

**Training Needs/Opportunities in Community-based
Rehabilitation (CBR): Report on Meeting of Experts
held in Bologna, Italy**

5-7 February, 2003

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Foreword

The Disability & Rehabilitation Team (WHO/DAR) and the Italian Association Amici di Raoul Follereau (AIFO) are happy to present this document on “Training Needs/Opportunities in Community-based Rehabilitation (CBR): Report on Meeting of Experts held in Bologna, Italy”.

Over the last twenty years, WHO has gained considerable experience in the development and implementation of Community-based Rehabilitation (CBR) approach for and with persons with disabilities. The training needs for the management level personnel of CBR programmes are a key area requiring attention. There are some specific training programmes for management level personnel involved in CBR, but these vary greatly in duration, content and training methodology.

At the same time, for the last fifteen years, AIFO is involved in promoting and supporting national and provincial level CBR programmes involving Governments, non-governmental organisations, disabled persons’ organisations and other stakeholders. Many of these programmes are implemented with technical support from WHO/DAR.

It is for this reason that representatives of international training centres involved in training of management level personnel from CBR programmes were invited to a meeting held in Bologna, Italy from 5 to 7 February 2003. At the same time representatives from national CBR programmes from Asia, Africa and South America along with a representative of Disabled Peoples’ International (DPI-Europe) were invited to share their perceptions of the opportunities and needs for training of CBR programme managers.

This document presents a report of this meeting and the final recommendations agreed by all the participants.

We shall like to thank all the persons from different parts of the world for participating in this meeting, giving their time and energies to this initiative. A special mention is needed of the international organisations (CBM/Germany, SCF/UK and NAD/Norway) for supporting this initiative. Thanks are also extended to Prof. Marcia H. Rioux for the preparation of this report.

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Introduction

From both a theoretical and practice perspective, the field of disability is changing and Community-Based Rehabilitation (CBR) is shifting and evolving to recognise these new ideas. As one participant suggested, CBR is “moving to next phase”. Providing a forum for a group of specialists in CBR approach and training from various parts of the world to meet face-to-face and to discuss the issue of CBR manager training is then both relevant and timely. The small in-depth discussion format of the expert meeting allowed for participatory sessions and for some concrete avenues of exploration to evolve. It provided an opportunity for participants to reflect on CBR philosophy and various practical issues. Each participant will return home and reflect on their own work at the local level with new insights. There were differences in the work of the participants, but these differences reflect the richness of the activities being done under the umbrella of CBR approach. This report attempts to reflect the points of convergence of the discussion and the ideas that could be fruitfully pursued in the field.

The aims of the meeting, as outlined by Dr. Sunil Deepak of AIFO, the organiser of the meeting, were to:

- share information
- understand the major issues
- identify needs

To accomplish these goals, the meeting began with presentations from the training centres based in the North, followed by presentations from the training centres based in the South. Discussions following the presentations aimed to articulate common areas and differences. After discussion, the CBR programme managers from the developing countries made three presentations, again followed by discussions and the articulation of ideas for moving forward. As a consequence of the limited number of participants the full three-day meeting was held in plenary with no breakout groups and was informal and flexible in its format. The discussions continued over the meals, which were provided in a private setting, enabling further productive conversation.

Opening

In her opening remarks, Ms. Eva Sandborg of the World Health Organisation, representing the Disability and Rehabilitation Programme (DAR), framed the CBR approach within the context of WHO and articulated their goal of CBR as:

To promote equal opportunities for all persons with disabilities and to provide equal access to health, medical and rehabilitation service by promoting policy changes and multi-sectoral collaboration.

