

Final Report to CBR Global Network
Analysis of CBR Practice Examples and Global Network Presentations in
CBR

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Overview of Work

In September, the Community-Based Rehabilitation (CBR) Global Network contracted the services of Dr. Heather Michelle Aldersey to do a narrative content analysis of two forms of data: a. Presentations conducted by presenters at the 2nd CBR World Congress, Malaysia; and b. Examples submitted by CBR Network affiliates demonstrating what they believed to be “good practice” of CBR. The specific deliverables required as outlined in the contract for services were (a) a report with findings on CBR World Congress presentations and good practices, and (b) a formal Presentation of the Process and Findings.

In early October, the CBR Global Network team clarified that the purpose of this work is to show the United Nations (UN) Inter Agency for the Implementation of the Convention on the Rights of Persons with Disability (CRPD) how the implementation of the CRPD could take place at the community level. This content analysis is intended to provide supporting information to assist the World Health Organization (WHO) to produce a background paper on Community Based Inclusive Development (CBID). The CBR Global Network indicated a desire to portray the richness of CBR practices systematically and requested that the analysis of documents focus on the six thematic areas identified within the CBR Global Network Call for Abstracts:

- Involvement of persons with disabilities and their families from the planning stage;
- Involvement of local or national government;
- Focus on sustainability;
- Focus on evaluation of effectiveness;
- Monitoring over time;
- Definition of competencies required to implement the programme.

The work followed a systematic process, which involved organization of data; initial review of data; preliminary (open) coding, and, upon the clarification of project aims in October, focused, deductive coding. To organize the data, the researcher created two separate NVivo11 projects, one for each set of data, for ease of organization and review. She directly uploaded the Word documents into NVivo11 and converted Excel documents into a survey format before also uploading them into NVivo11. The researcher had to first convert PowerPoint presentations individually into PDF files before uploading and analyzing them within the NVivo11 project. Prior to assigning codes, the researcher skimmed all of the source documents to get an initial orientation to the data and to identify and remove any duplicate or broken files within the datasets. She progressed to open coding, where she read each source in an in-depth, line-by-line fashion and assigned codes as she read. Upon clarification of analysis priorities and focus, the researcher returned to each NVivo11 dataset and assigned codes based upon the six categories of focus. Beyond the initial six categories, three additional categories of interest emerged from the data: Regions of Focus, Application of International Frameworks and Development of Materials. Upon assignment of codes within the nine major categories, the researcher used the coded dataset to write up the results of the narrative analysis which are provided below. Table 1 provides a summary of the data included in the final analysis.

Table 1: Summary of Data Used in Analysis

Type	Number	Comments
Presentations from CBR Global Network event	93 sources	Mainly PowerPoint but some PDF & Word documents Some files missing (solicited in initial weeks and was able to add some after follow up) Some files broken/unable to open on research computer (solicited PDF documents through follow up) Some duplicates initially included in dataset, but removed once the researcher discovered the duplication Did not include videos in analysis
Organizations' self-identification of CBR good practices	55 sources	PDF, Word, Excel files Sometimes multiple projects described in a single document There was significant diversity in level of detail or usefulness of data provided relative to the focal areas for analysis

The work on this content analysis was supported by periodic check-ins with representatives from the CBR Global Network. Table 2 provides a detailed timeline for the work completed.

Table 2: Completed and projected timeline and tasks

Week	Dates	Tasks
1	Sept. 4 – 10	<ul style="list-style-type: none"> Email requesting missing presentations sent out to group Developed initial strategy for organization of data, created report skeleton
2	Sept. 11 – 17	<ul style="list-style-type: none"> Reminder email sent to outstanding missing presentations with September 15 deadline for inclusion in analysis Creation of two NVivo project files – one for good practices and one for conference presentations Converted all PowerPoint presentations into PDF format for use with NVivo analysis software. Uploaded Excel documents as “surveys” into NVivo projects
3	Sept. 18 – 24	<ul style="list-style-type: none"> Preliminary review of data, formulation of guiding questions for analysis
4	Sept. 25 – Oct. 1	<ul style="list-style-type: none"> Continued preliminary review of data Commenced open coding for CBR Presentations analysis Identified 7 CBR Presentations that were broken & requested access
5	Oct. 2 – 8	<ul style="list-style-type: none"> Open Coding CBR Presentations / good practices Submitted initial report of progress to CBR Network representatives Participated in check-in call with CBR Network representatives (Oct. 3)

		<ul style="list-style-type: none"> • Refinement of codes, deductive coding process
6	Oct. 9 – 15	<ul style="list-style-type: none"> • Deductive coding
7	Oct. 16 – 22	<ul style="list-style-type: none"> • Deductive coding
8	Oct. 23 – 29	<ul style="list-style-type: none"> • Reviewed coded dataset • Confirmed and assigned final codes
9	Oct. 30 – Nov. 5	<ul style="list-style-type: none"> • Completed content analysis • Provided second project progress report to CBR Network • Participated in second check-in meeting (Oct. 31)
10	Nov. 6 – 12	<ul style="list-style-type: none"> • Drafted narrative presentation of findings
11	Nov. 13 – 19	<ul style="list-style-type: none"> • Prepared formal presentation and initial draft of full report
12	Nov. 20 – 27	<ul style="list-style-type: none"> • Delivered formal presentation of work to CBR Network representatives (Nov. 23) • Refined report based on Network feedback • Submitted draft of final report
13 & 14	Nov. 28 – Dec. 12	<ul style="list-style-type: none"> • CBR Network reviewed report, provided additional feedback & edit requests
15-18	Dec. 13 – Jan. 7	<ul style="list-style-type: none"> • Researcher edited and resubmitted report
19-22	Jan. 8 – Feb. 2	<ul style="list-style-type: none"> • CBR Network reviewed report and requested additional revisions
23	Feb. 9	<ul style="list-style-type: none"> • Researcher submitted final, revised report

Having outlined the scope and implementation of the work, the remainder of the report will present the findings of the document review in narrative format. The researcher lightly edited quotes provided in the final presentation of findings for spelling/grammar to improve readability.

Findings

The findings of this review are organized along the following nine themes: Regions of Focus; Involvement of Persons with Disabilities and their Families; Involvement of Local or National Government; Sustainability; Evaluation of Effectiveness; Monitoring Over Time; Definition of Competencies Required to Implement the Programme; Development of Materials; and Application of International Frameworks. It is important to note that these themes, by their nature, are not mutually exclusive, so there is some overlap and linkages across themes presented below.

Region of Focus

World Congress Presentations. The majority of the CBR World Congress presentations shared information or experiences generated in South and Southeast Asia (35) or Africa (29). Figure 1 provides a visual representation of the Congress region distribution. Nine presentations came from Asia Pacific, eight presentations from the Americas, five from Central Asia, two from the Arabic region, and one from Europe. Five presentations did not specify a particular region (e.g., provided a review of international approaches to CBR training), and one presentation covered countries in two different regions (the figure below counts both).

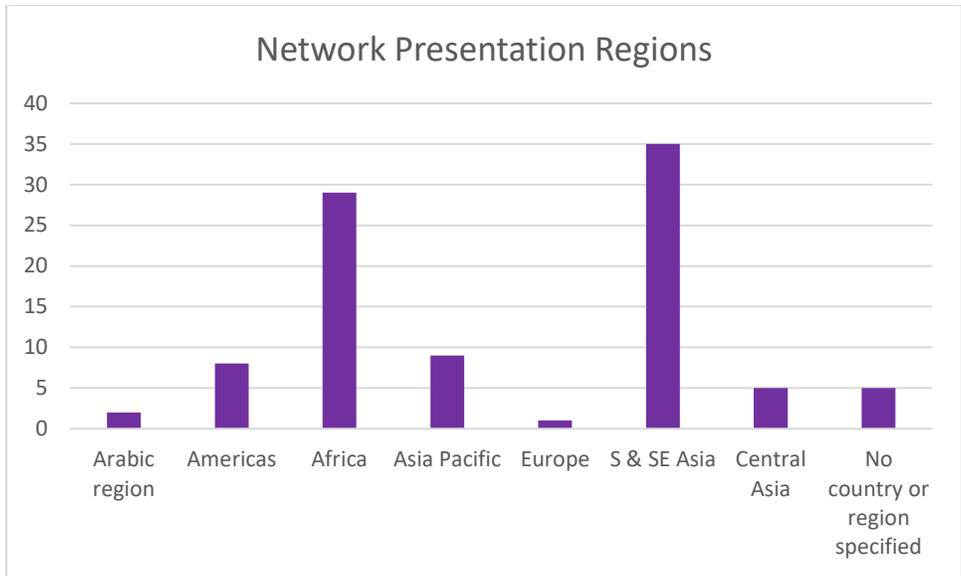


Figure 1: CBR Network Presentation Regions

“Good Practice” Emails. Within this dataset, one document sometimes contained information about multiple projects. The researcher only counted the region once per document submitted, even if one country reported multiple projects. When a given document represented multiple regions, each region represented was counted once. Similar to the World Congress presentations, the majority of the good practice documents shared information or experiences generated in South and Southeast Asia (23) with many from India. Africa had the next largest representation with 21 documents providing examples from the region. Ten documents shared examples from the Americas, six from Asia Pacific, five from Central Asia, two from the Arabic region, and two from Europe. Two presentations did not specify a particular region (e.g., guidelines on wheelchair provision). Figure 2 provides a visual representation of the “good practice” document region distribution.

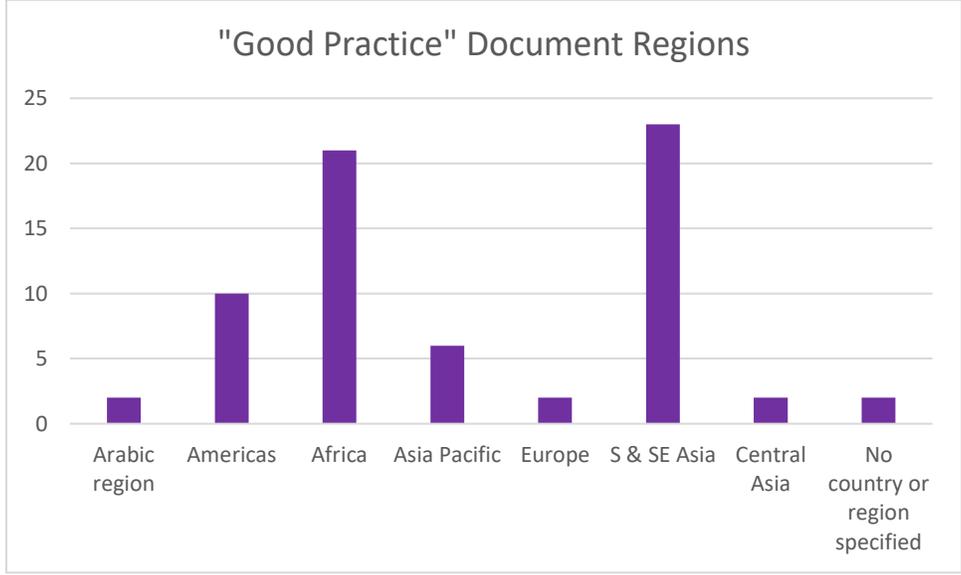


Figure 2: “Good Practice” Document Regions

Involvement of persons with disabilities and their families

A number of documents in both sets of data affirmed the importance, value, and/or necessity for participation of persons with disabilities in all stages of the project cycle – from planning all the way to monitoring and evaluation.

World Congress Presentations. Presentations provided a range of different models and insight related to participation of persons with disabilities in CBR (and in wider society, outside of a CBR programme). A major finding depicted in the presentations related to all of the various ways that persons with disabilities are being integrated into different levels of government. For example, a number of presentations discussed the effort that persons with disabilities or Disabled Persons Organizations (DPOs) make to lobby or collaborate with Ministries or Government representatives for creation of laws; informing decision makers of experiences and needs; and/or assist the government to “implement programmes and policies that benefit Persons with Disabilities” (Joseph Munyandamutsa). A number of presentations went further than lobbying and/or supporting the government and reported the importance of having persons with disabilities in positions of power, or to “increase the representation and voice of persons with disabilities in inclusive local governance and within traditional power institutions” (Awa Jacques Chirac Etal). An interesting example of this was the explanation of a “disability commissioner”, who is a person with a disability who represents persons with disabilities at a village level (Wai Leung Ambrose Lo). Beyond government, a few presentations reported the importance of DPOs and family members as consultation partners for NGOs and other CBR project implementers. A couple of presentations specifically reported that DPOs or persons with disabilities could act as rehabilitation coordinators (Wai Leung Ambrose Lo), consultation partners (Tumpal Sujadi), or participants in governance (Djenana Jalovic & Darko Krznicaric) for health and rehabilitation institutions.

A number of presentations explicitly mentioned the importance of participation of persons with disabilities or DPOs in the monitoring and evaluation of CBR programmes, for example, “determining the measures of progress and indicators of disability inclusion success; choosing measures and indicators that are meaningful and useful to decision makers who have the power to influence change, and presenting the data in ways that convince decision makers to create and/or sustain ongoing CBR and disability inclusion” (Gwynnyth Llewellyn & Darryl Barrett). A minor tension in a few of the presentations related to affiliation with DPOs and their representation of persons with disabilities. For example, Barbara Batesaki identified that people affected by leprosy are excluded from existing DPOs in her study context and Alick Nyirenda discussed the “democratization of the DPO movement”, wherein mainstream umbrella DPOs are now sharing information and are more inclusive of upcoming DPOs which start as non-affiliates (indicating that this was a challenge in the past). Although most of the presentations were overwhelmingly positive, sharing examples of participation of persons with disabilities or emphasizing the importance of participation in CBR, Nibul Ezat’s presentation provided a negative case example, where he states “persons with disabilities did not get good opportunities to enable them [to have] ownership of CBR so they do not have mechanisms for participation;

their weak ability in forming community based organizations; NGOs do not allow them sufficient space to enable them for ownership of CBR; as a result persons with disabilities became incapable of ownership”. He also reported that many DPO groups and persons with disabilities have rejected the term “CBR” in Egypt because of its association with the medical model of disability via the term “rehabilitation”, but now there is some progress of DPO participation including participation in national policy development.

