



CBR Field Worker Manual: Scoping Report for WHO Western Pacific Regional Office

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Introduction

CBR was first introduced by the World Health Organisation in 1976. Over the thirty-year period since its introduction, CBR has developed across 90 countries in all regions of the world and has changed considerably. The Joint Position Paper issued by the ILO, UNESCO and WHO in 2004 defined CBR as "a general strategy within community development for the rehabilitation, poverty reduction, equalization of opportunities and social inclusion of all people with disabilities"¹. This paper also confirmed CBR as a multi-sectoral approach which operates at community level to promote people with disabilities accessing services available to all other community members, and focuses on their social, community and economic inclusion. While rehabilitation techniques remain a component of CBR when required, CBR now addresses five key components of health, education, livelihood, social and empowerment reflecting the multi-sectoral approach of CBR. The multi-sectoral approach championed across the UN agencies and represented in the five components is articulated within the WHO 2010 publication Community based rehabilitation CBR quidelines² subtitled Towards community-based inclusive development. This 2010 publication familiarly known as the CBR Manual and Matrix provides guidance to a range of stakeholders on how to develop and strengthen CBR programs. On International Day of People with Disabilities, 3rd December 2015, WHO launched a Community-based Rehabilitation Indicators Manual³ a welcome addition to the suite of documents on CBR.

CBR programs operate at the community level and require practical and accessible materials to guide CBR field personnel in their daily work with people with disabilities, their families and carers and the many stakeholders from government and non-government agencies with whom they regularly interact. Our experience in working with personnel in CBR programs, and in reviewing CBR training programs suggests that an additional document – a CBR Field Manual – would be warmly welcomed by CBR field workers. This is because although there are many highly specialised publications supporting the five components in CBR – health, education, livelihood, social and empowerment – these are generally of a technical or scientific nature and require specialist knowledge for translation into everyday practice. This specialist knowledge is not generally available at the community level. There is a need to 'translate' this specialised knowledge into guidance which is useful to CBR field workers at the community level. A CBR Field Worker Manual would also serve as a very useful resource in CBR Training Programs. A possible model for a CBR Field Worker Manual is the WHO Guidelines on the provision of Manual Wheelchairs in less resourced settings⁴.

¹ International Labour Organisation, United Nations Educational, Scientific and Cultural Organization, World Health Organization (2004). *CBR: A strategy for rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities*.

⁽http://www.who.int/disabilities/publications/cbr/en/) Accessed 14th September 2015

² WHO (2010). Community-based rehabilitation: CBR Guidelines.

⁽http://www.who.int/disabilities/cbr/guidelines/en/) Accessed 14th September 2015.

³ WHO (2015). Capturing the difference we make. Community-based rehabilitation indicators manual. Geneva: WHO.

⁴ WHO (2008). WHO Guidelines on the provision of Manual Wheelchairs in less resourced settings. Geneva: WHO.

Aim of the project

The aims of the project were to investigate:

- (i) the feasibility of a CBR Field Worker Manual;
- (ii) the conceptual framework;
- (iii) the essential and desirable content; and
- (iv) the practical utility of various formats including text, on-line, and DVD.

Method

Scoping Report: Initial Desk review

An initial desk review was undertaken to determine potentially relevant CBR Field Worker manuals or other materials and their availability and accessibility.

In the first stage the focus was directed to resources for CBR fieldworkers that are easily available online. Two processes were undertaken as follows:

- (i) Google searches using the terms 'community-based rehabilitation and fieldworker and manual' 'community-based rehabilitation and resources' community-based rehabilitation and skills and manual'
- (ii) Hand searching the following websites:
 - Handicap International and CBM International (INGOs specialising in disability and development)
 - AIFO and Enablement (identified in previous projects as organisations providing CBR training that aligns with WHO CBR Guidelines (2010)
 - Australian Disability and Development Consortium (ADDC)
 - International Disability and Development Consortium (IDDC)
 - AskSource

Preliminary Findings

Two categories of manuals and resources were identified through this scoping process. The first are manuals and publications aimed at community level personnel. This group of people is variously described as CBR fieldworkers, community health workers, community leaders or development workers, and people with disabilities and their families or carers. These publications typically focus on specific topics concerning the five components (and their components) in the Matrix which forms the foundation of the WHO CBR Guidelines (2010).

