



**Meeting was well attended by the invited experts and minutes of the meeting are as follows:**

## **1. Introduction**

### **History**

Community Based Rehabilitation was introduced some 25 years ago. WHO developed and published a CBR Manual "Training in the Community for People with Disabilities", in 1989. The authors were Einar Helander, Padmani Mendis, Gunnel Nelson and Ann Goerd. It was one of the most successful publications of WHO and in the disability world. It ran 3 editions and got translated in more than 50 languages. This manual is still being used in the field quite extensively. It was a great occasion as three of the 4 writers of the manual were present in the whole meeting and contributed actively for the future development of CBR and CBR Guidelines.

### **CBR Joint Position Paper**

In 1994, ILO, UNESCO and WHO issued a Joint Position Paper in order to provide general guidance for policy makers and practitioners of CBR. In 2003, WHO organized an International Consultation to Review Community Based Rehabilitation in Helsinki, hosted by the Government of Finland. Mandated by the Helsinki Consultations, ILO, UNESCO and WHO issued a revised Joint Position Paper in 2004. It described CBR as a strategy for Rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities. The document updated the CBR concept and called for action to promote the rights of people with disabilities. The Joint Position Paper identified CBR as a multisectoral developmental intervention that both improves the lives of people with disabilities and promotes the development of the communities where they live.

### **CBR Guidelines 1<sup>st</sup> Meeting 01 - 02 November 2004**

In order to build a bridge from policy to practice, WHO initiated the process in developing CBR Guidelines in close collaboration with the key stakeholders. The first Guidelines Meeting, in November 2004 was attended by 65 experts representing UN organizations, National Governments, Disabled People's Organizations, leading International Nongovernmental Organizations, Professional Organizations and experts from developing countries and people with personal experience of disabilities. The Meeting developed the basic framework for the new Guidelines. The framework was summarized in a matrix of five components: Health, Education, Livelihood, Empowerment, and Social. Each component was divided into five elements. Human Rights, socio-economic Development and an inclusive society were identified as the goals of CBR. The basic principles guiding CBR were participation, inclusion, sustainability, and self-advocacy. The 1<sup>st</sup> Meeting developed the draft Contents of the Guidelines and identified the steps to be taken for developing the guidelines further.

**2<sup>nd</sup> meeting  
25 - 27 July  
2005**

Agreed that Guidelines would be a joint document of ILO, UNESCO and WHO to reflect the spirit of CBR as a multisectoral approach. An Advisory Group was established as the highest level guiding body. A Core Group responsible for developing the contents of the Guidelines was nominated. The contents were reviewed and updated. The Matrix was revisited and adjusted accordingly. Lead authors for the Components and other chapters were selected. Ms. Karen Heinicke-Motsh was assigned the task of chief Editor. Chapal Khasnabis will coordinate the whole initiative. The next steps, time line, the budget and long term goals were discussed and agreed upon.

**3<sup>rd</sup> meeting  
05 - 09  
December  
2005**

This was attended mostly by the Core Group Members. The preamble of all the 5 components were drafted and shared. Responsibilities of leading various components were shared e.g. Livelihood - Kamala & Bob, Social - Cindy, Venus and Kathy, Empowerment - Venkatesh & Derek, Health - Ann, Aline and Francesca and Education - Sue & Roselyn. Authors list for the elements got finalized and it was decided that following persons would coordinate with the authors and lead authors to complete all the elements under each component e.g. Livelihood - Bob, Social - Kathy, Empowerment - Venkatesh, Health - Ann and Education - Sue. Core group members finalized the list of authors and the Guidelines for the authors. Tentative plan of actions to prepare the first draft of the Guidelines for the next meeting was chalked out. It was decided that efforts will be made to complete all the additional chapters by 2006 except introductory chapter which will be written at the end.

## **2. Proceedings**

**CBR  
Guidelines  
1<sup>st</sup> draft**

The purpose of the 4<sup>th</sup> meeting was to finalize each Chapter of the 1<sup>st</sup> draft of the CBR Guidelines. Additionally, it was also to decide on layout, printing and a number of open issues such as some titles, styles, glossary, timetables, cost factors and design a future plan of action. Furthermore, the meeting was to address the dissemination strategy, fundraising strategy and possibilities to develop training packages for the practitioners. The meeting was composed of two parts. The first three days it was attended by the CBR Guidelines Core Group and the two last days were a combined meeting of the Core Group and Advisory Group members.