“Good Practice” Emails. In contrast to the Network presentations, which focused a fair amount on participation of persons with disabilities in monitoring and evaluation, the major focus of participation discussions in the good practice documents related to participation in the implementation of CBR projects. For example, Dhaka Farida Good Practice PIHRS reported that “DPOs [are] playing [a] significant role for mobilizing community, service monitoring, participating at community clinic management committee called Community groups (CG) Community Support Groups (CSG) as a member.” Karen CBM reported that DPOs “participated in all planning meetings, performed accessibility audits of government public hospitals, and recommended specific activities to implement the principles of Universal Design.” Moreover, she reported that “screening for visual impairment was organized and performed by DPOs” for another project.

Linked to implementation, a number of documents also reported that persons with disabilities or DPOs were given leadership and management/decision-making roles in the CBR project. Mozambique Graciano shared that for their CBR project, “the strong involvement of DPOs in selecting volunteers (which also resulted in a lot of the volunteers being themselves persons with disabilities) and in steering the strategic directions of the programmes has fostered a strong orientation of the programme towards the needs and capabilities of persons with disabilities...” Additionally, Guyana gelli shared how their organization uses participatory approaches to management which include representation of persons with disabilities on a national committee as well as on regional committees and as regional coordinators. A couple of other documents also discussed the formation of “committees” that included persons with disabilities and/or parents to work with government or the community to sustain rehabilitation programmes or disability inclusion lobbying and other initiatives. A couple of documents also discussed the CBR programme’s support promoting representation of persons with disabilities at various government or community levels (external to the actual CBR programme). Table 3 in Appendix III provides further examples of text coded under this theme.

Involvement of local or national government

Both sources of data emphasized the importance of engaging with both local and national governments for inclusion of persons with disabilities and CBR implementation.

World Congress Presentations. The World Congress presentations were full of references to engagement with government. Presentations referenced national and local government (municipalities, village, and districts) as important actors in CBR. Juliana Bordan & James Lalu raised the consideration of the roles of traditional rulers in CBR programmes as well.

The references to various government ministries in the presentations were diverse and included Ministries of Education, Health, Health and Sports, Social Welfare, Disability and Elderly Affairs, Education Science and Technology, Labour, Gender Disability and Social Welfare, Ministry of Women and Children Affairs, Transport and Public, among others.

Presentations widely concurred that engagement of local and national government in CBR programmes is critical. The main reasons for this were related to sustainable funding for CBR, cross-sectoral coordination/ reduction of duplication of service provision, institutionalization and support of CBR approaches, increased access to services for persons with disabilities, quality assurance of CBR services, increased local ownership and sustainability, and ability/authority to influence and monitor other mainstream programme implementation actors. A number of presentations emphasized the importance of integration of national laws and policies linked to CBR and the creation of national strategies for CBR implementation and funding.

Interesting examples of government models of engagement with CBR include in Bosnia where “CBR services are covered by a mandatory basic health insurance that most citizens have free of charge as they are part of PHC” [Primary Health Care] (Djenana Jalovic & Darko Krznaric). Peter Ngomwa PPT shared the experience of the Government of Malawi, which has a national CBR strategy to build capacity “among CBR workers at central government, (policy), local council (district) and community levels”. Also in the case of Malawi, Peter Ngomwa PPT shared that there is a decentralization process, where planning is done at the district level then submitted to Central government for funding. There are CBR sub-committees and planning happens from the bottom up. Ngomwa presents detailed description of the complex structure of CBR coordination in Malawi, which includes a National CBR Steering Committee, a District/Urban Executive Committee, and an Area Executive Committee. In contrast to Malawi, at least two presenters reported China’s model (Wai Leung Ambrose Lo; Zhang Jinming) to be highly top-down in nature, where disability issues and CBR strategies are integrated into China’s five year national plans, and CBR is government led, supported (regulations & national planning), funded, and monitored. Zhang Jinming reflected that this model has positives, such as CBR is powerful, has wide distribution throughout the country, and cooperation and coordination is easy. The drawback reported is that there is limited participation of persons with disabilities and their families in designing the model or receiving individualized services.

Presentations reported organizations and persons with disabilities engaging with government through lobbying for laws and services, submission of position papers, speaking at legislative councils, sitting together on committees or national CBR networks, and consulting and advising on government offered, disability-related services. Although most presentations provided highly positive discussions with examples of active government involvement in CBR, two challenges with government involvement reported by Sunarman Sukanto is that local government staff are vulnerable to move to other departments or units and that political interests dominate, even when disability is seen as a human rights issue.

“Good Practice” Emails. Many of the good practice examples discussed projects implemented “in cooperation with” relevant government bodies to support legislation and policy

development, development of sector plans, improving and developing inclusive services, capacity building of local government staff, and creating strong linkages and collaboration among government bodies and between government and other stakeholders (Svein NADs input).

These projects inform about, advocate for, or otherwise support the mainstreaming of inclusion within existing government policy, services and practices. For example, Odshisha PK Rath reported that “the main objective of this programme is to create space for the marginalized in different flagship programmes of the government, linking with various social security schemes, creating livelihood opportunity, and enhance the voice of weaker section of the society...” Some documents also highlighted the importance of participation of persons with disabilities within various levels of government. Many of the presentations discussed the importance of government funding for CBR programming at national and local levels for sustainability.

These documents often recognized governments as key implementers of disability services (particularly within the health sector), and thus CBR projects involved supporting government to offer these services or supporting persons with disabilities to access services. A number of projects reported working with government to ensure that government budgets and annual plans included disability considerations and CBR. For example, Karen CBM reported working so that local government units “gradually take on responsibility and institutionalize the CBID work through work plans and budgeting.”

In addition to integrating disability in existing government practice, organizations are working to create new policy and practice within governments. For example Bolivia Mundo Inclusivo discussed the creation of specialized units in municipalities “for the adequate care of persons with disabilities by government authorities at all levels”. Karen CBM reported establishing Inclusive Education Resource Centres within Education agencies approved by the National Education Board, to promote and implement CBID in order to reach persons with disabilities in the community and to support children with special needs in schools. These Centres now receive annual grants from the National Department of Education, the National Department of Health and in some occasions, the National Community Development. Maldives Ghulam even reported a CBR programme which created local sign language characters in collaboration with government.

Similarly to presentations, good practice examples discussed engaging with a range of levels of government, such as national, district, village, departmental, and municipal, and a range of Ministries, including Ministries of Education, Health, Labour and Social Affairs, and Social Justice and Empowerment. Some examples mentioned the value of and efforts toward using or creating government networks in support of coordination of programmes for persons with disabilities. Documents submitted also provided some examples of how government has taken ownership of CBR. For example, the “Mozambican Ministry of Child, Gender and Social Action through its provincial directorate of Sofala reassumed Community Based Rehabilitation as an approach and strategy to bring forward its mission to ensure basic social protection of vulnerable groups of the population” (Mozambique Graciano).

Svein NADs input reported that a “successful CBR programme is dependent on a minimum of public structures”. Accordingly, a major aspect of government engagement particular to this set of data, related to capacity development of government structures as well as the development of curricula, manuals, tools, MOUs, and other documents. For example, Dhaka Farida Disability Disaster reported that their project “developed training modules and tools [that] are incorporated within [the] existing action plan in Bangladesh” and Karen CBM reported that they are “training and monitoring the implementation of a national CBR programme funded by the government. An evaluation of the programme will now be supported”. Mozambique Graciano reported “the integration of CBR training into the standard training of Social technicians (social workers, who are at the same time the administrative representation of the Social Ministry in the districts)”.

The Mozambique Graciano project highlighted leadership and ownership of the Social Ministry as a key aspect of their success: “Particularly the sectors of education and health are involved heavily in the promotion of health services of particular focus for persons with disabilities (such as physiotherapy) and in ensuring the preparation of the schools that will receive children with disabilities (through awareness raising and training). The Social Ministry itself coordinated access to assistive devices and social protection schemes and can thus easily support the integration of persons with disabilities in these benefiting programmes.” Table 4 in Appendix III provides further examples of content coded for this theme.

Sustainability

As it related to sustainability, the researcher coded all references to “sustainability” however defined by the document under review. In general, the World Congress presentations referenced sustainability frequently, while the good practice documents referenced it relatively infrequently. Across both sets of documents information related to sustainability discussed (a) what sustainability looks like; (b) what actions could be taken to increase project sustainability; and (c) who needs to be involved for sustainability to occur. Documents also provided some examples of aspects of CBR projects that were considered “sustainable”.

World Congress Presentations. World Congress presentations discussed sustainability in terms of financial, human resources, and project outcomes (e.g., continuation of CBR services after project wrap, Deepak Raj Sapkota & Ram Krishna Thapa). Many presentations reported that plans for sustainability must happen at the very outset or planning stage of a project, must include persons with disabilities and other relevant stakeholders, and must carry on throughout the implementation (Kempaiah). Actions for financial sustainability primarily revolved around getting government grants or moving the CBR activities under the auspices of a relevant government body. For example, Maritza Quezada reported that they obtained “local government funding for project activities. Municipalities gradually assume the costs of implementing the project and incorporate MINKA in the municipal socio-economic policy.” Jiptha Boiragee provided other options for financial sustainability of actions in his project, including monthly contributions of dues by members; and engagement in productive livelihood ventures and a revolving fund.

Some other presentations reported sustainability as sufficient “locally available resources” (Maholo Carolyne), or “local financial resources are sufficiently generated” (Deepak Raj Sapkota & Ram Krishna Thapa). Many presentations promoted the use of local volunteers to support both financial and human resource sustainability. For example, Peter Ngomwa stated that “volunteers will form a vital human resource component for service delivery at community level, thereby increasing ownership and sustainability”. Other presentations reported that sustainable human resources come when local staff are equipped with “necessary knowledge, skills, and attitudes” (Kempaiah). The presentations also suggested the coordination of CBR projects nationally or regionally and a recognition of the importance of networks and alliances to share knowledge (e.g., Alick Nyirenda) and increase collaboration (e.g., Monica Castillo Toledo). Presentations emphasized the importance of community or local stakeholder ownership to support sustainability. Community ownership, according to Etsuko Ueno, could be strengthened through “situation analysis, problem analysis, identifying key persons, conducting workshops...” Others advocated for the formation of “local councils” to lead or support the CBR projects (e.g., Peter Ngomwa; Awa Jacques Chirac Etal). Some presentations also referred to creation of inclusive policies / procedural documents as critical aspects of sustainability.

“Good Practice” Emails. Results in this body of data complemented those found in the World Congress presentations and included mention of government funding for financial sustainability, importance/value of local volunteers to support sustainability, necessity to plan for sustainability from the outset of the project and in consultation with persons with disabilities and other stakeholders, a need for networks and coordination, and the value of training to support sustainable local human resource development. The value of local ownership for sustainable programmes also emerged in this data, for example, Karen CBR reported “for advocacy and social inclusion programmes to be effective and sustainable, all members of the community must be involved and take an active role. SIMON has initiated CBR in thirty three (33) municipalities and cities in Albay, Camarines Sur and Catanduanes, who take ownership of the CBR programmes and institutionalise some with local legislation, work and financial budgets”. A number of documents in this dataset also referred to policy and procedural documents as tools to support sustainability of CBR. Table 5 provides further examples of content coded for this theme.

Evaluation of effectiveness

To guide the coding process for this theme, the researcher used a definition of “evaluation” as the systematic and objective assessment of ongoing or completed CBR programme design, implementation, and results to determine the relevance and fulfillment of objectives, efficiency, effectiveness, impact, and/or sustainability.

World Congress Presentations. Many presentations highlighted the importance and/or value of integrating and drawing from “research” for evaluating CBR projects. Presenters shared examples of studies used for evaluation in CBR that were either qualitative or quantitative or mixed methods. Example strategies for data collection related to evaluation in CBR included embedded case studies, questionnaires, group discussion, in-depth interviews, and focus groups. One presentation (Anthea Brinkman2) shared experiences collaborating with researchers with

intellectual disabilities to support the data collection and evaluation process. Many of the presentations coded in this section simply provided examples of what was achieved over the life of a given CBR programme. Many of the achievements highlighted related to simple numbers of participants, activities, or villages/households served. Petra Keil & Yana Zayed's presentation explicitly outlined a number of changes to measure. These included changes on the individual (e.g. self-worth, autonomy); family (e.g., economic situation, resilience); civil society/community (e.g., participation of persons with disabilities in community life, access to public services); and national/society (e.g., changes in government policies, practice, and budget for inclusion of persons with disabilities) levels. Many presentations shared that CBR programmes met objectives related to access, participation, independence/autonomy, awareness, attitudes, knowledge, and skills, yet provided little information about how they assessed/measured/evaluated increases in these items (e.g., "teachers, students, and community people increased their understanding including disability and IE. Their attitude and ideas have positively changed" (Salomi Mukai et al.). It is possible that presenters explained these details orally during the presentation rather than explicitly in the PowerPoint text. A few presentations mentioned data collection tools developed for CBR programme evaluation. These included DMIS (Eunious Kapito), PIE [Participation Inclusion Evaluation] (Mary Wickenden), RAD (Nathan Grills), and Roads to Inclusion (Marieke Boersma).

