBR programs. The problem becomes magnificent, when CBR is implemented in the form of project with a limited time and fund as well as with a specific area. Consequently, CBR projects often phase out with no feasible phase out strategy.

The other problem is also that the participation of DPOs and the government is not satisfactory as stated in the CBR documents. This is because, the statements are not binding. As a result, during the implementation of CBR projects, their sustainability without the active participation of the two key stakeholders falls under question. This also endangers the respect of the rights of persons with disabilities and the realisation of their inclusion in the whole system of the community.

The other point is that there is a gap between the policy-making bodies and the grassroots where the CBR projects are implemented. So it is difficult for the CBR programs to pressurise the government to mainstream disability issue into the national system. There is no strategic linkage which bridges the gap.

1.5 Research Methods and Limitations

In this subchapter, we discuss the methods and limitations of the thesis.

1.5.1 Research Methods

In this research, an inductive approach has been used in order to get answers to the specific research questions set above. The answers of the research questions are also vitally important to explore key facts about the research problem. These facts have also been analyzed according to their relevance to the main concepts treated under this

thesis. So it is a qualitative type of research which has mostly depended on secondary data. In order to gather necessary and relevant data pertaining to disability and CBR, we have used various relevant documents such as books, journals, articles, reports, guidelines, joint position papers and other publications produced in the field.

The documents to which have been referred for this thesis could be sorted out into different categories as follows:

- books that read essential and pertinent information and knowledge which could be input to this thesis;
- professional and academic journals and articles carrying theoretical part of disability and CBR focusing on conceptual analytical facts and descriptions;
- joint position papers showing the change of mind towards the theoretical and conceptual framework of disability and CBR in accordance with the progressive changes of models of disability;
- CBR guidelines instructing implementation mechanisms of CBR and mode of service delivery within the context of cultures, customs, traditions, norms and values reflected in the locations of the implementation of CBR programs;
- reports of projects and conferences informing experiences, achievements, challenges and recommendations gained from the practicality of the CBR programs.

Moreover, an attempt has been made to collect current information on the practicality of CBR in Ethiopia having prepared three different questionnaires and disseminated to eleven CBR managers, leaders of eight disability associations and one concerned government body at national level. The questioners consist of open-ended relevant questions for the CBR mangers and association leaders, however, close-ended questions for the concerned government body. Unfortunately, six CBR managers and two leaders of disability association only responded to the questionnaires. So it is unsatisfactory result to present reliable and concrete data analysis. But the process has contributed to the realisation of the present situation of CBR in Ethiopia having provided current and practical information there on. There has also been a selected case-study which explains

the implementation of CBR in a practical way. Hence, the organisational profile of Help of Persons with Disabilities Organisation (HPDO) has been presented as a case-study. HPDO has been selected for the case-study, simply since the author of this thesis was one of the founders of the organisation and he also worked for it over nine years.

Finally, the Author of this thesis, in addition to his life experience, has 12 years (1996-2007) work experience in designing, planning, implementing, supervising, monitoring and evaluation of CBR projects in Ethiopia. He has, therefore, contributed in the process of this thesis.

1.5.2 **Limitations**

One of the main limitations this thesis has experienced is a methodological problem. That means it was not possible to employ a variety of research methods due to lack of time and money. The research, therefore, depended on secondary data only as mentioned above. The other methods employed to collect primary data like interview; questionnaire, focused-group discussions and observation demand a lot of money and time as well as physical presence of the researcher in some project areas.

The other limitation during the research process was a shortage of written materials in the area. It is obvious that studies have not been conducted as expected in the field of disability in general and CBR in particular. Furthermore, there would not be allocated sufficient fund to do researches in the area. Especially, it was difficult to get recent publications. Especially, it was too difficult to get publications written on Ethiopian case. Hence, it was imperative to use some materials prepared as thesis. In general, endeavors have been made to analyse the research problem based upon the data gathered from various relevant published and unpublished materials.

1.6 Scope of the thesis

The thesis has been designed to investigate the progressive advancement of the concepts of disability and CBR as to community development issues. Consequently, it has discovered essential facts indicating the concept of disability from a health issue to a human right issue, as well as CBR from providing clinical services to advocating for the respect of the rights of persons with disabilities. In addition, the thesis has covered the concepts of disability and CBR referring to Ethiopian situation in order to illustrate the practicality of CBR. Additionally, the profile of a CBR focused NGO working in Ethiopia has been presented for further elaboration. The thesis has also covered a selected case-study from Ethiopia by presenting the profile of a NGO that has rich experience in implementing CBR projects. Eventually, the research has identified some major challenges of CBR during its implementation and forwarded corresponding recommendations so as to instigate the concerned parties to exchange ideas and opinions towards the development of the field.

2 Chapter Two Literature Review

Despite the fact that disability has long existed starting from the appearance of human beings on the earth, no attention had been paid to it until end of the 20th century. The Second World War resulted in making a great number of people disabled[11]. So the states were forced to worry about the plight of their citizens with disabilities. The coming of the human right issue to front as a global agendum also opened the eyes of the activists to ponder over different segments of the society being marginalized and neglected to live on an equal basis with other people. Actually, we daresay that disability has been one of the last human right issues to be considered in the binding international legislation after a long persistent movement and life-death struggle of DPOs and their associates. Although it is not satisfactory yet, endeavors have been made from the beginning of the millennium to modify the theoretical and philosophical framework of disability and other related concepts in compliance with human right principles. Hence, research and analytical publications have to some extent been produced by scholars, professionals, practitioners, activists and of the concerned individuals including persons with disabilities and distributed through printed and electronic materials[12].

This thesis also contributes to the development of the conceptual frame of disability and other related issues by analyzing various ideas, opinions and suggestions presented in different literature. This chapter is, therefore, dedicated to present the results of the publications hitherto produced in the field.

The chapter deals with the following issues pertaining to CBR:

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[11] G. Kebede, *Coping with Disability: The Social Relations of Disabled Children and Youth with their Parents and the Larger Community, a Case Study in Selected Areas of Addis Ababa*, Master Thesis, Addis Ababa University, Addis Ababa, 2001, p. 14,
Available from http://www.africanchildinfo.net/documents/coping_with_disability.pdf

[12] J. Robertson, E. Emerson & C. Hatton , *The Efficacy of Community‐Based Rehabilitation for Children with or at Significant Risk of Intellectual Disabilities in Low and Middle Income Countries: A Review* (CeDR Report Research), 2009, p. 6.

- definitions and analysis of such key concepts as disability, rehabilitation including IBR and CBR, as well as independent living and inclusive community development;
- the progressive movement of CBR in the two well-known models of disability, i.e. medical model of disability and social model of disability;
- CBR as a strategy of independent living and inclusive community development;
- opportunities and challenges of CBR during its implementation.

2.1 Definitions and Conceptual Analysis

In this section, the contextual definitions and theoretical analysis of the key concepts stated in various publications by different authors are presented and analyzed. When we talk about CBR and inclusion, we look into such key terms as disability, rehabilitation, independent living and inclusive community development. Particularly, the concept of rehabilitation has passed through different stages of progress in mitigating the challenges of disability into the lives of persons with disabilities[13]. The concepts of independence and inclusion also indicate the development of rehabilitation during its practicality of the recent years. The active participation of persons with disabilities in the disability movement has enhanced and speeded up the progressive change of thinking concerning rehabilitation and disability. So an attempt is hereby made to present the factual analysis showing the paradigm shift of thinking in relation to these concepts especially within the time after the Second World War.

2.1.1 **Disability**

In this section of the chapter, we also try to see the definitions of disability and its causes and consequences.

[13] Ugandan National Institute for Special Education, *CBR as a Participatory Strategy in Africa*, Kampala, 2001, p. 14.

2.1.1.1 What is Disability?

There are many different definitions of disability theorized according to different models of disability such as medical model of disability and social model of disability[14]. Each model has its own definition of disability in compliance with its philosophy as presented below.

According to medical model of disability, the definition of disability is linked with the health condition of an individual[15]. In 19th and 20th centuries, disability could be defined as impairments in body function and structure so that it has a biological or medical basis[16]. Impairment indicates the inability of a person to perform daily living activities which are regarded as normal for his/her age, sex, etc., including difficulty in seeing, hearing, walking, speaking, and learning and so on[17]. As described in the CBR Guidelines, 2010 launched by WHO, UNESCO, ILO and IDDC, "this medical model views disability as a problem of the individual and is primarily focused on cure and the provision of medical care by professionals"[18]. So Mike Oliver calls this model as 'individual' instead of 'medical', because the problem locates within the individual[19]. As a result, the burden of the problem would be left to the individual and his/her family alone. They would helplessly try to find medical solutions to the problem. In general, according to this model, disability arises from the functional limitation of the victims due to the physical, intellectual and sensory impairments which may be permanent or transitory in nature[20].

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[14] WHO, ILO, UNESCO and IDDC, *Introductory Booklet to CBR-Guidelines*, Geneva, 2010, p.17.
[15] A. J. Haig, *Disability Policy Must Espouse Medical as well as Social Rehabilitation*, University of Michigan, 2013, p.137.
[16] WHO, ILO, UNESCO and IDDC, 2010, p. 15.
[17] A. Mehreteab, *Assistance to War Wounds Combatants and Individuals with Fighting Forces with Disarmament, Demobilization and Reintegration Programs*, Background paper No. 4, Centre for Humanitarian Dialogue, 2007, p. 4.
[18] WHO, ILO, UNESCO and IDDC, 2010, p. 15.
[19] M. Oliver, *The Individual and Socials of Disability* (A paper presented on a workshop), London, 1990, p. 6.
[20] G. Rehmen, *Mainstreaming Gender in Disability and Rehabilitation: A Development Perspective*, Development Planning Unit of University College, London, 2001, p. 10.

Nevertheless, in social model of disability, disability is not regarded as only the result of impairment[21]. Rather, "disability results from the interaction of health conditions with physical, social, attitudinal, environmental and personal factors such as age and sex"[22]. In the modern history of disability, WHO adopted two international classifications in which the concept of disability has progressively been classified. In 1980, the first international classification of impairments, disabilities and handicaps was adopted in a more precise and relativistic approach in order to make a more distinction between the three terms, i.e. impairment, disability and handicap[23]. According to this classification, disablement is a combination of three factors which are stated as follows: "Impairments: 'losses or abnormalities of bodily function and structure'; Disabilities: 'limitations of activities'; Handicaps: 'restrictions in participation'"[24]. By the time, some concerned people criticized that the classification, in its definition of the term handicap might be linked with medical or individual model, since it might not vividly describe the interaction between the societal conditions or expectations and the abilities of the individual[25]. In order to nullify the timely confusion between the two terms i.e., disability and handicap, the UN Standard Rules put the definition of handicap in detail as follows: "The term handicap means the loss or limitation of opportunities to take part in the life of the community on an equal level with others. It describes the encounter between the person with a disability and the environment. The purpose of this term is to emphasize the focus on the shortcomings in the environment and any organized activities in society, for example, information, communication and education, which prevent persons with disabilities from participating on equal terms"[26].

In late 2001, WHO also introduced the second international classification of functioning, disability and health (ICF) having earned the acceptance of 191 nations as

[21] WHO, ILO, UNESCO, CBR, *Joint Position Paper*, Geneva, 2004, p. 3.
[22] G. Musoke and P. Geiser, *Linking CBR, Disability and Rehabilitation*, National Printing Press, Bangalore, India, 2013, p. 76.
[23] UN General Assembly, 1993, p. 6.
[24] Rehmen, p. 9.
[25] UN General Assembly, 1993, p. 6.
[26] Ibid.

an international standard for the description and measurement of disability[27]. ICF provides a conceptual framework to address disability by acknowledging the interactive nature between body function, activity, participation and environmental factors[28]. ICF defines such the three key concepts as body function, activity and participation as follows:

- "body structure and function refers to the physiological and psychological functions of body systems (including age and gender);
- pertaining to a range of individual deliberate actions, such as getting dressed or feeding oneself;
- Participation refers to activities that are integral to economic and social life, such as being able to attend school or hold a job"[29].

ICF considers disability as a multidimensional experience affected by environmental factors[30], which include: products and technology; the natural and built environment; support and relationships; attitudes; and services, systems, and policies[31]. The social model clearly indicates that these environmental factors can limit activities and restrict participation of the victims; therefore, they are the major causes of disability[32]. Even though the personal factor, such as motivation and self-esteem are not yet properly conceptualized or classified, according to the philosophy of ICF, they can influence how much a person participates in the community[33].

"One of the aims of this classification is to establish a common language for describing health and health related states to improve communication between different users, such as health care workers, researchers, policy-makers and the public, including people with

[27] Mehreteab, p. 3.
[28] A. R. Fleming, J. S. Fairweather, M. J. Leahy, *Quality of Life as a Potential Rehabilitation Service Outcome*, article from Rehabilitation Counseling Bulletin, Hammille Institution on Disability, 2013, p. 9.
[29] Disability and Development Team of the World Bank, *Social Analysis and Disability: A Guidance Note Incorporating Disability-Inclusive Development into Bank-Supported Projects*, Washington DC, 2007, p. 14.
[30] Musoke and Geiser, p. 72.
[31] WHO, ILO and UNESCO, 2004, p. 7.
[32] Ibid., p.3
[33] World Bank and WHO, *World Report on Disability*, Malta, 2011, p. 29.

disabilities themselves"[34]. The other aim of ICF is to set for impairment severity, activity limitations and participation restriction for the purpose of policy-making and service-delivery, although it treats disability as a continuum rather than categorizing persons with disabilities as a separate group[35].

According to Oliver and Barnesb, disability, apart from impairment, is also defined as a disadvantage an individual faces in his/her life resulting from barriers to independent living or opportunities of the social services[36]. According to the philosophy of social model, although impairment may impose personal restriction upon the victim, it cannot be the cause of disability. Rather, disability comes out of hostile cultural, social and environmental barriers.

In general, as put in the CRPD, "People with disabilities include those who have long–term physical, mental, intellectual sensory impairments, in which interaction with various barriers may hinder their full and effective participation in society on an equal basis with others[37].

In conclusion, one can infer from the afore-presented facts that ICF provides a conceptual framework to define and analyze disability in a more concrete manner. It is also the most accepted as an international standard for the description and measurement of disability. Disability, as though in the medical model, is not merely a health related issue but also a highly linked with other external factors, such as social and environmental factors. Yet, it is not the final full-fledged framework in the field of disability. A lot of research and analytical works will be expected in the coming years, since disability is an evolving concept.

[34] Mehreteab, p. 3.
[35] World Bank and WHO, 2011, p. 29.
[36] M. Oliver and C. Barnes, *Disability Studies, Disabled People and the Struggle for Inclusion,* British Journal of Sociology of Education, Vol. 31, No. 5, London, 2010, p.p. 547-560.
[37] UN General Assembly, 2006, p. 4.

2.1.1.2 Causes and Consequences of Disability

In traditional society, there was a deep-rooted belief that the main cause of disability has to do with possession of demonic spirits. That means, a person may be disabled, if he/she is possessed by devil[38]. As mentioned in the Bible, some people believed that disability resulted from the punishment of the past wrongdoings of the parents of the victims. As Jesus passed by, he saw a man who was blind from birth, His disciples asked him saying, "master, who did sin, this man or his parents that he was born blind"? Jesus answered, "Neither has this man sinned nor his parents, but the works of God should be made manifest in him"[39]. From this biblical story, one could understand that there was such belief amongst Jewish people by the time. Certain cultural practices may also directly lead to disabilities, for instance both intermarriage and female genital mutilation (FGM) entailing an element risk in terms of physical or genetic disability[40].

But in the modern society, the factors that cause disability have been identified in light of the latest definition of disability. In this sense, the causes and consequences of disability share the same factors. So they will be described as follows:

1. Biological factors include: infectious diseases, congenital and non-infectious diseases, war, trauma and accidents, poor health services as well as faulty injections and wrong medical treatments[41]. Malnutrition and chronic health conditions are also causes of disability particularly in low and middle income countries[42]. These factors are causes to only bodily impairments which cannot be necessary conditions for making someone disabled[43].

[38] WHO, ILO, UNESCO and IDDC, 2010, p. 15.
[39] Apostle John, *Gospel of Jesus according to John* (King James Version), Chapter 9:1-3, 95, p.____
[40] Rehmen, p. 14.
[41] WHO, *Disability and Rehabilitation Status Review of Disability Issues and Rehabilitation Services*, Geneva, 2004, p. 9.
[42] WHO, ILO, UNESCO and IDDC, 2010, p. 17.
[43] A. K. Dalal, *Disability-Poverty Nexus: Psycho Social- Impediments to Participatory Development*, University of Allahabad, India, 2010, p. 2.

There are also other external factors which cause disability as stated in the ICF model. These external factors will hereby be discussed as causes and consequences of disability.

2. Psycho-social factors include negligence and negative attitude from family; stigma and prejudices from the society; low self-image and low expectations from persons with disabilities themselves as well as self-reinforcing exclusion. They are often considered objects of charity, because they are underestimated and/or overprotected with denial of their abilities and potentials[44]. In Addition, "some people with disabilities are denied autonomy, when they face involuntary sterilization, or when they are confined in institutions against their will, or when they are regarded as legally incompetent because of their disability"[45]. In general, these factors highly affect the lives of persons with disabilities, thereby making them disabled. So they are causes and consequences of disability.
3. Inequality and discriminatory factors involve environmental/physical barriers entailing inaccessible buildings, transport, infrastructure; institutional barriers, e.g. discriminatory legislations; and attitudinal barriers including negative stereotyping of persons with disabilities, social and cultural stigmas[46]. These excluding and discriminatory factors within their families and communities deter persons with disabilities from having access to their basic rights to food, health, education, social participation, income-generation, etc.[47] Stigmas and prejudices from public and private service providers are the major factors that harden the social inclusion of persons with disabilities[48]. Persons with disabilities would encounter inequalities, for instance, when they are marginalized being denied to have access to health, education, employment and political participation on equal basis with others[49].

[44] Mehreteab, p. 5.
[45] World Bank and WHO, 2011, p. 33.
[46] Social Development Department/ the World Bank, p. 10.
[47] Y. R. Paudel, M. Dariang and S. J. Keeling, *Addressing the Needs of People with Disabilities in Nepal: the Urgent Need, Disability and Society Journal 9*, Kathmandu, 2016, pp.186-188.
[48] Ibid.
[49] World Bank and WHO, 2011, p. 33.

4. Economic factors have to do with economic losses due to disability. If there is a disabled member in a household, the family would face more cost but less productivity. Disability also affects the economic situations at community or national level. Many developing countries experience from 12 to 20 percent of their population as non-productive because of disability[50]. They would also experience economic discriminations due to physical, social and attitudinal barriers[51].
5. Poverty is cause and consequence of disability; therefore, it is impossible to alleviate poverty without including disability in the development policies and practices[52]. To elaborate a little bit, people who live in poverty are more likely to become disabled; and persons with disabilities are more likely to become poor than their peers without disabilities. In such a way, disability and poverty tend to go hand in hand, forming a cycle of cumulative causation. That means, it is a vicious circle[53]. As World Bank reported in 2005 based on different surveys of recent years, "people with disabilities make up approximately 10 % of any country's population and people with disabilities represent over 20 % of the world's poor"[54]. As WHO also reported in 2011, "one billion people with disabilities globally, corresponding to about 15 % of them world's population, among them, 80 % of people with disabilities live in low-and-middle – income countries"[55]. Even though both the above-mentioned figure are different as the reporting years differ, the former indicates the poverty situation of persons with disabilities and the later describes the causation of poverty to disability.

   The two factors that contribute to the cycle of chronic poverty are: first, negligence, discrimination, exclusion and lack of health, education, housing and livelihood opportunities; second, costs of medical treatment, physical

[50] Social Development Department/ the World Bank, p. 10.
[51] Dalal, p. 5.
[52] M. Thomas, *Community-based Inclusive Development* Principles and Practices, Asia-Pacific Disability Rehabilitation Journal, India, 2012, p. 10.
[53] Dalal, p. 11.
[54] Ibid.
[55] V. Lemmi, H. Kuper, K. Blanchett, *Community-based Rehabilitation for People with Disability*, London, 2016, p. 5.

rehabilitation and assistive devices[56]. Hence, one can conclude that poverty has multi dimensions beyond lack of income with erosion of socio-economic rights[57].