The mandate of the DAR programme is to promote the development and strengthening of CBR programmes and to conduct an international consultation on reviewing CBR strategy. Ms. Sandborg noted that rehabilitation is now understood to be only one part of a broader agenda for CBR, which includes human rights action at the community level

involving empowerment and inclusion of people with disabilities. In light of that mandate, WHO/DAR are organising and the Government of Finland hosting an International consultation in Helsinki, Finland from the 25-28th of May 2003, to review CBR. The purpose of that consultation is to bring together the different stakeholders; to improve the further development of the CBR strategy and implementation; and to identify the essential elements for effective CBR strategy through the review of current CBR practices and experiences. The stakeholders are defined broadly and include: UN, ILO, UNESCO, UNICEF, UNDP, UNHCR, FAO, the World Bank, Governments, IDPOs and INGOs. In particular the themes of the consultation will be: community involvement/ownership; multi-sectoral collaboration; the role of DPOs in CBR; and “scaling up” the CBR programme including how to implement and monitor CBR programmes. These issues have all been touched on in this meeting and may provide some direction for the May meeting.

Formal Presentations

There were a number of presentations during the three-day meeting. A brief overview of the presentations will be provided here, however all the overhead transparencies for the presentations are appended to this report and should be reviewed to get a true flavour of the content.

Presentations from Training Centres Based in Northern Countries

England (University College, London)

The programme at University College London, a unit within the Faculty of Clinical Sciences, has as its goal, “to encourage active learning and critical thinking with people who have worked with and for people with disabilities in low income countries”. The programme has an international group of students at the university taking Masters of Science (MSc) graduate degrees as well as diplomas and certificates. It also offers short courses on specific topics. Nearly 100 students have attended since the programme was initiated ten years ago. The current programme built upon a previous post graduate diploma in CBR. In addition to the academic programmes, the disability group of the Institute of Child Health is involved in research and consultancies. The research in which they are engaged is to promote and demonstrate the effective practice of inclusion in mainstream services. Particular research areas are: disability in the community; training issues; and hearing and communication. The programme currently has projects in Kenya, Zimbabwe, Sri Lanka, South India, Uganda and Bangladesh. Dr. Sheila Wirz emphasised that their teaching programme was grounded in community development skills, and that the programme “is designed to enable those responsible for policy, planning and implementation ... to have access to the information and skills to critically evaluate options”. To do that, the course is student led, as opposed to curriculum led. The MSc curriculum with five core modules and five optional modules chosen from a menu of options as well as a project, reflects the breadth of the knowledge that is needed for a programme manager.

Canada (Queen's University)

The emphasis of the CBR programme at Queen's University in Canada is on "training the trainers". The goal of this approach is "... to create a nucleus of well trained and skilled people available to teach CBR in their own country." The Queen's initiative has evolved since it began 12 years ago, when it was grounded in the School of Rehabilitation Therapy, to the trans-disciplinary approach used now-involving faculty from Education, Community Health, Psychology and Politics, reflecting its social model perspective on disability. Using the example of an initiative in Central America, *The Central America Land Mine Survivors Project*, Professor William Boyce, who specialises in CBR in conflict or post-conflict societies, emphasised the need for CBR managers to learn community development methods and adult education methods as central to their ability to deliver training and manage CBR programmes. He also emphasised the importance of teaching trainers how to achieve sustainability in any training programme. The *Community Development of Rehabilitation: A Trainer's Guide*, which Queen's is currently developing provides an example of a course curriculum and includes key concepts. how to plan a workshop for training trainers in CBR, understanding concepts and impact of disability, community development strategies in disability, roles in CBR and problem solving in rehabilitation.

Italy (AIFO)

Recognising that there was a need for training for those involved in planning and management of CBR programmes, AIFO has developed the "First International Management and Planning Course in CBR". AIFO has been involved in training for other levels of CBR workers as well as in the development of training materials, much of which has been in collaboration with WHO/DAR. The main project areas are in Asia (Mongolia, Vietnam, Indonesia, Pakistan, Nepal, and India), Africa (Eritrea, Liberia and Egypt) and Latin America (Guyana, Brazil). The general objective of the Management and Planning course is to learn "... the skills of designing, planning and managing and evaluating CBR programmes." Ms. Francesca Ortali provided the details of the course and the underlying foundation of its planning. The course is a short intensive format, recognising that high-level managers and planners, particularly in government, cannot leave their jobs for more than three weeks but realising, at the same time, that if the potential of CBR is to be increased, it is necessary to draw these people to the course. The course involves international teachers, collaboration with WHO/DAR, ILO and UNESCO, and collaboration with other organisations including DPOs. The three weeks of the course, for which a detailed programme is available, include all of the following areas: management, planning, human resource training, medical rehabilitation, inclusive education, occupational rehabilitation, DPOs, supervision, monitoring, evaluation and research. It will also include an opportunity for course participants to engage in individual planning.