Perhaps most relevant to a discussion of evaluation in CBR was Mary Wickenden's presentation, which provided content on why evaluation was needed, who typically does (or should do) it, and how it can be done. This presentation reported a range of findings related to a study on CBR evaluation. They shared that community awareness of what CBR is or is trying to do is sometimes limited; many individual stories of positive impact – e.g., child going to school, securing economic stability; also many individual stories of exclusion & discrimination; and persons with disabilities are often reluctant to criticize and may have limited vision of what is possible or what they are entitled to. Mary Wickenden reported some of the challenges related to evaluation including: what is the relationship with monitoring; how to best combine quantitative and qualitative data; time/cost – resourcing of evaluations; and reaching the unreached/only hearing about successes; among many others.

“Good Practice” Emails. Good practice emails rarely referenced evaluation explicitly, however, many of the documents submitted examples of perceived effectiveness or impact of the various CBR projects reported. Similar to the presentations, the emails mostly reported results as concrete numbers of beneficiaries of such items as access (e.g., to education or health; to government benefits), employment (e.g., number of persons with disabilities in jobs), participation, formation of DPOs, or improved attitudes and awareness of family and community around persons with disabilities. A couple of documents submitted, such as Sohail Ayaz, provided detailed case studies of individuals who benefitted from their CBR programme. Some documents discussed sustainability in terms of changes in policy or procedures at government levels. For example, Mundo Bolivia reported that their project resulted in “implementation of specialized units in municipalities, where they did not exist for the integral and adequate care of persons with disabilities by government authorities at all levels, in compliance with current regulations. This initiative also led to sign inter-institutional transfer agreements with

municipalities and regional governments that guarantee the sustainability of the implementation of the CBR strategy from state institutions”. One document (Dhaka Farida 2) reported using action research and having external evaluators from the UK on the project. Table 6 in Appendix III provides further examples of content coded for this theme.

Monitoring over time

To guide the coding process for this theme, the researcher used a definition of “monitoring” as a continuing function that aims to provide management and stakeholders of a CBR programme with early indications of progress or lack thereof in the achievement of results. It involves the regular collection of information from the CBR programme and its intended beneficiaries.

World Congress Presentations. Presentations provided a range of information pertinent to monitoring of CBR programmes. First, presentations demonstrated wide consensus about the purpose of monitoring over time. Specifically, presentations stated that monitoring enables programmes to share information about project progress transparently with a range of stakeholders, including persons with disabilities, communities, and particularly government. Presenters reported that monitoring is critical to governance and accountability within CBR-CBID programmes. Presenters also reported that monitoring is important to identify persons with disabilities, track progress of CBR programming, convince decision makers to create and/or sustain ongoing CBR programmes, develop baselines for further research opportunities, promote CBR in-country planning and implementation, and inform awareness-raising, policy, legislation, and national/annual budgeting processes. Furthermore, one presentation stated that monitoring is critical to identify/escalate potential risks and mediate resolutions and to determine the cost, quality, and timing of every intervention (Sandra Willis).

Many presentations in this theme provided examples about what their organization is doing to monitor CBR programmes and the specific items they are measuring to monitor progress of results. For example, Gwynnyth Llewellyn & Darryl Barrett gave the examples of measuring changes in societal attitudes toward persons with disabilities; reduced barriers that exclude persons with disabilities; services becoming more accessible; or persons with disabilities completing specific actions such as going to school or holding a job. A couple of presentations emphasized the importance of actively involving persons with disabilities, or, CBR programme stakeholders more generally, in the determination of appropriate indicators to monitor inclusion success and in the collection of the data (Gwynnyth Llewellyn & Darryl Barrett).

A number of presentations shared information about various tools their organization has developed and/or used to support the monitoring process. These tools include the ICF (Sirinart Tongsiri; Eunious Kapito; Hung Tak Fung), DMIS (Eunious Kapito); WHO Disability Assessment Schedule II (Glenville Liburd & Uginia Thomson-2); Craig Hospital Inventory of Environmental Factors (CHIEF) short form (Glenville Liburd & Uginia Thomson-2); Roads to Inclusion (Marieke Boersma); PedsQL Family Impact/Ladder of life (Maria Zuurmond & Marjolein Baltussen); Disability Management Information System (DMIS) (Peter Ngomwa); and the Rapid Assessment of Disability (RAD) (Nathan Grills).

Presentations identified a range of challenges related to monitoring CBR programmes over time. Challenges revolved around timeframes and how data collection can be slow. Presentations reported that differences between national and local level data collection and reporting may be confusing or overlapping. A couple of presentations reported the challenge of requiring extra money in the project budget for monitoring. Other challenges related to language, complexity of data collection and capacity gaps for those collecting the data. One presentation reported several key challenges including, fragmentation of CBR approaches due to varying partner interests, lack of an integrated monitoring and evaluation interface with the district monitoring system, and limited support for harmonization of international development partners and local stakeholders (Peter Ngomwa-PPT). Wai Leung Ambrose Lo stated that documentation and monitoring is “burdensome and is often not analysed”.

“Good Practice” Emails. Many of the documents coded under this theme emphasized the importance of inclusion of both persons with disabilities and the community in monitoring of CBR programmes. Some documents gave examples of how this inclusion was implemented. For example, Karen CBM stated that the organization used a “participative process to develop AND IMPLEMENT the VCA & KAP survey tool to measure knowledge, attitudes, and perceptions [of] persons with disabilities and government officers”. Odshishi PK Rath shared that “activities were designed to identify and document practices of exclusion and solve them... Meetings with children of children’s clubs were organized regularly where cases of discrimination in school and in their communities come forward and are documented. The discrimination cases are solved with the involvement of CPC [Child Protection Committee] members, SMC [School Management Committee] members and children club members”. The data reported other approaches to monitoring such as using the Key Informant Methodology (KIM) survey (Pakistan Sohail Ayaz); surveys during community meetings with farmers (Shishir kumar best practices); and follow-ups and home visits to track progress of clients, offer technical support to parents and caregivers, provide counselling, making repairs to devices, carrying out accessibility audits, and checking on drug adherence (Uganda Carolyn Maholo; Uganda Moses Examples). Table 7 provides further examples of content coded for this theme.

Definition of Competencies Required to Implement the Programme

Within this theme, the researcher looked for specific qualities that presenters mentioned that are desirable for CBR workers to possess. The researcher also coded content related to the delivery or development of the key competencies if this was mentioned. Many of the presentations discussed skills across a range of stakeholder groups (e.g., rehabilitation therapy professional students, parents, DPOs), however, in the results to follow the researcher has attempted to capture only the content that spoke directly to “CBR workers”.

World Congress Presentations. A number of presentations outlined various competencies or skills that would be required by CBR workers. Specifically, presenters noted that CBR workers need to have management/leadership competencies, which included soft skills such as communication, respect, collaboration, problem solving, and empathy, as well as hard skills such as conducting situation and stakeholder analyses, mobilizing resources/fundraising, implementing training/capacity development of others and conducting workshops, and managing

finances. In addition to leadership skills, many presenters reported that CBR workers need to be able to screen, identify, and provide direct services to persons with disabilities in the community such as counseling (Rajaram Subbian), advocacy (Nibul Ezat), assistance to overcome activity limitations and participation restrictions (Sumaya Gabriels), and assistance with rehabilitation and disability management at home (Siphokazi Gcaza-Sompeta & Theresa Lorenzo). A few presentations reported that CBR workers should have competencies related to supporting people with specific types of disabilities (e.g., intellectual disability, mental health disability).

Interestingly, a significant proportion of presentations discussed challenges related to role conflict or role-sharing between CBR workers and disability-related professions (professions specifically mentioned included audiologists, social workers, speech therapists, special educators, physiotherapists, occupational therapists). Many presentations reported that CBR workers need to be able to share roles, skills, and information across disciplines and be able to function in trans-, multi-, or interdisciplinary settings. Theresa Lorenzo stated “‘it is not a one-man operation’ – requires deep consideration about how career pathways are developed across the different sectors”. Wei Leung Ambrose Lo reported that “there must be a recognition of need for specialists and referral mechanisms as an integral part of CBR” and Sumaya Gabriels reported that CBR workers must “perform tasks delegated by the rehabilitation professional and assist rehabilitation professional[s] to address activity limitations and participation restrictions”.

As it relates to identification or development of key competencies, some presentations lamented the lack of systematic recognition of CBR workers, or “recognition as a professional group and lack [of] belonging in terms of training, certification, and accountability...” (Andrea Vogt).

“Good Practice” Emails. Compared to the presentations, the emails included significantly less content related to CBR worker competencies. Two documents reported the importance of community worker capacity to implement appropriate wheelchair provision (Ethiopia Chandru Denap; Nicaragua Chandru Denap). A couple of organizations reported training staff targeted at broad competencies such as “disability inclusi[ve] development, gender equity” (Star Mountain Rehab Centre). A few organizations reported supporting capacity for prevention, identification, referral, or basic activities of support for children and youth with disabilities (Kenya Gideon Muga; Odshisha Vishal 2 CHAI; Pakistan Sohail). Perhaps the most detailed description of competencies came from Uganda Carolyn Maholo, who reported that “CBR field officers are trained in monitoring and evaluation of CBR Programmes, impact assessment, trainer of trainers, Networking and Collaboration, and Resource mobilization so that they can sustain CBR programmes”.

Unlike the trend from the World congress presentations, which tended to focus on outlining specific competencies, most content coded within the “good practice” dataset mentioned developing various training programmes, modules, and tools designed to train CBR workers, but did not provide (m)any details about content or targeted competencies. For example, Maria Eugenia from Colombia reported that her organization implements a “CBR graduate certificate” and supported the “construction of a didactic guide for the implementation of the CBR school strategy, which can be found in the “Edusitio” of the National Ministry of Education”.

Ahmedbad Bharath Joshi reported an on-site, practical training for CBR workers, supervisors, and coordinators, which involved placement “in mental health hospitals and in the psychiatric wards of government hospitals to gain practical experience”. Table 8 in Appendix III provides further examples of content coded for this theme.

Development of Materials

Across both datasets, presenters and organization representatives mentioned a number of different materials/resources developed, studied, or utilized by CBR programming that the researcher found to be worthy of note.

World Congress Presentations. Presenters reported engaging with a wide range of materials. These included translation of existing CBR resources into other languages (e.g., Andrea Vogt; Petra Kiel & Yana Zayed); technical guidelines and “how to’s” related to disability inclusion; resources specifically for training programmes, such as text books, manuals, and posters. Manuals noted by name were the CBR Training Manual, Light for the World (2010); and the Dream of Inclusion for all, Enablement (2011). Etsuko Ueno also reported that in 2017, his organization will provide a textbook for trainers of CBID training. Presentations also highlighted various tools useful for CBR practice in the field, such as a Disability Screening Schedule (DSS) (Geeta Chopra); directories of services or service maps; and “kits” which contain “simple materials of various kinds that can be used to identify common impairments and provide basic interventions in resource-constrained settings at individual, family, and community levels” (Naira Avetisyan).

The topics of the various materials were wide-ranging and included stroke, PIE, prevention of disability, early detection of disability, and sexual violence towards persons with disabilities. Many of the presentations coded in this theme mentioned the importance or value of the alignment with the (2010) CBR guidelines and matrix. Gwynnyth Llewellyn & Alexandra Lewis-Gargett presented results of an evaluation of CBR training materials and concluded that “CBR training materials need to be: Aligned with WHO CBR Guidelines and matrix, readily accessible in different formats, have separate sections/modules for programme managers and field workers”. Furthermore, they underlined the value of using case studies in materials: “case study approach well accepted, case studies build depth and breadth of expertise, case studies from participants’ experiences can be brought into the training.” A number of presentations reported developing tools for monitoring and/or evaluation of CBR programming and these have already been discussed in a previous section.

“Good Practice” Emails. Within the “good practice” submissions, organizations also reported translating existing materials (e.g., CBR manual) into local languages, developing training resources such as manuals for inclusive teacher training and parent counseling, and developing various tools for disability screening, and communication assessment for ASD. One organization reported developing health service maps (Dhaka Farida) and one organization reported utilizing the “CBR Prevention of Childhood Disability toolkit” (West Africa Baltussen). Table 9 in Appendix III provides further examples of content coded for this theme.

Application of International Frameworks

This theme emerged particularly while the researcher was coding the World Congress presentations and thought it may be worthy of note. Many presentations used the signing and ratification of the UNCRPD as a key point in setting context or in explaining the situation of persons with disabilities in a given context. A number of projects reported that governments created national laws in alignment with and following ratification of the CRPD and this now guides interventions in the country. Presenters used the CRPD as a way to frame, position, or justify their projects or research as mandated and necessary and some presentations reported that the framework for all of their CBR projects are guided, informed, and “inspired” by the CRPD. Many presentations cited specific CRPD articles (e.g., 11, 24, 25, 26, 27, 31, 32, 33, 35), and some argued that CBR is a direct implementation of the CRPD. For example, Djenana Jalovic & Darko Krznaric reported that the “CBR network is an example of implementation of UNCRPD articles 25 and 26 (access to health, and habilitation and rehabilitation)” or Sunarman Sukamto reported “the Convention provides the policy and legal framework. CBR provides the implementation strategy, the two are mutually reinforcing”. Also of note, some of the presentations asserted that CBR as an approach is an important means for achievement of the Sustainable Development Goals (SDGs). The good practice emails, discussed the CRPD less, however, some projects mentioned involvement in lobbying for the ratification or implementation of the CRPD or that initiatives aligned with the SDGs. Table 10 in Appendix III provides further examples of content coded for this theme.