6. Human Rights Violation is the main consequence of disability as considerably recognized by CRPD[58]. Throughout the history of mankind, persons with disabilities would be deprived of their rights and fundamental freedoms by virtue of prejudices and stigmas of the society to which they belong. They lack economic and social rights such as the rights to food and safe water, health, adequate housing, education, employment and others. The same is true of civil and political rights including the rights to political participation, fair trial, security, etc. It is appropriate to cite here the speech made by Kofi Annan, former UN Secretary-General: "wherever we lived one soul from a life of poverty, we are defending human rights; and whenever we fail in this mission, we are failing human rights"[59].

In general, disability highly affects in individual life on both grounds: one's health and/or body as well as one's position within the community and his/her social relations[60]. It also lags the human and economic development of a community. As a result, disability is not a problem of a certain group of people. Rather, it is a concern of the society as a whole. Concrete solution is likely to be found in the hands of the society as well.

2.1.2 **Rehabilitation**

It is obvious the term rehabilitation has broad scope in its general sense. The term may have different meanings and purposes in different professions, e.g. construction. It is also a common and a well-developed concept with regard to disability. So it will be presented in this paper in this sense.

[56] WHO, ILO, UNESCO IDDC, 2010, p.17.
[57] Ibid., p.18.
[58] UN General Assembly, 2006, p. 1.
[59] Ibid.
[60] Rehmen, p. 9.

Under this sub-chapter, the definition of rehabilitation as a concept in relation to disability will be analyzed. The traditional and modern mechanisms of rehabilitation services provision will also be discussed.

2.1.2.1 What is Rehabilitation?

As per the development of the concept of disability, the concept of rehabilitation has also been developed by widening its range from its previous medical/impairment focus to the social factors of the lives of persons with disabilities[61]. In the medical model of disability, the target of rehabilitation was to improve the body functioning of an individual, for instance, improving a person's ability to eat and drink independently; making changes to the individual's a toilet handrail. In this model, the maximal effort of the medical professionals was to reduce the impact of a broad range of health conditions within specific time. Hence, the main rehabilitation outcome measure focused on the individual's impairment level[62]. In this sense, UN Standard Rules also defines, "the term rehabilitation refers to a process aimed at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric and/or social functional levels, thus providing them with the tools to change their lives towards a higher level of independence"[63]. This definition corresponds to that of medical model, because it centers on an individual's health condition. It doesn't show the interaction between the body functioning and the environment.

In social model of disability, as E. Helander defines, "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-

[61] M. Wickenden, D. Mulligan, G. O. Fefoame, et al, *Stakeholder Consultations on Community-based Rehabilitation Guidelines in Ghana and Uganda*, Institute Global Health, University College London, 2012,
p. 4.
[62] World Bank and WHO, 2011, p. 21.
[63] UN General Assembly, 1993, p.7.

actualization. Rehabilitation thus includes not only the training of persons with disabilities but also intervention in the general systems of society, adaptations of the environment and protection of human rights"[64]. Correspondingly, rehabilitation is also defined in the World Report on Disability 2011, as "a set of measures that assist individuals who experience, or are likely to experience, disability to achieve and maintain optimal functioning in interaction with their environments"[65]. According to this definition, rehabilitation process entails:

- identification of the problems and needs of a person;
- relating the problems to pertinent factors of the person and the environment,
- defining rehabilitation goals;
- planning and implementing the measures;
- Assessing the effects. Furthermore, rehabilitation outcomes measurement has recently been extended to include individual activity and participation outcomes which assess the individual's performances across a range of areas, including communication, mobility-, self-care, education, work and employment, and quality of life[66]. As stated in the UN Standard Rules, rehabilitation involves a wide range of measures and activities from more basic and general rehabilitation to goal-oriented activities such as vocational rehabilitation[67].

The momentum understanding of rehabilitation is a process in which people with disabilities or their advocates make decisions about what services they need to enhance participation[68].

2.1.2.2 Types of Rehabilitation

In order to improve the plight of persons with disabilities by bringing positive change in the past 200 years, different rehabilitation approaches have been practiced. Yet, for the

[64] Blind People´s Association, Concept of CBR, India, 1998, p. 4.
[65] World Bank and WHO, 2011, p. 120.
[66] Ibid.
[67] UN General Assembly, 1993, p. 7.
[68] WHO, ILO and UNESCO, 2004, p. 8.

purpose of this thesis, the two main approaches, i.e. institution-based rehabilitation (IBR), and community-based rehabilitation (CBR) will be discussed hereunder.

2.1.2.2.1 Institution-Based Rehabilitation (IBR)

Institution-based rehabilitation is defined as a mechanism through which persons with disabilities or elderly people or orphans are provided with various rehabilitation services being confined in homes or centers[69]. According to the proposal of European Coalition for Community Living, institution is defined as, "an institution is any place in which people have been labeled as having disability are isolated, segregated and/or compelled to live together. An institution is also any place in which people do not have, or are not allowed to exercise control over their lives and their day-to-day decisions"[70]. In early times, countries both in the global north and in the south adopted the conventional institutional systems of service delivery for persons with disabilities through mainly urban rehabilitation centers and care homes[71]. Governments have established national and regional rehabilitation institutions for the purposes of referral and specialist support, training and research[72]. The medical model, defining people according to their specific disability, has promoted huge institutions that segregated persons with disabilities from mainstream society[73]. According to Goffman, who studied institution in depth, "the total institution is characterized by a system in which people are grouped together and their lives are regulated by the rules of that one system"[74]. One can understand fromn this that an institution in its totality as a system may exercise a high level of segregation and a high sense of dependency in the lives of persons with disabilities.

[69] R. Arora, National Program for Rehabilitation of Persons with Disabilities-a Blend of CBR and IBR, New Delhi, 2001, p. 1.
[70] Council of Europe Commissioner for Human Rights, *The Right of People with Disabilities to Live Independently and be Include in the Community*, Strasbourg, 2012, p. 18.
[71] Wickenden, Mulligan, Fefoame et al, p. 2.
[72] WHO, *Situation Analysis of Community-based Rehabilitation in the South-East Asia Region, Indraprastha, India*, 2012, p. 31.
[73] Mehreteab, p. 10.
[74] Council of Europe Commissioner for Human Rights, p. 36.

Even if IBR provides persons with disabilities with high quality of rehabilitation services, it is too expensive for developing nations to address a great number of their citizens with disabilities[75]. That is why, WHO introduced CBR which is cost-effective for low-middle income countries, since it mobilizes local resources.

2.1.2.2.2 Community-Based Rehabilitation (CBR)

CBR was primarily a delivery mechanism making optimum utilization of primary health care and local resources, and was aimed at bringing primary health care and rehabilitation services closer to persons with disabilities, especially in low – income countries[76] .

In general, CBR has been defined differently at different times. The distinction of the definitions is mostly seen within the context of the conceptual development of disability through time. We can hereby see the following definitions of CBR forwarded by different concerned professionals and organizations as examples.

According to Thomas in 1990, CBR is defined as, "a system which envisages using existing resources of manpower and material within the community to promote integration of disabled people in all spheres of life and activity "[77]. This definition tells that the integration of persons with disabilities by improving the utilization of resources. One should know that the concept of integration requires the subjects to fit to the existing system. It does not indicate the necessity of systemic changes in order to include them. More or less, it complies with the thinking of medical model of disability.

[75] S. Miles, *Engaging with the Disability Rights Movement: the Experience of CBR in Southern Africa*, Disability and Society, Vol. 11, No. 4, London, 1996, pp. 501-517
[76] WHO, ILO, UNESCO and IDDC, 2010, p. 23.
[77] T. Zhao and J.K.F. Kwok, *Evaluating Community Based Rehabilitation: Guidelines for Accountable Practice*,
Rehabilitation Action Network for Asia and the Pacific Region, 1999, p. 18.

As presented in a discussion forum hosted by United Nations Development Program (UNDP) at Geneva in 1992, Helander also defined it as, "CBR is a strategy for improving service delivery, for providing more equitable opportunities and for promoting and protecting the human rights of disabled people[78]. Although this definition envisages more important points that should be done so as to rehabilitate persons with disabilities, it does not vividly describe how persons with disabilities should be included in the community.

In the CBR Joint Position Paper prepared by WHO, ILO, UNESCO and IDDC in 2004, CBR has been defined as, "a strategy within general community development for the rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities"[79]. This definition, apart from the former ones, informs us more clearly that the rehabilitation of persons with disabilities is part of the general community development. So CBR as a strategy should make endeavors towards mainstreaming disability issues into existing system. It also indicates the role of CBR concept in designing and exercising the Based Rehabilitation, principle of inclusive community development. Hence, this definition corresponds with the view stated in the CRPD particularly Art.19[80].

In the CBR Guidelines 2010, CBR is also demonstrated that, "it is a practical strategy for the implementation of the Convention on the Rights of Persons with Disabilities and to support community-based inclusive development"[81]. This latest definition demonstrates the development of CBR through time as an evolving concept.

CBR was first introduced by WHO in 1978 based upon the results of the following events:

- the decision of member states of WHO to include rehabilitation in the goal "health for all by the year 2000" considering the in dire need of persons with

[78] E. Helander, *Prejudice and dignity: Introduction to Community-Based Rehabilitation*, New York, UNDP, 1993, p. 1.
[79] WHO, ILO and UNESCO, 2004, p. 6.
[80] UN General Assembly, 2006, p. 14.
[81] WHO, ILO, UNESCO and IDDC, 2010, p. 25.

disabilities and limited access to rehabilitation facilities in developing countries in 1976[82];

- International Conference on Primary Health Care in 1978 resulting in the Declaration of Alma-Ata as a strategy for achieving the goal of WHO "health for all by the year 2000"[83]. Then, CBR was reviewed and redefined in various international events including:
- an international consultation to review CBR in Helsinki 1993;
- CBR joint position paper by WHO, ILO, UNESCO and IDDC 2004;
- World Health Assembly which adopted Resolution 58.23 on disability prevention and rehabilitation 2005;
- CBR Guidelines by WHO and other international organizations 2010[84].

The aim of CBR is to ensure that public services are provided to persons with disabilities through accessible means on par with other community members. This involves using and building on the available local resources[85]. CBR programs are also aimed at preventing, rehabilitating, integrating and providing services to the community in general and persons with disabilities in particular[86]. The goal of CBR is also to contribute towards empowering persons with disabilities and facilitating independent living with their participation in all aspects of community life[87]. One of the major objectives of CBR is also to reduce poverty by making health, education and livelihood opportunities accessible to persons with disabilities on equal basis with their peers without disabilities[88].

CBR programs should be designed and implemented based on the existing traditional practices of community life and extended family structures with the promotion of low-tech rehabilitation strategy in order to simplify the complexity of sophisticated

[82] Zhao and Kwok, p. 18.
[83] WHO, ILO, UNESCO and IDDC, 2010, p. 11.
[84] Ibid.
[85] Wickenden, Mulligan, Fefoame et al, p. 2.
[86] Rehmen, p. 22.
[87] Association Amici di Raoul Follereau (AIFO), *Workshop on CBR and Country Experience of CBR*, Cornell University ILR School, Bologna, Italy, 1996, p. 5.
[88] WHO, ILO, UNESCO and IDDC, 2010, p. 25.

rehabilitation techniques[89]. CBR also involves care and empowerment of people in the natural community setting such as home and work[90]. So it is the community that should decide whether the CBR program will become part of the ongoing community development initiative, even though it may often be launched by concerned bodies outside of the community, most likely ministries or NGOs[91]. So it has been expanding very rapidly all over the world, more than 90 countries use it as a tool for government and non-government interventions in order to address the massive rehabilitation needs of persons with disabilities[92].

As described in CBR Guidelines 2010, CBR consists of such key components as health, education, livelihood, social inclusion and empowerment[93]. Nevertheless, Most CBR programs may incorporate the following activities in detail:

- the selecting and training village based CBR workers;
- identifying and assessing the needs of children, women and men with disabilities;
- making design of aids and appliances by local craftsperson;
- organizing training sessions for family and community members on disability;
- teaching of simple rehabilitative techniques for family members;
- providing educational assistances and promoting inclusive education;
- improving physical access;
- setting up referral services;
- Providing financial support for assistive devices;
- arranging employment opportunities (including self-employment);
- rendering counseling service;
- Extending social and recreational support;
- performing awareness-raising and public education[94].

[89] S. Hartley, How do Careers of Disabled Children Cope the Uganda Perspective, article, UK, 2004, p. 4.
[90] Haig, p. 3.
[91] WHO, ILO and UNESCO, 2004, p. 12.
[92] Zhao and Kwok, p. 23.
[93] WHO, ILO, UNESCO and IDDC, 2010, p. 30.

Although a CBR program may contain the afore-mentioned activities, there are disparities among the CBR programs according to the context of the cultures where they are implemented. Each CBR program has its own peculiarities[95]. As a result, multi-sectorial collaboration is necessary to achieve the broad objectives of any CBR program. There must, therefore, be a strong partnership among various sectors of the society, such as health, education, labor, vocations, housing, agriculture, sport, etc. It also necessitates the cooperation and networking of GOs, NGOs, DPOs, traditional religious leaders within the community[96]. In addition, CBR programs need to develop close collaboration with other sectors which may not be covered by the domain of CBR. This ensures that persons with disabilities and their family members should get access to the necessary benefits from these sectors[97].

In order to include persons with disabilities by providing them with quality life, the achievements of CBR programs should be sustainable. Hence, the issue of sustainability is too critical. Some of the essential elements for sustainability which CBR programs should consider are:

- effective leadership;
- strong partnership;
- community ownership;
- using local resources;
- considering cultural factors;
- building capacity;
- financial support;
- political support;
- Scaling up of CBR programs[98].

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[94] S. Saurabh, S. Prateek, G. Jegadeesh, *Exploring the Scope of Community-Based Rehabilitation in Ensuring the Holistic Development of Differently-Abled People*, article from African Health Sciences, Vol. 15 Issue, Kancheepuram, India, 2015, p. 2.
[95] Miles, p. 4.
[96] AIFO, p. 5.
[97] WHO, ILO, UNESCO and IDDC, 2010, p. 8.
[98] Ibid, pp. 37-39.

In conclusion, according to the Indian Blind Association, "CBR is a strategy and not a mystique, a coordinated approach not a magic, not a substitute but complimentary to institutional approach, a way of thinking and not a dogma; it is also a concept, an ideology and a decentralized approach to rehabilitation service delivery"[99]. As mentioned above, CBR is an alternative option which is a complementary approach to IBR. Hence, the blend of the two approaches of rehabilitation should be encouraged[100]. CBR is an exceptionally wide, multidisciplinary field involving biological, psychological, social, economic, legal and environmental factors related to disability[101]. It is a strategy to include persons with disabilities in the community by mainstreaming disability issue into the community development initiatives**.**

2.1.3 **Independent Living**

Independent living is one of the essential outcomes of disability rights movement. The beginning of the movement of independent living was marked with a rebellion against the traditional rehabilitation process in the medical model of disability. The movement started in Berkeley, California in 1960s with the establishment of a center for independent living (CIL). Many individuals with disabilities joined the movement by demanding the right to educate themselves and decide for themselves what services products they purchased[102].

The philosophy of independent living claims that all individuals have the right to live independently in the community regardless of their disability[103]. Hence, it is clearly seen in the CRPD Art.19 as an element of human rights that should be respected for persons with disabilities. The CRPD Art.19 indicates three key elements of independent living and inclusion of persons with disabilities in the community including:

[99] Blind People's Association India, p. 96.
[100] Arora, p. 2.
[101] Musoke and Geiser, p. 97.
[102] Maggie Shreve, *the Movement for Independent Living: a Brief History*, USA, 1982, p. 9.
[103] WHO, 2010, p. 78.

- choice and individualized support;
- having access to in-home, residential and other community support services including personal assistance;
- Providing community services and facilities available to the general population to persons with disabilities on equal basis to others[104].

As enshrined in the UK Initial State Report submitted to CRPD Committee, 2015, independent living can be defined as, "having choice and control over assistance and /or equipment needed to go about daily life, and having equal access to housing, transport and mobility, health, employment, education and training needs"[105]. According to this definition, independent living is not a matter of doing everything by oneself without the support of others rather than having control over one's life and the right to choice. Nobody is self-sufficient to do all things by himself/herself. In this regard, one disability studies scholar suggested that, "in reality, of course, no one in a modern industrial society is completely independent: we live in a state of mutual interdependence. The dependence of people with disabilities, therefore, is not a feature which marks them out as different in kind from the rest of the population"[106].

CBR is also a strategy for the practicality of independent living in the lives of persons with disabilities by empowering persons with disabilities to live in the community. Yet, in institutional settings, the routine of their life is predetermined by the perceptions of the professionals who work therein. Hence, they lack the right to choose and control over their daily living activities. As a result, they would be exposed to violence and abuse[107]. No matter how severe the disabilities and intensive the support needs, the right to live in the community applies to all persons with disabilities. They should be

[104] UN General Assembly, 2006, p. 15.
[105] Government of Great Britain and Northern Ireland (UK), *Initial Report on the Implementation of CRPD*, London, 2011, p. 31.
[106] Council of Europe Commissioner for Human Rights, p. 16.
[107] S. Brisenden, *Independent Living and the Medical Model of Disability*, Disability, Handicap & Society Journal, Vol. 1, No. 2, 1986, p. 5.

provided with the opportunities to participate in the community development initiatives[108].

In general, independent living movement has claimed for personal and autonomy and controls one's life. It also demands that the states should provide support services enabling people to live independently in the community. But it doesn't mean that all things should be done for persons with disabilities rather than being supported to make them independent and autonomous in their lives[109].

2.1.4 **Inclusive Community Development**

In order to elaborate this concept, inclusive community and inclusive development should be defined and discussed hereunder.

Community is defined as, "a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings[110]. According to Helander, community is also described as, "a social grouping, where members with similar attributes or background and share in varying degrees, political, economic, social and cultural characteristics"[111]. People living in a community should work together for development in all aspects of their life. The development process should be inclusive which means honouring the human rights of everyone, appreciating diversity, eliminating poverty and ensuring that all people are subtly included and can actively involve in development initiatives regardless of gender, disability, age, state of health, color, ethnic origin or any other statuses[112]. Accordingly, the concept of inclusive development promotes the involvement of the community as

[108] Council of Europe Commissioner for Human Rights, p. 9.
[109] Ibid., p. 16.
[110] Musoke and Geiser, p. 25.
[111] E. Karangwa, *Grassroots Community-Based Inclusive Education: Exploring educational prospects for young people with disabilities in the post-conflict Rwandan communities,* Doctoral Thesis, Catholic University Leuven, Belgium, 2006, p. 23, Available from *https://lirias.kuleuven.be/bitstream/1979/424/2/evariste_doctThesis.PDF*
[112] IDDC CBR Task Group, *Community-based Rehabilitation and UN Convention on the Rights of People with Disabilities,* Belgium, 2012, p. 2.

individuals, groups and organisations by representation in all stages of development processes, i.e. planning, implementation, monitoring and evaluation in order to facilitate more inclusive, realistic and sustainable initiatives[113]. Inclusive development involves everyone; particularly those who are marginalized discriminated with regard to their physical conditions, age, sex, etc. It is obvious that persons with disabilities often experience strenuous discriminations and negligence due to stigmas and prejudices coming from the society. Thus persons with disabilities should be well facilitated to actively participate in the development agenda of their communities. Development initiatives are to be disability-inclusive by mainstreaming disability rights into the development policies and processes.

The concept of mainstreaming disability in development means the inclusion of persons with disabilities in all aspects of national development initiatives. Mainstreaming disability, therefore, gives opportunity to persons with disabilities as rights-holding and equal members of the society to fully participate in all walks of life irrespective of their impairments and/or other status[114].

Likewise, it is necessary to employ a twin-track approach in order to enable persons with disabilities to share and benefit from the development initiatives. A twin-track approach means, mainstreaming disability issues into the general development agenda, and at the same time performing disability-targeted activities. The CBR programs are recommended to use this approach for effective implementation[115].

For this purpose, communities should be inclusive by adapting their structures and procedures to facilitate the inclusion of persons with disabilities rather than expecting them to fit in with the existing arrangements. Such adaptations are beneficial to all community members by making life easier for everyone. In such a way, CBR programs

[113] WHO, ILO, UNESCO and IDDC, 2010, p. 21.
[114] Department of Economic and Social Affairs of UN Secretariat, *Best Practices for Including Persons with Disabilities in All Aspects of Development Efforts*, New York, 2011, p. 5.
[115] Ibid., p. 20.

benefit all people in the community on equal basis[116]. The key component to the efficacy of inclusive development in a community is to ensure the inclusiveness of such public services as health, education, transport, employment and so forth. If these and other social services are accessible to the general population at equal foot, there is no need to cater specialized services to an individual or a certain group of people[117].

