

Rehabilitation International
Global Disability Development Fund / Africa Fund
Final Report

1. Executive Summary: the template below is only a guideline; however, please do not go over 5 pages.
2. Appendix with photos, links to materials made and other supporting materials.
3. Financial Report, signed by your finance manager, all Project Holders and Representative of your Board of Governors

Project: Exploring the Benefits and Drawbacks of Transiting from CBR to CBID	Report No.: 2.
Organization: CBR Africa Network (CAN)	Name of Project-in-charge: Abdul Busuulwa
Approved Funding: (USD) 89,900	Actual amount spent: (USD) 89,900
Reporting Period: September 2019 to October 2020	

Executive Summary (not more than 5 pages):

1. Brief overview of your project and objectives

This project was a situational analysis slated to find out the benefits and challenges of transitioning from Community-Based Rehabilitation (CBR) to Community-Based Inclusive Development (CBID) in Africa. This would go a long way in assisting policy makers to come up with appropriate laws, policies and programmes appropriate for persons with disabilities. Community-Based Rehabilitation was first initiated by the World Health Organisation following the International Conference on Primary Health Care in 1978 and the resulting declaration of Alma-Atta. By then CBR was seen as a strategy to improve access to rehabilitation services for persons with disabilities in developing countries. In 2004 CBR was repositioned in a joint position paper by International Labour Organisation (ILO), United Nations Scientific, Educational and Cultural Organisation (UNESCO) and World Health Organization (WHO) as a strategy within general community development for the rehabilitation, equalization of opportunities, poverty reduction and social inclusion of persons with disabilities. This widened the scope of CBR considerably.

The concept of Community Based Inclusive Development (CBID), on the other hand, is sometimes confused with CBR. CBID is the ultimate goal or end result of CBR and conceived as making communities and society at large inclusive of all marginalized groups and their

concerns, including persons with disabilities (WHO, ILO, UNESCO & IDDC, 2010; IDDC, 2012). International trends currently favour initiatives and programmes that cater for inclusion of persons with disabilities and other marginalized sections of the population in mainstream service provision and development. To this end, starting from 2010 with the launching of the CBR guidelines at the 4th CBR Africa Conference in Abuja - Nigeria, the donor community shifted its focus to the CBID concept as a means of optimizing inclusion of Persons with disabilities in the development agenda of several countries. Almost ten years of transitioning from CBR to CBID, there is need to carry out a situational analysis to find out how the two approaches are faring on the African continent.

Aim:

The study aimed at establishing a clear understanding of CBR and CBID interventions implemented by the different stakeholders to inform deliberation of the name change: CBR to CBID.

Objectives:

- i) To establish the nature of interventions and services provided by different stakeholders implementing CBR or CBID
- ii) To establish the changes realized by the different stakeholders since the declaration of the transition from CBR to CBID
- iii) To identify the challenges and benefits associated with the transition from CBR to CBID in Africa.
- iv) To propose appropriate strategies to facilitate harmonization of service provision to persons with disabilities

II. Key output, outcomes and how you have measured them (as in the original proposal: if these were achieved or not and your comments)

Outputs and Corresponding Outcomes:

- i) Existing documents on CBR and CBID in the selected countries reviewed to establish the nature of interventions, implementation strategies and target population.
 - Preliminary information on the status of CBR and CBID obtained to inform completion of the inception document and development of appropriate data-collection instruments.
 - Gaps necessitating data collection clearly identified.

This output and the two outcomes were achieved. The situational analysis report has a chapter on literature review.

- ii) Study instruments (questionnaire and interview guide) reviewed resulting from the testing exercise.
 - Validity and reliability of data collection instruments established.

Both the questionnaire and Interview guide were designed and used for data-collection in the situational analysis.

We also added a Focus Group Guide as one of the instruments; and this was used for collecting data from beneficiaries of either CBR or CBID projects.

- iii) Four teams, each comprising a team leader and two assistants in place.

- Objective and competent teams to offset the project in the four selected countries

The teams were recruited using an elaborate process in the four countries. The recruitment exercise was based on applications and CVs of people competent in carrying out research.

- iv) Data obtained at national and local levels in the 4 countries.

- Four country reports completed to inform the main project report.

The four country reports have been compiled. However, they are still in draft form and undergoing a review in order to be finalized.

- v) A report published in hard and soft copy, and with a French version.

- Logical conclusion of the project with clearance from Rehabilitation International.

This output and its corresponding outcome have not yet been achieved, which has been due to a delay in collecting and analyzing data.

III. Challenges and Issues arising and solutions

- i) Due to the COVID-19 pandemic outbreak, data-collection in the 4 countries was halted for three months.

This resulted into delays to finish all other activities supposed to be done after data-collection, say data-analysis and compilation of the four country reports, validation of the four reports and compiling and publishing the final report.

The solution to this challenge was seeking a project extension from RI from August 31st to October 31st 2020.

- ii) Due to travel restrictions and delayed implementation of some activities in the four countries, there was a slight increase in the project costs.

This resulted in delayed payment for some activities, say translation of the report

into French, organising report-validation meetings in the four countries and publication of the report for dissemination.

The solution for this challenge was revising some budget lines so we only incurred the costs that were inevitable. We also sought a “no objection” from RI so as to re-allocate the funds meant for buying a laptop to more pressing costs for the project.

IV. Self-evaluation and Lessons Learned

Overall, we at CBR Africa Network believe that the project achieved its intended objectives. The lessons we learnt as a result of carrying out this project include the following:

1. It is hard to draw a line between CBR and CBID. Depending on different donors, projects in Africa will either profess CBR or CBID.
2. There is limited funding in Africa directed towards community-based projects aimed at improving the welfare of persons with disabilities. Normally people confuse between relief and welfare projects; hence giving short-term support that cannot guarantee the sustainability of people’s welfare.

V. Suggestions for dissemination

The following are our suggestions for dissemination of the project report:

1. We plan to make a publication of the report in hard copy, which will be disseminated to our members in the English and Francophone regions of Africa.
2. We plan to have two electronic versions of the report in English and French, which shall be hosted on our website for people to download and read. We shall also distribute copies to members (upon request) via e-mail.
3. We plan to use the findings of the report to write a position paper on CBR and CBID, stating which option is better for Africa. This can be presented at international conferences organized by CBR Africa Network, CBR Global Network and Rehabilitation International.

VI. Recommendations (both for your own organization and other organizations working in the same thematic areas)

1. Government ministries, departments and agencies should work together with communities and Civil Society Organizations in the planning and implementation of CBID or CBR activities. Training of government workers is key in enabling them provide the necessary technical skills for training families and children in various therapies in their homes.
2. It is imperative that local communities and persons with disabilities are actively involved in the design, planning and implementation of CBR or CBID programmes.

This is key in ensuring effective participation of community leaders and persons with disabilities.

3. Funding disability-related activities should not be left solely in the hands of civil society organisations. Sufficient funds should be allocated to programmes of Persons with disabilities in national budgets as a deliberate strategy for bridging the funding gaps in various CBID or CBR programmes.
4. There is need for continuous awareness raising about persons with disabilities as many institutions are still unaware of the value persons with disabilities can add to their organisations and communities.
5. there is need for a more detailed research into CBR and CBID after carrying out a sensitisation campaign about the two approaches.

Prepared by: (CAN Executive Director) Abdul Busuulwa

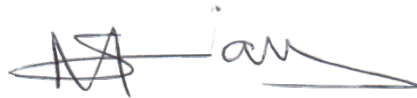
Signature:



RHTP

Reviewed and Endorsed by: (Board Chairman) Musonda Siame

Signature:



Date: January 4th 2021.