Presentations from Training Centres and CBR Programme Managers Based in Southern Countries

Mobility India - Bangalore

Recognising that there are different needs in every country, based on factors such as size of population, number of trained personnel, access to service in rural and urban areas, level of integration of rehabilitation services with the health care system, and public, voluntary or private service delivery, Mr. Chapal Khasnabis outlined the context of CBR and the Mobility India programme based in Bangalore India. This CBR programme is a combination of both social and medical rehabilitation. They offer three types of training: a six-week training for CBR workers, a two-week orientation on CBR and a two-day orientation on CBR for professionals. Course content includes the general categories of disability and poverty, disability as a developmental issue, and disability as a human rights issue. Field-based and practical, the training teaches skills to families and people with disabilities incorporating both health promotion and health prevention approaches to disability. People with disabilities are involved in CBR training both as trainers and as course participants. In rural areas the training includes a Participatory Rural Appraisal that surveys an area, its existing facilities and their effectiveness. Their training approach also emphasises the importance of establishing links with public health and other local facilities, including schools, hospitals, potential income sources, as well as initiating home visits and activities based on individual goals. Recently they have worked with people with disabilities and their families to train them in the concepts of self-help groups and in organising DPOs. Mobility India's approach to CBR seeks to address poverty and at the same time enhance mobility and inclusion through rehabilitation support.

COMBRA- Uganda

In Uganda, CBR was initiated in the late 1980s by nongovernmental organisations (NGOs). Undergraduate, post-graduate, diploma and certificate courses have been offered through the Uganda National Institute of Special Education and Makerere University, Department of Social Work and Social Administration. In 1994, the Community Based Rehabilitation Alliance (COMBRA), an NGO, began offering mid-level training courses for CBR. Their 16-week course is geared towards building "... the capacity of CBR workers in knowledge, skills and positive attitude, appropriate for sustainable CBR programs". The particular skills that course participants must acquire to receive their advanced certificate in CBR are: knowledge in disability and rehabilitation; positive attitudes in working with people with disabilities in various settings; and skills needed to manage CBR activities. The four units of the course are: the foundation of CBR, management of injuries, fieldwork, and management of CBR programmes. COMBRA has also developed specific in-service training for government employees and has adapted its courses for foreign students and stakeholders. In presenting the COMBRA programme, Maria Kangere explained there are some issues that are central to their training. First, parents of children with disabilities and DPOs need to be involved in the training at all levels. Currently 30% of their course participants are people with disabilities. Second, it is important that there be follow-up with people who have completed a course. To do this, they have developed the Support Supervision Programme, which supports former students and enables COMBRA to tailor and offer courses that respond to practical needs of former students working in the field, and to provide refresher courses as they identify a demand. Third, Ms. Kangere emphasised the

importance of keeping the course up-to-date and responsive through regular review of the curriculum to take into account the changing needs in CBR.

CCBRT – Tanzania

Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) is a privately run NGO begun in 1994, “ to provide and facilitate better health and rehabilitation services”, principally for people with disabilities and AIDS. It also provides training and information. CCBRT offers international training, CBR staff training, parent training sessions and workshops and disability hospital related training sessions. It also is engaged in AIDS-related training. The courses range from two weeks to six weeks – but they are increasingly holding two week courses to respond to the limited time that participants and trainers have available to participate in training courses. As a result of CCBRT courses, about 60 new CBR programmes have been started and 80 centres for people with disabilities have become CBR programmes. Mr. Augusto Zambaldo, in his presentation, emphasised that it was important to involve all the stakeholders in these courses and that planning and makers and other officials need to understand the issues and day-to-day challenges in the field and to understand the nature of CBR itself if they are to be engaged with CBR. He pointed out the dynamic nature of the work of CBR and for that reason CCBRT training has an evaluative component to ensure its training is flexible and keeps pace with the changing community. He had a note of caution that rehabilitation is the priority of CBR rather than the priority of people, whose priority is more likely to be poverty and survival.