In conclusion, disability is to be recognized as one of the major issues of development because of its bidirectional nature in relation to poverty. That means; disability may increase the risk of poverty and vice versa. As a result, as long as development programs are aimed at reducing poverty, they should be disability-inclusive by mainstreaming disability rights in the relevant legislations and policies[118]. The concept of inclusion is an emergent voice of all marginalized and disadvantaged people to demand for an equal place in the society. A demand for the accessibility of public services seems a demand to be included in the community. Thus, the active participation of these people in any development agenda is regarded as a matter of right or entitlement[119].

2.2 Progressive Movement of CBR

In this sub-chapter, an attempt is made to look into the development of CBR as a concept through the two well-known models of disability, i.e. medical and social models of disability. The models indicate the paradigm shift in the concepts of disability and rehabilitation.

As cited in the section 2.1.2.3, following the Alma-Ata Conference on primary health care, CBR was launched by WHO to enhance the access to health and rehabilitation for persons with disabilities in developing countries. It initially focused on the provision of

[116] WHO, ILO and UNESCO, 2004, p. 10.
[117] Council of Europe Commissioner for Human Rights, p. 32.
[118] World Bank and WHO, 2011, p. 195.
[119] Karangwa, p. 15.

medical services, but has gradually and progressively shifted to considering the issues suchlike poverty, employment, education, social participation and finally human rights[120]. Hence, CBR envisages variety of programs ranging from health focused to human rights based within the social model of disability.[121] In the past years, CBR has rapidly expanded all over the world especially Global South. According to a survey conducted by WHO in 2007, CBR programs and projects were launched in 92 countries, i.e. 35 in Africa, 26 in Asia, 24 in Latin America and 7 in Europe[122].

2.2.1 **Medical Model of Disability**

CBR was initially introduced, while disability was seen as a health issue only. So its initial view linked with primary health care[123]. In medical model of disability, CBR often began with the provision of service of a single sector, e.g., health or education[124]. Early CBR programs centered on the delivery of physiotherapeutic service and assistive devices as well as medical interventions with the purpose of maintaining bodily function of an individual[125]. Medical approach in CBR, perceiving disability as a health problem of an individual, has emphasized changing the condition of the individual to fit in with his/her environment. It has, therefore, tended to focus on identifying and exercising specialized solutions[126]. In this stage of CBR, most of the rehabilitation services were provided in medical centers concentrated in urban areas[127].

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[120] M. Grandisson, *Developing Guidelines for Program Evaluation in Community-Based Rehabilitation*, Doctoral Thesis, Ottawa, Canada, 2015, p. 17,
Available from *https://ruor.uottawa.ca/bitstream/10393/32456/3/Grandisson_Marie_2015_thesis.pdf*

[121] S. Hartley and J. Okune, *CBR Policy Development and Implementation Inclusive Development*, University of East Angelia, Norwich, 2009, p. 119

[122] M. Thomas, *CBR Guidelines as a tool for Community-Based Inclusive Development*, Belgium, 2012, p. 5.

[123] J. F. Trani, V. Mauro, M. Biggeri *et al*, *Impact of CBR Programs in Madya District (Karnataka, India)*, 1999, p. 2.

[124] World Blind Union (WBU), *External Position Statement CBR*, Toronto, 2014, p. 3.

[125] Saurabh, Prateek, Jegadeesh, p. 1.

[126] Rehmen, p. 21.

[127] S. Rule, T. Lorenzo and M. Wofmarans, *Disability and Social Change: a South African Agenda 2020 Community-based Rehabilitation: New Challenges*, South Africa, (no year), p. 1.

Nevertheless, medical approach to rehabilitation failed in meeting the needs of a number of persons with disabilities in low-and-middle income nations. The other failure of this approach is that it tries to change or normalize persons with disabilities to fit into society as it exists, rather than trying to change the society so that it accepts and accommodates to a wider range of human differences[128]. For example, in integrated education, the child is seen as a problem. So the individual or medical model of disability determines that the child has to be changed or rehabilitated to fit into the existing school system[129].

2.2.2 **Social Model of Disability**

In the past four decades, there has been significant change in the understanding and practice of CBR with the recognition that persons with disabilities have the rights of accessing to the public services and opportunities, on equal basis with others in their communities. In compliance with this understanding, CBR has made a paradigm shift in practice from an individual or a medical orientated, often single sector, e.g. health or education, service delivery approach, to comprehensive, multi-sectorial, rights – based one[130]. In 1960s and 1970s, an individual or a medical model of disability was challenged with the shift of radical thinking about the nature of disability. It was redefined as results of not only impairments but also environmental conditions. So disability has been seen as a societal problem, instead of the problem of the individual. That means the society's exclusionary and stigmatizing treatments highly affect the lives of persons with disabilities. This was the beginning of the social model of disability which has resulted in changing the rehabilitation service delivery as well[131]. The key factor to this change in understanding of disability was disabled people's movement which started by the time in Northern America and Europe and has since spread all over the world. DPOs have made vigorous struggle for achieving full participation and equalization of opportunities for, with and by persons with disabilities

[128] Ibid.
[129] Save the Children UK, *School for All*, London, 2002, p. 10.
[130] Thomas, *CBR Guidelines as a Tool for Community-Based Inclusive Development*, 2012, p. 4.
[131] Wickenden, Mulligan and Katende, p. 2.

based upon the well-known slogan, 'nothing about us without us', which symbolizes the amount of influence the movement exerted. They also played key role in developing CRPD promoting a shift towards a human rights model of disability[132]. The connection between disability and human rights has further strengthened the movement of DPOs by claiming the respect of the rights of persons with disabilities. In working towards an inclusive society, a right-based approach would enable persons with disabilities to achieve essentials of life, equality, participation, independence and self-determination by enhancing their dignity, wellbeing and empowerment[133].

The social model of disability mainly differs from the medical model by placing the responsibility for change on the society but not on the individual who has impairment. Hence, the struggle for change should be with the existing systems, structures, policies and legislations[134].

The wide recognition of social model of disability at national and international levels has become a key to understanding and explaining the economic, political and social bariers persons with disabilities would experience in their day-to-day life. For instance, this large acceptance of social model has clearly been reflected in the recent EU's policy staments on disability which stresses environmental barriers hindering the full participation of persons with disabilities in society[135]. Moreover, the social model of disability has increased the awareness that environmental barriers to participation are major causes of disability. As a result, CBR programs would mainly aim at eradicating the major environmental barriers identified by ICF. There are five major environmental factors ICF includes as barriers that can limit activities or restrict participation. These are: products and technology, natural environment and man-made changes to it, support and relationships, attitudes and services, systems and policies[136]. Thus, environment can be modified to be more accommodating and inclusive for persons with disabilities with

[132] WHO, ILO, UNESCO and IDDC, 2010, p. 15.
[133] Rehmen, p. 21.
[134] Save the Children-UK, p. 9.
[135] Oliver and Barnes, p. 8.
[136] WHO, ILO and UNESCO, 2004, p. 7.

effective implementation of CBR programs[137]. In social model of disability, removing environmental barriers, CBR programs always focus on the creation of inclusive societies where persons with disabilities have access to all development benefits that everyone can in their communities enjoy[138].

In conclusion, the social model of disability redefines disability as a result of societal and environmental obstacles/barriers. Hence, the social model identifies and addresses the contextual factors, i.e. physical, attitudinal and institutional barriers to the inclusion of persons with disabilities[139]. As a result, CBR has been advanced as a strategy for the realization of the rights of persons with disabilities to independent living and be included in the community.

2.3 CBR as a Strategy for Inclusive Development

As described in the previous sections of 2.1.1.1 and 2.1.2.3, CBR, as an evolving concept, has progressively moved from medical model with the provision of clinical services to social model with the promotion of right-based issues. So in this sub-chapter, we will discuss the strategically contributions of CBR programs to create an inclusive development in a community by empowering persons with disabilities to fully participate in and gain the benefits they deserve from the existing development initiatives.

There exists contextual difference around the world regarding the interpretation of the concept of CBR. Some stakeholders including the beneficiaries see it as a means of service provision only and others also as a strategy for empowerment. Diverse applications of CBR can also be observed globally, because the way of its development and implementation mostly depends on echo-social factors. Hence, CBR programs differ from country to country and even within a country[140].

[137] Mehreteab, p. 10.
[138] WBU, p. 3.
[139] Federal Ministry for Economy Cooperation and Development in Germany, *A Human Rights-based Approach to Disability in Development*, Berlin, 2011, p. 13.
[140] Cornielje and Bogopane-Zulu, p. 22.

CBR as a development concept can be implemented in the form of project or program. As stated in Introductory Booklet to CBR Guidelines: "CBR projects are usually small in scale and may be focused on achieving very specific outcomes in one component of the CBR matrix, e. g. health. They are short – term, with a set start -point and an end-point. Where there is limited government support for CBR so that the projects are often started by local community groups and non-governmental organizations. CBR programs are a group of related projects which are managed in a coordinated way. They are usually long – term, have no completion dates, and are larger in scale and more complex than a project"[141].

Persons with disabilities often encounter prejudices and discriminations in employment and other socio-economic activities so that they are deprived of equal opportunities in all walks of life. Even though they need to actively participate in family and national economic activities, they are relegated to the margin of the society being considered as burdens of the country. They do not also have opportunity to contribute using their potentials to the existing development initiatives in their respective community. As a result, persons with disabilities are regarded as poor by all poverty standards suchlike material deprivation, low human development, lack of voice to influence and acute vulnerability to economic, social and health risks[142]. In general, physical, attitudinal and communication barriers which appear in all sectors would deter persons with disabilities from taking part in any community development processes[143].

In order to improve the plight of persons with disabilities, the concept of CBR has evolved about 40 years and has become a strategy for Community-based inclusive development[144]. Inclusive development means, "Respecting the full human rights of every person, acknowledging diversity, eradicating poverty and ensuring that all people are included and can actively participate in development processes are and activities

[141] WHO, ILO, UNESCO and IDDC, 2010, p. 41.
[142] Mehreteab, p. 8.
[143] Federal Ministry for Economy Cooperation and Development of Germany, p. 4.
[144] V. Iemmi, K.S. Kumar, K. Blanchet, et al, *Community-based Rehabilitation for People with Physical and Mental Disabilities in Low- and Middle-Income Countries*, London, 2013, page. 5.

regardless of age, gender, disability, ethnic origin, state of health and any other characteristics"[145]. Inclusive development is aimed as its end-result at achieving the goal of making communities and societies at large inclusive of all disadvantaged groups and their concerns including persons with disabilities. Hence, CBR is nowadays understood as a strategy to ensure inclusion, rights and equal opportunities for persons with disabilities[146]. CBR is also a holistic approach to inclusive development by mainstreaming disability issue, thereby building an inclusive society for all[147]. CBR is not a prescriptive program, but an approach which purely implies a well-structured, smoothly functioning and coherent community that is capable of assessing its own needs, deciding its own priorities and identifying its own resources in order to achieve its own goals[148]. This means, CBR is not only an intervention which is introduced from outside and be implemented in the community, but also practiced as a strategy that strongly involves the community, its members and resources in the development initiatives[149]. The goal of CBR is to achieve community-based inclusive development. Its aim is also to ensure full inclusion of persons with disabilities in all aspects of community life and reliable accessibility to all public services and facilities[150]. Notably, it empowers persons with disabilities to subtly earn the necessary benefits from the mainstream local resources, e.g. health care from existing health facilities, education in the available regular schools and colleges, livelihood through the traditional skills and local employment, income-generation from the already-established micro-credit institutions[151]. In order to reach community-based inclusive development as an end-result, CBR employs a twin-track or bottom-up approach: one ensuring that individuals with disabilities to have access to mainstream development initiatives, and two to provide community–based services targeting the specific needs of those with disabilities

[145] Thomas, Belgium, 2012, p. 2.
[146] Ibid.
[147] Light for the World, *Inclusion through CBR Lessons learnt in: Burkina Faso, Ethiopia, Mozambique: Report Paper 2009-2011*, 2012, p. 4.
[148] International Labour Office, Skills and Employability Department, *Skills Development through Community-Based Rehabilitation: A Good Practice Guide*, Geneva, ILO, 2008, p. 2.
[149] Musoke and Geiser, p. 25.
[150] A. Ninomiya, Community-based Inclusive Development: Principles and Practices, Bangkok, 2013, p. 15.
[151] Wickenden, Mulligan and Katende, p. 2.

when necessary[152]. To elucidate this concept a little bit, disability is identified by the Convention as an issue to be included in all development program of a state rather than as a stand-alone thematic issue. So the states are required to mainstream disability as a cross-cutting issue in their development policies. Yet, disability-focused measures may at the same time be taken with regard to the context of the nation[153].

CBR is perceived not as a separate program, because it cannot tackle all developmental problems of persons with disabilities. It should, therefore, be integrated into all community development programs. An essential element of philosophy of CBR is to enable persons with disabilities to involve in all aspects of the development program as decision makers, resource persons and trainers at all stages of planning, management and evaluation. Persons with disabilities should not be passive clients of CBR programs[154]. CBR also promotes collaboration among various sectors, (including health, education, social, agriculture, employment, etc.) so as to provide equal opportunities for all persons with disabilities in the community. In this sense, CBR is not merely a means of rehabilitation, it is also a multidimensional strategy implemented by, with and for persons with disabilities[155].

The key stakeholders of CBR include: persons with disabilities and their family members, DPOs, community-based organizations, governmental organizations, non-governmental organizations, community leaders and other members as well as those who have stake in the community development[156]. Let us take some of them as examples to analyze the role of the key stakeholders in CBR programs.

- DPOs have a critical role as catalysts to motivate their members to actively take part in CBR by realizing their rights. Persons with disabilities should also tell their partners how they want to be considered in the development programs.

[152] Grandisson, p. 18.
[153] Department of Economic and Social Affairs of UN Secretariat, p. 47.
[154] AIFO, p. 11.
[155] Grandisson, p. 21.
[156] Ninomiya, p. 26.

- The governments are responsible for ensuring that their citizens with disabilities can enjoy human rights on par with others.
- Families of persons with disabilities are seen as a key stakeholder in CBR by providing indispensable support and advocating for their members with disabilities in the community[157].

CBR is usually implemented as projects which are characterized be limited time, specific area and allocated budget. Then, they would phase out. Yet, the results of the projects should be sustainable. It is believed, the foundation of a CBR committee comprising representatives from DPOs, government, families and community leaders is an effective sustainability strategy in order to retain the achievements of the CBR projects. It also employs local people and volunteers. In addition, the involvement of the government has a significant contribution to the sustainability of CBR by mainstreaming disability issues in the existing political system, i.e. structure, legislations policies, etc.[158]. Endeavors should be made as a viable sustainability strategy to manage and address the specific needs of persons with disabilities within the existing structure rather than building a new infra-structure with extra expenses[159].

In general, CBR is perceived an autonomous strategy, empowering and inclusive process, which is to be right-and-development-based. It also enables persons with disabilities to have access to equal opportunities and their families. CBR currently strives to empower persons with disabilities to obtain ownership of the programs and to feel that they have control over their lives, as they in collaboration with their communities identify their needs and find solutions[160].

[157] Musoke and Geiser, pp. 31-33.
[158] Light for the World, p. 21.
[159] AIFO, p. 14.
[160] S. Asindua, *Community-Based Rehabilitation (CBR) as a Participatory Strategy in Africa*, Cornell University ILR School, 2002, p. 17.

2.4 Opportunities and Challenges of CBR

In this last section of the chapter, we will raise and discuss the opportunities of CBR provided to persons with disabilities in particular and the community in general, as well as the challenges of CBR which appear during its implementation.

2.4.1 **Opportunities of CBR**

It is obvious that CBR provides several opportunities for persons with disabilities enabling them to live independently and be included in the community. Furthermore, CBR contributes to the general community development by making available services and facilities accessible simply to all people residing in the community. So we will hereby see a few of the major opportunities in detail.

CBR programs often develop Accessibility to Public Services and Facilities for persons with disabilities on an equal basis with others. For instance, CBR facilitates persons with disabilities to have access to health services in order to maximize their physical and mental functions[161]. They should also be provided with educational facilities through inclusive education. That means, the existing school system changes and should be inclusive in order to accommodate all students with their diversity at equal level by creating a suitable atmosphere in each class[162]. Moreover, CBR renders vocational and traditional skills trainings to persons with disabilities enabling them to be deployed in gainful, remunerative employment[163].

CBR works for changing the bad attitude and misperceptions of the community about disability and motivating the community to promote and protect the human rights of its

[161] Thomas, Belgium, 2012, p. 5.
[162] Save the Children-UK, p. 79.
[163] G. Bekker RPT, *Measuring the effectiveness of Community Based Rehabilitation services in children with developmental delays in the Dominican Republic*, Dominican Republic, 2011, p. 1.

dwellers with disabilities, thereby developing social inclusion[164]. CBR also equips persons with disabilities with confidence and independence; teaches them skills to negotiate with others and overcome problems as well as achieve their rehabilitation through self-help so that they develop project ownership, political support and maintenance of service delivery systems[165]. CBR facilitates the full participation of persons with disabilities in all community development initiatives by removing common barriers. For this purpose, it also works to result in increasing independence; enhancing mobility; improving communication skills and augmenting educational-vocational opportunities[166].

CBR addresses the needs of a large number of people within a wider geographical area with minimum cost[167]. It is also perceived as an outreach and extensive service by covering the rural or unreached areas[168]. CBR usually utilizes indigenous resources including local knowledge and manpower and enables persons with disabilities share the resources equally. This improves the well-being of persons with disabilities with a cost-effective approach in comparison with care in hospitals and homes or rehabilitation centers[169].

In conclusion, CBR provides persons with disabilities with equal opportunities which ensure their survival, growth, progress and complete integration. It also facilitates the active and meaningful participation of persons with disabilities in all spheres of social life[170].

[164] M. Thomas, Belgium, 2012, p. 3.
[165]Myezwa H, M'kumbuzi, Participation in Community Based Rehabilitation Programs in Zimbabwe: Where are we? Vol. 14, No. 1, 2003, p. 2.
[166] Saurabh, Prateek and Jegadeesh, p. 1.
[167] Rehmen, p. 22.
[168] UNISE, p. 28.
[169] Trani, Mauro, Biggeri et al, p. 3.
[170] Blind People's Association India, p. 2.

2.4.2 **Challenges of CBR**

CBR has undoubtedly encountered a lot of challenges during its implementation of the past over 40 years of age. The challenges may link with conceptualization or definition, programming, the scope of its implementation, skilled manpower, participation of the key stakeholders and evaluation. Hence, some of the major challenges will be analyzed hereunder this last section of the chapter.

As discussed in the previous part of this chapter entailing the CBR definition, CBR has not been defined concretely. By virtue of this, it is difficult to determine the items of CBR programs using standard measurements, so that there is no single model of CBR[171]. Hence, CBR programs differ from country to country, even within a country, since they mostly depend on diversity of cultures and values of the community where they would be implemented[172].

Another challenge of CBR is that there exists uncertainty of mechanisms on order to effectively implement CBR programs. No common mechanisms have been set; therefore, each implementing body follows its own way during the implementation process. This highly affects the efficacy of the implementation of CBR programs[173]. During its implementation, CBR usually lacks financial and material resources as well as trained manpower. In principle, CBR programs use local resources, so that this may affect the quality of services provided for persons with disabilities. The World Blind Union (WBU) strongly argues that CBR should not comprise the quality of services, in effect, violating the human rights of persons with disabilities. All CBR programs should extensively apply advanced technology including information technology, modern science and qualified professionals in order to improve the quality life of persons with disabilities[174].

[171] International Labour Office, p. 2.
[172] Ninomiya, p. 5.
[173] Saurabh, Prateek, Jegadeesh et al, p. 1.
[174] World Blind Union, p. 6.