Discussion

Analysis of these presentations uncovered a number of linkages with recent literature in the field of CBR. First, as highlighted by most of the presentations and ‘good practice’ emails, evidence from scholarly literature almost unanimously acknowledges the importance of active participation of persons with disabilities in all aspects of CBR from planning, to implementation, and monitoring and evaluation (Cleaver & Nixon, 2014; Pollard & Sakellariou, 2008). In alignment with CBR’s fundamental principles of inclusion, participation, sustainability, and empowerment, the CBR guidelines themselves were developed in consultation with persons with disabilities specifically persons with disabilities and CBR practitioners in low-income countries (Khasnabis & Motsch, 2008). Involving persons with disabilities along with their families and communities ensures that more people benefit from CBR services (Brandsma, Harijan, Wagle, & Baxter, 2008). Local communities generally know what works best for them, and can identify relevant needs and provide practical experience and resources to develop and strengthen CBR services (Sharma, 2007). Similarly to the presentations and ‘good practice’ emails, the literature emphasizes that active involvement of persons with disabilities and their communities in CBR fosters ownership which leads to commitment, empowerment, and sustainable CBR projects with less dependence on external aid and direction (Brandsma et al., 2008; Morrison et al., 2017; Pollard & Sakellariou, 2008).

The majority of presentations and ‘good practice’ emails provided positive examples of participation of persons with disabilities and their communities as well as government involvement, however, some of the literature notes that persons with disabilities are not usually involved in implementing or managing CBR projects (Deepak et al., 2013; Pollard & Sakellariou, 2008). Weber and colleagues’ (2016) review of CBR programme evaluation practices in over 230 programmes across Africa, Asia and Latin America found that only half of them included persons with disabilities and their communities in evaluation processes. This indicates a tension between published CBR research and organizations’ self-reports in presentations or good practice emails, and further research into this phenomenon may be warranted. Several recent articles have urged increased prominence and participation of persons with disabilities in CBR-related research (Cleaver & Nixon, 2014; Deepak, Kumar, Ramasamy, & Griffo, 2014). For example, Cleaver & Nixon’s (2014) 10-year scoping review of CBR found that most authors of CBR research were from high-income countries and affiliated with universities and large hospitals, demonstrating that researchers are removed from CBR implementation ‘on the ground’, and key CBR stakeholders (including persons with disabilities) are not engaged in research. Although the data in this analysis of presentations and ‘good practice’ did not ask presenters to identify country of origin or residence, this may be an interesting feature for the CBR Network to probe in future studies.

Active participation of all stakeholders, including persons with disabilities, their communities and local and national governments, may come with challenges as different stakeholders may have different perspectives, goals, and priorities. For example, in a study of CBR for children with disabilities in Nepal, children and their families reported the biggest impact of CBR was on social relationships and empowerment, whereas the CBR workers focused on physical changes (Mol, Van Brakel, & Schreurs, 2014). Some of the literature highlights the importance of DPOs and urges them to take a leadership role in CBR to promote advocacy and inclusion of persons with disabilities (Deepak et al., 2013); however, the majority of persons with disabilities are not involved in DPOs, and, as noted by some of the presentations, and by focusing solely on DPOs, those with more marginalized disabilities are at risk of being excluded (Cornielje, 2009).

A large body of literature highlights the need to monitor and evaluate CBR programmes to build an evidence base for the effectiveness of CBR (Grandisson, Hébert, & Thibeault, 2013, 2017; Madden et al., 2015; Weber, Polack, & Hartley, 2016). Similar to the presentations and ‘good practice’ emails, Lukersmith et al.’s (2013) review outlines some of the purposes of evaluation and monitoring, including to measure change/progress, investigate strengths and weaknesses of programmes, measure outcomes, and determine funding sustainability. As discussed previously and confirmed by the majority of presentations and ‘good practice’ emails, persons with disabilities should be involved in all aspects of CBR, including evaluation and monitoring (Grandisson et al., 2017; Lukersmith et al., 2013; Madden et al., 2015). For example, a study on participatory evaluation across several Asian countries, found that engaging all stakeholders in the evaluation process – the funder, NGO, CBR workers, persons with disabilities – led to increased ownership of the program by the community, increased

understanding, less negativity and distrust between stakeholders, and motivation to improve services (Crishna, 2007).

Lukersmith et al.'s (2013) review of methods and tools for CBR evaluation and monitoring also identified only a small proportion of studies that considered the satisfaction of persons with disabilities as an important aspect in monitoring and evaluation. Interestingly, this review highlighted that the purpose for evaluation was mainly to provide information to international donors, indicating that programmes are not locally/community driven (Lukersmith et al., 2013). As mentioned by several presentations and 'good practice' emails, cost, limited capacity/lack of training, time, and the complexity of CBR pose significant barriers to effective monitoring and evaluation (Lukersmith et al., 2013; Weber et al., 2016). Deepak et al. (2017) also discuss some of the challenges to data collection inherent in evaluation and monitoring, including variable classifications of disability, as well as staff competency and available time for data collection.

As several of the presentations discussed, using a range of methods for evaluation, both qualitative and quantitative aligns with other literature reviews of evaluation practices, though qualitative methods appear slightly more common (Grandisson et al., 2013; Lukersmith et al., 2013; Weber et al., 2016). The CBR Network presentations provided limited information about methods for evaluating programme effectiveness or how they determined whether objectives were met. This is consistent with Lukersmith et al.'s (2013) conclusion that there is no standard approach, procedure or tools used for CBR evaluation and no standard approach for including persons with disabilities, hence the need to clearly define goals and outcomes for directing monitoring processes. Researchers recommend developing a consistent framework and standardized instruments for evaluation so that results can be compared globally (Grandisson et al., 2017; Lukersmith et al., 2013; Weber et al., 2016). Madden et al. (2015) discuss their development of a monitoring manual for CBR in a rigorous process of a literature review, participatory research, analysis, review, and synthesis to provide a common framework for evaluation. They attempted to use both "bottom-up" approaches (i.e. participatory research), as well as "top-down" approaches in reviewing the literature and applying international frameworks; for example, similar to the presentations, they highlight the UN CRPD as a foundational "moral compass for research and development" (pg. 28), as well as the CBR guidelines and matrix for guiding CBR implementation, and the ICF as an international framework for recording and measurement (Madden et al., 2014; Madden et al., 2015).

In terms of competencies, Gilmore et al.'s (2017) recent review of core competencies for CBR workers aligns with those mentioned by the presentations in their discussion of several themes including: the need for multi-skilled workers with clinical training, and advocacy/empowerment skills; workers should be persons with disabilities or from the local community; programmes should have clear job descriptions, adequate training and support to maintain competencies; there needs to be an improvement in distribution of CBR workers; minimum training requirements should be established including disability identification, referral techniques, record keeping, case management, social protection and understanding of contextual challenges. Lorenzo et al.'s (2015) study of community based workers' competencies in three African countries, identified 3

broad skill categories: i) Integrated management of health conditions and impairments (i.e. clinical skills for assessment/interventions, as well as skills in communication and information gathering) ii) Negotiating for disability inclusive community development (i.e. mobilizing communities, using local resources, promoting participation) and iii) Facilitation of coordinated and efficient inter-sectoral management systems (i.e. promoting recognition of CBR amongst the community and professionals).

In order to meet these competencies, CBR workers need adequate training. Some of the presentations and ‘good practice’ emails mentioned that training of CBR workers also promotes sustainability. Several researchers affirm this, but highlight the need for developing a system of training and support and expanding current curricula to broaden the skillsets of mid-level CBR workers (Deepak, 2011; Gilmore et al., 2017; MacLachlan, Mannan, & McAuliffe, 2011; Mannan et al., 2012; Mannan, MacLachlan, & McAuliffe, 2013; Rule, 2013). In addition to initial training, CBR workers also need continuing education, supervision, and support (Mannan et al., 2012; Narayan & Reddy, 2008). As noted by some of the presentations, the literature also acknowledges a lack of systematic recognition of CBR workers, indicating accredited, standardized training courses for CBR are required to promote respect, career progression and maintain retention of skilled personnel (Chappell & Johannsmeier, 2009; Rule, Kahonde, & Lorenzo, 2015; Rule, Lorenzo, & Wolmarans, 2006; Tebbutt, Palanivelu, & Ghosh, 2015).

Development of materials closely links with training, as much of the discussion from the presentations and ‘good practice’ emails related to developing training programs and resources. The literature indicates the diversity of training methods and materials in CBR, ranging from several weeks of informal training all the way up to 4 year formal diploma and technician courses (Deepak, 2011; Finkenflügel, 2006; Lorenzo et al., 2015; van Pletzen, Booyens, & Lorenzo, 2014). Several other researchers support Llewellyn & Lewis-Gargett’s recommendation of aligning training material with the CBR guidelines to ensure competency in implementing effective programmes across the spectrum of the 5 domains of the CBR matrix (i.e. health, education, livelihood, social relationships, and empowerment) (Deepak, 2011; Lorenzo et al., 2015; Mannan et al., 2012; van Pletzen et al., 2014). In line with the fundamental participation of persons with disabilities in all aspects of CBR, Deepak (2011), also highlights their crucial role in training and developing resources although neither the presentations nor emails referred to this specifically. The recent launching of the WHO’s online training package INCLUDE, is an interesting development in the pursuit of a standardized training framework, however, its implementation and effectiveness has yet to be studied.

There are a number of significant limitations related to this final report of findings of the narrative analysis. First, although the researcher made efforts to contact relevant individuals to procure missing/broken files, not all individuals responded to this request, so the dataset could not be considered “complete”. Next, the nature of the study design and resulting dataset presented significant challenges to a rigorous, scientific analysis. For example, presenters designed their presentations to be accompanied by an in-person speaker, thus, some had minimal details, some were in point form, and some just had titles with an accompanying image. There is great potential for the researcher to have misunderstood, misrepresented, or omitted important

data in the course of her analysis. To guard against this limitation, the researcher made conscious efforts in her analysis and reviewed the findings on multiple occasions to verify that she reported solely based on the text provided and did not unconsciously make her own extrapolations or additions to compensate for the significant gaps in details or richness in the data. Similarly, the sources were heterogeneous in terms of level of detail or usefulness of data in the “good practice” reports provided relative to the focal areas for analysis. For example, some headings from the excel charts were not relevant to focal areas, 3-question responses varied in usefulness to analysis, and the dataset included some long, detailed reports prepared for purposes external to this analysis. Findings from this report should be interpreted and applied with these significant limitations in datasets in mind.

In the feedback call with the CBR Global Network representatives on November 23, 2017, representatives requested that the researcher dig deeper to uncover reasons behind some of the statements made in the presentation of results, to show added value, and to provide a holistic and more comprehensive picture to demonstrate the importance of some of the themes. Although the researcher returned to the data with this feedback in mind and edited the report accordingly as she found appropriate, she hesitates to go beyond the details given in this report with this dataset for fear that deeper extrapolation of such big, complex ideas from point-form PowerPoint notes would be inappropriate or inaccurate. To gain more accurate, richer, and concrete examples of added-value or the “why” behind much of the content in the themes presented, the researcher would suggest an intentional study designed for this purpose.