CBR-DTC - Indonesia

The key purpose of CBR training, according to Dr. Handojo Tjandrakusuma, Director of the CBR Development and Training Centre (DTC) in Solo, Indonesia is a behavioural change process that impacts attitude, knowledge, and skills. The essence of CBR is to change the community providing an improved quality of life and the help that people need. DTC has been providing CBR training and implementation for 25 years with over 80 CBR projects now in place. The training facilities are suitable for national, international and local level training. DTC recognises and grounds its training in the context of the interaction of the individual impairment with the environment. The training model used involves participant-centred learning, process orientation, self-learning, self-reflection, and building on existing knowledge and skills. DTC holds both participatory training courses and informal participatory training exercises. In the participatory training, there are five modules: introduction, orientation and organising of the course; a situational analysis; vision, mission and goals; practical techniques; and development of action plans. The training is designed to provide both practical technical skills and the underlying theoretical knowledge. The non-formal participatory training exercise is a version of participatory training that has been adapted to better suit the rural environment. It also aims to increase knowledge and skills and improve attitudes. “It develops the capacity of people with disabilities and communities to identify disability problems, define what is needed to solve these problems, develop priorities and a plan of action to solve them and even evaluate the actions taken”. DTC has developed a significant number of training guides for caregivers.

Presentations by CBR Programme Managers from Developing Countries

Alaa Sebeh (SCF – Middle East and North Africa)

With the understanding that training tasks vary according to “... the job analysis/tasks attributed to various categories of human resources directly involved or supporting CBR projects; and the relevant knowledge, skills and attitudes required to perform the specified tasks of each category”, Dr. Alaa Sebeh has developed a method of prioritising training contents for individuals taking the training. To prioritise, he divides those directly involved in CBR into the following groups: project managers, local supervisors, community workers, volunteers, people with disabilities and their families, members of the local steering committees. He ranks the skills that are the focus of the training into an “ABC guide”: A is information that trainees “must know” (trainees master relevant knowledge and skills); B is information that is “important to know” (trainees acquire basic skills and knowledge); and C is “nice to know” information (trainees are familiar with the issue). The categories or areas in which the skills are divided are: management of CBR programme; budgeting and finances; empowerment of people with disabilities and advocacy; promoting CBR as a community development approach; rehabilitation technologies, services and activities; training as main element of change; and promoting an inclusive society. In the ABC evaluation, each of these are broken down into specific tasks and assigned a priority for each person involved in CBR. The task analysis evaluation has led to an evaluation of the unmet needs in current training programmes.

Geraldine Mason Halls (Guyana – CBR)

The perspective on CBR training in Guyana is that the mission of CBR comes before the discussion of training. Training is a tool to effect social change to empower people with disabilities and their families and to create an enabling environment in a framework of inclusion and human rights. The CBR programme was started in 1986 and has expanded from a small pilot project to a multi-faceted programme with a number of partnerships in seven regions. There has been a shift in the CBR training since the inception of the programme, reflecting the importance that is placed on the need for training programmes adapt to changing social circumstances and needs. CBR-Guyana’s training programmes have gone through three phases. The goal initially was to increase rehabilitation cover, then it shifted to social integration, and now it has changed again to development in the mainstream. The objectives moved at the same time from provision of rehabilitation with a focus on skills training to social and economic development with a focus on human resource development and now to capacity building with a focus on empowerment. Ms. Geraldine Mason-Halls identified challenges and unmet needs both at the individual level, including concepts of self and citizenship, and the institutional level. At the institutional level, skills such as negotiating, marketing resource development and research were brought forward.