Disabled Persons International (DPI) also argues that CBR is so far medically oriented in some parts of the world rather than becoming right-based. This is because, the ideas and opinions of persons with disabilities and their organizations are not well taken by the professionals in the field. This violates the principle 'nothing about us without us'. Unless DPOs participate in all stages of CBR i.e. planning, management, monitoring and evaluation, the sense of ownership cannot be developed in CBR. This highly affects the implementation and sustainability of CBR programs[175]. The necessary care should be taken not to repeat the mistakes which appeared in IBR. So the CBR programs should enter into genuine consultation with DPOs as real partners. Otherwise, the interaction between CBR programs and DPOs may lead to develop consumer-focused approach[176]. CBR programs have experienced difficulties in working with DPOs due to demotivation of persons with disabilities and lack of leadership skills. Hence, they should be empowered by necessary, relevant trainings. Capacity building support should also be provided for DPOs by CBR programs[177].

Most of the governments have not directly implemented CBR programs. Rather, they often rely on NGOS that implement CBR programs[178]. By their very nature, CBR programs take place within small geographical areas in a decentralized manner. Therefore, they may not exert influence on macro problems, notably, policy and legislation issues. More clearly, it is difficult to bring systemic changes by mainstreaming disability issues in the existing political and socio-economic systems at national level without the involvement of the government[179].

Poor collaboration among stakeholders is also a big challenge in CBR. Nobody usually takes the responsibility for coordinating CBR programs launched in a nation. Sometimes, it is difficult to collaborate different sectors and/or various departments in a government due to poor communication and limited political commitment[180]. Even

[175] Rule, Lorenzo and Wolmarans, p. 3.
[176] Miles, p. 6.
[177] Light for the World, p. 20.
[178] Bekker, p. 2.
[179] WHO, ILO and UNESCO, 2004, p. 13.
[180] AIFO, p. 5.

some sectors may not be ready to integrate CBR issues. As a result, some CBR programs would focus on a single sector, e.g. health or education. Mainstreaming CBR with a wider social and community development initiatives is a pivotally important issue. Unless otherwise, it is unable to address the multispectral needs of persons with disabilities and their families[181]. In many developing countries, NGOs have complained about viewing CBR as a panacea to meet the needs of all persons with disabilities. It a common experience to see many development sectors often neglect disability issue and push it aside to the disability-focused organizations. But CBR programs alone are insufficient to address their holistic needs without multispectral collaboration. In addition, a local community power dynamics also obstructs the continuation of CBR programs[182].

Eventually, although CBR has apparently been expanded into different parts of the world, its programs have little or no room for critical thoughts, challenging discourse and reflections which are essential to develop the concept and practice of CBR. In particular, no chance is given to local people working in the field and the clients as well to have said in CBR process[183]. This is because, CBR practitioners may fear to compromise the fund which would be solicited from donors for the implementation of the CBR programs[184]. Furthermore, little or no resource has been allocated to conduct evaluation and/or research in the field. So there is a shortage of literature and informational bottleneck in CBR. No universally agreed criteria so as to evaluate and assess the impact of CBR programs[185].

In conclusion, Even if CBR has long existed as the only brand in the field, it still faces a number of challenges during its implementation. We have previously tried to discuss some of the major challenges CBR programs have still experienced in different parts of the world. To cite some of them in summary: poor coverage of remote areas; limited

[181] Myezwa H, M'kumbuzi, p. 10.
[182] WHO, ILO and UNESCO, 2004, p. 20.
[183] Shaun Grech, *Community Based Rehabilitation (CBR) Critical Perspectives from Latin America, the Critical Institute*, Malta, 2015, p. 5.
[184] Ibid.
[185] Trani, Mauro, Kumar et al, p. 4.

political commitment and awareness among some sectors of government; low participation of DPOs; low multispectral collaboration; inadequate understanding of CBR and right-based approaches and insufficient number of trained personnel, information and material resources on CBR[186]. It is obvious that these challenges have considerably threatened the implementation and sustainability of CBR programs[187].

3 Chapter 3 The Role of CBR in the Implementation of the International Legislation and Development Strategies

In this chapter, we will discuss the role of CBR in the practicality of the disability-focused international legislations and development strategies. We will look into the contributions of these international documents to the growth of CBR as a development concept as well as the role of CBR in implementing these instruments. From the beginning of 1980s, the disability-focused legislations and initiatives consecutively taken by the international community brought a paradigm shift in the progressive movement of the rehabilitation process from medical and institutional approaches to social and right-based approaches. In this progressive process, the disability rights movement led by persons with disabilities and their organizations has become stronger and stronger. Persons with disabilities and their families increasingly demanded more active involvement in the planning and implementation of international and national legislations and policies which affect their lives. DPOs also started playing key role in the CBR initiatives. In so doing, the disability rights movement reached its peak in the adoption of the Convention of the Rights of Persons with Disabilities (CRPD)[188]. Some of the key initiatives and declarations taken by the UN regarding disability rights were:

- Year of the Disabled 1981 http://www.un.org/documents/ga/res/36/a36r077.htm
- Program of Action concerning Disabled Persons 1982;

[186] WHO, p. 36.
[187] Saurabh, Prateek and Jegadeesh, p. 1.
[188] Wickenden, Mulligan and Katende, p. 2.

http://www.un.org/documents/ga/res/37/a37r052.htm

- Decade of the Disabled 1983-1992; http://www.un.org/documents/ga/res/39/a39r026.htm
- Standard Rules on the Equalization of Opportunities for Persons with Disabilities 1993; http://www.un.org/esa/socdev/enable/dissre00.htm
- International Day of the Disabled, December 3 since 1994; http://www.un.org/en/events/disabilitiesday/
- Convention on the Rights of Persons with Disabilities 2006. https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html

These key international initiatives made significant contribution towards the promotion of equalization of opportunities and dignity for persons with disabilities and encouraged the member states to draw new domestic legislations and policies pertinent to disability[189].

Consequently, many states have adopted anti-discriminatory legislations to protect the fundamental rights of their citizens with disabilities and also applied regulatory frameworks to guarantee the equal opportunities. The adoption of the anti-discriminatory legislations and the application of the regulatory frameworks would form a backbone of a meaningful holistic strategy to meet all needs of persons with disabilities. This also facilitates the full integration of disability rights and mainstream within the state's legislative and regulatory frameworks as part of a strategy for good governance[190].

[189] UN General Assembly, 1993, p. 2.
[190] Rehmen, p. 5.

3.1 International Legislations

In this subchapter, we will discuss how CBR has been employed as a tool for the implementation of the Standard Rules and CRPD. It is obvious that CBR is an action-oriented program which would be implemented depending on the philosophy and principles mostly taken from these legislations.

The Standard Rules on the Equalization of Persons with Disabilities was adopted by the UN General Assembly in 1993. The document was prepared on the ground of the Program of Action concerning Disabled Persons which was also adopted by the UN General Assembly in 1982. It also depended on the outcomes of the above-mentioned initiatives which aimed at improving the lives of persons with disabilities. Moreover, it was thought to move the disability rights forward by retaining the achievements of these initiatives.

The Standard Rules document consists of 22 Rules which are divided into four parts, including:

I Preconditions for Equal Participation;

II Target Areas for Equal Participation;

III Implementation Measures;

IV Monitoring mechanism[191]

The post Special Rapporteur on disability issues in the UN office was also created to regularly monitor the implementation of the Standard Rules. Although it was a non-binding legal instrument and nor were sufficient resources allocated for its implementation, the adoption of these Rules together with other progresses in the disability movement influenced several governments and the international community

[191] UN General Assembly, 1993, pp. 1-27.

to take disability rights more seriously[192]. The document also served member states as guidance in any domestic initiative concerning disability rights.

As a result, DPOs and their associates continued their strenuous struggle, until the adoption of the Convention on the Rights of Persons with Disabilities came into reality as a binding legal instrument. This progressive disability rights movement had a considerable contribution in the growth process of CBR. During this time, the CBR programs were designed to focus on protection and promotion of the rights of persons with disabilities, in addition to service provision. Endeavors were made by CBR programs to materialize the principles of the Standard Rules. They also served as a catalyst for the strength of the disability rights movement by raising the awareness of persons with disabilities and their surroundings.

After over two decades of hot discussions and negotiations among the international community on the necessity of recognizing persons with disabilities as right-holders and many years of action for persons with disabilities, the UN General Assembly adopted the CRPD on Dec. 13, 2006[193]. The Convention was founded on the Program of Action concerning Disabled Persons 1982 and UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities 1993[194]. It also complements the existing human rights frameworks by making them inclusive of and accessible to persons with disabilities on equal basis with other people without disabilities. The document was produced in a participatory and collaboration spirit by an international committee comprising representatives from governments, national human rights institutes, NGOs and DPOs[195]. Besides, the document has still been signed by 160 and ratified by 174 member states including European Union[196].

As a legally binding document for those states who have ratified it, the CRPD is, therefore, a crucial instrument to "promote, protect and ensure the full and equal

[192] R. Yeo, *Disability, Poverty and the New Development Agenda*, 2005, p. 5.
[193] Federal Ministry of Economic Cooperation and Development of Germany, p. 10.
[194] Ibid.
[195] WHO, ILO, UNESCO and IDDC, 2010, pp. 21-22.
[196] UN Website, Available from https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html

enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity" (Art.1 CRPD). It has also made a paradigm shift in the rehabilitation process from medical approach to a social or a human rights approach by covering all elements of human rights of persons with disabilities, i.e. civil and political rights as well as social, economic and cultural rights as enshrined in the eight core human rights treaties[197]. Nevertheless, the CRPD also includes new dimensions, such as the right to live independently and to be included in the community (Art.19) and the right to respect for physical and mental integrity (Art. 17)[198]. Furthermore, the Convention is a disability-specific human rights treaty which has brought a change in the social status of persons with disabilities" from seeing them as objectives of charity and welfare to viewing to them as participating, contributing members of society, where they have the same rights as others in their community, and are capable of making decisions concerning their lives"[199].

In order to provide a unified and common understanding on the concept and principles of CBR, the three UN agencies and IDDC in the CBR Guidelines Document have an attempt to modify it to be a comprehensive human right-based approach in compliance with the principles of CRPD such as, respect for inherent dignity; individual autonomy, including the freedom to make one's own choices, and independence of persons; non-discrimination; full and active participation and inclusion in society; respect for difference and acceptance of persons with disabilities as part of human diversity and humanity; equality of opportunity; accessibility; equality between men and women; respect for the evolving capacities of children with disabilities and respect for the rights of children to preserve their identities; empowerment and sustainability[200]. More importantly, the two key articles can demonstrate the concept of CBR: Art.19 refers to the rights of persons with disabilities to live independently in the community with choice equal with others; and Art.26 also implies support, participation and inclusion in

[197] Hartley and Okune, p. 22.
[198] Federal Ministry for Economy Cooperation and Development of Germany, p. 11.
[199] CBR Task Group- IDDC, p. 4.
[200] WHO, ILO, UNESCO and IDDC, 2010, p. 31.

the community and all aspects of the society are closely available to persons with disabilities in their own communities especially in rural and remote areas[201].

The improved conceptualization of CBR has made close tie with CRPD, thereby, developing mutual support for the effective implementation of both. Especially, CBR can be regarded as a potentially powerful tool for the successful realization of CRPD particularly in low-and-middle-income nations[202].While CRPD provides philosophical, political and policy inputs, CBR as a practical strategy can set up an ideal framework for the implementation of the Convention. Based upon the philosophies and principles of such international instruments, CBR, having evolved in the last ten years as strategy, is making endeavors towards reaching the goal of Community Based Inclusive Development (CBID) by empowering community members with an emphasis with persons with disabilities as a change agent[203].

Within the scope of CRPD which includes all areas of human experience, consistent with its underlying rational reaffirming the universality, indivisibility, interdependence and interrelatedness of all human rights, CBR guarantees persons with disabilities to fully enjoy all human rights and fundamental freedoms on par with the general public by making inclusive of, and accessible to, them. For this purpose, CBR programs should apply the principle of reasonable accommodations in the areas identified in the CRPD as adaptations have to be made for persons with disabilities to freely access and exercise their rights[204]. More clearly, the Convention vindicates that affirmative action or application of reasonable accommodation is necessary to get laws and policies practiced in the context of disability[205].

In conclusion, it is obvious that the UN legal instruments and other initiatives taken by the international community have made CBR a paradigm shift in its advancement from

[201] Ninomiya, p. 6.
[202] Wickenden, Mulligan and Katende, p. 4.
[203] WHO, ILO, UNESCO and IDDC, 2010, p. 32.
[204] J. Bickenbach, *Monitoring the United Nation's Convention on the Rights of Persons with Disabilities: data and the International Classification of Functioning*, Disability and Health, article from "What is Disability?" Rome, 2010, p. 3.
[205] Light for the World, p. 22.

medical approach to a social and human rights-based approach. The legal instruments often provide philosophy and principles for CBR, while CBR programs play a key role in the realization of these legal instruments, notably CRPD. Both have a common goal, i.e. addressing the felt needs (aspirations) of persons with disabilities[206].

3.2 International Development Strategies

There are some strategic documents which have been produced on development by the international community in different times. So we will try in this sub-chapter to look into their relevance, if any, with disability in general and CBR in particular.

In addition to the human rights conventions, the international community has produced different development strategic documents at global and regional levels in order to motivate the states to work for the improvement of the lives of their fellow citizens. Accordingly, the UN member states adopted the well-known 8 millennium development goals (MDGs) which were endorsed by 189 nations in 2000 the beginning of the new century. The aims of the MDGs have ranged from eliminating extreme poverty and hunger to providing universal primary education, all by target date of 2015[207]. The MDGs have represented key policy directions centering on income, poverty reduction, health, environment and other development sectors[208]. It is clear that persons with disabilities are often excluded from health, education, employment and other aspects of daily life and are the poorest ones. Yet, disability has not explicitly been cited in the 8 MDGs, or the 21 targets, or the 60 indicators for achieving goals[209].

The MDGs report of 2010 has for the first time raised disability issue, noting "the limited opportunities facing children with disabilities and the link between disability and marginalization in education". Consequently, the Ministerial Declaration of July

[206] Musoke and Geiser, p. 75.
[207] WHO, ILO, UNESCO and IDDC, 2010, p. 26.
[208] Disability and Development Team of World Bank, p. 12.
[209] WHO and World Bank, 2011, p. 36.

2010 vividly recognizes disability as a cross-cutting issue which is necessary for the attainment of the goals. The Ministerial Declaration also emphasizes the active participation of women and girls with disabilities in the implementation of the MDGs without multiple or aggravated discrimination. Furthermore, in September 2010, the UN General Assembly adopted a resolution which states that policies and actions related to MDGs must also focus on persons with disabilities for the remaining a few years[210]. In addition, the Resolution called upon the governments, the UN bodies and agencies "to include disability issues and persons with disabilities in reviewing progress towards achieving the Millennium Development Goals and to step up efforts to include in their assessment the extent to which persons with disabilities are able to benefit from efforts to achieve the Goals"[211].

The other well-known development strategic document produced by the international community is 'poverty reduction strategic papers' (PRSP). It was produced with the mandate of World Bank and International Monetary Fund (IMF) in 1999 in order to provide debt relief and development aid to the poorest countries. According to the 2002 report of ILO, persons with disabilities in this multilateral instrument have again been either 'forgotten' or 'treated' in such a way that does not comply to their aspirations to socio-economic inclusion[212]. It has repeatedly been depicted in this thesis that persons with disabilities belong to the poorest of the poor so that the PRSP process could be a good opportunity to reduce the poverty of this segment of the society. Persons with disabilities and their organizations could not get opportunity to adequately participate on the consultative poverty reduction processes in order to formulate their needs. Even their voices have not properly been heard in such broad-based processes. As a result, persons with disabilities have not been included in the poverty reduction processes[213]. For instance, as indicated in a Master's Thesis entitled "the Role of Disability Rights Movement in Ethiopia", the PRSP consultative processes in Ethiopia have hardly involved persons with disabilities and their representatives. With the coordination of the

[210] Ibid.
[211] Department of Economic Social Affairs of UN Secretariat, p. 10.
[212] Yeo, p. 14.
[213] ILO, Report on PRSP, Geneva, 2002, p. 3.

umbrella organisation named Ethiopian Federation of National Associations of Persons with Disabilities, DPOs made an attempt to pressurise the government to reconsider the integration of disability issue into the PRSP processes during the review of the document; however, they did not get practical response[214].

The sixth Session of the Conference of State Parties to the CRPD also discussed with due emphasis the importance of CBR as strategy to facilitate empowerment of persons with disabilities and their affiliates for the implementation of the CRPD[215].

Sustainable Development Goals (SDGs) document which comprises 17 main goals was adopted by UN General Assembly since the beginning of 2016 to 2030 in order to succeed the MDGs. The SDGs have been set to sustain and advance the achievements of the MDGs which came to an end by 2015. The SDGs focus on three main dimensions of sustainable development (including economic, social and environmental) and be coherent with and integrated into UN global development agenda beyond 2015[216].

Persons with disabilities participated in the preparation of the SDGs to mainly make disability included. Mr. Oannis Vardakastanis, Chair of International Disability Alliance (IDA), spoke to UN Member States of the Open Working Group (OWG) on SDGs 8th session, stating the importance of mainstreaming the rights of persons with disabilities across the sustainable development agenda, "the SDGs must be based on a human rights framework incorporating non-discrimination and equality, in compliance with the CRPD"[217].

Apart from the MDGs which made absolutely no mention of disability, there are five goals in the SDGs linking specifically to disability. These include quality education,

[214] Wakenè, p. 42.
[215] P. Kuipers, *Empowerment in CBR and Disability-Inclusive Development*, 2013, Griffith Health Institute Griffith University, Australia, 2013, p. 25.
[216] UN Enable Division for Policy and Development, S*ustainability Development Goals (SDGs) and Disability*, New York, 2017, p. 3.
[217] International Disability Alliance (IDA), P*ost-2015 Development Framework Inclusive of Persons with Disabilities, 2014*, New York, p. 4.

growth and employment, reduced inequality, accessibility of human settlements as well as data collection and monitoring of the SDGs[218].

In general, the international community should make systematic efforts to eradicate barriers limiting the inclusion of persons with disabilities in the internationally agreed instruments and strategies. These barriers restricting persons with disabilities from enjoying fundamental rights and full participation include policies and standards, attitudes, services, lack of accessibility and of participation in decision-making, inadequate data and statistics, etc.[219]. It is also essential to think that the MDGs and the PRSPs as well as development strategies to come cannot successfully attain, unless all poor are included properly. They should also be open and accessible to persons with disabilities to fully participate, since most of them live in poverty particularly in low-income countries[220]. As mainly recommended in a global consultation on the review of CBR progress organized by WHO, ILO and UNESCO in Helsinki 2003, the stakeholders should work to mainstream disability issues into international, regional and national development agenda, e.g. MDGs, PRSPs and the New Partnership for African Development (NEPAD)[221]. The collaboration of CBR with these and other international policies will bring systemic changes, thereby creating inclusive development which involves all people including persons with disabilities. CBR is also used as an appropriate and effective strategy for the implementation of the international policies in line with the principles of inclusive development[222]. As a result, if the SDGs are effectively and efficiently implemented, they may be fruitful in addressing the needs of the marginalized people including persons with disabilities.

[218] Leonard Cheshire Disability, *Between the SDGs, Will Disability be Included?* Article, June 2014, p. 2.
[219] Department of Economic Social Affairs of UN Secretariat, p. 10.
[220] International Labour Office, p. 3.
[221] Wickden, Mulligan, Katende, p. 3.
[222] Hartley, Okune, p. 36.

4 Chapter 4 An Overview of CBR in Ethiopia

In this chapter, the background of disability and CBR, the inception and expansion of CBR, implementation of the CBR and the challenges of CBR will be discussed. At last, the profile of Help for Persons with Disabilities organisation (HPDO) as a selected case-study will be presented.

4.1 Background

In this subchapter, we look into some important facts about Ethiopia, definitions of disability in Ethiopian context and causes and consequences of disability.

4.1.1 Introductory Facts about Ethiopia

Ethiopia is one of the most ancient countries in the world, which is confirmed with its tourist attractive historical sites. The Land covering around 1,127,127 Square km is situated in East Africa, commonly called the Horn of Africa. Currently, the number of Ethiopian population is approximately over 97, 0000,000, which makes the second most populous country in Africa next to Nigeria. Ethiopia is a land where over 80 different ethnic groups with a variety of languages and religions reside together with the administration of a Federal State[223].

Ethiopia is a land-locked country bordered to the West by the South Sudan and the Sudan, to the South by Kenya, to the East by Somalia and Djibouti and to the North-east by Eritrea[224].

