

# Bangladesh, PNG, Timor L'est, DR Congo

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## CBR matrix for CBRP Bangladesh

Darker colors represent greater emphasis

| Health            | Education          | Livelihoods        | empowerment                     | Social                           |
|-------------------|--------------------|--------------------|---------------------------------|----------------------------------|
|                   | 7                  | 9                  | 15                              | 10                               |
|                   |                    |                    |                                 | 5                                |
| promotion         | early child        | skills development | communication                   | Relationships: marriage & family |
| 1                 | 0                  | 3                  | 1                               | 2                                |
| prevention        | primary            | self-employment    | Social mobilization             | Personal assistance              |
| 0                 | 2                  | 3                  | 1                               | 1                                |
| medical care      | secondary & higher | Financial services | political participation         | Culture & Arts                   |
| 0                 | 2                  | 3                  | 2                               | 0                                |
| rehabilitation    | non-formal         | wage employment    | self-help groups                | recreation leisure & Sports      |
| 3                 | 2                  | 3                  | 3                               | 0                                |
| assistive devices | life-long learning | social protection  | Disabled people's organizations | access to justice                |
| 3                 | 3                  | 3                  | 3                               | 2                                |

## CBRP project

- 4 districts with population of 7 million
- rural
- Over 42,000 people have been RFTd
- 4-5000 patients with WHO disability grade 1 or 2
- 187 groups include about 2000 people
  - 70% of group members had leprosy or represent a family member who had leprosy
  - 20% of group member have another disability
  - Less than 10% of group members don't fit the above categories. (Groups have requested that this group not increase as they feel it will dilute their "platform" or "voice")

## Recent changes

- Group work began around 2001 under the old DBLM
- At the beginning of 2006 the old DBLM was broken into 3 programs
- CBRP hired dedicated staff (replacing of the previous multi-purpose leprosy control staff)
  - Staff selected based on need to facilitate and empower
  - Staff given 3 months training to prepare them

## Unique features

- Project provides “seed capital” to groups that have consistently demonstrated activities that are felt beneficial for group development
  - attendance, savings, self maintained transparent documentation, goal setting and self monitoring of success
- 50% group member voice in project management committee

## Positive Indicators

- Conducting their own banking, including approval and management of loans
- Advocating with government for access to stipends and rights
- Convinced bus owners to grant reserved seats and discount for people with disability
- Some neighbors have asked groups to help them establish a group for them

## Failure!

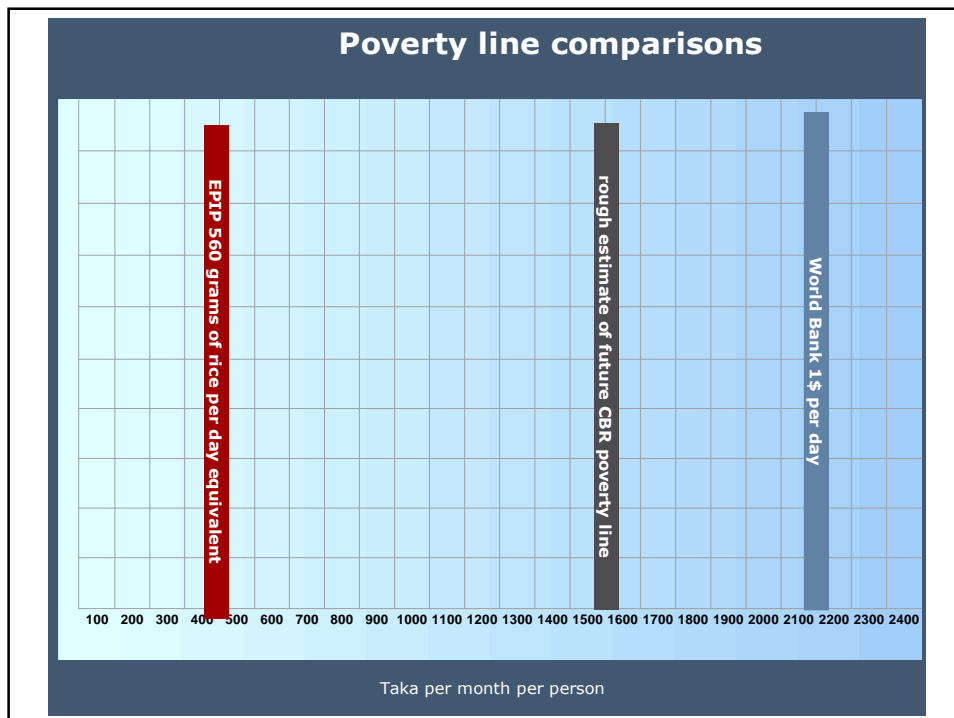
- Are you a member of a group?
  - Yes, but savings
- Do you have work?
  - Yes, but 40% less due to weakness
- Have you received a loan?
  - Yes, but too weak to drive rickshaw and sold the rickshaw (without repaying loan)
- How to identify and prevent someone from falling through the “cracks”?

## Extreme Poverty Line

- Energy consumption poverty line borrowed from India, Sri Lanka and others.
- 2030kcal energy per person per day =  
583grams of rice x market price of rice

## Extreme Poverty Initiative!

- Sample survey indicates that 30% of the people with disabilities due to leprosy in the region
- We have now started to survey all people disabled by leprosy
- We are working on long term individual plans for each person, with the goal of helping them live at the EPL **without** developing dependency



## Leprosy and Mainstream

- Some organizations are single focus and some are multi-focus. Is one inherently better than the other?
- If you do CBR with people who were treated for leprosy, and yet there is no disability (defined from an ICF perspective and including participation restrictions) is that a form of mainstream? If we assume anyone who ever had a disease was changed by the disease are we imposing a form of stigma?