Maya Thomas (Bangalore – India)

As a trainer of personnel for CBR, Ms. Maya Thomas identified four levels of personnel: CBR manager (administrative); professional (trainer/professional); mid-level rehabilitation worker (multi-purpose/therapy assistant/trainer/field level management); and CBR worker (multi-purpose, family contact). These designations suggest two types

of tasks in CBR – the disability specific technical tasks and the programme management tasks. Good pedagogy was identified as an important foundation on which to base the training, including adult learning techniques and process learning rather than rote learning; a balance of theory and practice; field work sessions; tailoring of the knowledge base to the needs and educational standards of the trainees; and review and feedback. With respect to manager's training, it is understood that manager's training needs to reflect the change in CBR to "a social or developmental model". The areas with which managers need to be familiar are principles of planning, management, monitoring, and documentation. In particular, they need to be able to lead participatory, bottom-up consensual planning involving all stakeholders. Thomas concluded that the "shift to a social and developmental model in CBR is not sufficiently reflected in the training programmes of CBR personnel, especially managers", nor is it reflected in the continuing emphasis in training on theoretical knowledge, and institutional and service delivery rather than creative problem-solving, community development and community organisation.

Comments from DPI - Europe

While Mr. Gianpiero Griffo, Coordinator DPI Europe did not make a formal presentation, his interventions were excellent contributions to the discussions during the three days. Briefly summarised here are the nature of his interventions so that their importance to the outcome is recorded. Mr Griffo pointed out that quality of life was of greater significance to people with disabilities than was rehabilitation. New approaches on disability issues based on Human Rights, have been introduced from the social model of disability. This is model focuses on respect of persons, their capacities and abilities, and recognition of conditions of discrimination and lack of equal opportunities for persons with disabilities. This model transforms perspectives about disability issues in different medical, social, economic and human fields.

He argued that the medical/rehabilitation model addresses only one aspect of a person while the social model of disability addresses all facets of a person's life that are masked by the medical model. Because the disability is a small part of who a person is, exclusive focus on medical rehabilitation can delay real rehabilitation. For this, NGOs of persons with disabilities demand social inclusion, mainstream policies, support to independent living, accessibility and full participation. He pointed out that DPI's primary concern, at its international conference in Japan in 2002, and in its work following that, has been the perspective of the social model or disability rights model and on the possibility of a UN Convention on the rights of people with disabilities and non-discrimination directive on disability in the European Union.. The approach that is being demanded is one that takes into account the relationship among human rights, a social model of disability, CBR, non-discrimination, and political action. This new approach to "rehabilitation" is based on recognition of diversity, empowerment of persons with disabilities and involvement of society's responsibility. There could be support to use the CBR approach in one of the richer countries to see whether and how it would empower people with disabilities. He noted that there is a need for a clear vision of CBR from a disability rights perspective. Maybe it is time to re-define CBR as Community based Human rights local Development. Mr. Griffo noted that there remains a strong "defectology" perspective in many universities and particularly in departments of rehabilitation and medicine. It is, consequently, important that training courses include people with disabilities, both as

trainers and as trainees so that any course is grounded in the point of view of people with disabilities, and that training recognises that importance of empowering people with disabilities.

Challenges that Emanated from the Discussion

A number of challenges for the training of managers were highlighted by the discussions in the meeting. There was a general consensus that the following issues need to be addressed in Management Training developed and made available for CBR Managers:

1. One challenge is that most of the management training is not designed and implemented in collaboration with people with disabilities or DPOs and only a few people with disabilities and their families are involved as trainers or trainees. The discussion was related to the involvement of people with disabilities as course staff, rather than simply guest speakers.