**Political  
Commitment**

The Director of VIP, Dr. Etienne Krug mentioned the two central elements of the Work Plan of DAR, the CBR Guidelines and the World Report on Disability and Rehabilitation. Dr. Federico Montero, Disability and Rehabilitation (DAR) Team Coordinator opined that there was an evident need for such Guidelines in the field and this need transpired clearly at the first Continental Congress on CBR that was organized in Chile 22 -24 November 2006. The representatives of ILO and UNESCO expressed their organizations' commitment and full support to the joint effort. They also referred to the adoption of the new Convention that was

on the agenda of the UN General Assembly during the week and that would, once ratified, further highlight the rights-based approach to disability. All the stakeholders expressed their solidarity and expressed their interest to develop it and promote it. Venus on behalf of Disabled Peoples International (DPI) and William on behalf of International Disability Alliance (IDA) also expressed their support.

### 3. Background

<b>Achievements</b>	<p>Guidelines process so far facilitated following results:</p> <ul style="list-style-type: none"> <li>• Participation of some 150 people in the development of the guidelines and most of them did voluntary work</li> <li>• Collaboration among UN organizations especially, ILO, UNESCO &amp; WHO</li> <li>• Active participation of major International NGOs like CBM, Sightsavers International, AIFO, HI, DDP, NAD, IDA, DPI, many NGOs &amp; individuals - a good example of UN and civil society working together</li> <li>• UN, DPOs and INGOS are thinking alike</li> <li>• Financial support from CBM and assurance from ILO, UNESCO, Sightsavers International and others.</li> <li>• A global database of organizations working in CBR has been established</li> <li>• First Continental CBR Congress in America, Chile, 22nd – 24th November, 2006 and the next one will take place in South Africa 1<sup>st</sup> – 3<sup>rd</sup> Nov. 2007</li> </ul>
<b>Expected outcomes of the meeting</b>	<ul style="list-style-type: none"> <li>• Finalization of 1<sup>st</sup> draft</li> <li>• Decision on printing, pricing and cost sharing</li> <li>• Planning on field testing</li> <li>• Decision on translation</li> <li>• Revised timeframe and fundraising strategy</li> <li>• Future Plan of Actions including dissemination strategy, training initiatives and training of trainers</li> </ul>
<b>Future long term plan</b>	<p>Promoted and discussed</p> <ul style="list-style-type: none"> <li>• Developing different training modules for different levels</li> <li>• Developing a group of resource persons – Global, Regional and National</li> <li>• Developing 3 Continental CBR Resource Centres</li> <li>• Establishing a Global CBR Forum, Consortium, or Resource Centres</li> <li>• Involving other UN Agencies and Bilateral Aid Agencies</li> <li>• Organizing a CBR World Congress in the near future</li> <li>• Establishing and sustaining a network of the experts that participated in the process</li> <li>• Field testing of the draft Guidelines</li> <li>• Linking with the UN interagency mechanism that was launched recently to promote the Convention</li> <li>• Organizing training related to the guidelines</li> </ul>

A discussion group on training was established to work on the issue after the meeting sessions. The Meeting was also reminded that WHO follows high academic standards. CBR Guidelines need to go through an academic review before publishing.

#### 4. Status of work and topics to be discussed

**Challenges** It was pointed out that most of the lead authors did not follow writing guidelines. Component coordinators had too much work to do in order to achieve some cohesiveness across elements. Until now, editing work had focused exclusively on the element and component level rather than on the book level. As a result, the first draft did not yet present a consistent voice and the consistency needed.

**Points for discussion** The main focus of the meeting was on joint group work and discussions to produce the next version of the Draft Guidelines. A preliminary draft was available in the web and a paper version was distributed at the meeting. In addition to the components, following issues were identified for further discussion:

- The outline itself
- Revisiting matrix
- Terminology
- Topics to be covered
- Additional chapters on selected issues, such as mental health, leprosy and HIV/AIDS
- The process and schedules
- Technical issues
- Future plans for completion of chapters

#### 5. Issues and decisions:

During the discussions it became evident that there were a number of general outline issues that needed to be discussed and agreed upon.