[223] Ethiopian Representation in Germany and Switzerland, *Country Facts Sheet Ethiopia*, Berlin, 2014, p. 3.
[224] Wakenè, p. 18.

Ethiopia is a predominantly agrarian society in which around 80 % of its population lives in the rural areas depending on the results of agriculture and pastoralism. Its land is marked by a considerable topographical diversity with high mountains, plateaus, deep gorges and rift valleys as to latitudinal difference ranging from 4,533 meters above sea level Ras Dashen in Gondar North-west of the country to 110 meters below sea level Dankil Depression in Afar eastern part-of the country. This also determines the type of weather shown in different parts of the country as to high temperature, moderate temperature and low temperature, which ranges from 47 Dg C. in Dankil Depression to 10 DG C. in the highlands[225].

4.1.2 **Conceptualisation of Disability in Ethiopian Context**

It is obvious that the consequences of poverty in joint with natural and man-made catastrophes often aggravate the intensity of social problems in a society. High growth rate of population also distorts the distribution of social services among different social groups. As a result, some marginalized groups like persons with disabilities are deprived of having access to social services on equal with others. Such kind of denial of opportunities relegates persons with disabilities and their surroundings to poor quality of life[226]. Ethiopia has a large number of persons with disabilities, i.e. 15 % of the total population according to the WHO estimation[227]. The prevalence rate of disability in Ethiopia would be about 2.95 % as revealed by a national disability-focused baseline survey conducted for the first time in 1995[228]. This rate is higher which is compared with the fertility rate of the total population of the country, i.e. 4.1 %[229].

[225] United Nations Children`s Fund (UNICF) Country Office, *Ethiopia Country Profile*, Addis Ababa, 2016, p. 1.
[226] United Nations Expert Group, *Disability-sensitive Policy and Program Monitoring and Evaluation*, Country Paper Ethiopia, New York, 2001, p. 5.
[227] World Bank and WHO, *World Report on Disability*, Geneva, 2011, p. 29.
[228] Y. Alemu, *Impact of Rehabilitation Center on the Psycho-Social Condition of Children with Physical Impairment*, Master Thesis, University of Addis Ababa, 2014, p.12, Available from http://etd.aau.edu.et/bitstream/123456789/5514/1/Yeshimebet%20Alemu.pdf
[229] UNICF Country Office, p. 1.

One of the main factors that challenge the statistical data on disability is the disparity of the definitions of disability. For instance, in Ethiopia, for the first time disability was formally defined in Emperor Haile Selassie I's Order No. 70/1970 as, "people who, because of limitations of moral physical or mental health, are unable to earn their livelihood and do not have anyone to support them; and shall include any persons who are unable to earn their livelihood because they are too young or too old"[230]. Persons with disabilities are regarded as people who are unable to earn a means of life, or those who always need the support of others because of their health condition. According to this definition, disability should be treated as a biological issue only. It also connects disability with one's failure to produce a means of life so that it is extended to cover those who cannot earn their means of life due to their age, namely, the young and the old ones. Contrary to this, persons with disabilities, if they get the opportunity, are not only able to earn their means of life but they can also contribute a lot to the development of their communities and the nation at large. Even it is difficult to collect a reliable data on disability based upon this definition of disability, whenever necessary[231].

The other formal definition of disability in Ethiopia is stated in Proclamation No. 101/1994 by Transitional Government of Ethiopia as follows, 'a disabled person is a person who is unable to see, hear or speak, or is suffering from mental retardation or from injuries that limit him or her due to natural or manmade causes'[232]. This definition appears with a slight difference from the former one by its presentation. Yet, by its substance, it falls under medical or individual model of disability like the previous one, since it mainly focuses on the impairment of physical condition of an individual. It lacks social or human right element of the concept of disability[233]. As discussed in the previous chapter of this thesis, disability, in the medical or individual model, is regarded

[230] Ethiopian Government, *Emperor's Order 70 /1971 on the Establishment of Rehabilitation Agency for the Disabled* , Negarit Gazeta, Addis Ababa, 13 April 1971, p. 3.
[231] The Government of Federal Democratic Republic of Ethiopia (FDRE), *Initial State Report on the Implementation of the Convention on the Rights of Persons with Disabilities*, Addis Ababa, 2012, p. 4.
[232] Transitional Government of Ethiopia, *Proclamation No. 101/1994 concerning the Rights of Disabled Persons to Employmen*, Negrait Gazeta, Addis Ababa, 26 August 1994, p. 3.
[233] The Government of FDRE, 2012, p. 4.

as an individual problem rather than a societal problem. So the issue is left to the victims to fit themselves to the existing system for their survival.

The 2008 Employment Right Proclamation as the third authority on the definition of disability in Ethiopia describes disability in its artl.2/1 as follows, 'persons with disability means an individual whose equal employment opportunity is reduced as a result of his physical, mental or sensory impairments in relation with social economic and cultural discrimination'[234]. This definition is stated by the Ethiopian Government within the context of social model of disability in compliance with the Convention on the Rights of Persons with Disabilities (CRPD). Nonetheless, it narrows the scope of disability pointing only on employment because of its contextual nature. Here, it is noted that disability should be seen in all aspects of life, including health, education, training, livelihood, social, culture, etc.

The recent definition of the concept of disability in the Ethiopian context is also put in the National Plan of Action of persons with Disabilities 2012-2021 as follows, 'persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others'[235]. As it is clearly observed, this definition conforms to the definition of the concept of disability stated in the CRPD document. Actually, it is a good gesture in the side of Ethiopian Government as a member state that signed and ratified the Convention[236].

One can conclude from the afore-stated definitions of disability in Ethiopian context, the concept of disability has made a progressive change from a health issue to a social or human right issue. In the first formal definition of the concept of disability as cited in the Proclamation No. 70/1970, disability is viewed as a problem of an individual. Yet,

[234] The Government of FDRE, *Proclamation 568/2008 on the Right to Employment for Persons with Disabilities*, Negarit Gazeta, Addis Ababa, 25 March 2008, p. 2.
[235] Ministry of Labour and Social Affairs (MOLSA), *National Plan of Action of Persons with Disabilities (2012-2021),* Addis Ababa, 2012, p. 1.
[236] The Government of FDRE, 2012, p. 4.

in the recent definition of disability mentioned in the National Plan of Action of Persons with Disabilities 2012-2021, disability is viewed not only as a problem of an individual but that of the society, too.

4.1.3 **Causes and Consequences of Disability in Ethiopian Context**

In this section of the chapter, the causes and consequences of disability will be discussed in light of the Ethiopian context of cultures, creeds, relations, traditions norms, and values and so on. As cited in the beginning of this chapter, Ethiopia is a land where over 80 ethnic groups live together. Each ethnic group has its own culture, belief, traditions, norms and values. Accordingly, they perceive the concept of disability in different ways. By virtue of this, it is too difficult to discourse various perceptions of all ethnic groups in this Thesis. We, therefore, try to explain the common ones[237].

In the traditional society, people thought that disability is caused mainly by a curse, a sin or wrongdoing or any evil deed done by parents/ancestors or persons with disabilities themselves. It is also believed that evil possession is a cause to disability. Although there is an improved situation in the enhancement of awareness about disability mostly in urban areas of Ethiopia by the strength of disability rights movement and the expansion of CBR, there still exist such beliefs amongst people who reside in the rural parts of the country[238].

The most common couple of causes to impairments are connected with the state of health. Those include:

- absence of primary (early interventions) and secondary preventive measures due to lack of health facilities;
- infectious and communicable diseases due to hygienic problem;
- Pre-and-post-natal problems, i.e. difficulties contingent to delivery.

[237] UNICF Country Office, 2016, p. 2.
[238] T. Teferra, 'An Overview of Inclusive Development in the Last Fifteen Years in Ethiopia' *When All Means All,* Helsinki, 2006, p. 59.

There are also natural causes like periodic drought and famine resulting in under nutrition and malnutrition, as well as man-made causes including civil war and harmful practices[239].

The other major cause of disability is social rejection or discrimination against persons with disabilities due to their impairments. By virtue of this, no attention is given to them in the community development initiatives. There are many barriers that prevent them from having access to the provision of social services and full participation in the community. As a result, they are deprived of their rights and full participation in the community[240]. Social rejection or discrimination can be seen as a consequence of disability, as discussed in chapter two of this Thesis.

Regarding the consequences of disability, persons with disabilities would face prejudices and biases, stigmas, negligence, ostracism, rejection and discrimination from their family members, relatives, neighbors, peers and the society at large. They are regarded as objects of pity and charity. Hence, persons with disabilities also develop a feeling of self-hatred, dependency and hopelessness, thereby being isolated from the community in conformity with the philosophy of social model of disability. But currently, According to Tefera, there has been improvement in raising the awareness of the society about disability with the efforts of associations of persons with disabilities and NGOs working in the field. He also says that their efforts have resulted in developing a growing, positive trend in the society to perceive disability as a social problem rather than as an individual problem[241].

Poverty is the other major cause and also consequence of disability as discussed in chapter 2 of this Thesis. Likewise, Ethiopia as a poorest nation, poverty should be mentioned here as a main cause and consequence of disability in relation to the lives of persons with disabilities. Many people in this country have become disabled due to the

[239] T. Teferra, *Guide for Services for the Handicapped in Ethiopia*, Addis Ababa, 1991, p. 7.
[240] Kebede, p. 17.
[241] Ibid.

negative effects of poverty; the majority of persons with disabilities would also suffer from poverty. It should be noted that disability is caused not only due to conditions related to health but mainly when persons with disabilities are also denied equal opportunities to the provision of social services available in their communities[242]. As mentioned in the Country Profile of Ethiopia by UN Expert Group, much attempt has been made for the rehabilitation of persons with disabilities; the outcome has become limited and unsatisfied. Most of the existing social service provisions have been focused on institutional care. The other main reason cited in this Country Profile for the poor rehabilitation situation in Ethiopia is the infancy stage of social welfare and security services thereby covering am insignificant proportion of the population. This is also connected with mainly policy and structural problems beyond poverty[243].

Furthermore, Kebede in his Master's Thesis also says that persons with disabilities do not sufficiently get rehabilitative services such as artificial appliances and technical devices without which they can nit perform daily living activities and fully participate in any development initiatives due to low attention of the past and present regimes of the country. On account of this, parents and close relatives are responsible for the treatment and the rehabilitation of their children and youth with disabilities[244].

4.2 The Practicality of CBR in Ethiopia

In this subchapter, the following subtopics will be presented:

- the inception and expansion of CBR programs;
- the implementation and achievements of CBR programs;
- the Role of the Key Stakeholders in the implementation of the CBR programs;
- the challenges of CBR programs.

[242] United Nations Expert Group, p. 6.
[243] Ibid.
[244] Kebede, p. 17.

4.2.1 **The Inception and Expansion of CBR Programs**

Disability as one of the main social problems highly prevails in Ethiopia like other developing countries. Hence, Ethiopia has tried and tries to reduce the prevalence rate of disability and rehabilitate its citizens with disabilities by applying various mechanisms including vaccination as a means of early intervention and extension of health related services as well as raising the awareness of the society about disability and persons with disabilities. But the predominant way of rehabilitating persons with disabilities in Ethiopia has been institutional care. In fact, a limited number of persons with disabilities have benefited from institutional care, because institutions are most expensive and also they are few in number being concentrated in urban areas; although majority of persons with disabilities reside in rural areas of the nation. There are still special schools for blind persons, for deaf persons and for children with intellectual disabilities. There are also some centers which provide medical rehabilitation for persons with physical disabilities[245].

Nevertheless, following the introduction of CBR in 1978 by WHO as a strategy for primary health care in low and middle income countries, the CBR programs were begun being designed and implemented in many developing nations[246]. Likewise, during the reign of the past Military Government of Ethiopia in 1983, Rehabilitation Agency for the Disabled (RAD) launched a pilot CBR program in the form of vocational rehabilitation program (VRP) in Nazareth and Assela towns, South-Eastern part of the country[247]. Then, since 1994 after the adoption of the Standard Rules of the Equalisation of Opportunities for Persons with Disabilities by UN General Assembly, a few NGOs working for the rehabilitation of persons with disabilities commenced to implement small CBR projects mainly in Addis Ababa, the capital city of the country. The first CBR project of NGOs was launched in Addis Ababa by a NGO called Cheshire Services Ethiopia (SCE) which worked for the rehabilitation of children with physical

[245] ibid., p. 15.
[246] Nganwa, Batesaki, Mallya, p. 59.
[247] CBR Network Ethiopia, p. 7.

disabilities by providing center-based clinical rehabilitation services. Then, other NGOs including the newly-established ones also launched CBR projects in different project areas of Addis Ababa City Administration. They initially involved prevention of various diseases and other causes of disability, early intervention and rehabilitation through community participation[248].

The NGOs working on CBR have expanded their CBR projects in different parts of the country outside Addis Ababa. For instance:

- SCE to Diredawa City Administration eastern and Awassa southern parts of the country;
- Cheshire Foundation Action for Inclusion (CFAI) to Bahir Dar and Dessie north-west, Jimma, Agaro, Beddelei and Mettu towns south-west;
- Help for Persons with Disabilities Organisation (HPDO) to Debre Birhan, Debre Sinna and Atayei towns North-east and Alemgenna and Sebetta towns south-west nearby Addis Ababa;
- Addis Development Vision (ADV) to Lalibela and Mekane Selam towns in South Wello north-east;
- Rapid Action for Participatory Inclusive Development (RAPID) to Nazareth town south-east and Shashemenei and Arsi Negellei towns southern part;
- Arbaminch Rehabilitation Center in Arbaminch Town and to the other areas of Gamugofa Zone southern part[249].

In addition to early intervention and health related services, the above-mentioned NGOs and others have extended the services they provide to inclusive education, counseling, vocational and skill trainings, livelihood through micro-finance schemes, empowerment of the associations of persons with disabilities and self-help groups and community awareness through various mechanisms as well as supporting different cultural, sport and recreational activities[250]. The exact number of people with disabilities

[248] Ibid.
[249] FSCE, p. 36.
[250] Light for the World, pp. 10-11.

the existing have still served is unknown; however, the CBR services have been spread almost all over the country, despite the fact that they are concentrated in urban areas. As a result, a great number of persons with disabilities influx to the nearby towns in order to obtain the services, since the CBR programs could not address the rural parts of the country[251].

4.2.2 The Implementation and the Role of the Key Stakeholders in the Implementation of the CBR Programs

In this subchapter, the types of services provided, the clients who receive the services and the role of the key stakeholders in the implementation process will be discussed.

The current practices and experiences of CBR projects in Ethiopia as described in the responses of the questioners indicate that they have relative similarities in understanding the components, principles and essentials of CBR, which is theoretical and learned from international trainings and literatures. Yet, they have also significant disparity in implementing CBR at grassroots level in terms of steps of launching CBR program, the time limit of CBR intervention, mode of service delivery and application of the various multi-sectoral services which also include service delivery, frequency and /or duration of rehabilitation services, the level of services in relation to the quality of input and the participation of the target group or local community[252].

The CBR programs have provided various multi-sectoral services to their respective clients on house-to-house basis through CBR workers. The components of CBR services commonly provided are discussed as follows based upon the CBR components mentioned in chapter 2.3 of this thesis.

1. Health related services through basic community health education including regular vaccination and nutritious food for children, family planning, personal hygiene and

[251] Disability and Rehabilitation Team of WHO, *Review of Disability Issues and Rehabilitation Services in 29 African Countries*, Geneva, 2004, p. 38.
[252] CBR Network Ethiopia, p. 8.

environmental sanitation as well as taking children to health centers whenever they feel illness. This health related services are given to the community members for the purpose of early intervention and prevention of disability. Moreover, orthopedic and physiotherapeutic services are provided to persons with disabilities in order to maintain the functional capabilities of the impaired body parts[253].

2. Educational services through facilitations of basic education for children with disabilities and promotion of inclusive education in order to convince parents and school teachers to support students with disabilities[254].
3. Services for livelihood through vocational and skills trainings and micro finance schemes to enable persons with disabilities to be self-employed by starting up and managing their own businesses[255].
4. Services for social inclusion through disability awareness clubs in schools, coffee ceremony among neighbors and different media for awareness-raising purposes to change the perceptions, prejudices and negative attitude towards disability, thereby, promoting the inclusion of persons with disabilities in the community[256]. 'Coffee ceremony is an Ethiopian cultural element by which neighboring people come to one of the nearby houses and take some time to drink coffee, thereby, discussing different social issues. Hence, the CBR workers use such opportunities to talk about disability for family members of people with disabilities and their neighbors.
5. Services for empowerment by building the capacity of DPOs and networks of the key stakeholders of CBR as well as supporting persons with disabilities and their organisations as well as their parents/guardians to participate in decision-making at all levels[257].

Most of the CBR programs provide these services to persons with disabilities in need through their CBR workers who take the services door-to-door and school-to-school. Nowadays, many NGOs work in collaboration with health extension workers trained and deployed by Ministry of Health with the purpose of reaching the community with

[253] FSCE, p. 38.
[254] Alemu, p. 44.
[255] Kebede, p. 9.
[256] Light for the World, p. 24.
[257] CBR Network Ethiopia, p. 15.

basic health education. As a result, the CBR workers develop strong cooperation with the health extension workers to particularly provide health related services to the community. The health extension workers have also opportunity to identify new persons with disabilities who are in need of CBR services and inform the CBR workers[258].

The Role of the Key Stakeholders is the highest of all for the implementation and sustainability of the CBR programs. Especially, the three key stakeholders, i.e. the community which is represented through CBR committees established in each project, DPOs and the local government should be facilitated to actively participate in all stages of CBR programs with the sense of ownership[259].

In Ethiopia, currently there are nine Associations of Persons with Disabilities including the Ethiopian Federation of National Associations of Persons with Disabilities (EFNAPD) which are entitled to take part in the formulation policies and legislations. According to representative of Ethiopian National Association of the Deaf (ENAD) as mentioned in the answer for a questionnaire disseminated to the leaders of the national associations for the purpose of this thesis, the Association has not directly involved in the implementation of CBR programs, however, participated in the consultation forums concerning CBR[260]. The representative of Ethiopian-National Association of the Blind also says that even though the Association has about 30 branches all over the nation, it has not directly involved in CBR projects except collaborating with a NGO in sectoral project namely education[261].

The Ethiopian Government has enacted different disability- focused legislations and policies and (or mainstreamed disability issues in other legislations and policies). Some of them are:

- the Constitution of the country art.41(5) of 1995;

[258] Light for the World, p. 13.
[259] Ibid., p. 4.
[260] ENAD, *Response to Questionnaire for Association Leaders*, Addis Ababa, May 2017, p. 2.
[261] ENAB, *Response to Questionnaire for Association Leaders*, Addis Ababa, May 2017, p. 2.

- Proclamation No. 515/2007, Provision of Preference of Persons with Disabilities in Recruitment, Promotion and Deployment among Other Qualified Candidates, 2007;
- Proclamation No. 568/2008 the Right to Employment of Persons with Disabilities, 2008;
- the Developmental Social Welfare Policy Targeting Persons with Disabilities, 1997[262]. The enactment of these legislations in relation to disability is taken as a good gesture from government's side, on one hand in facilitating the effective implementation of CBR programs. On the other hand, the CBR programs can be used as effective strategies for the implementation of these legislations.

Nevertheless, according to the CRPD Committee, in its Concluding Observation Report on the Initial State Report of Ethiopia, comments that Ethiopian Government has, unlike the human rights model of disability and the CRPD, used derogatory language to refer to persons with disabilities and the definitions of disability in the existing laws and regulations[263]. The Committee also says, 'persons with disabilities and their representative organizations are not systematically consulted in the development of all policies and laws, training and awareness – raising across all sectors, and that restriction to foreign donor funding of disability rights hinder the liberty of associations of persons with disabilities'[264].

4.2.3 **The Achievements and Challenges of the CBR Programs**

It is obvious that the CBR has acquired several achievements improving the quality lives of persons with disabilities living in the project areas. As an example, we hereby present some of the common achievements of the CBR programs in Ethiopia as reported by Light for the World, 2009-2011 pertaining to the project areas funded thereby.

[262] Alemu, p. 13.
[263] United Nations CRPD Committee, *Concluding Observations on the Initial State Report of Ethiopia*, New York, 2016, p. 1.
[264] Ibid.