Benefits of involvement:

- Allows personal contact between people with disabilities and other trainers or trainees, creating an opportunity for the daily living experience of being with a person with a disability and the learning that provides, thus, changing the attitudes and skills of people without disabilities.
- Creates an opportunity for people without disabilities to hear and understand the life stories and reflections and perspective of people with disabilities.
- Demonstrates that expertise lies with the person with a disability and creates role models for CBR personnel and professionals.
- Through sharing experiences of parents and people with disabilities, teaches CBR personnel of alternative opportunities and approaches that provide greater choice for people with disabilities to exercise their rights.
- Through the experience of being a trainer, empowers people with disabilities and gives them a platform to advocate for their rights.
- Provides opportunity for the needs and the issues to be presented from the perspective of the people with disabilities themselves and the solutions that they wish to introduce, rather this coming through the lens of the professional.

How to involve people with disabilities:

- Prepare courses collaboratively to bridge the gap of different views to build a common understanding – this is particularly effective if there are different views.
 - Advocate that funders provide a percentage of funds for scholarships to sponsor disabled persons with particular attention to disabled women and to consider allocating places on the basis of type of disability.
 - Reflect the strengthening and development of DPOs as part of the training agenda; Create an enabling environment of inclusion and human rights.
2. After 20 years of CBR development, it often remains mainly a NGO supported, small-scale programme with limited involvement of government. The challenge is how to

“scale up” CBR, through management training for senior government officials, to encourage and enhance government involvement and sponsorship.

Ideas for action include:

- Expanding the role of CBR to incorporate policy issues as a basis for negotiation with government. This includes research, evidence-based practices in CBR and collection, analysis and presentation of information, to convince government to make needed changes.
 - Ensuring representation of people with disabilities in negotiations with governments.
 - Creating awareness by government officials of what is happening in the country by developing a situational analysis (including policy, programmes, and economic and social conditions) and creating opportunities to work with them to devise national strategies and plans. Keep a good basis of information that is readily available.
 - Having Project managers develop their own negotiation skills and means of presenting the evidence to government in a short summary or government brief (to include cost-benefit analysis and emphasise the civil society basis of work).
 - Using external agencies including UN missions and international universities as a mechanism of influence.
 - Working with the UN agencies to promote the multi-sectoral approach and the sharing of information and networking at the national and inter-regional level and involving various stakeholders including DPOs in devising national plans and strategies
 - Incorporating disabilities issues into existing government policies, strategies and programmes, and plans
 - Documenting and sharing models of good practice of strong government involvement in CBR programme.
 - Incorporating CBR training in existing training schemes in universities and in existing government Ministry training
 - Utilising creative methods of training including on-the-job training for government officials and individually tailored programmes of training.
 - Promoting partnership between government and NGOs to enable the strengths and creativity of NGOs to be exercised, with clear definitions of roles and responsibilities (e.g. the support and involvement of NGOs and CBR programmes in inclusive education made more efficient).
3. Teaching staffs need more contact with and experiences in the field so that management training needs stem from the field. There is a need to:
- Cross-fertilise local areas in identifying the training needs and sharing the information and experience.
 - Assess needs for training to determine the rationale for the training recognising the context of the local environment.
 - Include practical training in the environment carried out by local trainers and responsive to the local setting.
 - Draw the distinction between management training (which is generic) and project management, in which the issues are locally driven as a basis for determining course content in the non-local setting and the local setting.
 - Encourage dynamic CBR management training, responding to changing needs.

4. Another challenge is ensuring accessible, updated training and learning resources for management training courses. To address this challenge:
 - Translate more of the available material and translate in a more timely fashion so outdated translated material is not being used. It is there but it may not have been adapted for community use.
 - Update material that is presently available to ensure that material serves current needs, including issues such as poverty, advocacy, etc.
 - Develop mechanisms for greater sharing of information through alternative means of communication such as networking, using websites and publishing on websites.
 - Develop more creative material, using, for example, pictorial material, CD ROMs, and other audio-visual material.
 - Recognise that there is some good general management material and that there is a need to deal with CBR specific planning and issues; identify relevant training and learning materials through a specific task analysis of training and then ascertain those management training resource materials that are available and what needs to be developed.
 - Develop a database of courses available and currently used CBR and generic materials (including the language of course, the location of the courses, the type of course, etc.)