**Agreement** Preambles for each component do not need to discuss goals, purposes and outputs. It is however useful to reflect on expected *outcomes*.

All elements and preamble does not need to be of 8 pages - whole component should not exceed more than 48 pages.

The introduction of elements needs reconsidering in the whole document - sometimes they are integrated into the strategies and activities and sometimes they come right before the strategies and activities.

Heading for the introduction of individual elements in the preambles is: "key elements".

Rename strategies and activities to '**suggested activities**'.

Checklists are not necessary but can be used.

Summaries are necessary for each of the chapters.

Abuse of people with disabilities, particularly of children with disabilities will be included in relevant chapters and elements.

Items on "resources and stakeholders" will not be included (: in some elements 'further reading/information' is included in this section. A number of elements don't have this section at all. Sometimes it's repetitive.) Drop resources and stakeholders in favor of a small summary.

References and further readings will be included at the end of each component with the understanding that they have a tendency to get outdated

Components to be checked for unnecessary repetition. In some places if repetition is needed and essential then it may be allowed.

Separate chapters on Mental Health, Leprosy, and HIV/Aids will be included. These topics should not be treated from a medical model perspective. Emphasis should be given more on the need, overall benefits, Inclusion, equal rights and opportunities.

Convention outcomes need to be reflected in all the chapters - in fact, guidelines need to attempt how to operationalise convention outcome at the community level where possible.

Whole document need to be very sensitive to gender issues and gender specific issues needs to be paid due attention in each element.

Chapters should focus on practical things and issues which can be addressed at community level by CBR managers/personnel - not theory or hypothesis.

All chapters will be ready for editorial review by 31<sup>st</sup> of January 2007.

**Discussion and Agreement on component specific are as follows:**

<b>Component</b>	<b>Issues</b>	<b>Decisions</b>
<b>Health</b>	Some elements need more space than others.	Further cutting is needed to get to the agreed 48 pages
	The items on strategies and activities have very different tone and formats between elements.	A paragraph about access to health insurance should be included to the component both in terms of access to general health

There is also overlap that needs to be addressed.

Item on resources and stakeholders is obviously redundant in the component.

Age related disability also need to be discussed.

The health care element should be renamed *medical care*.

The term 'rehabilitation' in the health component might be confused with the broader concept of rehabilitation.

The Preamble provided guidance to authors but was not picked up on.

The elements should be strengthened with examples based on the social model.

It should be noted that linkages between inclusive education and CBR are fairly weak in practice.

The roles of CBR manager and that of the general school system and the teacher need to be clarified and balanced.

Balance between elements needs to be found as some elements need more discussion than others. Case studies need to be grounded clearly in the social model.

The chapter should also help readers new to the component prioritize their plans and actions.

Assistive technologies should be added to the elements. Distance learning, etc. can be woven into secondary and higher education.

insurance and the provision of insurance which covers costs of assistive devices, etc.

Editing should ensure that no contradiction remains between education component and health component in relation to early childhood development.

The term 'rehabilitation' would be kept but the focus would be on medical rehabilitation including therapies. The concept and dimensions of rehabilitation needs to be clarified in introductory chapters.

More time is still needed to produce a quality chapter.

Special needs education will be discussed, as needed, with as clear focus on inclusion, however.

Links with other components will be addressed.

## Education

The place of lifelong learning should be reconsidered.

## **Livelihood**

The chapter is still too theoretical. The theory should be translated into practical strategies and activities.

Goal, purpose and outputs should be left out of the Preamble.

The linkages with mainstream livelihoods need to be strengthened in order to build clearly in the goal of CBR towards mainstreaming people with disabilities.

The income generation element may need to be broadened to reflect activities that contribute to household or livelihood but do not exactly generate income.

Training of personnel to work on livelihood issues needs to be addressed.

More practical examples are needed for some elements.

It is important to establish a clear linkage with mainstream Poverty Reduction Strategies (PRSP) or other national development strategies in this component.