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Appendix I: List of Presenter-/Author-Produced Abbreviations

List of abbreviations (as used by Presenter/Author) in main text:

ASD – Autism Spectrum Disorder
CBID – Community Based Inclusive Development
CBM – Christian Blind Mission
CBR – Community Based Rehabilitation
CG – Community Groups
CHIEF – Craig Hospital Inventory of Environmental Factors
CPC – Child Protection Committee
CSG – Community Support Groups
DMIS – Disability Management Information System
DPO – Disabled Persons Organizations
DSS – Disability Screening Schedules
ICF – International Classification of Functioning
IE – Inclusive Education
INGO – International Non-Government Organization
KIM – Key Informant Methodology
NGO – Non-Government Organization
MOU – Memorandum of Understanding
PHC – Primary Health Care
PIE – Participation Inclusion Evaluation
RAD – Rapid Assessment of Disability
SDGs – Sustainable Development Goals
SMC – School Management Committee
SIMON – Not Provided
UNCRPD – United Nations Convention on the Rights of Persons with Disabilities
WHO – World Health Organization

Additional abbreviations in tables:

ASOPIECAD – Not Provided
BPA – Blind People’s Association
CBRC – Not Provided
CBVT – Community Based Vocational Training
CC – Not Provided
CDA – Not Provided (Perhaps Community Development Assistant?)
CHAI – Not Provided
CHCP - Community Health Care Providers
CIDA – Canadian International Development Agency
CODEPEDIS – Organization of Persons with Disabilities in Bolivia
CONALPEDIS – Organization of Persons with Disabilities in Bolivia
CV – Not Provided (guess: Community Volunteer?)
CWD – Children with Disabilities
DGHS – Directorate General of Health Services
DIBC - Inclusive Community Based Development

DID – Disability Inclusive Development
 DIDRR – Disability Inclusive Disaster Risk Reduction
 DRR – Disaster Risk Reduction
 DRRA – Not Provided
 DRRM – Disaster Risk, Reduction, and Measurement
 EU – European Union
 FANILO - Fampandrosoana ANIvon'ny Loterana
 FEDEPEDIS – Organization of Persons with Disabilities in Bolivia
 FGD – Focus Group Discussion
 HKSR – Hong Kong Society for Rehabilitation
 IEC – Information Education and Communication
 ISWP – International Society of Wheelchair Professionals
 JICA – Japanese International Cooperation Agency
 KAP – Knowledge, Attitudes, & Practices
 LGU – Local Government Units
 LSMHP – Lesotho Society of Mentally Handicapped Persons
 MAP – Not Provided
 MHSP – Mental Health Support Programme
 MINKA – Not Provided
 MoHFW - Ministry of Health and Family Welfare
 MPDSP – Not Provided
 NAD – Not Provided
 NCDC – Non-communicable disease
 NDD – Neurodevelopmental Disability
 NDDT – Neuro-Developmental Disability Trust
 NFU – Not Provided
 NIMH – National Institute of Mental Health
 NINS – National Institute of Neuroscience
 NITOR – National Institute of Traumatology and Orthopedic Rehabilitation
 PCCID - Philippine communities inclusive of everyone, through Capability-building for inclusion, with focus on persons with disabilities
 PIHRS – Promoting Inclusive Health and Rehabilitation Services
 PIL – Public Interest Litigation
 PODCAM – Parents of Disabled Children Malawi
 PSG – Parent Support Group
 PSH – Personne en situation de handicap
 PWD – Persons with Disabilities
 SAO – Sub-District Administrative Organization
 SETI – Support, Education, and Training for Inclusion
 SHG – Self Help Group
 SIA – Seva in Action
 SIDA – Swedish International Development Cooperation Agency
 SMRC – Star Mountain Rehabilitation Centre
 SMS – Short Message Service
 TAMH – Tanzania Association of Mentally Handicapped
 TOT – Training of Trainers

UHC – Not Provided [But I’m guessing: Upazilla Health Complex]
UNICEF – United Nations International Children's Emergency Fund.
UPACLED – Uganda Parents of Children with Learning Disabilities
VCA – Not provided
VHC – Village Health Committees
WB - World Bank
ZAPCD – Zambia Association for Parents of Children with Disabilities
ZAPDD – Zanzibar Association for People with Developmental Disabilities
ZAPHCA – Zimbabwe Parents of Handicapped Children Association

Appendix II – List of Presenters and Email Addresses*

*Organized alphabetically from first name provided in CBR network list

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Appendix III – Results Tables – Additional Quotes

Table 3: Further examples of content coded: Involvement of Persons with disabilities

Theme	Presentations	Emails
<p>Involvement of people with disabilities and their families</p>	<ul style="list-style-type: none"> • BATDULAM TUMENBAYAR-2 The working group which consists of 30 representatives of DPO and 20 representatives of different Ministries and Government Agencies has been established by the resolution of A/106 of Minister of MPDSP and finalized the Law draft on right of PWD. /October 2013 / On 29 June 2015 the Law draft on the rights of PWD has been discussed by the Mongolian Government and agreed to submit to the Mongolian Parliament for further ratification. This is a best practice on how to ensure the rights of PWD through effective collaboration among Government of Mongolia and DPOs and as a result the LAW OF MONGOLIA ON THE RIGHTS OF PERSONS WITH DISABILITIES has been elaborated in line with principles of CBR, CBID and CRPD and approved by Mongolian Parliament. • GWYNNYTH LLEWELLYN & DARRYL BARRETT CBR is a community-based inclusive development strategy... – DPOs are integral in informing about the barriers to disability inclusion and in working with government and NGOs to reduce the barriers Monitoring and evaluating the contribution of CBR as CBID strategy requires: – Involving people with disabilities in determining the measures of progress and indicators of disability inclusion success • ROSALINA FLORES OBANDO In this context ASOPIECAD, supported by CBM, recognizes the importance of networking and 	<ul style="list-style-type: none"> • COLOMBIA Maria Eugenia RBC FUNDACION CARVAJAL In 2006, we got a volunteers group together who adopted our CBR strategy, creating some meeting and accompaniment spaces for persons with disabilities and their families through the participation of leaders as volunteer promoters in our prioritized sectors of the city. • Kenya Inclusive Disability Practices for international Advocacy Training in Attitude change, Advocacy, Lobbying to build self-esteem of PWDs and Parents of CWDs to promote self-advocacy Working with DPOs/ Parent support groups and Councillors of PWDs to champion their needs Use of Persons with Disabilities (Councillors) as Volunteers to identify PWDs in community and Trainers to build confidence and self-esteem of PWDs Linking Parents of CWDs and DPOs to service providers • Ahmedbad Bharath Joshi CBR_Mental Health The Blind People’s Association (BPA), an NGO, was selected to design and implement the MHSP [Mental Health Support Programme] as it had extensive experience in the implementation of Community Based Rehabilitation (CBR) programmes for persons with different types of disability. BPA developed a pilot project to rehabilitate persons with severe mental disorders and called it “Integration of Persons with Mental Disorders into CBR Model”.

	<p>alliances with organizations of persons with disabilities, governmental and non-governmental organizations.</p> <p>This facilitates the full and effective participation of people with disabilities at different levels of planning and implementation of different activities, both locally and nationally.</p> <p>The family involvement in the process of inclusive development of persons with disabilities is important, but so is the professional collaboration, with defined roles of participants and motivators in this process.</p> <ul style="list-style-type: none"> • TUMPAL SUJADI recruit staff with disabilities+ optimize their potential Interact/serve with people/patient with disabilities DPOs can support health institutions connect with CBR networks and DPOs for rehabilitation purposes mobilize patients with disabilities to do case finding <p>Involve DPOs more as a consultation partners Open various roles in health institutions that can be supported by persons with disabilities Doing rehabilitation for patient</p> <ul style="list-style-type: none"> • ALICK NYIRENDA Increased participation and ownership of CBR by persons with disabilities, parents of children with disabilities and the communities in targeted areas <p>Inclusion Africa (a member of Inclusion International) has members from Benin, Burkina Faso, Ethiopia, Ghana, Lesotho, Malawi, Mauritius, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zanzibar and Zimbabwe. The voice of African based DPOs which focus on intellectual or developmental</p>	<ul style="list-style-type: none"> • Anchor IASG Mapping Community Initiatives -Participatory district assessments brought stakeholders together around evidence-informed nutrition actions in Uganda <p>Village health committees (VHCs), made up of volunteers, work with primary health care services to identify health-related priorities and implement health actions</p> <ul style="list-style-type: none"> • Bangalore Promoting inclusion Seva-in-Action (SIA) In 25 years of our service to the rural disabled population, SIA has been able to form CBR Committees with local people and parents groups to sustain the rehabilitation programmes in rural areas. Ramanagara is one of the Centres which has an active local CBR Committee & parents group in the name of 'Srushti Parents Association' under the National Trust. Now they are helping to run the self-help centre in Ramanagara which was started by SIA in 1985. Now the centre is running in the name of 'Samvardhana Resource Centre' as it was upgraded over a period of time. <p>Mothers are involved in planning, making teaching learning aids & facilitating learning to the child both at the centre and at home. However all mothers are not involved due to many reasons even though the resource teacher wants them to be in the centre at least twice or thrice a week. Only 25-30% of parents' involvement is there. Wherever the mother is involved that child is progressing well.</p> <ul style="list-style-type: none"> • Bangkok somchai IASG Mapping Community Initiatives-FCD-31032017 Community approach according to our foundation's understanding is all the main process of implementation is
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	<p>disabilities are well represented. The area of intellectual disabilities is undersupported, so efforts by Inclusion International is helping refocus attention on intellectual disabilities in Africa.</p> <p>The exclusion of children with intellectual disabilities has been identified as a key weakness in many CBR programmes (WHO 2003, Robertson et al 2009). With Self advocates on the increase, more parents are now working with other parents for mutual Support.</p> <ul style="list-style-type: none"> • Inclusion Africa, other regional DPOs and National umbrella DPOs are increasingly supporting the need for quality support for persons with intellectual and/or developmental disabilities. • More Parents Support Groups (PSGs) are being formed in Africa induced by the rights-based approach. Parents of Disabled Children Malawi (PODCAM), Zambia Association for Parents of Children with Disabilities (ZAPCD), the Uganda Parents of Children with Learning Disabilities (UPACLED), Lesotho Society of Mentally Handicapped Persons (LSMHP), Zanzibar Association for People with Developmental Disabilities (ZAPDD), Tanzania Association of Mentally Handicapped (TAMH), Zimbabwe Parents of Handicapped Children Association (ZAPHCA). • The Parent led local DPOs are increasingly becoming the highest in number, more than other forms of types of DPOs. <p>Self-Advocates are now increasingly involved in raising their voices and are more innovative through photos, drama, discussions, and filming (Atlas Alliance, NAD, NFU 2008) as learnt in Tanzania and Uganda.</p> <ul style="list-style-type: none"> • AWA JACQUES CHIRAC 	<p>initiated from community with full participation of persons with disabilities, their families as well as community people. We work through the community organization at sub-district level called "sub-district administrative organization (SAO).</p> <ul style="list-style-type: none"> • Bulgaria pasteur nalason EXEMPLE D Mesure pour que les PSH [Personnes en situation de handicap] participent à cette approche communautaire : D'après ces quelques exemples, nous pouvons dire que la participation de PSH ou leur association lors d'un événement passant dans leur commune ou fokontany favorise leur insertion et leur collaboration aux développements de la communauté. Toutes les activités de FANILO CBR développent la participation active des PSH et leur association. • Examples of Good Practice in Inclusion of Persons 30.3.2017 It seeks to engage persons with intellectual disability in general and persons with intellectual disability in particular as well as include them in the local community in terms of health, education and labor. SMRC [Star Mountain Rehabilitation Centre] works with persons with intellectual disability to become self-advocates, mobilizes the community to build community support groups for persons with disability and mobilizes institutions working in the field of disability to assist in the advocacy campaigns calling for the rights of persons with disability. The Advocacy Committee consists of 6 local institutions and 2 family members of SMRC beneficiaries and 2 family members of other institutions' beneficiaries form a body to advocate for the rights of persons with intellectual disabilities and organize activities to raise awareness of disability issues. They meet on a
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	<p style="text-align: center;">ETAL-SUSTAINABILITY OF CBR</p> <p>Involving DPO leaders in lobby and advocacy initiatives is one way of strengthening capacities by mentoring.</p> <p>The next strategic direction will be to increase the representation and voice of PWDs in inclusive local governance and within traditional power institutions, engaging in making inclusion a core value within these institutions as a means of guaranteeing sustainability.</p> <ul style="list-style-type: none"> • HUNG TAK FUNG ANCHOR-2 Evidence-based/ Practice-based research and advocacy with participation – involve persons with disabilities as major stakeholders instead of pure passive research subjects <ul style="list-style-type: none"> – Conventional research methods will be employed like quantitative studies, focus groups, case studies and stakeholders’ interviews – PwDs are involved in the planning of the studies for the topics and items to be included – Initial findings will be discussed and interpreted with PwDs <p>Appropriate involvement of PwDs and other stakeholders in research activities can be very empowering</p> <p>HKSAR [Hong Kong Society for Rehabilitation] has set up the Centre on Research and Advocacy for evidence-based research and user-participatory advocacy is very vital in CBR.</p>	<p>monthly basis to discuss issues and rights related to disability issues with governmental and non-governmental organizations. It plays a strategic role in exercising pressure on policy makers to implement the current Palestinian laws for the benefit of persons with intellectual disability. The family members in the Advocacy Committee bring up issues of concern of persons with intellectual disability from the family committee and family groups to the Advocacy committee to tackle them on higher levels. Thus, the Advocacy Committee is a medium between the families and the higher up policy makers.</p> <ul style="list-style-type: none"> • Guyana gelli Management and inclusive development The membership of the organisation is across ethno-political groupings and includes persons with mainly visual, hearing, speech, learning and physical disabilities. In keeping with the philosophy and principles of the organisation, each member’s contribution is recognised and valued. The organisation utilises a participatory approach to management, so that stakeholders at all levels contribute to the decision making process, through a management structure described below. At the national level, the programme is managed by a national committee that is made up of nine members elected by the regions. Within the regions, regional committees are responsible for the management of activities at the regional level. The committees at the national and regional levels consist of ordinary members (persons with disabilities, and family members) and supporting members (trained volunteers and anyone interested in supporting the work of CBR). Regional coordinators, who are volunteers are responsible for the coordination of the activities in the regions and are answerable to the
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		regional committees. Overall coordination of the CBR programme is through the national committee with the support of a national adviser who provides technical guidance to the CBR Programme.
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Table 4: Further examples of content coded: Involvement of Government