The second category contains manuals and guides specifically designed for training personnel in CBR. The materials in this category include training on the skills and knowledge for delivering CBR.

The findings in each category are presented separately below.

Category 1 Resources on specific CBR 'topics' directed at community level personnel

The resources in this category can be divided into two groups according to their date of publication. That is, prior to the UN Convention on the Rights of Persons with Disabilities (2006) and the release of the WHO CBR Guidelines in 2010. The earlier publications typically incorporate a health rehabilitation focus in line with prevailing CBR approaches prior to around 2006-2007. After the release of the WHO CBR Guidelines (2010), CBR resources primarily utilise that document for their conceptual framework although the approach taken, addressing one or more components and level of detail, varies across the resources located.

The most readily available CBR resources are those published by large international organisations and frequently over a number of decades. Examples include resources published by Handicap International, the Hesperian Foundation, WHO, and the Institute of Cerebral Palsy India. In the same way that CBR programs develop in response to local needs, the information available which drives program development and later the production of materials to support CBR programs also reflects this localised, contextualised pattern of program development. Organisations have developed resources to meet identified local needs and knowledge gaps. A preliminary finding is that there does not appear to be a strategic approach to producing CBR Field Worker topic focused materials that could be relevant across a variety of settings, and national and regional contexts. To do so may be a useful endeavour. However further investigation is needed to determine whether a broader global approach can be taken. Alternatively, a regional approach may be more useful, for example where countries in regions share many commonalities, for example, in the Pacific. Whether there is a need to 'localise' context to each community level also needs investigation. Although this has been the pattern in the past it may be possible to produce a CBR Field Worker Manual which is appropriate at a regional level.

A second finding from the desk review to date in relation to community level CBR resources is the use of the AskSource website. This website - http://www.asksource.info/ - is an erepository, an 'international online resource centre on disability'. The repository is organised by topic and by organisation so that searching can be done in both these categories. Within these broad categories the repository is also searchable according to topics that align with the components of the CBR Matrix. These are health and functional rehabilitation, education, livelihoods, social inclusion, humanitarian, and cross cutting issues.

There is a large collection of community level resources on CBR held in this repository. The repository is continually being expanded as individuals and organisations upload resources from their organisations or particular projects. For example, a recently added category is disability inclusive disaster risk management. There are also two specific key topic areas with regard to CBR. These are found in the themed lists of key topic areas. These are CBR introductory resources and experiences http://www.asksource.info/topics/cross-cutting-issues/cbr-introductory-resources-and-experiences and CBR Training Manuals and Tools

http://www.asksource.info/topics/cross-cutting-issues/cbr-training-manuals-and-tools

Compiling a list of the resources held in this repository that are relevant to a CBR Field Worker Manual is beyond the scope of this stage of the project. Our estimate is that these would number over 100 publications. These would need to be analysed for target audience, topic area, comprehensiveness, and ease of accessibility and availability. The findings from this action will be reported later.

The themes key lists make the AskSource website a systematic and efficient source for CBR trainers and practitioners to locate resources for training and delivering CBR at the community level. Information about all publications listed on the website can be downloaded directly from the repository. Some publications are available directly from the AskSource website; others via a link provided to the publisher website, where the publications can then be requested or purchased.

Category 2 CBR Training Guides and Manuals

These resources are included in this report as they offer, within easily accessible publications, an overview of the breadth and depth of knowledge required for delivering CBR at the community level. Table 1 summarises 5 specific CBR Training Guides and Manuals that were located in the review. In the table there is information on the title, publisher, year of publication and availability. The table also includes columns with details on purpose of publication and target audiences; understanding of disability and alignment (or otherwise) with CRPD; brief description of content of manual and the format, and components of CBR Matrix covered by the manual (if applicable). A quick glance at the table demonstrates the difference in approach, content, and philosophical foundation of CBR materials developed pre (Section 2 of the table) and post (Section 1 of the table) the instigation of CRPD. Simply stated, the pre-CRPD materials focus on working with the individual with disability with much less attention given to inclusion, participation and empowerment at the community level which is now understood as integral to the CBR strategy. Of note, the WHO CBR Guidelines is subtitled *Towards inclusive community development*.