1. Health related achievements including:
    - medical assistances improved, e.g. orthopedic operations;
    - rehabilitation of functionality improved;
    - access to nutritious food for children with disabilities improved.
2. Educational achievements including:
    - access to basic education for children with disabilities improved;
    - inclusive education promoted at all levels;
    - the efforts of disability in university programs increased;
    - the commitment of the concerned bodies at grassroots level improved;
    - the concept of special needs or inclusive education included in the curriculum of teachers' training in Colleges.
3. Achievements in livelihood including:
    - self-employment of persons with disabilities increased;
    - vocational and skills trainings for youth with disabilities increased;
    - access to micro-finance for persons with disabilities in need improved.
4. Achievements in social inclusion including:
    - skills and capacity of family members increased to support children with disabilities;
    - the participation of persons with disabilities in the community enhanced;
    - CBR committees established;
    - community-based organisations (CBOs) introduced disability issues in their activities;
    - attitude towards disability improved through various awareness-raising mechanisms;
    - the number of identified children with disabilities in the projects areas increased;
    - access to new constructions improved;
    - disability –awareness clubs in schools established and strengthened;
    - awareness of local government officials enhanced;

- disability matters included in the training manual for health extension workers;

Achievements in empowerment including:

- the capacity of DPOs built;
- national CBR network strengthened;
- sign language translation service for deaf people in schools and courts begun and strengthened[265].

It should be noted here that the achievements of the CBR programs in Ethiopia in the last two decades are far beyond the afore-mentioned ones. But these have been cited as examples only. In contrary, the CBR programs have experienced a lot of challenges during their implementation in different parts of the country. Hence, we hereby present some of the challenges collected from different publications.

A research conducted on CBR programs in Adama Town sponsored by a NGO called Forum on Street Children Ethiopia (FSCE) pinpointed the following challenges of CBR in Ethiopia:

- development of the sense of dependency and helplessness by persons with disabilities due to humanitarian and philanthropist services;
- poor planning and inappropriate approaches;
- lack of capacity building;
- lack of support for CBR workers;
- lack of community ownership and poor management of community committee;
- depending on external donors;
- lack of phase out strategy;
- lack of significant efforts to make CBR programs vibrant and sustainable by mobilising the community[266].

[265] Light for the World, p. 4.
[266] FSCE, p. 37.

As explained in the CBR Services Standard prepared by CBR Network Ethiopia, the organisations have followed inconsistent procedures to implement their CBR projects. This inconsistency negatively affects the efficiency of the projects and the quality of the CBR services, since the clients and other community members loose trust in the CBR projects. There has also been inconsistency in the monitoring and evaluation activities of the CBR programs in terms of technicality and application of feedbacks for improvement[267].

There is no effective collaboration among the CBR programs and with other stakeholders' including government and DPOs. Furthermore, in spite of the establishment of the CBR Network, there is no effective coordination of activities of the CBR programs. By virtue of this, most of the CBR programs have been concentrated in urban areas. So there is a crowd of CBR projects in Addis Ababa and other big cities. Even though the CBR projects are attempting to address persons with all types of disabilities, age and sex, the coverage of their services is very limited[268].

According to the Charities and Societies Proclamation (CSP) No. 621/2009, any organisation which earns more than 10 % of its annual income from external source cannot perform advocacy and human rights related activities, because the organisation is regarded as an Ethiopian residence organisation or international organisation[269]. It has been recognized from the responses of some CBR program managers and association leaders for the questionnaires disseminated for the purpose of this Thesis that the effect of this Proclamation has undermined the operations of their respective organisation and association. For instance, ENAB has lost its foreign fund which was used to provide different rehabilitation services for the improvement of the lives of its members. Hence, the Association is forced to depend on local sources only, thereby, restricting its operational capacity[270]. As mentioned in the Shadow Report on the implementation of

[267] CBR Network Ethiopia, pp. 8-9.
[268] Disability and Rehabilitation Team of WHO, p. 38.
[269] Government of FDRE, *Charities and Societies Proclamation No.621/2009* (Negarit Gazeta), Addis Ababa, 13 February 2009, p. 2.
[270] ENAB, p. 3

CRPD in Ethiopia, the Proclamation constraints a legal landscape for the NGOs, especially, the human rights organisations. The Shadow Report on the implantation of CRPD in Ethiopia also comments that the Proclamation limits the activities of the organisations seeking to provide legal aid to persons with disabilities and other marginalized people in need. It also interferes with the exercise of the freedom of association and the right to assemble freely with others[271]. In addition, the representative of HPDO also explains in the response to the questionnaire that HPDO's advocacy program, consisting of disability awareness-raising activities and legal aid has completely been banned, since the Proclamation prohibits any NGO being registered as a country residence NGO like HPDO from working on advocacy and human rights related activities[272].

Finally, it is important that due emphasis should be given to lack of concrete phase out strategy which has been mentioned above as one of the, major challenges of CBR in Ethiopia. Accordingly, almost all respondents of the questionnaire for the CBR managers claimed shortage of funds as a main reason for the phase out of the CBR projects of their respective organisations. For instance, the respondent from Cheshire foundation Action for Inclusion (CFAI) says that four CBR projects have phased out so far due to financial constraints[273].

4.3 A Case-Study: Organisational Profile of Help for Persons with Disabilities Organisation (HPDO)

HPDO, as an Ethiopian Residence Charity Organisation, has still been promoting and implementing CBR in different parts of the country, particularly in north-eastern part of Ethiopia including Addis Ababa, as mentioned in Chapter 4.2.1 of this Thesis. In order to elaborate the implementation of CBR and its challenges in Ethiopia, HPDO has been

[271] The Advocates for Human Rights, *Shadow Report on the Implementation of CRPD in Ethiopia*, Minneapolis, USA, 2016, p. 2.
[272] HPDO, *Response to the Questionnaire for CBR Managers, Addis Ababa*, May 2017, p. 4.
[273] CFAI, *Response to the Questionnaire for CBR Managers*, Addis Ababa, May 2017, p. 1.

selected as a case-study, because the Organisation has developed rich experience in implementing CBR projects for the past over two decades and the Author of this thesis worked with the organisation for over nine years as well. Hence, the establishment of the organisation, its vision, mission, objectives, principles and values, major CBR activities and achievements as well as challenges will be discussed. The data have been collected from the documents uploaded on the organisation's website, namely, a Report on the Best Practices and Achievements and a Five-Years Strategic Plan, as well as from the response of the questionnaire by the representative of HPDO.

4.3.1 **Establishment of HPDO**

HPDO is a disability-focused NGO which was established in December 1994 by seven founding members with and without disabilities in Addis Ababa, the capital city of Ethiopia. Currently the number of members has grown to 25 including persons with and without disabilities. Since its inception, HPDO has maintained its membership policy which is cross-disability, thereby, comprising persons with visual, hearing, physical and other types of disability[274].

By the time of its establishment, the founders of HPDO have shared the philosophy and principle of assisting others as a social activity based on professional, humane, moral and ethical responsibility and value that facilitates promotes and supports efforts to help achieve the equal opportunity, effective participation and inclusion of persons with disabilities. In general, its entire membership contains volunteers who own shared commitment and optimism, thus enabling them to forge a common vision and sense of duty to work together for the improvement of the lives of persons with disabilities. The HPDO's policy of governance which is stipulated in its bylaw ensures that the majority of membership and leadership by persons with disabilities in its General Assembly, Managing Board and Secretariat should be maintained. As a result, the Organisation has still been working legitimately having been first registered by the Association Registry Office in 1995 and also having been re-registered by the concerned governmental office

[274] HPDO, *Best Practices & Achievements of HPDO´s CBR Program*, Addis Ababa, 2012, p. 3.

in November 2009 as an Ethiopian Residence Charity revitalising viability and continued functioning for the purpose its founders had set from the onset aimed at the goal of equal opportunity for persons with disabilities through the implementation of CBR program[275].

In order to meet its objectives, HPDO, based on the need-assessment surveys, has launched CBR projects in different parts of the country, i.e. Gulele and Arada sub-cities in Addis Ababa City Administration, Alemgena-Sebetta town in Oromia Region and Debreberhan, Debesina and Ataye towns and the nearby rural areas as well as Moretna Jiru and Shoa Robit Woredas in Amhara Region. Amongst these CBR projects, the Gulele-Arada, the Alemgena-Sebetta, Moretna Jiru and Shoa Robit projects have phased out in different times. At present, the active CBR projects of HPDO are located in Debreberhan, Debresina and Ataye towns and the nearby rural areas[276].

4.3.2 **Vision, Mission and Objectives**

HPDO has developed its vision and mission and objectives. Its leadership and secretariat including the staff have also diligently worked to effectively and efficiently meet its goal within the context of these pillars of the organisation.

HPDO envisions children and adults with disabilities friendly and accessibly empowered and be included in society on equal level with others. Its mission is also promoting conducive and accommodative social service environment and the use of adaptive technologies facilitating the full and effective participation of children and adults with disabilities in all forms of education, employment and other areas of life[277].

The general objectives of HPDO as stipulated by its current registered bylaw purport to:

[275] HPDO, *A Five-Years Strategic Plan of the Organisation (2012-2016),* Addis Ababa, 2011, p. 3.
[276] HPDO, 2017, p. 1.
[277] HPDO, 2011, p. 8.

- endeavor to sensitise the public that disability is an impediment not only to the individual having impairment but also to the society at large;
- strive, through education, to contribute to the gradual elimination of bad traditional values and wrong perceptions towards persons with impairments;
- endeavor to help persons with impairment to lead descent standard of living in a spirit of self – confidence and self-reliance that can be attained through the maximization of proper psycho–social personality, sense of dignity and self–worth;
- devise and diligently engage to implement educational, health and other psycho-social and economic rehabilitation programs generally and positively impacting persons with visual and other impairments and having particular relevance and utility to each category of persons with specific impairment;
- assist national and local initiatives to prevent blindness and the incidence of other impairments;
- diligently help persons with impairment become users of adaptive and appropriate technologies;
- participate in and endeavour to the success of the national initiative of poverty reduction by contributing to the creation of conducive environment for the deployment of persons with impairment in income generating and self-help productive interventions[278].

HPDO always works for the achievement of its objectives in accordance with its organisational principles and values which are presented as follows:

- cross-disability membership;
- membership inclusive of persons without disabilities with majority voice of members with disabilities;
- cross-disability targeting as clients in its interventions worthy of equal opportunity and effective participation;
- involvement of families of persons with disabilities in its interventions;
- trust building with stakeholders;

[278] Ibid., p. 7.

- activating and maximizing community participation;
- maximizing the participation clients in identifying and prioritizing their needs[279].

4.3.3 **Major CBR Activities and Achievements**

In addition to other disability inclusive activities, HPDO has still performed several CBR activities in its project areas. Since May 1995, it has been implementing a comprehensive CBR program which addresses persons with different types of disability living in the community. A comprehensive CBR program consists of a package of intervention tailored to meet cross-disability rehabilitation and empowerment needs. In general, the CBR program of HPDO focuses on mainly educational and economic empowerment forming parts of a multi–dimensional and cross–disability package within the context of the general community development. Furthermore, HPDO's CBR program, from the beginning, has emphasized on providing appropriate rehabilitation services for persons with sensory and intellectual disabilities like those with visual, hearing and / or speech impairments, because persons with these types of disabilities were commonly left out of many other CBR programs considering erroneously that these people demand specialised interventions, professionals and institutions rarely and expensively available rather than community settings and services[280].

Since May 1995, HPDO had provided various rehabilitative services for persons with disabilities residing in 22 districts of north Addis Ababa and in the three districts of the Alemgenna-Sebetta town in Oromia Region. The CBR projects were designed in response to the diverse needs of persons with disabilities and their family members, which were identified and prioritized through three-month long need-assessment surveys. The surveys were facilitated and implemented by CBR workers well-trained for this and other CBR tasks. The need-assessment survey conducted prior to the implementation of each CBR project mainly included the registration of persons with

[279] Ibid, p. 8.
[280] Ibid, p. 4.

disabilities with varying ages, sex, needs and other living conditions by walking from house-to-house. These surveys were and should be conducted in collaboration with local administrations. Those persons with disabilities identified with various categories in the final report of the survey were considered to be potential beneficiaries of the CBR program designed[281].

The CBR program components include various mutually re-enforcing services envisaged by the global CBR strategy, which is a part of inclusive general community development. Such comprises several complimentary habilitative and rehabilitative interventions aimed at promoting, facilitating and supporting the physical, psychological, social, educational, medical and vocational empowerment and inclusion of persons with disabilities and their family members[282].

For this purpose, HPDO has been performing the following core activities as described in it's the five-year strategic plan of 2012-2016:

4.3.3.1. Education

Formal educational support including:

- facilitating access to formal education opportunity for children with disabilities in with the principles of special needs/inclusive education;
- providing adaptive educational materials, reference books in appropriate formats and other related materials as well as tutorial service to students with disabilities;
- establishing resource centres in regular schools and colleges to enhance the academic performance of students with disabilities;
- conducting short-term trainings for regular school teachers on the principles and practice of special needs /inclusive education;

[281] HPDO, 2012, p. 8.
[282] HPDO, 2012, p. 12.

- seeing to it that the physical and social environments of school system are accessible to students with disabilities;
- carrying out studies on issues related to special needs / inclusive education at national and local levels.

Non-formal education including:

- providing life-based education to persons with disabilities;
- carrying out interventions tailored to relevant community development policy;

4.3.3.2. Livelihood Promotion including:

- conducting entrepreneurial skills trainings for youth and adults with disabilities to maximise their potentials for innovation and economic independence with particular emphasis to women with disabilities and persons with disabilities living with HIV/AIDS;
- providing start–up capital as matching fund for family contributions and community resources, to enhance self–employment opportunity through engagement in income-generating activities for youth and adults with disabilities trained in entrepreneurial skills;
- organising saving and credit societies of persons with disabilities by allocating seed money and providing training and technical support.

4.3.3.3. Promotion of Adaptive Technology and Supported Information Accessibility including:

- making available assistive devices and appliances to persons with disabilities appropriate to their respective types of impairment;
- conducting orientation and mobility and sign language trainings for persons with visual impairment persons with hearing impairment respectively to facilitate their mobility and communication;
- facilitating access to information for persons with disabilities through the youth of visual, audio and tactile media / products ;

- establishing and running resource centres which use adaptive software / devices in schools and colleges.

4.3.3.4. Health Services including:

- rendering services designed to prevent the occurrence and deterioration of different forms of impairments and epidemic including HIV/AIDS;
- delivering HIV/AIDS, reproductive health family planning and related services to persons with disabilities;
- conducting trainings particularly for health extension workers on the inclusion of persons with disabilities in their service provisions;
- playing a supporting role in facilitating the accessibility of the physical and social environments of health institutions to persons with disabilities;
- carrying out studies on the vulnerability of specially women with disabilities to HIV/AIDS and reproductive health related problems and challenges.

4.3.3.5.Capacity Building including:

- providing home-based rehabilitation and counseling services to persons with disabilities and persons with disabilities living with HIV /AIDS;
- Equipping families of persons with disabilities and the community with knowledge and understanding on disability issues and the specific needs of persons with disabilities to ensure program ownership and sustainability;
- providing trainings on inclusion of persons with disabilities in a variety of development sectors to strategic government and non-government and other stakeholder organisations and local communities;
- educating local communities on universally accepted concepts and perspectives of disability, with a view to gradually eliminating negative social attitudes, stereotypes and harmful traditional practices[283].

[283] Ibid, pp. 31-40.

It is obvious that these CBR activities may result in improving the lives of persons with disabilities living in the project areas, provided that they are implemented properly. It also magnifies the significance of the projects, since they have been designed, unlike most of other CBR projects, to address people living in the rural areas of the country. Yet, it is vitally important to think about the sustainability of the projects by maintaining and furthering their achievements. As stated in the previous section of this chapter 4.2.3, the projects phase out due to shortage of funds and other reasons. Hence, a sense of ownership should be developed by the stakeholders, i.e. the government and DPOs. For this purpose, DPOs should be empowered to fully involve in the CBR program and their institutional capacity should also be built. Nevertheless, building the institutional capacity of DPOs has not explicitly mentioned as a core activity in the five-year strategic plan of HPDO.

We hereby present some of the achievements which HPDO reported to one of its donor organisations by June 2012. So it should be noted that these achievements are here enumerated as samples not as full organisational achievements. Some of the achievements acquired by HPDO from its three CBR projects implemented in three towns and the nearby rural areas of Semen Shoa Zone:

- capacity development of stakeholders;
- strong partnership with local government bodies;
- deployment of persons with disabilities in urban agriculture in strong partnership with local DPOs;
- practice and promotion of inclusive education focused on children with disabilities in collaboration with schools and educational departments;
- practice of multi-dimensional and cross-sectoral CBR interventions[284].

[284] HPDO, 2012, p. 24.

4.3.4 **The Main Challenges Encountered by HPDO in its CBR Program**

In this last section of the chapter, the challenges HPDO has faced in the implementation of its CBR program will be discussed. It should be noted that these challenges have been mentioned in the document of the organisation as weaknesses and threats.
These are:

- heavy donor dependency because of the short-term nature of the CBR projects;
- lack of income sources generated by the Organisation;
- failure to diversify donor base;
- reluctance and lack of motivation in the donor community to fund disability-sensitive development agenda and program interventions like CBR;
- the existing huge gap between the demand of target communities, and organisational capacity to provide the required service;
- trained staff turnover due to financial constraints resulting from the limited budget approved by donors to cover administrative costs;
- restrictions imposed by the CSP and the directives issued that are not in harmony with the Proclamation;
- the absence of a national disability forum where DPOs can speak in common voice[285];

Some challenges of the CBR program of HPDO cited by the response of the questionnaire are also presented as follows:

- harmful and traditional belief and practices of local communities concerning disability or persons with disabilities;
- absence of relevant policy and legislation that promote CBR as program and strategy for the inclusion of persons with disabilities in the community life;
- non-availability of trained CBR workers in the labour market;

[285] HPDO, 2012, pp. 25-26.

- absence of responsible body within the government structure and non-existence of the link between NGO-sponsored CBR programs and government rehabilitation services;
- unable to conduct impact assessment on the results of the already-implemented CBR projects due to budgetary problem[286].

[286] HPDO, 2017, p. 2.

5 Chapter 5 Conclusion and Recommendations

In this chapter of the thesis, some remarkable concluding facts extracted from the data analysed in this thesis and possible solutions as recommendations will be discussed.

5.1 Conclusion

In this subchapter, an attempt is also made to discuss the major findings of the thesis in relation to the responses of the research questions and the presumptions which were cited in chapter 1.4.and 1.4.1.of this thesis. As discussed in Ethiopia case at national and organisational levels under chapter 4 of this thesis endeavors have been made to answer the research questions as follows:

a- The main strategy for the sustainability of CBR in a community is the empowerment of DPOs and the involvement of the government, because they are the key stakeholders of CBR. The two bodies should also develop a sense of ownership of the CBR programs.

b- CBR should strategize lobbying and pressurising the government to mainstream disability issue in the whole system.

c- The role of the government should be defined in the designing and planning of CBR projects. The government should also extend its structure to the locality in order to address the socio-economic needs of the people on equal level.

In general in this thesis, CBR, as an evolving concept, has made a progressive journey since the time of its introduction as a main strategy for the achievement of primary health care in developing nations. In the past four decades of implementation, it has also made a paradigm shift from being recognised as a health issue as a problem of and individual to a social issue as a problem of the society, as well as a means of rehabilitation service provisions to a means of advocating for the respect of the human rights and fundamental freedoms of persons with disabilities. Moreover, CBR has been

expanded into different regions of the world. Its activities have also been extended to address all aspects of the life of persons with disabilities. In its progressive movement, CBR has made endeavour to cover persons with all types of disability without intentional partiality of age and sex.

In spite of the fact that CBR has made suchlike notable progresses, it has also confronted with a number of challenges during its implementation at international, national and organisational levels as discussed in this thesis. As major findings of this thesis, the challenges of CBR are mostly connected with the presumptions of the thesis. The major challenges of CBR described in the international, national and organisational levels can be generalised in three main points. So they are hereby summarised and presented as per the presumptions of the thesis.