Empowerment of people to choose work needs to be addressed.

Ensure a clear definition of terms.

Discuss which ministries might be responsible for livelihood.

Include discussion on the roles of local governments and the challenges of decentralization.

Reorganizing the chapter needs to be considered.

The term 'Income generation' should be revisited. An alternative would be 'self employment'.

The order of items should be changed to reflect 'skills development' and 'financial services' as tools for employment.

'Social protection' should be placed as the last element.

Ensure a reflection on contribution to household by people with disabilities.

The issues should be discussed with the element's Lead Author before final decisions are made.

Kamala would take over the responsibility of next stage of finalization of the draft.

Kamala has been authorized to coopt other members to complete the chapters.

Social protection element needs clarifying examples.

Summaries at the end of the elements are clear and useful.

## **Social**

Much work is still needed as the component is at this stage rather unorganized.

The title of the social component should be revisited. For the time being "Social" can be retained.

Also in this chapter preamble items on goals and purposes are redundant.

The element 'Legal protection' could be possibly changed to 'formal and non-formal legal support'.

There is a need to reorganize the chapter using the following sequence: relationships, marriage and family; personal assistance; culture, religion and art; sports, recreation and leisure and legal protection and conflict resolution.

More examples for the 'legal support' element are needed.

Indicators are repetitive of outputs and can be cut out altogether.

Some items need to be reflected in other chapters e.g. those on management, health, livelihood, and empowerment.

Common outcomes within the component should be defined, instead.

The 'personal assistance' element needs to be reformatted.

Stakeholders section is very repetitive. Resources and stakeholders could be reflected in a checklist that could be placed at the end of the element.

Legal protection should be expanded to include advocacy and conflict resolution.

There is a need for examples that would be representative across regions and faiths.

References should be limited to the minimum necessary.

Feedback from the group was requested especially on following topics: supporting families in crisis, sexuality, personal assistance and abuse.

<b>Empowerment</b>	<p>There is repetition due to commonalities across the elements.</p> <p>The crosscutting themes might go better into the preamble rather than repeating them throughout the elements? This would lengthen preamble and shorten the elements.</p> <p>Concepts and strategies can be dealt with together rather than as 2 separate sections.</p> <p>Empowerment preamble should deal with the distinction between organizations 'of' and those 'for' people with disabilities</p> <p>Some elements have step-by-step guidance. Consider whether all elements should be handled this way or would that make the message too prescriptive.</p> <p>Consider dropping the discussion on the history and existing contradictions.</p> <p>It is recommended to use of examples throughout as the purpose of these Guidelines is to provide theoretical base as well as practical things to do.</p>	<p>In the matrix, Empowerment to be the last sector in place of Social.</p> <p>The component could be reorganized e.g. in the following sequence:</p> <ul style="list-style-type: none"> <li>• Social mobilization;</li> <li>• Political participation;</li> <li>• Communication;</li> <li>• Self help groups (SHGs);</li> <li>• Disabled People's Organizations.</li> </ul> <p>There is a need for both short examples and case studies for the elements.</p> <p>Information about advocacy and self advocacy children with disabilities should be added.</p> <p>Empowerment, social, livelihoods and health chapters have interconnections and these shall be addressed in a coherent way.</p>
<b>Management, Monitoring and Evaluation</b>	<p>Management and evaluation are placed in a supplement as separate chapters each. Their place and role and interconnections need to be reconsidered.</p> <p>Discussion on training, evaluation, participatory approaches to planning should be included</p> <p>There should be a clear description of how to come up with indicators</p>	<p>The evaluation chapter was joined with the management chapter. New contents on monitoring were included.</p> <p>At this stage there are four elements: Planning; Resource management; Leadership; Monitoring and evaluation.</p> <p>There is a need to flag management issues in all the components.</p>

It might not be functional to include 'training' in the management chapter.

A round of writing and revision is still needed.

The place for the Management chapter will be reconsidered to give it more importance.

## **6. Agreement regarding the future plan of actions:**

An outline of the outstanding issues and steps to be taken was presented to the meeting for discussion. These included: Field testing, Global support group, Costs and fund raising; Printing format; Translation; Timeline.