Theme	Presentations	Emails
Involvement of local or national government	<ul style="list-style-type: none"> • MARITZA QUEZADA- SUSTAINABILITY OF CBR Sustainability Local government funding for project activities. Municipalities gradually assume the costs of implementing the project and incorporate MINKA in the municipal socio-economic policy • RAKOTONDRAZAKA- (PRESENTER LUC PARIOT-2) Engage local authorities in the development of a disability mainstreaming policy to ensure that development initiatives are inclusive & sustainable (Municipalities & churches contribute to the budget to support PWDs) • SANDRA WILLIS Assess & facilitate cross-government and community-based dialogue ensuring that all projects meet strategic objectives • YOGENDRA GIRI Core Principles of Inspire2Care Local Responsibility and Ownership Partnership with Local Government Cost Sharing with Community • DEEPAK RAJ SAPKOTA & RAM KRISHNA THAPA Results in Pilot Phase (2011-2015) contd... -Local level fund of around USD 2500 per village 	<ul style="list-style-type: none"> • COLOMBIA Maria Eugenia RBC FUNDACION CARVAJAL In 2013, we transferred our program in partnership with the National Ministry of Education, 18 municipal education secretariats, and the Saldarriaga Concha Foundation to promote access, permanence and educational promotion of students with disabilities in Bolivar, Sucre and Valle del Cauca, Colombia. Last year (2016), in partnership with the National Ministry of Education, we wrote the "Guiding document for the educational transition of students with disabilities and exceptional abilities or talents in early, basic, and high school Education". • Bolivia Mundo Inclusivo Mapping Community Initiatives 30_03_2017 +HI Mundo Inclusivo program, of Caritas La Paz, organized the visit of authorities of the specialised units in attention of people with disabilities in municipal and departmental governments, as well as organizations of persons with disabilities (CONALPEDIS, CODEPEDIS and FEDEPEDIS) of the intervention areas of the program (La Paz- urban area, Sorata and Coroico -, Oruro, Potosi, Tarija and Sucre). This accomplished the implementation of specialized units in municipalities where they did not exist for the integral and adequate care of people with disabilities by

	<p>-Community empowerment and ownership of inclusion of persons with disabilities -Inspire2Care program has been endorsed in plan of local government (village and district)</p> <ul style="list-style-type: none"> • David Lopez NICARAGUA-ENG- In Nicaragua there is a favorable legal framework that supports the rights of persons with disabilities and clearly includes the construction of an integrated model of services for people with disabilities with emphasis on the implementation of the strategy of CBR. • Officialization of the CBR strategy as inclusive community-based development (DIBC) (September 2012). • The government is open to include in its social agenda the issue of disability work, enabling proactive participation in relevant issues of law in coordination with organizations of persons with disabilities, governmental institutions and human rights ombudsman : - Inclusive Education - Inclusive Income Generation - Accessibility • DJENANA JALOVICIC & DARKO KRZNNARIC- SUSTAINABILITY OF CBR War Victims Rehabilitation Project • Infrastructure development • Human resources development • Policy development • Cross-sectoral NGO-NGO collaboration • Multidisciplinary rehabilitation team • Local governments, WB, CIDA [Canadian International Development Agency], SIDA [Swedish International Development Agency], JICA [Japanese International Cooperation Agency], and EU donors <p>Policy development: CBR an integral part of primary health care Law on</p>	<p>government authorities of all levels, in compliance with current regulations. This initiative also led to sign inter-institutional transfer agreements with municipalities and regional governments that guarantee the sustainability of the implementation of the CBR strategy from state institutions.</p> <ul style="list-style-type: none"> • HI-Cuba-RBC-IASG Mapping Community Initiatives_16 2 17 Cuban Ministry of Health, Ministry of Education, Ministry for Labour and Social Affairs, Cuban asociacion of people with physical disabilities, Cuban asociacion of blind people, Cuban asociacion of deaf people • Ahmedbad Bharath JoshiCBR_Mental Health Identification of local partners: It was necessary to identify competent partners to implement the CBR programmes as this was the first time BPA was working for persons with mental disorders. Hence, BPA selected partner organisations that had experience in conducting CBR programmes. The 4 local partners chosen had been in the field of disability and CBR for the previous 10 years or more. These implementing agencies had a strong presence in the community and maintained good relations with government departments from village to district levels. • Arman north east India Ali Shishu Sarothi's Good Practice We work with a range of stakeholders. However our primary focus is on persons with disabilities in North East India. We work with state as well as non-state actors covering both rural and urban geographical areas. For instance we are engaged in imparting training to bureaucrats in Assam at their training centres on disabilities, sensitising government officials and
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	<p>Health Care and Health Insurance Law</p> <ul style="list-style-type: none"> • FARIDA YESMIN Implemented Pilot project with MoHFW -Conducted study on access to mainstream health for identifying gaps within the government health system -Implementation of inclusive health project through Tri-party MoU (MoHFW [Ministry of Health and Family Welfare], CBM and DRRA) -Ensured availability of quality rehab facilities at Upazila (sub-district) level hospitals -Involvement of DPOs for service coordination and participation of people with disabilities -Established functional referral mechanism (community to national level) -Capacity building of Government field worker on disability prevention and early identification -Service monitoring and coordination -Office order for involvement of Government service providers and allocation of rehabilitation centre at hospital -Hospital Facilities are open for persons with disabilities (Drugs, OT, Bed, pathology, Space, Furniture) one stop service for persons with disabilities -Formation of inclusive health committee within health ministry and sub district level hospitals <p>Upazila health workers & CHCP [Community Health Care Providers] on Community Clinics are working on disability prevention and developing training module and Tools Arrange TOT for government hospital doctors</p> <p>Inclusion of disability as a part of NCDC (non-communicable disease) National action plans for next five years.</p>	<p>the state on the evolving issues of disabilities. We also confront the government where it is possible, cooperate when it's a must, cope where we can. It is the society which creates barriers for persons with disabilities, therefore, our interventions are also in the area of awareness generation to non-disabled communities and sensitising them on their predefined notion of disabilities.</p> <p>Bangalore Promoting inclusion Seva-in-Action The centre has linkages with the Govt. Departments and other NGOs working in Ramanagara like Association for the Physically Disabled, Spastics Society of Karnataka, Disabled Peoples' Organisation, for resource support like therapy, assistive devices, government facilities.</p> <ul style="list-style-type: none"> • Dhaka Farida Good Practice_PIHRS <p>Summary of the good practice: Health is rights issue but it mostly denied for the people with disability. Their access in health and rehabilitation are not easy and cost effective. But PIHRS [Promoting inclusive health and rehabilitation services] project are able to establish an example. The essential health services are now available and attainable for persons with disabilities in their own locality. This happens as a result of interventions of PIHRS project, a joint initiative with the Ministry of Health since 2015. The project goal is to develop rehabilitation services for persons with disabilities through improving access, awareness, and disability inclusive approaches within the government health system. PIHRS Project is considering as a model for future for Inclusive health at Upazila and Community health system. Under this project, nine (9) Upazila Health Complexes of three districts (Satkhira,</p>
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	<ul style="list-style-type: none"> • JULIANA N BODAN & JAMES LALU Roles of Traditional rules in CBR program 	<p>Manikganj, and Chittagong) are adopted with equipment and rehabilitation service including technical staff. This project is powered by the Directorate General of Health Services (DGHS), National Institute of Mental Health (NIMH), National Institute of Neuroscience (NINS), National Institute of Traumatology and Orthopedic Rehabilitation (NITOR), Neuro- Developmental Disability Trust (NDD Trust) at the national level.</p>
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Table 5: Further examples of content coded: Sustainability

Theme	Presentations	Emails
Sustainability	<ul style="list-style-type: none"> • RIPON CHAKRABORTY Selecting local community members with disabilities as Community Volunteers is important to establish links with key stakeholders and strengthen relationships within communities • SARA VARUGHESE & JAY KUMAR Relationships and commitments among the stakeholders involved Knowledge, capacity and values generated Sustainability Fund human resource and programs Community participation from day one <ul style="list-style-type: none"> • Develop community structures and have role clarity • Build their capacity and encourage them to handle some of the activities from the beginning • Representatives on forefront • Coordination among different stakeholders • Local resources (human and finance) to be identified and utilized • SHISHIR KUMAR Scalable & Sustainable Interventions: Possible only Through Convergence Skills 	<ul style="list-style-type: none"> • Guyana gelli Management and inclusive development The CBR volunteers are members of the community and represent a variety of professions, experiences, volunteer groups and include persons with disabilities and their families. The volunteers are regarded as an essential component of a strategy to provide rehabilitation support for persons with disabilities and their families so as to facilitate their social and economic development in the mainstream of life in the community. That strategy is regarded as a model of sustainable community involvement in the area of disability and human rights for persons with disabilities. • KAREN CBM initiatives community strategies GoodPractices Promotion of strong DPOs and inclusive SHGs and its federation at district and state levels to ensure better inclusion, participation, self-advocacy, accessibility and sustainability of the project and its processes. • Odshisha vishal 2 CHAI Intervention model Also there is emphasis on providing these services within the beneficiary’s own environment by utilizing locally

	<ul style="list-style-type: none"> • Government, NGO, Corporate Run Training Institutions Resources • Government Schemes – Livelihood, Skill Development, Financial Inclusion Market Linkages • Building Institutions through Government Funding – Producer Companies <ul style="list-style-type: none"> • SOPHIA LIU YING Mobilize community resources and build up localized CBR networks and models. Develop local training for people with disabilities as leaders and managers of CBR, and for professionals/officials supporting CBR • BIKRAM KESHARI MOHAPATRA Hiring of local and cultural oriented trainers, selection of training points close or within the locality of the women target groups was a success for the results. Greater support from CBRC, CVs, and Community based rehabilitation workers support to the intervention was the key for achieving the result. • JOSEPH MUNYANDAMUTSA (PRESENTER Emmanuel Ndayisaba) Multi sectoral CBR coordination committees set in place. (CBR structure) only at local level <ul style="list-style-type: none"> • Awareness campaigns, community mobilization & sensitization using existing community groups • Decentralization of project activities to build a bottom-up approach in the development of a relevant CBR programme in a real local context. • KENCHI JOSEPH ETAL The CBR program is now working closely with civil society, governmental, and non-governmental organizations. 	<p>available resources thus ensuring cost effectiveness and sustainability of the model.</p> <ul style="list-style-type: none"> • Phillipiness Ferdiliza Dandah Garcia UP CAMP CBR We try to follow community development approaches by starting with a needs assessment that should be across the lifespan and gender inclusive so that we can see where the community is at and where we can help. Next, planning is done with the community to know what programs and services we could provide that are meaningful and hopefully sustainable. <p>Our first program in Rodriguez, Rizal has succeeded in building a support group of persons with disabilities that act as CBR workers in their area. We have ended our program there in 2007. Until now, their group exists to serve other persons with disabilities and their families in their area since they still do not have therapists in their area.</p> <ul style="list-style-type: none"> • UK Aimee Shalan MAP understands community approaches as having projects/programs based on initiatives stemming from the local community who identifies and expresses the existing needs. The need for action is ideally determined by the local community who mobilizes their local resources to seek support to respond and fill a gap in the needed and prioritized services. The support to such community initiatives should start from where the community has reached in the process and avoid starting the process in a top-down approach from ground zero. It should build on what already exists and achieved by community. This matter supports the local community’s feeling of ownership which is an essential factor. Whether the community stakeholders have already finalized the development of all stages of
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	<p>Progressive shift in paradigm over the years leading to more sustainable results.</p> <p>Still hugely dependent on external funding</p> <p>Currently implementing a sustainability strategy.</p>	<p>assessment and planning pertaining to the project/program proposal, or they need support in developing the project/program- in both cases, our approach should involve the community stakeholders in the process/cycle (assessment, planning, implementation, and monitoring and evaluation).</p>
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Table 6: Further examples of content coded: Evaluation of Effectiveness

Theme	Presentations	Emails
<p>Evaluation of Effectiveness</p>	<ul style="list-style-type: none"> • AWA JACQUES CHIRAC-2 Question: “How has the CBR program contributed to social inclusion?” • Use of WHO guidelines and the principles of DID as a framework • Examples from a CBR program in the North West Region of Cameroon > 20 years • Focus on CBR integrating with other programs and looking for ways to build inclusion <p>Deeper understanding comes with discussion and analysis – Not just “What happened?”</p> <p>Goes deeper, asks about broader development initiatives: – Where is the decision making in programs? – Who is making the decisions? – How are people with disabilities and CBR workers included or excluded?</p> <ul style="list-style-type: none"> • Personal experiences and organizational programs can both contribute to periodic reflective and reflexive processes • Strengthens the evaluation of progress <ul style="list-style-type: none"> • BARBARA BATESAKI Data was obtained through: 1. Face to face interviews 2. Self-administered interview guides at each study site. 3. Measures of exclusion were examined in the community, DPOs and from service providers at each study site. • BIKRAM KESHARI 	<ul style="list-style-type: none"> • Kenya Inclusive Disability Practices for international Advocacy <p>Follow ups and Home Visits</p> <p>This helps to track progress of PWDs, offer technical support to parents and caregivers to cope with managing disability at family level, counselling to families of disabled children, checking drug adherence, making repairs for devices and carrying out accessibility audits to improve access in homes and facilities</p> <p>Field trips and role play at Peer Counselling programmes</p> <ul style="list-style-type: none"> • SETI [Support, Education, and Training for Inclusion]-Caritas Egypt community initiative vocational rehabilitation <p>Impact:</p> <p>The activities directly implemented by SETI impacted the lives of 8 hundred youth with disabilities and their families facilitating their access to decent livelihood opportunities in rural and urban settings, enhancing their self-fulfillment and inclusion in community life. It modified attitudes of their employers and their communities to make them more inclusive and welcoming of diversities. 500 found jobs in the open market, 300 succeeded in self-employment businesses with the support of families. 30% of them are women. Hundreds others were employed</p>