5.1.1 Lack of Resources

As vividly depicted in this thesis, CBR has often been implemented in the form of projects with limited resources, time and specific areas. The projects phase out, however, most of the CBR programs have not developed workable phase out strategy. Actually, they try to establish CBR committees consisting of members coming from different stakeholders as proposed by CBR Guidelines and other CBR documents. But the committees would be dispersed due to lack of resources and commitment. As stated in the responses of the questionnaire for CBR managers in Ethiopia, most of the organisations have not conducted impact assessments in their phased out projects due to no availability of budget allocated for this purpose. They would also be busy in the new projects. In developing countries, projects often depend on external funds so that the projects have wider room for the interest of the donors rather than that of the clients and the community at large. More clearly, the longevity of the projects, the amount of the fund, the type of rehabilitation services and other important issues are mostly determined by the interest of the donors. Even sometimes some donors may abruptly stop funding the projects because of change of strategy, disputes with the government

and other reasons. That is why; lack of resources has been repeatedly mentioned as a main challenge of CBR in the responses of the questionnaire and in other publications as well. According to the experience of the Author of this Thesis, most of the CBR projects in Ethiopia have provided rehabilitative services for their clients covering the cost of the services, for instance, cost of medication, school related costs, costs of different assistive devices and costs of other services. Even the parents or the guardians of children with disabilities eagerly expected the CBR workers to do everything for their children at home. After the phase out of the projects, everything stops, since they don't have financial capacity to cover the expenses for the necessary services. HPDO's document also informs that the implementation of CBR projects has currently continued in such a way. Hence, it is difficult to think about the sustainability in this status quo. Rather, the concerned bodies have to talk about how to develop concrete and workable CBR implementation and sustainability strategy within the context of the poor society and also in conformity with the principles of CRPD.

5.1.2. Passive Participation of the Government and the DPOs

As described in the publications, the two stakeholders i.e. the government and DPOs do not often actively participate in the whole process of CBR programs starting from planning. According to responses to the questionnaire by the two leaders of DPOs in Ethiopia, their associations have not directly involved in the CBR activities, however, they are often invited to participate in consultative meetings and workshops. The CRPD Committee also comments to Initial State Report of Ethiopia that DPOs are systematically avoided from participating in disability issues. During his stay in the field of disability as an activist and a professional, the Writer of this Thesis observed that there has not been trust between NGOs on one side and the government and DPOs on the other side. More clearly, firstly, the government has regarded the founders and/or the managers of NGOs as corrupt, who solicit a huge amount of money but spend a little of it for the benefit of the community. Secondly, the government has also suspected the NGOs of involving in the politics of the nation with the influence of the external donors working for the interest of the western governments. That is why, the government

enacted the 2009 Charities and Societies Proclamation against the Civil Society after the aborted national election process of 2005 in which the Civil Society participated as observers with the verdict of the court. The Author of this Thesis also witnessed that legislation for NGOs with different content was prepared and smoothly discussed among the representatives of the civil society and the concerned government bodies with the facilitation of the Ministry of justice and an umbrella organisation of the Civil Society, namely Christian Relief Development Association (CRDA).

The DPOs have also claimed that the NGOs spend a great amount of money they have collected on behalf of persons with disabilities on administrative costs extravagantly including meetings, workshops, etc. however, they spend a small amount of money on disability and rehabilitation matters. Furthermore, the people around DPOs feel that the disability movement has been overwhelmed by the NGOs working in the field. They also believe that the NGOs are loyal to the interests of the donors rather than real interest of persons with disabilities. Yet, the leaders of DPOs nave never brought their perceptions to the forums for open discussion. As a result, it is believed that a strong work should be done to build trust amongst the key stakeholders.

5.1.3. The Existence of a gap between the policy-making body and the grassroots level of CBR projects

As formerly discussed, CBR projects are often implemented in small geographical areas at grassroots level in a fragmented manner. They do not have capacity to address macro disability issues including legislations, policies and the like, because they are usually designed to focus on day-to-day activities within a limited area. The other challenge in connection to this problem is that there is lack of coordination of the CBR programs and collaboration among the key stakeholders, as cited in chapters 2.4.2 and 4.2.3 of this thesis.

The other point is that the Ethiopian government has not replaced another independent body dealing with disability matters within its structure, although it demolished the

Rehabilitation Agency for the Disabled which was functional during the regimes of Emperor Haile Selassie and the Military Government. So disability issue at national level is handled by some experts (social worker and psychologists) under Ministry of Labour and Social Affairs. Consequently, the CBR programs are unable to pressurise and lobby the higher structure of the government to mainstream disability issues in the already-and-newly enacted national legal instruments. There must be a strategic linkage which bridges between the policymakers and the CBR implementers for the sustainability of CBR programs.

These challenges persistently affect the implementation and sustainability of CBR programs. Hence, in order to find a concrete and workable sustainability strategy, these big challenges should be addressed properly. Otherwise, it is difficult to retain the hitherto achievements of CBR, thereby, degrading its quality.

5.2 Recommendations

Based on the challenges of CBR discussed in this thesis, the following recommendations are forwarded in order to restore the acceptance and workability of CBR with a concrete sustainability strategy.

5.2.1 Sharing Local Resources on Equal Basis

Persons with disabilities as part of their respective community should have equal share from the existing local resources. This statement is to be well pronounced. Actually, it is not a new opinion, because it is well stated in different relevant publications, and also it was outspoken in different international and national conferences. But its practice in the implementation of the CBR programs has been unsatisfactory. Most of the CBR programs in Ethiopia highly depend on external funds so as to cover their administrative and programmatic expenses. As long as the fund is available, they cover the costs of

different rehabilitation services they provide to their clients with disabilities as proposed in the CBR project design. However, after the project phases out, the service provision cannot continue. Here, it should be noted that their clients are not sharing the resources of their community. Rather, they are receiving aid from external body. This practice makes persons with disabilities and their families as well as the community at large to develop a sense of dependency, thereby, negatively affecting the sustainability of the CBR programs. In fact, the support of donors is undoubtedly necessary for the effective implementation of CBR programs. Yet, their support should be seen as a contribution.

As a result, in order to gradually eliminate the sense of dependency, the CBR programs should make efforts to facilitate their clients to share the community resources on par with other community members without disabilities. The governments should also be pressurised to allocate earmarked budget regularly for the provision of rehabilitation services and for the mainstreaming of other disability issues at grassroots levels as well.

5.2.2. Developing the Real Involvement of the government and DPOs in CBR

As thoroughly discussed in all levels of the presentation of this Thesis, the governments and DPOS have not still deeply involved in all stages of the CBR processes, although the significance of their involvement is well stated in the main CBR documents, such as CBR Joint Position Papers, CBR Guidelines, the reports of the international relevant conferences and others. Nonetheless, in order to enhance the effectiveness and efficacy of CBR in terms of implementation and sustainability, the governments and DPOs must actively participate in all stages of the CBR programs with the sense of joint ownership. The NGOs working on CBR should be supportive body as key partners.

To come up with this decisive result, the state and DPOs should be convinced about the paramount importance of CBR as a strategy of the independent living and inclusion of persons with disabilities in the community in compliance with the philosophy and principles of CRPD. Besides, the DPOs should be empowered with the joint efforts of

the governments and the civil society. It is an indispensable measure to build capacity of the DPOs to enable them to practice their key principle, 'nothing about us without us'.

5.2.3. Establishing an Independent Disability-Focused Body in Government Structure

It is true that there are a lot of works to be done to enable persons with disabilities to enjoy their rights and full participation in all walks of community life. Even though the disability rights movement has long journeyed in the past over half of a century, disability is a new agenda as a human right and development agenda in the international arena.

It is also undeniable fact that prejudices and stigmas concerning disability and persons with disabilities are yet rampant in all over the globe so far. Hence, the governments have a big responsibility for respecting and protecting the human rights of their citizens with disabilities on equal basis. Considering this issue vehemently, the governments should establish an independent body which handles disability matters only in their structure, as long as important measures will be taken to mainstream disability issue in the whole system. The established body should extend its branches to the grassroots level in order to fill the gap which exists between the lower level and the higher level in the political structure.

5.2.4. Organising Consultative International Conferences on CBR

It is commendable to the international community to regularly organise international conferences on CBR which will involve the representatives of the governments, international, regional and national DPOs, INGOs and NGOs working on disability, universities and colleges, vocational training centers, and other professionals, researchers, implementer's practitioners, etc. The conference may include the following issues as its agenda:

- to review the hitherto progresses of CBR and its processes in the light of the principles of CRPD;
- to deeply investigate the relationship between CBR and CRPD;
- to assess the realisation of the main CBR documents, namely CBR Joint Position Paper 2004 and the CBR Guidelines 2010 and revise their content according the outcomes of the assessment and the discussions;
- to thoroughly discuss the major challenges of CBR with due emphasis of its sustainability and forward concrete and workable solutions.

In its conclusion, the conference should result in the formation of a global CBR network which will facilitate the coordination and collaboration of the CBR programs.

5.2.5. Making CBR open to Critiques and Researches

As cited in chapter 2.4.2 of this thesis, CBR is not open to critical thoughts and researches which should be done in the field. There has not still been designed a practical mechanism through which constructive critiques on CBR are gathered from the concerned bodies and individuals particularly including persons with disabilities and their entourages. Sufficient fund has not been allocated to do researches in the field. By virtue of this, there is a shortage of publications and research products on CBR. The interested researchers and research centers should be encouraged to pay due attention to CBR and related issues. More importantly, there should be a global CBR network which will coordinate the CBR programs including critiques and research works.

5.3 Closure

To close up, as clearly explained in this thesis, CBR is an important tool for the implementation of CRPD and other relevant instruments. The philosophical and practical aspects of CBR should, therefore, be regularly assessed and reformed. It is well known that nowadays the world is in dynamics. Things will change rapidly. Hence, the concept and practice of CBR should be framed to cope up with the contemporary dynamics.

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Questionnaire

This questionnaire is prepared for Community-Based Rehabilitation (CBR) program managers or other concerned authorities. The major purpose of the questionnaire is to simply collect data for a thesis to fulfill the partial requirements of Master's Degree. The main content of the questionnaire focuses on the implementation of CBR projects and their sustainability. The responses to this questionnaire will be kept secret in order to avoid any doubts.

After you have responded to this questionnaire, you are requested to send it back to one of the following e-mail addresses: zemenayu2008@yahoo.com or hannanebiye@gmail.com

I thank you for your understanding and kind support.

Mekonnen Nega Tiruneh

1- Name of the organization

2- Type of the organization—disability-focused? Or disability-specific? Or disability-inclusive?

3- When and where was your organization formed?

4- How many CBR projects are being currently implemented by the organization? Please, cite the project areas.

5- Are there phased out CBR projects under your organization? Please, mention the project areas.

6- Please, explain the main reason(s) for the phase-out of the projects.

7- Who are the key stakeholders of your CBR projects?

8- Please, explain the extent of the involvement of the concerned government bodies and that of the organizations of persons with disabilities in the implementation of your CBR projects.

9- Please, describe the participation of persons with disabilities and their family members in the decision-making process, during the implementation of the CBR projects.

10- Did your organization design monitoring and evaluation mechanisms for the CBR projects? If yes, please, explain it precisely.

11- Did your organization develop phase-out/sustainability strategy? If yes, please, describe it in short.

12- Has your organization ever made impact assessment surveys in the implementation of the CBR projects? If yes, please, explain some of the findings of the surveys.

13- Do you think that the 2009 Regulation of the civil society organizations has affected the performance of your organization? If Yes, to what extent?

14- What do you suggest concerning the contribution of CBR as a strategy for the independent living and inclusion of persons with disabilities in the community?

15- What challenges has your organization experienced in implementing the CBR projects?

16- What do you say about the implementation of the Convention on the Rights of Persons with Disability (CRPD) in Ethiopia?

17- Have you observed any effort from the government to mainstream disability issues into newly-adopted legislations?

18- Do you have any recommendations which are important to improve the philosophical and practical aspects of CBR?

Appendices

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1

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I thank you for your understanding and kind support.

Mekonnen Nega Tiruneh

1- Name of the organization

Help for Persons with Disabilities Organization (HPDO)

2- Type of the organization—disability-focused? Or disability-specific? Or disability-inclusive?

Disability-specific

3- When and where was your organization formed?

1994 in Addis Ababa

4- How many CBR projects are being currently implemented by the organization? Please, cite the project areas.

In three woredas of Semen shoa Zone in Amhara Zone, that is: - Debrebirihan, Debresina and Ataye towns and vicinity peasant kebeles.

5- Are there phased out CBR projects under your organization? Please, mention the project areas.

Yes. The phase out project areas of our CBR program are, Moretn Jiru woreda, Shoa Robit woreda, in Amhara region,

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Alemgena/sebeta city administration in oromiya region and Gulele and Arada sub cities I Addis Ababa city Administration.

6- Please, explain the main reason(s) for the phase-out of the projects.

Budget constraint

7- Who are the key stakeholders of your CBR projects?

International as well as domestic donors/funding partners, Local communities, Right holders (commonly known as beneficiaries), parents of PWDs, and concerned government line offices.

8- Please, explain the extent of the involvement of the concerned government bodies and that of the organizations of persons with disabilities in the implementation of your CBR projects.

In the current situation of the country, the involvement of the concerned government line offices such as education office, Health office. Women and Children Affairs Office, and Labor and Social Affairs Office are in a state of improvement. For instance, these government line offices are fully involved in the process of recruitment of the right holders, monitoring and evaluation of the implementation of CBR projects. However, the participation of these government line offices lacks consistency due to absence of CBR- focused legislation policy, legal and programmatic frameworks developed by the government that recognizes CBR as a strategy and program for the promotion of the issues of disability in general and rehabilitation support services in particular.

9- Please, describe the participation of persons with disabilities and their family members in the decision-making process, during the implementation of the CBR projects.

The participation of PWDs in decision making in the context of our CBR intervention is increasingly improving. Presently, the right holders (PWDs) play a significant role in selecting and prioritizing the component activities need to be addressed by our CBR projects. The right holders (PWDs) have the opportunity to participate in the evaluation process of the project that usually

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takes place annually with the presence of funding partners and representatives of government line offices. But the involvement of parents in such arena is limited.

10- Did your organization design monitoring and evaluation mechanisms for the CBR projects? If yes, please, explain it precisely.

Yes. The organization has developed the strategy for the monitoring and evaluation of the progress of CBR projects. In accordance with the policy of the organization, CBR workers, the right holders, funding partners and government signatory line offices will be facilitated to actively participate in the process of monitoring and evaluation of the project implementation. For this purpose, the organization succeeded in developing monitoring formats of different kinds to be used by CBR workers and the supervisor of

the project. The formats are prepared based on the component activities (Matrix) of the CBR program and experiences grasped and earned in the last 2 decades practice of the organization in the area of CBR support services. The organization conducts annual evaluation on the progress of the CBR project in collaboration with the government signatory line offices, and the result of evaluation as a source document for planning of the proceeding process of the implementation of the project.

In addition, the implementation of the CBR project will be monitored by the governance of the organization, the Managing Board and the General Assembly through quarterly and annual meetings respectively using the reports prepared by the secretariat of the organization.

11- Did your organization develop phase-out/sustainability strategy? If yes, please, describe it in short.

To be honest the organization does not have reliable phase out strategy owing to the entrenched challenges existed within the local communities that families of PWDs and the government too are not found in a position to take over the project ideas. But, it doesn't mean that the CBR project of the organization lack phase out strategy. In other words, even though the phase out strategy in reference to the intention and premeditation of sustainability will be included as one of the component of the project documents, the task of handover of the CBR and other project ideas and support services to either local communities or concerned government bodies is not as simple as required in the context of Ethiopia.

12- Has your organization ever made impact assessment surveys in the implementation of the CBR projects? If yes, please, explain some of the findings of the surveys.

The organization did not as such experience on conducting impact assessment on the result of the implementation of the CBR program due to the non- availability of program cost funded by donors lasted more than 5 years project periods. Impact analysis should be carried out in a situation where a long term project is operational in a certain project area. But, it does not mean that the findings of the CBR projects of the organization are not recorded and compiled. The problem is that these compiled and

recorded findings are not yet assessed due to the above reason and budget constraint too.

13- Do you think that the 2009 Regulation of the civil society organizations has affected the performance of your organization? If Yes, to what extent?

Yes. The Charities and Societies proclamation No. 621/2009 affected the performance of the organization. The adverse effects of this proclamation are described hereunder.

A) The organization is not allowed to participate in the advocacy of the right of PWDs and or implement the projects in terms of the inalienable human rights recognized and declared in UN CRPD and other relevant international as well as domestic human rights instruments.

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B) The situation adversely affected the appetite of the donors to provide funding for the implementation of projects that resulted in severe budget constraint for HPDO. This precedence aggravated the challenge of HPDO and other kindred organizations to secure financial support from funding partners.

14- What do you suggest concerning the contribution of CBR as a strategy for the independent living and inclusion of persons with disabilities in the community?

It is obvious that the contribution of CBR to the overall improvement of the quality of life of PWDs is appraised by the fact that the program serves as a strategy to bring PWDs who are kept at home to the community life through enabling them to participate in education, vocational education, full time and self-employment. In addition, it uses as a strategy for the economic, physical and psychosocial empowerment and rehabilitation of PWDs. The program plays a significant role in creating positive attitude with in the local communities towards PWDs.

15- What challenges has your organization experienced in implementing the CBR projects?

- Budget constraint due to lack of donors who are interested in funding CBR projects;

- Harmful and traditional belief and practices of local communities concerning disability or persons with disabilities;

- Absence of relevant policy and legislation that promote CBR as program and strategy for the inclusion of PWDs in the community life;

- Non availability of trained CBR workers in labor market;

- Absence of responsible body with in the government structure and non-existent of the link between NGO- sponsored CBR programs and government rehabilitation services.

16- What do you say about the implementation of the Convention on the Rights of Persons with Disability (CRPD) in Ethiopia?

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I objectively believe that presently UN CRPD may not make a difference in the life of PWDs in the context of Ethiopia. It is true that the Ethiopian government ratified the convention on June 1st/2010 and makes the instrument a part of the law of the land as per Article 9 (4) of the constitution. However, the issue of disability is treated by this supreme law of the country under Article 41(5) by the charity model. The convention recognizes the issue of disability from human rights perspectives. This depicts that there is incompatibility between the convention and the constitution of the country. In accordance with general principle, of law, any domestic legislation which does not meet with the core statements of the constitution will not have meaningful influence and practicality.

17- Have you observed any effort from the government to mainstream disability issues into newly-adopted legislations?

The government made some progress showing political good will to mainstream disability issues in newly developed legislations. For instances, the government already mainstreamed disability issues in higher proclamation No. 650/2009, building code of 2009 and proclamation No. 914/2016 developed to determine the duties and responsibilities of executive bodies of the government. But there is no responsible body to conduct follow up of these and other disability issues. The Ministry of Labor and Social Affairs also developed social protection policy in 2015 that replaced the former old policy documents that is Social Developmental Policy of 1996. Regardless of the existence of this disability mainstreamed policy and legal frameworks, the absence of comprehensive legislation that is Disability Act still remains a critical challenge to promote the issue of disability in Ethiopia consequentially.

18- Do you have any recommendations which are important to improve the philosophical and practical aspects of CBR?

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The program should mainstream the specific ideas which are relevant to the context of low-income countries. For instance a workable strategy should be developed that ensures the sustainability of the program. The philosophy also should include the importance of the policy and legislation that recognize and facilitate the implementation of CBR as a strategy and program.

Questionnaire

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I thank you for your understanding and kind support.

Mekonnen Nega Tiruneh

37- Name of the organization

- *Cheshire Foundation Action for Inclusion*

38- Type of the organization—disability-focused? Or disability-specific? Or disability-inclusive?

- *Disability Inclusive*

39- When and where was your organization formed?

- *Addis Ababa, 1985.*

40- How many CBR projects are being currently implemented by the organization? Please, cite the project areas.

- *Two of the projects; Jimma & Bahir Dar Cheshire projects are comprehensive inclusive CBR*

41- Are there phased out CBR projects under your organization? Please, mention the project areas.

- As projects are short lived, Projects phase out every three or five years, at all the four projects; to mention few, The A.A. & Dessie Cheshire CBR projects have been phased out before ten & 6 years.

42- Please, explain the main reason(s) for the phase-out of the projects.

- Mainly due to lack of resource to run the program. The donors in the country are commonly interested to address other areas of development.

43- Who are the key stakeholders of your CBR projects?