The first two publications in Section 1 of the table are freely available and have been developed since the 2010 WHO CBR Guidelines. These are now briefly described. The first comes from Light for the World and is available at http://www.light-for-the-world.org/resources/ This CBR Training Manual was developed to specifically build knowledge and skills in the areas of the CBR Matrix. This was driven by the Light for the World (publisher of the manual) to supplement existing well renowned resources from the Hesperian Foundation which did not cover all of the information contained within the WHO CBR Guidelines. The CBR Training Manual includes 13 modules with detailed outlines for training sessions. Each module has specific learning objectives, group learning activities and discussion questions. In keeping with the stated purpose, the manual does not include any modules that cover the health component of the CBR Matrix. The module topics cover the 4

other components of the CBR matrix (education, livelihood, social and empowerment) as well as topics for developing an understanding of a rights based approach to disability inclusive development.

The second manual that we describe here comes from Volunteer Organization for International Cooperation (OVCI) in partnership with the Usratuna Association for Children Disabilities in Sudan. This manual is titled *Empowering Communities through Knowledge Transfer: Training Guide for Community Based Rehabilitation*. It was developed in 2014 to address an identified need for a resource to build local knowledge in communities in Africa and specifically Sudan about CBR. The guide consists of 8 units which include a training schedule, training objectives, training processes, and a section titled 'Empowering Knowledge'. The training processes listed are suggestions for how the content for the unit could be delivered to be appropriate for the context and audience. The 'Empowering Knowledge' section includes the key concepts or pieces of knowledge that are covered in that unit. This section functions as a glossary of key terms framed within a rights based understanding of disability for each unit. The unit topics cover all 5 components of the WHO CBR Matrix.

Conclusion

This scoping review has identified two categories of CBR related materials relevant to the potential creation of a CBR Field Worker Manual. Further analysis of the identified resources is required. In addition, consultation with leading authorities on CBR will illuminate the feasibility of a CBR Field Worker Manual, the conceptual framework, essential and desirable content, and the practical utility of various formats including text, on-line, and DVD.

Table 1 Preliminary list of CBR Training Manuals

	Section 1 Post CRPD and WHO CBR Guidelines				
Title, Publisher and Year	Purpose of publication & target audience	Understanding of disability and alignment with CRPD definition of disability	Outline / format / description of manual	Elements of CBR matrix covered by material	
CBR Training Manual, Light for the World, 2010/2011 - no publication date on document but it refers to the release of the CBR Guidelines and states that the manual will be used in training from 2011 http://www.light-for-the-world.org/resources/	Build on existing basic skills in Hesperian Foundation publications and WHO CBR manual to include the new skills required by the WHO CBR Guidelines Each module states relevant audience. Includes CBR Fieldworkers, CBR Supervisors, Program Managers, and some modules are appropriate for DPOs and stakeholders	"Global WHO definitions of disability" (p12). Specifically the ICF (one of the modules is dedicated to the ICF). The ICF is consistent with CRPD.	13 Modules. Each module includes training session outlines with specific learning objectives, activities and discussion questions. Module 1: ICF Module 2: Networking Towards an Inclusive Society Module 3: Social Inclusion Module 4: Culture and CBR Module 5: CBR Programme Sustainability Module 6: Monitoring and Evaluation in CBR Module 7: Awareness Raising Module 8: UNCRPD Module 9: The Political Participation of Persons with Disabilities Module 10: Child Protection for Children with Disabilities Module 11: Working with DPOs Module 12: Livelihoods for persons with disabilities Module 13: Inclusive Education and CBR	Education Livelihood Social Empowerment	