	<p>MOHAPATRA Different aspects covered under the study -Realization of expectation level of participants; -Satisfaction level; - Effectiveness of additional training like literacy and entrepreneurship management. -Percentage of trainees found employment or self-employment -Changes in their lifestyles after the training</p> <ul style="list-style-type: none"> • MOHAMMAD AMIN QANET (PRESENTER BIKRAM MOHAPATRA) To understand how the inclusion of physical rehabilitation; incorporation of accessibility features in health infrastructures; awareness; training, and coordination between health and disability programmes have contributed towards improved access of persons with disabilities to health and physical rehabilitation services <p>Data collection tools - Qualitative tools – Focus groups discussion, semi structured interview, meetings, accessibility study - Quantitative tools- Review of database Limitation of the study-As it is a small qualitative study, the findings cannot be generalized -Inclusion of mental health was not covered under the study due to time limitations</p> <ul style="list-style-type: none"> • NATHAN GRILLS Cross-sectional population-based household survey using a two-stage cluster random sampling. <ul style="list-style-type: none"> • 1st stage sampling: clusters randomly selected from the sampling frame using probability of selection proportional to cluster size. • 2nd stage: selecting households within clusters through compact segment sampling. • Each case (disability) matched with control (matched age, sex) from the immediate neighbour 	<p>through the activities of CDAs trained on the practice. Young men and women with intellectual and related disabilities showed increased independence in performing basic skills of daily life, acquired basic employment pre-requisites, and found jobs as a result of this practice, whether in open market or in family businesses. Youth trained by the program maintain their jobs, their families are more aware of their rights and support them, employers are willing to modify their attitudes once they understand the necessity and usefulness of employment of persons with disabilities, they are satisfied with their performance and willing to employ more of them. Associations and community entities trained support employment of persons with intellectual disabilities and spread the practice in other regions.</p> <p>The practice was selected as one of 56 innovative world practices in the field of employment of persons with disabilities by Essl Foundation, World Future Foundation and European Council and won Zero project award for the year 2017.</p> <p>The selection committee composed of renowned disability and accessibility experts reviewed more than 200 practices from different countries. It described SETI’s practice as exemplary in the areas of innovation, impact, chances of long-term growth and success, and scalability, as well as outstanding in providing a practical solution to improve inclusion and accessibility to right to work for persons with disabilities.</p> <ul style="list-style-type: none"> • Ahmedbad Bharath JoshiCBR_Mental Health The pilot projects proved that people with mental illness could be rehabilitated within community settings. The CBR Pilot project changed not only the lives of people
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	<p>RAD Tool Survey Advantages</p> <ul style="list-style-type: none"> • Estimate number of people with disability in a community using ‘functioning’ as a measure • Identify participation and inclusion in the community • Identify barriers related to participation restrictions • Compare with those without disability (case control) <p>RAD Tool Survey Limitations:</p> <ul style="list-style-type: none"> • Not so rapid. Paper based. Data quality. • Provides a snapshot only...NOT details on – • Diagnosis of conditions (self-report) – • Causes of disability and factors leading to barriers to participation <ul style="list-style-type: none"> • WAI LEUNG AMBROSE LO Measure and review regularly how we are doing:- to provide opportunities for people with disabilities to develop self-management skills, self-esteem and confidence and increasingly participate in many of the higher level responsibilities of CBR: - Planning, budgeting and problem-solving - Training and promotion - Awareness raising and advocacy - Monitoring, evaluation and reporting to officials/funders - Research <p>Strong research will help to</p> <ul style="list-style-type: none"> • make CBR visible to officials, managers, funders and the public • encourage and stimulate staff, people with disabilities, communities • promote creativity, innovation and development <ul style="list-style-type: none"> • NICKY SEYMOUR 4 questions • What are the challenges with wheelchair provision and use? • What are the contributing factors? • What role can you play? • What is needed for you to achieve this? <ul style="list-style-type: none"> • powerpoint presentation malaysia 1 final <p>Research and information - limited data for evidence based interventions</p>	<p>with mental illness but also the attitudes of community members towards mental illness. The biggest gains were post-treatment rehabilitation, changed attitudes towards the mentally ill and evidence that the illness is treatable and that people could be respected and productive citizens in the community without having to be in mental hospitals.</p> <ul style="list-style-type: none"> • Arman north east India Ali Shishu Sarothi's Good Practice One of the landmark judgements by the court after the Public Interest Litigation (PIL) filed by Shishu Sarothi in 2005 was reservation of category ‘A’ and category ‘B’ post in the State Civil Service Cadre examination which otherwise was not available. The court passed an order directing the State to reserve post for Persons with Disabilities in Category ‘A’ and ‘B’ post. Ever since the judgement, the number of persons with disabilities in State Civil Service Cadre has increase tremendously. For instance in the year 2013-14 and 2014-15 eight (8) and thirteen (13) persons with disabilities qualified for Category ‘A’ and ‘B’ post. <p>Public Interest Litigation (PIL) for accessibility in the Guwahati Railway Station (2013) has also largely yielded positive results like accessible entrance to the station, reserved parking for disabled people, accessible counters / helpdesks, waiting lobbies, washrooms, drinking water facilities, raising height of platform.</p> <ul style="list-style-type: none"> • KAREN CBM initiatives community strategies_GoodPractices Over 300 LGUs [Local Government Units] (out of about 1,750 in total) are endorsing CBID with ordinances, policies and budgets. This work has been possible with a shift in thinking
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		<p>of these partners from implementers to enablers. Additionally, three partners have together introduced a particular focus within their CBID work on community & clinical mental health which is effective and supported in the communities and by LGUs. Partners have moved from traditional specialist focus, e.g. DEAF Inc., who closed their school, got deaf students enrolled in local schools and their teachers were assigned as support teachers, with 50% salary covered by local government. A recent key strategy is to “cluster” key CBID partners, so they create a critical mass, work more closely together, share resources and through collaboration, reach more women, men, girls and boys with diverse disabilities and work with them for inclusion in local development initiatives.</p> <p>Long-term outcome: Reduced vulnerability of persons with disabilities in natural disasters in urban communities in Metro Manila and surrounding provinces. Medium-term outcomes: 1) Disability Inclusive DRR [Disaster Risk Reduction] integrated within plans and practices of target communities. 2) Government institutions integrate disability into DRR planning and practices. Short-term outcomes: 1) Local communities, persons with disabilities, and government institutions have enhanced skills, knowledge, and attitude on DIDRR. 2) Increased collaboration between key local and government institutions for a DIDRR strategy. Links with National Council on Disability Affairs and some training provided by the Office of Civil Defence. Participative process to develop AND IMPLEMENT the VCA & KAP [knowledge, attitude, practices] survey tool to measure knowledge, attitudes and perceptions persons with disabilities and government officers. To date, the KAP</p>
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		<p>survey has been conducted in all 11 communities. Persons with disability themselves have realized that they can contribute to DRRM [disaster risk reduction and measurement] and not always subject to rescue. This Activity is the first time for some of the DPOs to collaborate with their respective LGUs especially in terms of DRRM. Exceeding the target by 292, a total of 525 (231 M; 312 F) community members and government representatives have attended training in DIDRR through community mapping and community organising.</p>
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Table 7: Further examples of content coded: Monitoring Over Time

Theme	Presentations	Emails
Monitoring Over Time	<ul style="list-style-type: none"> • ANDREA VOGT Evaluation, monitoring and empirical research into the effectiveness of CBR a) to make good use of the available outside resources as mid-term and final evaluations of projects came up and to share findings of such evaluations transparently with all stakeholders. b) a call for all of us to increase our engagement with the academic world. • GWYNNYTH LLEWELLYN & DARRYL BARRETT Monitoring and Evaluation • Critical to governance and accountability is that there is data to monitor and evaluate the process and outcome of CBR-CBID • Requires genuine and ongoing discussion about what inclusion of people with disabilities looks like to know what data needs to be collected – Number of local areas served and people in a program is not enough to measure disability inclusion <p>Measuring progress towards disability inclusion</p> <ul style="list-style-type: none"> • Measuring for example – changes in societal attitudes towards people with disabilities 	<ul style="list-style-type: none"> • Dhaka Farida 2 Good practice of disability and disaster final Validation: During project development it was planned as action research so the whole processes are documented and external expert from UK was reported and final report was published with UK based university along with project team. National level workshop, local level FGD [Focus Group Discussion] with different stakeholders are ensure DPOs involvement in whole process was concerning as key element of the validation process. • Pakistan Sohail AYazMCG-CBDRM KP BAL SND Request for Proposals 030714 The community based initiatives may also involve creating a healthy environment through change in systematic change in public policy and in community institutions and services. The interventions such as grassroots’ community surveys and advocacy at the appropriate forums are considered a change agent. <p>In the project “Mainstreaming Disability in Emergency Response and</p>

	<p>– reduced barriers which exclude people with disabilities – services becoming accessible and inclusive – people with disabilities going to school, becoming and staying healthy, getting and keeping a job, raising a family, serving the community</p> <p>Monitoring and evaluating the contribution of CBR as CBID strategy requires: – Involving people with disabilities in determining the measures of progress and indicators of disability inclusion success – Choosing measures and indicators that are meaningful and useful to decision-makers who have the power to influence change – Presenting the data in ways that convince decision makers to create and/ or sustain ongoing CBR and disability inclusion</p> <ul style="list-style-type: none"> • Passah Alain and Pascal Ahidjo CBR in Practice Presentation The putting in place of a system for data collection, while advocating for the integration of mental health in the health information system to the competent authorities; <p>Consolidate and capitalize present achievements and skills in community based mental healthcare through in depth studies and researches.</p> <ul style="list-style-type: none"> • ANAND MHATRE Initial Review – Clinicians & Wheelchair experts • Classify chairs per user needs – diagnoses • Guidelines on use and maintenance • Details on governmental schemes • Reviews through SMS [Short message service] • Paper version circulate, Online available • Second Review – Manufacturers & Service Provider • Ratings and Reviews – product optimization • Product issue – direct reporting by ISWP [International Society of 	<p>Local Development” the local community supported the CHEF team to conduct the Key Informant Methodology (KIM) survey to identify the persons with disabilities and to carry out a risk and needs assessment as well as rehabilitation needs in district Nowshera in Pakistan, when a flood hit the locality in 2012 and there was a massive displacement of the local people along with the persons with disabilities. The KIM survey would never have been a success without the support of the local people especially when there was no data on the presence of PWDs in the district. Community was taken on board through Focus Group Discussions to evaluate the real ground situation on ground of the people with disability.</p> <ul style="list-style-type: none"> • Phillipiness Ferdiliza Dandah Garcia UP CAMP CBR We try to follow community development approaches by starting with a needs assessment that should be across the lifespan and gender inclusive so that we could see where the community is at and where could we help. Next planning is done with the community to know what programs and services would we be providing that are meaningful and hopefully sustainable. • Shishir kumar Best Practices - Community Based Sustainable & Inclusive Financial Institutions Building on the already established network of disabled people’s organisations and self-help groups, Naman Seva Samiti held umpteen village-level community meetings to create awareness and mobilize farmers on opportunities in organic farming. Broadly, the process of inclusive organic farming was discussed with the community members and onsite feedback collected. A reporting format for survey to collect the demographic data, disability specific information,
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	<p>Wheelchair Professionals] • Accessibility</p> <ul style="list-style-type: none"> • EUNIOUS KAPITO Provide comprehensive database for persons with disabilities – Information availability – Information accessibility – Information sharing – Information analysis – Reporting – Monitoring and Evaluation <p>Data bank for identified persons with disabilities</p> <ul style="list-style-type: none"> • Facilitate – Identification of persons with disabilities – Needs assessments on persons with disabilities – Recording and follow up on progress on significant change – Production of statistical analytical reports <p>DMIS AS M&E TOOL</p> <ul style="list-style-type: none"> • Produces analysed reports – Segregated according to age, gender, sex, district, disability, traditional authority, assistance rendered – Information gathered is regarded as a baseline for the following year – Measures what has been done against what was planned in the previous years <p>DMIS AS M&E TOOL....</p> <ul style="list-style-type: none"> • Compares different CBR components – To indicate which component is doing better than the other in terms of activities • Informs – Planning and preparation for the subsequent year – Resource allocation to different components and activities for the year – Decision support - development partners and other stakeholders <ul style="list-style-type: none"> • HUNG TAK FUNG ANCHOR-2 Need assessment • Programme evaluation (Patient Empowerment Program) • Concept and policy development (ICF) • Innovation (mobile app) • Measurement 	<p>ownership of land, current agriculture practices, land-size and market feasibility was developed.</p> <ul style="list-style-type: none"> • Uganda Carolyn Maholo IASG Mapping Community Initiatives Uganda <p>Follow ups and Home Visits -This helps to track progress of clients, offer technical support to parents and caregivers to cope with managing disability at family level, counselling to families of disabled children, checking drug adherence, making repairs for devices and carrying out accessibility audits to improve access in homes and facilities</p> <ul style="list-style-type: none"> • Uganda Thrisha WHO CBR response_NS_FS_LN_170330 The link between health based rehabilitation wheelchair service teams and community partners is vital and has been incorporated as a key objective in our programming since 2013 in Uganda, Malawi, Kenya, India, Tanzania. Research conducted in 2015 gathering CBR workers perspectives on their role in wheelchair provision has shown the potential value of a strong collaboration and has influenced the direction of our work. <ul style="list-style-type: none"> • UK Aimee Shalan Whether the community stakeholders have already finalized the development of all stages of assessment and planning pertaining to the project/program proposal, or they need support in developing the project/program- in both cases, our approach should involve the community stakeholders in the process/cycle (assessment, planning, implementation, and monitoring and evaluation). <ul style="list-style-type: none"> • West Africa Baltussen Community-based Inclusive Child
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	<p>Small or large scale studies can help reflect needs of PwDs, generate knowledge which can further be developed and expanded</p> <ul style="list-style-type: none"> • Sustainable advocacy efforts needs high level of participation from Pwds and their families, their voicing out to the government and the society 	<p>Development ICD West Africa March 2017</p> <p>Research linked with the community intervention for children with CP provided a strong tool for evidence, replication and monitor and evaluation. Full report: http://disabilitycentre.lshtm.ac.uk/files/2014/07/Ghanacountry-reportfinal.pdf</p>
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Table 8: Further examples of content coded: Definition of Competencies