**Field testing** It was agreed that actual field testing of the guidelines would be too demanding given the time and resource constraints. "Field validation" or "peer review" was seen as a more appropriate notion for the review of the Draft Guidelines by the relevant stakeholders. It was agreed that a general framework and issues list would be developed by Core Group leaders and WHO to focus the validation. The actual process would be conducted by partners, particularly the International NGOs that have close contact to the CBR management at various levels and in various regions. Disabled people and their organizations would be closely involved. Only English version will be available for field validation but organizations could translate it in local languages as and when needed.

**Global Support Group** Concern was raised on the sustainability and the need for longer term partnership around the implementation of the guidelines. For the time being the Core Group would serve as the focal point until the Guidelines are launched. More permanent structures would require a clear program that would need to be developed.

**Costs** The total need for funding is estimated to be about 1 Mill USD. Half of the sum is needed for translation and printing. Printing will be done through a global tendering process. There will be a tradeoff issue between cheaper printing costs and costs of handling and mailing.

**Fundraising** Project has been funded by WHO and voluntary contributions by CBM, Sightsavers International pledged to make contribution in 2007 and 2008. ILO also made a definite commitment for 2007 and 2008. International NGOs are also paying for their staff or consultant who are associated with this work.

The international Disabled People's Organizations pledged their support to the fundraising effort and ensured that the issue will be tabled at their high level meeting for further supportive action. There was also a mutual

understanding between WHO, ILO and UNESCO that the organizations should mobilize funds into the pool. It was also agreed that the establishing of a subcommittee for funding should be considered.

**Printing format**

It was unanimously agreed that accessibility of the Guidelines should be given serious attention. Applying the DAISY format that can be reproduced through alternative media was considered to be a functional option. One of the cost-effective options is to use CDs and local printing facilities. The feasibility of various printing, formatting and dissemination options, including the use of drawings, cartoons, photos, colors etc require further study and cost comparisons.

**The timeline**

31 January 2007	First Draft complete
31 March 2007	Cross component feedback done
15 May 2007	Core Group requests for case studies, examples, photos etc.
31 May 2007	2 <sup>nd</sup> Draft complete (edited form contents and style) Case study guide, photo guide as well as field validation plan and questionnaire complete
31 May 2007	Field validation
June-September, 2007	
October 2007	Chief Editor compiles field feedback, photos and case studies for the Core Group
1-3 November, 2007	CBR Africa Conference in South Africa
November, 2007*	Core Group and Advisory Group meet; Core Group analyzes feedback and Advisory Group prepares the message to policy makers Editor incorporates feed back, photos, line drawings and case studies
31 December, 2007	3 <sup>rd</sup> Draft complete
January-March, 2007	Peer Review
April, 2008	Core Group and Advisory Group analyze the Peer Review feedback
31 May, 2008	Peer Review feedback incorporated, 4 <sup>th</sup> Draft complete
June- November, 2008	Layout and printing
3 December, 2008	CBR GUIDELINES TO BE LAUNCHED

**7. Conclusion**

At the final session of the meeting it was agreed that the purpose of the meeting was well fulfilled. The relevant issues were discussed and resolved and solid and precise agreements had been reached to guide work forward. There was work to be done, but the plans for next steps were clear and manageable.

The Chief Editor thanked the participants and the DAR team for excellent collaboration and support in her work. The Chairperson of DPI assured that the cooperation had been a very good experience also for people with disabilities and their organizations and that the collaboration would continue intensively in this and other joint operations. The meeting participants extended their appreciation and warm thanks to the Coordinator of WHO/DAR, Dr. Federico Montero, to Mr. Chapal Khasnabis, Ms. Margaret Naegeli and the whole DAR team for the devoted and successful effort to keep the process moving and on the track.

The Coordinator of WHO/DAR expressed his gratitude for the professional effort everyone had invested in this joint work. He also recalled the great impact the first CBR Manual of 1989 has had for the benefit of people with disabilities and expressed his appreciation for the work the authors of that Manual have done those days, thereafter and also in this process of drafting the new Guidelines on CBR. While his term as DAR Coordinator was coming to an end he assured full and intensive collaboration in this project and in the future.