5. There is a need to assess the impact of management training programmes. This would involve:
 - Establishing a set of indicators, which must be related to the aims and objectives of the CBR training. The impact of training should also be assessed. Setting of the indicators is important as the trainers cannot always go back to the field to do follow-up assessment. Identifying universal indicators would be helpful and these could be based on indicators in current use.
 - Standardising methods of assessing impact
 - Recognising that CBR assessment has not been consistent, the assessment of management training should be related to CBR assessment generally.
 - Including in the budget of training programmes a budget line to enable follow up assessments to be carried out
 - Developing indicators of both short-term impacts (e.g. number of individuals who took the course, how many projects were launched) and long-term impacts (e.g. areas such as impact on children/individuals/ and how course helped trainees impact on their country; participation, collaboration and coordination and networking; impact in relation to extent to which training helped with mainstreaming and exclusivity).

6. Donors must be influenced to support the CBR approach. To facilitate donor support, it is important:
 - To have evidence to provide to donors about how CBR has affected quality of life of those who have been impacted, that is people with disabilities.
 - To ensure that CBR personnel and DPOs work together in approaching donors.
 - To train programme managers to have a greater understanding of donor needs and their priority areas of interest.

- To train managers to recognise the relationship between donors and those requesting funds and that funding proposals must fit into the guidelines of funding agencies.
 - To train CBR personnel in advocacy in order for them to influence donor agencies and the way they provide funds.
7. Another challenge is bridging the gap between DPOs and CBR with respect to training. The potential misunderstanding of CBR by DPOs and people with disabilities needs to be addressed because it has an impact on CBR management training. To address this concern:
- Identify and address the gap between DPOs and CBR in the training programmes of both CBR and DPOs
 - Set a priority in CBR training on the issues of advocacy.
 - Include persons with disabilities who are involved as CBR personnel as advocates of the goals of CBR.
 - Build links between DPOs and CBR.
8. There is a need to increase the coverage of geographical areas in management training on CBR and to develop networking between management training courses at international, regional and local levels. To facilitate this address:
- Language barriers to management training and to sharing the information when people take international and regional training in a non-local language.
 - The need to identify a funder and an organisation to enable the development of a website of up-to-date available training courses and resources, or use a website that already collates materials on generic training programmes and attempt to influence them to include CBR training programmes (including such information as location, type of course, and language of delivery).
9. A final challenge is the task analysis in relation to needs and training of programme managers. Participants decided it would be useful to:
- Identify common or expected tasks of managers and use a general framework task analysis, such as the ABC technique as a way of developing specific types of training.
 - Recognise in management training that the personnel involved in organisations may vary between CBR organisations.
 - Develop management training that strikes a balance between trainers and participants in its development to enable flexible course content, recognising that in case of certification there will need to be some standardisation.

Conclusion

The meeting provided an opportunity for participants to share their experiences, identify challenges and together develop ideas to address the challenges, particularly those related to programme management training. The participants agreed that this format of meeting was very

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useful and constructive and gave them further insight to continue the work that they are engaged in and to provide them with constructive and practical ideas to move forward.

List of Acronyms

AIFO	Italian Association Amici di Raoul Follereau
CBM	Christoffen Blinden Mission
CBR	Community-based Rehabilitation
CBR-DTC	CBR Development & Training Centre
CCBRT	Comprehensive CBR in Tanzania
COMBRA	Community-based Rehabilitation Alliance
DAR	Disability & Rehabilitation Team
DPI	Disabled People International
DPO	Disabled People's Organisation
FAO	Food & Agriculture Organisation
IDDC	International Disability & Development Consortium
IDPO	International Federations of DPOs
ILO	International Labour Office
INGO	International NGO
MSc	Master of Science
NAD	Norwegian Association of the Disabled
NGO	Non-governmental Organisation
SCF-UK	Save the Children Fund – UK
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

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