- Donors,
- Local government sector and administrative offices
- DPOs,
- Civil Society Organizations
- The target community & their family members
- Concerned Federal government Bureaus

44- Please, explain the extent of the involvement of the concerned government bodies and that of the organizations of persons with disabilities in the implementation of your CBR projects.

- ❖ The involvement of concerned government offices is high, to mention few;
  - Evaluates/appraises and gives permission to work in country/region
  - Agreement signing for the project period
  - Gives/provides land when requested and permission to build offices or workshops
  - Gives technical support, when necessary
  - Works together with NGOs

45- Please, describe the participation of persons with disabilities and their family members in the decision-making process, during the implementation of the CBR projects.

- ❖ They participate in the CBR committee,
- ❖ Work in target clients identification
- ❖ They participate in planning on the individual target rehabilitation program
- ❖ They work according to the plan
- ❖ Both work in selection and decision of the target rehabilitation works.
- ❖ They participate also in the evaluation process

46- Did your organization design monitoring and evaluation mechanisms for the CBR projects? If yes, please, explain it precisely.

- ❖ Yes; The project management level monitoring
- ❖ The project level sector offices monitoring
- ❖ The head office runs periodic Monitoring at the different projects
- ❖ Together with the Donor Agencies monitoring & evaluation activities as per the agreed upon schedule.
- ❖ By federal & Reional sector offices and federal MoLSA office

47- Did your organization develop phase-out/sustainability strategy? If yes, please, describe it in short.Yes:- Two types of phasing out

- One When the agreement between from the governemnt terminates

-

And

- When the agrements with donor Organizations terminate. In both cases CFAI works with a strong sustainability plan by involving the local communities and the government bodies, where during the phasing out is done all stakeholders have taken their parts/share of responsibility to make the work continue after the exit. Before all this happens, evaluation of the project accomplishment is done through which gaps and strengths are identifies measures are mutually taken and final decisions are made.
- CFAI has phased out in the past many projects by passing through the required evaluation procedures being done by the government concerned sector offices together.

48- Has your organization ever made impact assessment surveys in the implementation of the CBR projects? If yes, please, explain some of the findings of the surveys.

Yes;

- It has been possible to observe the improved level of awareness in the community,
- Accessibility issues are better addressed in schools & other service providing institutions
- Many PwDs have been able to generate their own income and support their lives; independent life.
- The issue of Disability and related issue has stopped to be a taboo.

49- Do you think that the 2009 Regulation of the civil society organizations has affected the performance of your organization? If Yes, to what extent?

This is my personal view and my answer is yes.

- This is first partial, the 70% ; 30% ratio program to admin taking Monitoring cost and also program staff as an admin cost is making us to work with

stress. We as CFAI, having hired some persons with disabilities, who salary is automatically program have taken the advantage. Otherwise, the cost of professionals giving training being admin cost and the per diem of the participants as program, it is very difficult to meet the ratio.

50- What do you suggest concerning the contribution of CBR as a strategy for the independent living and inclusion of persons with disabilities in the community?

- It is of great value and acceptance. CBR as a strategy especially now, at the time of inclusion it is even with stronger acceptance. However; what we see now is that only few people together with their commited organizations promot this strategy. There is no school who gives this strategy as course with a practical work in the field. The Network is also almost dying. In general no body is taking responsibility to maintain the work and related structure working.

51- What challenges has your organization experienced in implementing the CBR projects?

- CFAI is still striving to do its level best to keep its good works in implementing CBR, where ever and when ever possible. Luckily, the Jimma project with the CBM strong support, is doing well. All local administration offices, concerned sector offices and OPDs working hard to make the CBR project achievement sustainable. All current project cites have now strong committees, who are working in their respective sites to take over the responsibility of caring over the CBR works beyond the exit.
- The rest projects, due to lack of proper funding, we are now implementing some components parts of the comprehensive program, From the CBR Marix; (Education, Health, Livelihood, social & Empowerment) activities.

52- What do you say about the implementation of the Convention on the Rights of Persons with Disability (CRPD) in Ethiopia?

- It is very positive, because the government of Ethiopia has accepted and signed it. This gives opportunity to ask for more support from sector and

local government offices. The issue of PwDs being one of the issues to be mainstreamed (Gender, Hiv/AIDS,etc) always get priority.

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53- Have you observed any effort from the government to mainstream disability issues into newly-adopted legislations?

There are efforts from the government side to mainstream the disability issue into the different sectors. To mention a few;

- The inclusive education is being promoted and Children with Disabilities are entitled to attend their education in their respective localities
- The physical barriers removal or creating improved accessibility is the other area, where a lot of things have been done. Here the A.A.city admin. Has even issued a construction code which takes the issue of proper accessibility while constructing different buildings.
- Now a days; it is common to see ramps at the gets of Banks, hotels,..which we can take as a result of the overall works done in the area.

54- Do you have any recommendations which are important to improve the philosophical and practical aspects of CBR?

Concerning the improvement of the philosophical and practical aspects of CBR, I would like to mention few points only;

- There need to a national CBR program with a responsible structure for a sustainable implementation;
- The network need to be functional/active to respond to the support from partner organizations,
- There need to be international experience sharing forums for better achievement,
- The education institutions, such as universities or colleges need to link their education process with the CBR practices in the individual organizations. The current education provision, academia, is only theoretical.

- The standard issued before need to be updated/revised, guidelines & manuals on CBR must be issued taking the national conditions into consideration.
- The philosophy community basedness should now be strengthened with inclusion and mainstreaming to show that people with all their difference must get all available services equally.

Questionnaire

This questionnaire is prepared for Community-Based Rehabilitation (CBR) program managers or other concerned authorities. The major purpose of the questionnaire is to simply collect data for a thesis to fulfill the partial requirements of Master's Degree. The main content of the questionnaire focuses on the implementation of CBR projects and their sustainability. The responses to this questionnaire will be kept secret in order to avoid any doubts.

After you have responded to this questionnaire, you are requested to send it back to one of the following e-mail addresses: zemenayu2008@yahoo.com or hannanebiye@gmail.com

I thank you for your understanding and kind support.

Mekonnen Nega Tiruneh

1- Name of the organization: Rapid Action for Participatory Inclusive Development (RAPID)

2- Type of the organization—disability-focused? Or disability-specific? Or disability-inclusive? Disability focused

3- When and where was your organization formed? RAPID was established during 2002 and started working during 2004. It was founded by Ethiopians who wanted to see disability issues are mainstreamed or included in all sectors and services.

4- How many CBR projects are being currently implemented by the organization? Please, cite the project areas: Two projects (one in Addis Ababa and one in Shashemene and Arsi Negelle in Oromia).

5- Are there phased out CBR projects under your organization? Please, mention the project areas. YES. One in Yeka sub city in Addis Ababa and one in Adama in Oromia.

6- Please, explain the main reason(s) for the phase-out of the projects. The Addis Ababa project in Yeka sub city (selected Kebele) was phased out after the project reached its objectives of empowering parents/community to take over the project. The Adama project was phased out because of lack of donor interest who suspected abuse of funds by the project manager. The case was brought to the court and it was ruled that there was no sufficient evidence to proof abuse of funds,

7- Who are the key stakeholders of your CBR projects? Children and youths with disabilities, parents of children with disabilities, government sector offices such as Ministry of finance/labor and social affairs/ health etc., school communities, DPOs and CBOs, donors, orthopedic appliances production centers, hospitals

8- Please, explain the extent of the involvement of the concerned government bodies and that of the organizations of persons with disabilities in the implementation of your CBR projects. Government partners participate in project appraisal, sign project agreements and monitor and evaluate project implementation activities at various levels. They also participate in beneficiary selection. Participation of DPOs in our CBR project is very limited/none existent.

9- Please, describe the participation of persons with disabilities and their family members in the decision-making process, during the implementation of the CBR projects. Children and youths with disabilities and their parents especially mothers participate in the decision making process by planning rehabilitation plans together, by reviewing the budget of the organization, visiting and giving feedback on the improvement of disability conditions of the children with disabilities etc. They do this through the CBR and parent committees and children with disabilities committees.

10- Did your organization design monitoring and evaluation mechanisms for the CBR projects? If yes, please, explain it precisely. YES. There is a monitoring and evaluation tool to follow up the progress of the project on a daily, fortnight, monthly and quarterly basis. The program manager is responsible to oversee all project activities are effectively and efficiently realized and children with disabilities are properly addressed regularly. There is a rehabilitation plan prepared at the beginning of the year and reviewed every quarter for an individual child with disabilities. This plan is then followed up whether is regularly delivered.

11- Did your organization develop phase-out/sustainability strategy? If yes, please, describe it in short. YES. We establish CBR and parent committees and empower mothers of children with disabilities economically and psychologically so that they can take over / address the needs of their children with disabilities with minimum external support.

12- Has your organization ever made impact assessment surveys in the implementation of the CBR projects? If yes, please, explain some of the findings of the surveys. N O

13- Do you think that the 2009 Regulation of the civil society organizations has affected the performance of your organization? If Yes, to what extent? It is

negatively affecting the work of projects. It is very difficult to attain the 30:70 regulations each year especially for smaller organizations like ours. In addition, the staffs of the Agency are difficult people always looking after faults without any credit for good results.

14- What do you suggest concerning the contribution of CBR as a strategy for the independent living and inclusion of persons with disabilities in the community?
If properly addressed and government support is sought then CBR strategy contributes to the inclusion of people with disabilities which will eventually lead to independent living of people with disabilities. To this effect CBR programs has to be designed with the active participation of the important stakeholders.

15- What challenges has your organization experienced in implementing the CBR projects? Lack of cooperation from government sector offices such as not giving priority for working space for people with disabilities, lack of or limited funding opportunities available for needs of people with disabilities, exclusion of people with disabilities from the mainstream, poor awareness level of the community about disability issues contributing to the exclusion of people with disabilities, not least but abject poverty levels does not allow poor families to provide for children with disabilities needs as the very scarce resources are stretched for all family members etc.

16- What do you say about the implementation of the Convention on the Rights of Persons with Disability (CRPD) in Ethiopia?

17- Have you observed any effort from the government to mainstream disability issues into newly-adopted legislations? Not by practice and only on paper and leap services and sympathy to people with disabilities.

18- Do you have any recommendations which are important to improve the philosophical and practical aspects of CBR? The philosophy is put well. But

practically it is important that all development partners act side by side for the inclusion of people with disabilities so that CBR strategy may work effectively. CBR cannot be achieved through efforts of only very few NGOs.

Questionnaire

This questionnaire is prepared for the leaders of the associations/federation of persons with disabilities. The major purpose of the questionnaire is to simply collect data for a thesis to fulfill the partial requirements of Master's Degree. The main content of the questionnaire focuses on the implementation of CBR projects and their sustainability. The responses to this questionnaire will be kept secret in order to avoid any doubts.
After you have responded to this questionnaire, you are requested to send it back to one of the following e-mail addresses: zemenayu2008@yahoo.com or hannanebiye@gmail.com
I thank you for your understanding and kind support.
Mekonnen Nega Tiruneh

1. The name of the association

2. When was your Association established?

3. What are the main objectives of your Association?

4. How many branch offices are available under your Association?

5. Is there any principle or philosophy which your Association stands for regarding the Community-Based Rehabilitation (CBR)? If yes, please, explain it precisely.

6. Does your Association implement CBR projects? If yes, please, describe the number and the names of the project areas.

7. Has your Association ever participated in CBR projects implemented by other non-governmental organizations at national and/or local levels?

8. Does your Association collaborate with other organizations implementing CBR projects? If yes, how?

9. Has your Association ever made any attempt to assess the impact of the CBR projects on the lives of its members? If yes, please, elaborate the result.

10. Are there regular platforms which enable you to exchange ideas with the stakeholders on the implementation of CBR projects in particular and on disability rights in general? If yes, how?

11. Do you think that the contributions of CBR programs have been/are significant towards improving the lives of persons with disabilities at community level?

12. What do you suggest about the measures that should be taken by the concerned bodies to improve the effectiveness of CBR in Ethiopia?

To what extent has the 2009 regulation of the civil society organizations affected the performances of your Association and those of other organizations Questionnaire

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I thank you for your understanding and kind support.

Mekonnen Nega Tiruneh

1. The name of the association
   Ethiopian National Association of the Blind

2. When was your Association established?
   1960

3. What are the main objectives of your Association?
   To ensure the rights of blind persons of Ethiopia ensured in relation to their social, economic and political participations and benefits. (For more information please visit our website www.ethionab.org)

4. How many branch offices are available under your Association?
   30 branches found in 5 of the 9 regional states and the two administrative cities of Ethiopia.

5. Is there any principle or philosophy which your Association stands for regarding the Community-Based Rehabilitation (CBR)? If yes, please, explain it precisely.
   No.
   Because we are not operating CBR projects. Normally, we serve our members. In fact, we do not have our own beneficiaries. Because we are serving our members. Well, there are some projects which we operate. For instance, here in Addis currently we support 50 students in collaboration with Cheshire Service Ethiopia. We also work with one individual to support 42 women Addis Ababa

University students. And we have also a school in Wolayta Soddo. There we teach 50 students. But in all projects of ours (there is also another so-called project in Debremarkos), we are not using the CBR strategy.

6. Does your Association implement CBR projects? If yes, please, describe the number and the names of the project areas.

7. Has your Association ever participated in CBR projects implemented by other non-governmental organizations at national and/or local levels?
   Yes. I mean we work with Cheshire Service Ethiopia, which is the urgent proponent of community based rehabilitation. And they are even challenging us to start our own community based rehabilitation strategy. So far we are not yet able to do any meaningful work in relation to this.

8. Does your Association collaborate with other organizations implementing CBR projects? If yes, how?
   As I have tried to indicate in my answer to the previous question, we work with Cheshire Service Ethiopia. And we are supporting students through the support of Cheshire and the Lilian Foundation. Since, we are required to work only on our members by law; we are not doing any meaningful work in relation to community based rehabilitation. We could have used the community based rehabilitation strategy upon parents of the blind, if we had the financial and other nonfinancial resource capacity.
   Though it is not properly indicated word for word, there seem to be lots of activities that ENAB used to carry out which seem to be community based rehabilitation strategies. But more or less, however, it is better to say we are not using community based rehabilitation strategy.

9. Has your Association ever made any attempt to assess the impact of the CBR projects on the lives of its members? If yes, please, elaborate the result.
   I don't think.

10. Are there regular platforms which enable you to exchange ideas with the stakeholders on the implementation of CBR projects in particular and on disability rights in general? If yes, how?

    Perhaps, we may consider as regular platform the work that we do with Cheshire. May be I am not t5he right person to answer this question. First of all, because it is only a year and half since I joined this association. Secondly, I am working mainly in the inclusive education department. As far the time that I worked in the inclusive education department of ENAB is concerned, I can say that there are no regular plat forms in which we work using the principle of community based rehabilitation strategy. Well, we work with government (particularly the ministry of education, the ministry of Labor and Social Affairs, the Ministry of Health, the Ministry of Justice). But I am not sure whether I should conclude that the regular plat forms that we work with different governmental institutions as platforms of CBR.

11. Do you think that the contributions of CBR programs have been/are significant towards improving the lives of persons with disabilities at community level?

    Yes I think so. We believe that we have to deal with the issue of disability in an inclusive approach. And the best way to deal with the issue of disability in an inclusive approach is using the community based rehabilitation strategy. The community has to own the issue of disability. By contrary to this, nonetheless, perwsons with visual impairment in particular, and persons with disabilities in general, have difficulties in being included as part of the society. This may come as a result of both the blind community and the society at large. And I believe that CBR can mitigate this problem.

12. What do you suggest about the measures that should be taken by the concerned bodies to improve the effectiveness of CBR in Ethiopia?

    First of all, we should have clear understanding of CBR. For instance, I am giving you response now on the understanding that I have on CBR. But I am not sure whether I and you have similar understanding of CBR. Sometimes, there are some jargons that all people seem to unanimously understand, but in practice

is contrary to the assumption. Therefore, the concept of CBR should be properly defined.

Based on the definition, the relevant government bodies should do their work. Government institutions such as the Ministry of education, ministry of health, and others should come up with their own strategy of CBR. Our association has been the public wing of the above mentioned ministerial offices. Therefore, if government comes with such strategy, with no doubt, DPOs will be part and parcel of this strategy.

Organizations like ENAB operate in accordance with the law that governs charities and societies of Ethiopia promulgated in 2009. According to this law, Ethiopian societies have to work only on their members. But CBR requires the collaboration with other stakeholders, and more than anything the collaboration with parents of the victims of persons with disabilities.

Above all this, however, DPOs should redesign the way that they operate and serve their members. The leadership of DPOs have to turn 180 degree in its mentality of serving. In fact, the main problem of DPOs in Ethiopia is not lack of finance or other resource. Rather the main problem is the mentality of isolated leadership, a leadership that has no room for partnership, collaboration, and community engagement.

13. To what extent has the 2009 regulation of the civil society organizations affected the performances of your Association and those of other organizations working in the disability field?

    As I was trying to indicate, this law mainly denied our association (and obviously other DPOs) or access to foreign fund. In the search for foreign fund, we are tempted to compromise on our identity. ENAB, has for instance, changed three times its identity from Ethiopian society to Ethiopian resident society and the vice versa.

    On the other side, the law has waken us up to look for our own way of funding ourselves. Now we are mainly generating our income based on the production of braille books. We are also renting some of our buildings. As well, we are also selling assistive devices. Taking the revival in the interest of the Ethiopian

government in relation to providing its blind students with the necessary educational equipment and textbooks, this funding strategy would be powerful potential instrument of generating the revenue of the association, and in turn enabling it to work on the rights of its members in particular and the whole of the blind community of Ethiopia in general.

14. What do you say about the hitherto implementation of the UNCRPD in Ethiopia?

    There is a good beginning on the side of the government to implement the convention. But the government needs to work with disability organizations and even should outsource some of its social works to the DPOs by financing their activities. It is only in such a way that (in a way when good colaborati0on is created between the government, the private sector and the DPOs and other civil society organizations) that the implementation of the convention would become real. So, though there is good beginning, and more than this, willingness on the side of the government to implement the convention, the level of institutional collaboration seems to be very low.

15. Do you have any more suggestions and opinions?

I hope this research would contribute something for the development of CBR in Ethiopia and the realization of the rights of persons with disabilities. So my only suggestion would be to present your work to us so that we can also see ourselves in light of your work, and do our level best to improve the enabling environment in which the rights of blind citizens of Ethiopia become realized.

Thank you.

16. working in the disability field?

17. What do you say about the hitherto implementation of the UNCRPD in Ethiopia?
18. Do you have any more suggestions and opinions?

Questionnaire

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I thank you for your understanding and kind support.
MekonnenNegaTiruneh

1. The name of the association :ENAD

2. When was your Association established? 1970 GC

3. What are the main objectives of your Association? Originally was an advocate of deaf Rights. Since 2010, works on awareness and skill development of deaf persons to make them capable to fully realize their rights.

4. How many branch offices are available under your Association? About 30

5. Is there any principle or philosophy which your Association stands for regarding the Community-Based Rehabilitation (CBR)? If yes, please, explain it precisely. Enablement not charity

6. Does your Association implement CBR projects? If yes, please, describe the number and the names of the project areas. Yes, Livelihoods (economic empowerment), Gender(Women),health, education etc.

7. Has your Association ever participated in CBR projects implemented by other non-governmental organizations at national and/or local levels? Yes,

8. Does your Association collaborate with other organizations implementing CBR projects? If yes, how? Yes ,partnering the implementation

9. Has your Association ever made any attempt to assess the impact of the CBR projects on the lives of its members? If yes, please, elaborate the result. No

10. Are there regular platforms which enable you to exchange ideas with the stakeholders on the implementation of CBR projects in particular and on disability rights in general? If yes, how? Yes, through consultative meetings and workshops participation

11. Do you think that the contributions of CBR programs have been/are significant towards improving the lives of persons with disabilities at community level? Yes

12. What do you suggest about the measures that should be taken by the concerned bodies to improve the effectiveness of CBR in Ethiopia? Should be more community based and be more efficient

13. To what extent has the 2009 regulation of the civil society organizations affected the performances of your Association and those of other organizations working in the disability field? Scope financing limited and obtaining skilled personnel very difficult

14. What do you say about the hitherto implementation of the UNCRPD in Ethiopia? More work still remains and commitment is lacking

15. Do you have any more suggestions and opinions?

Yes, CBR are enablement activity and needs to more results oriented. CBR is not efficient currently and rehabilitation activities are very limited.