Empowering Communities	Serve as a resource and	Disability is the impairment,	8 units. Each unit includes a training	Health
through Knowledge Transfer:	guide for our communities	activity limitation or	schedule, training objectives, training	Education
Training Guide for Community	to train and empower their	participatory restriction	processes (essentially suggestions for	Livelihood
Based Rehabilitation, Usratuna	local individuals on the	experienced by individuals or	how content could be delivered) and a	Social
Association for Children	concepts and techniques of	groups of people as a	section titled 'Empowering Knowledge'	Empowerment
Disabilities (Sudan) and	CBR. A source of basic CBR	consequence of systemic	which includes the key pieces concepts	
Volunteer Organization for	knowledge as well as	barriers, negative attitudes or	for that unit. Functions as a glossary of	
International Cooperation	training guidance.	social exclusion resulting from	key terms for each unit.	
(OVCI), 2014		society's failure to accept	Unit 1: CBR: Concepts and Practical	
http://www.asksource.info/re		disability as a valid social	Strategies	
sources/empowering-		difference.	Unit 2: CBR and Social Change	
communities-through-		This is consistent with CRPD	Unit 3: CBR and Education	
knowledge-transfer-training-		understanding where	Unit 4: CBR and Health	
guide-community-based		disability arises from barriers	Unit 5: CBR and Livelihood	
		to participation.	Unit 6: CBR and Empowerment	
			Unit 7: CBR and Management Strategies	
			Unit 8: Training of Trainers Guide	
		to participation.	Unit 7: CBR and Management Strategies	

The Dream of Inclusion for All,	Training in CBR for	Book is not freely available	Real life stories from 20 of Enablement's	According to description
Enablement, 2013	Fieldworkers and Managers	online. Enablement's position	partners that have been modified in to	on website all
http://www.enablement.nl/in		on their website that CBR and	training materials. 27 chapters that	components are included.
dex.php/80/The Dream of In		DID are strategies to reach the	follow the domains of the CBR	Manual not viewed;
clusion_for_All.html		goal of societies where people	Guidelines. Each narrative is followed by	requested purchase
		with disabilities participate	assignments for adult education such as	
		fully and enabled to reach	role plays, debate and questions.	
		their full potential. This focus		
		on barriers to participation is		
		consistent with CRPD.		

Section 2: Pre CRPD and WHO CBR Guidelines				
Title, Publisher and Year	Purpose of publication & target audience	Understanding of disability and alignment with CRPD definition of disability	Outline / format / description of manual	Elements of CBR matrix covered by material
The HELP Guide for	Training in basic knowledge of	Handicap - 4 main	4 Chapters. Each chapter includes	Health
Community Based	conditions and rehabilitation	categories of handicap:	sub-topics and a training session	One session on welfare
Rehabilitation Workers: A	skills.	People who have problems	outline for each topic. Training	assistance - Livelihood (Social
Training Manual, Global-HELP	Course was developed for	with	sessions based on question-answer	Protection)
Publications (republished	Rehabilitation Workers in	- sight	format.	
2006)	South Africa. Manual intended	- moving	Chapter 1: Health in the Community	
Author Marian Loveday	for trainers who already have	- speech and hearing	Chapter 2: Normal body functions	
(Physiotherapist)- originally	basic medical knowledge	- thinking and behaviour.	Chapter 3: Conditions and	
published by SACLA Health		This is a medical	treatment	
Project 1990		understanding of disability	Chapter 4: Management of patients	
http://global-		and not consistent with		
help.org/products/help_guide		CRPD (manual pre-dates		
for community based rehab		CRPD)		
ilitation workers a training				
manual/				

Community-Based	Provide guidelines for	Ignorance and inequality	13 Chapters that cover technical	Health
Rehabilitation for Blind	designing and conducting	are major barriers affecting	knowledge and practical examples	Livelihood
Persons, Comprehensive	intensive and well balanced	a blind person's ability to	for training people who are blind in	
Community Based	training course - combining	perform all the skills	activities of daily living and	
Rehabilitation (CCBRT) in	theory and practice.	required to be a respected	livelihood skills.	
Tanzania,	Trainers of Community	member of the		
1992	Rehabilitation Workers in CBR	community.		
Reprinted 2006	program for blind people.	Some consistency with		
http://www.impactdevelopme		CRPD as there is		
nt.be/downloads/Orientation		acknowledgement of social		
and Mobility for the Blind		barriers to participation.		
Training_Manual.pdf		However focus is on		
		supporting changes in the		
		individual (develop skills)		
		and not on addressing		
		barriers in the		
		environment.		

END OF REPORT

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