Theme	Presentations	Emails
<p>Definition of Competencies Required to Implement the Programme</p>	<ul style="list-style-type: none"> • ANDREA VOGT Capacity building initiatives of INGOs move from basic CBR trainings to leadership and project management areas as local CBR workers increase their competence and provide training and input for their peers. <p>The systematic recognition of CBR workers or professionalization of national training and certification processes.</p> <p>a. Different models for training and apprenticeship in CBR as well as for certification and examination processes that enable young people to choose CBR as a profession as well as empower parents of CWD or PWD themselves to get involved and serve as CBR workers.</p> <p>b. Approved and agreed curriculum for grassroots CBR workers</p> <ul style="list-style-type: none"> • ROSALINA FLORES OBANDO From a program within the framework of the CBID strategy this support can be provided with a defined role as a facilitator of the process, participating just enough to carry out its function, which in this case would be to encourage parents in their active and creative participation. • SUMAYA GABRIELS ICF framework Not profession specific 	<p>Ahmedbad Bharath Joshi CBR_Mental Health</p> <p>Capacity development for project staff: Forty five days of rigorous training was organised for field workers, supervisors and coordinators. As part of the training programme, they were placed in mental health hospitals and in the psychiatric wards of government hospitals to gain practical experience.</p> <ul style="list-style-type: none"> • Dhaka Farida Good Practice_PIHRS Building local capacity: This project is helping government to develop a system of Disability inclusive health and rehabilitation within District and Upazala hospital towards one stop service center. Trained Government doctors for disability identification under National disability protocol. Trained CHCP and health worker for disability screening at community. Building capacity of Media for rights to health and inclusion. Oriented DPOs on screening including mental health. Develop training module for government. Develop UHC and CC base disability Data base and reporting with government system Contribute on National action plan on NDD and develop screening tools and

	<p>but focus on integrated knowledge and inter/transdisciplinary work</p> <p>Health Component of CBR -Perform tasks delegated by the rehabilitation professional -Assist rehabilitation professional to address activity limitations and participation restrictions experienced by the user. -Contribute to contextual factors which interact with the user as part of an interdisciplinary team.</p> <p>Sharing of roles, information and skills across disciplines -Maximise communication, interaction and co-operation across disciplines -Integrated teaching, learning and working together towards integrated services delivery -Mutual vision and collaborative teamwork</p> <ul style="list-style-type: none"> • VIZIA VARDHAN PATTA Core competencies and interfaces required in CBVT [community based vocational training] : Multi level stakeholders involvement is needed for community ownership, identification of location, skill gaps, mobilizing resources, implementing training, gainful wage and self-employment and addressing human right issues. <p>Advocate for the rights of disadvantaged and address stigma and discrimination</p> <ul style="list-style-type: none"> • MARY WICKENDEN Core Team Knowledge of CBR matrix & guidelines patchy- although all programmes were working across all sectors and had a strong focus on inclusion and empowerment -High Motivation and commitment of CBR Core teams -Organisational aspects were rather weak – including poor documentation, lack of monitoring data -Lots of historical and contextual information from manager and others 	<p>system with Community clinic and UHC.</p> <ul style="list-style-type: none"> • Ethopia Chandru Denap Whetstine The 8 Steps + FINAL High Res 1) EDUCATION for wheelchair users, staff, and the community about disability and social inclusion through existing mechanisms operating in communities. 2) FACILITATION of inclusive and trusting environments for people with disabilities, relying on existing networks and strong community roots. 3) COLLABORATION with technical partners and disability focused organizations on the implementation of wheelchair provision and existing community programs that can be expanded to provide social and economic inclusion activities. 4) ADVOCACY at the local and national levels for attitudinal and policy change regarding people with disabilities, leveraging existing advocacy networks where applicable. • Examples of Good Practice in Inclusion of Persons 30.3.2017 Star Mountain Rehabilitation Center always seeks to develop the capacity of its staff members through allowing them to participate in different training workshops, courses and conferences on disability related issues Disability Inclusion Development, Gender Equity • Guyana gelli Management and inclusive development The CBR volunteers are members of the community and represent a variety of professions, experiences, volunteer groups and include persons with disabilities and their families. The volunteers are regarded as an essential component of a strategy to provide rehabilitation support for persons with disabilities and their families so as to facilitate their social and economic development in the mainstream of life in
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	<p>but very little documentation</p> <p>-CBR Core team overestimated the impact they had on PWDs lives All programmes were hindered by lack of financial resources /uncertainty about funding -The contribution of volunteers tends to go unrecognised/undervalued by CBR core team and strategic partners – but is very valued by PWDs</p> <p>-Communication barriers and hierarchies between District level officials and community level workers and volunteers</p> <p>-Core team recognised that they needed to link with their network of SPs more and better -Core team admitted lack of confidence in how to support people with some types of impairment</p> <ul style="list-style-type: none"> • SIPHOKAZI GCAZA-SOMPETA & THERESA LORENZO Screen and identify disabled persons for impairments, functional ability and participation restrictions in the life areas of living, learning, working and socializing. Implement health promoting actions, education and strategies. Apply essential methods, procedures and techniques to address impairments and functional limitations experienced Provide basic interventions to improve participation in the life areas Promote the rights of disabled persons. Promote re-integration of disabled persons into home and community life. <p>Help with daily life (living, learning, socialising, working) Assist with rehabilitation & disability management at home Record, present and report information of patient’s health status once out of facility Identify and mobilise resources with community Identify priority cases for referral Observe and screen</p> <ul style="list-style-type: none"> • DJENANA JALOVICIC & DARKO KRZNARIC- 	<p>the community. That strategy is regarded as a model of sustainable community involvement in the area of disability and human rights for persons with disabilities.</p> <ul style="list-style-type: none"> • Japan Etsuko Ueno Examples of good practices In 2016, our organization has developed the training program for implementing the concept of CBID in Japan. The trial CBID training programs have been implemented in three different communities in Japan which are Nagoya city(big city), Matsumoto city (local city) and Nyuzen machi, Toyama pref.(small town). CBR Matrix is used for seeing the change happened. The program contents have been developed based on the concept of CBID which includes identifying community issues, planning of the training programs, promotion of participants in each community, preparing for cases to be used in workshop, simulation training, the actual training, feedback meeting and following up for networking. The workshop is called as “Potluck of What We Can Do” Workshop, which has been developed by NPOs in Nagoya city. This is introduced in UN ENABLE NL April 2014. Basically the training program were conducted by the local people. The program design is consistent with some of the elements of sustainability of CBR in CBR Guidelines that include leadership, collaboration, active participation of community, community resources mobilization. • KAREN CBM initiatives communitystrategies_GoodPractices Key field personnel of PCCID’s [Philippine communities inclusive of everyone, through Capability-building for inclusion, with focus on persons with disabilities] partners have enhanced their facilitative role in their work with DPOs, parents’
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	<p style="text-align: center;">SUSTAINABILITY OF CBR</p> <p>Multidisciplinary capacity building: Mastering client centred clinical skills</p> <p>Continuing education of teams including on the paradigm shift from medical to human rights model</p>	<p>organizations, LGUs, and other community stakeholders (training/adult education) via: Training program for strengthening of local organizations (DPOs, parents’ organizations, local partners)—towards genuine participation in local development and governance. Core modules: i. Inclusive Development and the CBR Strategy ii. Community Organizing; iii. Participatory Project Development and Management; iv. Participatory Management and Strengthening People’s Organizations; Other related modules based on partners’ requests</p> <p>CBM CBID Training Teams” facilitate a series of training “Inclusion using the CBR Guidelines” across the region to promote the WHO CBR Guidelines, UNCRPD principles, linking to SDGs and focusing on grassroots to national initiatives - how to deliver community owned CBID programmes where everyone benefits and contributes</p> <p>The members of the team have also undergone training on facilitation skills, Gender Sensitivity, child safeguarding, DID standards.</p>
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Table 9: Further examples of content coded: Application of International Frameworks

Theme	Presentations
<p>Application of International Frameworks</p>	<ul style="list-style-type: none"> • BATDULAM TUMENBAYAR-2 Mongolia has been providing services to the people with disabilities in the frame of Mongolian Social protection Law on disabled people which was approved in 2005. • Mongolia has approved UN Convention on the Rights of Persons with Disabilities and additional protocol on 19th of Dec 2008 and acceded to a convention on 13th of May 2009. • Mongolia prepared first report on UN Convention on the Rights of Persons with Disabilities in 2011. • Mongolian Government approved its action plan for the 2013-2016 for the implementation of UN Convention on the Rights of Persons with Disabilities. <p>Comparative study between Mongolian law and regulation and UN convention on the Rights of Persons with Disabilities</p> <ul style="list-style-type: none"> • ROSALINA FLORES OBANDO Nicaragua, signed and ratified the convention on the rights of persons with

	<p>disabilities, the law 763 was created</p> <p>On a national level different programs have been strengthened in the framework of Community Based Inclusive Development (DBID) as a means to reduce poverty and achieve the Sustainable Development Goals</p> <ul style="list-style-type: none"> • SATOMI MUKAI ET AL. UNCRPD Ratification (2012) Law on the Protection and the Promotion of the Rights of Persons with Disabilities (2009) <p>Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all Sustainable Development Goal 4</p> <p>States Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels; UNCRPD Article 24</p> <ul style="list-style-type: none"> • ALICK NYIRENDA UNCRPD-inspired, progressive disability programmes, CBR policies and legislations, as well as implementation frameworks <p>With the UNCRPD coming into effect in 2006, most governments in Africa have now adopted and ratified the Convention, followed by realignments of their legislations, policies and implementation plans that are gradually beneficial.</p> <ul style="list-style-type: none"> • Representation of African countries on the Committee on the Rights of Persons with Disabilities, related to the UNCRPD has a total of 4 persons representing Africa from Nigeria, Kenya, Uganda and Tunisia. • A Joint study by the Secretariat of the African Decade (SADPD), CBM and NAD undertaken in 2011 in Malawi showed that where efforts were made to promote inclusive development through the CBR strategy, access to social services did improve. • Uganda is a good example of the benefits of a decentralized system of governance. The country provides for increased participation of persons with disabilities in politics and other civic duties, from Parliamentary level to Parishes reserving seats for persons with disabilities <ul style="list-style-type: none"> • AWA JACQUES CHIRAC ETAL-SUSTAINABILITY OF CBR Signed the CRPD and enacted N°2010/002 of April 13, 2010 on the Protection and Promotion of the Rights of persons with disabilities. <ul style="list-style-type: none"> • AWA JACQUES CHIRAC-2 Empowering government to implement DID in collaboration with CBR is an invaluable strategy for achieving SDG number 2, 3, 4, 5, 8, 11 and 16. This however requires initial funding and technical support which reduces with time for out of practice comes custom. • Government if given the required capacity and support will effectively lead the process of attaining the goals of the empowerment, livelihood, social components of the CBR guidelines and drive through the social change required for our
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	<p>societies to become disability inclusive.</p> <ul style="list-style-type: none"> • ETSUKO UENO-2 Japan Ratified CRPD in 2014 The new law of the resolution of discrimination for persons with disabilities from April 2016. • LYNN COCKBURN ET AL. The Sustainable Development Goals (2015) – Specific goals for the theme group were identified based on the SDGs • SANDRA WILLIS Ratification of the United Nations Convention on the Rights of Persons with Disabilities in 2008 <p>UN Convention on the Rights of Persons with Disabilities (CRPD) -obligations (Articles 31, 33 and 35) to: collect statistical information on disability & monitor and regularly report</p> <p>UN Sustainable Development Goals (SDGs) - includes 7 targets addressing disability/persons with disabilities - disaggregation is stated as a responsibility of the statistical community to ensure indicators cover specific groups of the population.</p> <ul style="list-style-type: none"> • SOPHIA MOHAMMED UN Convention on the Rights of Persons with Disabilities <ul style="list-style-type: none"> • Article 11 calls for State parties to undertake “all measures to ensure protection and safety for persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters”. <p>UN Convention on the Rights of Persons with Disabilities</p> <ul style="list-style-type: none"> • Article 32: Highlights importance of international cooperation in support of national efforts for the realization of the purpose and objectives of the present Convention. This includes cooperation between States on one hand, and partnerships with international and regional organizations as well as the civil society on the other <ul style="list-style-type: none"> • David Lopez NICARAGUA-ENG- The CBR strategy has focused on the rights of Persons with Disabilities. And now the Sustainable Development Goals (SDGs) are a valuable opportunity to go to fulfill the commandment “Leave no one behind”. • DJENANA JALOVICIC & DARKO KRZNNARIC-SUSTAINABILITY OF CBR CBR network is an example of implementation of UNCRPD articles 25 and 26 (access to health, and habilitation and rehabilitation) • GEETA CHOPRA The Sustainable Development Goals have taken Disability to centre stage of any planning for development. And rightly so because:
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	<ul style="list-style-type: none">- The numbers are humungous - Any planning for development takes into its fold the poor - Persons with disability, as a group is amongst the poorest in the society- Appreciating this, the words “Persons with disabilities” or “disability” are specifically mentioned eleven times in the 2030 Agenda for Sustainable Development
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