



FRIDAY MEETING TRANSACTIONS

[Associate publication of Asia Pacific Disability Rehabilitation Journal]

CONTENTS

Vol. 4 • No. 2 • 2002

EDITOR'S PAGE42

FRIDAY MEETING TRANSACTIONS

Strategies of VSO India in the Field of Disability Rehabilitation 44

Media and Disability45

Status of Employment of Disabled People in Indian Industries 53

REHABILITATION NOTES

National Programme for Rehabilitation of Persons with Disabilities
- A Blend of CBR and IBR56

Approaches to CBR - Realities in Pakistan 61

Twenty Tips on how to be a Disabled Friendly Company 64

editor's page

Friday meetings were started 6 years ago as public meetings to discuss non-institutional forms of disability rehabilitation, by a group of like-minded people. The idea at that time was to meet together for a few hours once in two months, on the last Friday of every odd month at a fixed venue to brainstorm on issues related to CBR. These discussions exposed the different perspectives and divergent opinions held by many groups. From an assembly of 5 to 10 individuals to start with, it has now grown to 50 to 100 people, who come from different walks of life to debate at this forum. There are no incentives other than participation in a healthy debate during the meetings. Over the years, Friday meetings have become popular for their discussions and have become a capacity building instrument for many practitioners of CBR around Bangalore. Participants are now better at critical analysis of their methods and appropriateness of their strategies. Above all, it has also motivated others to have similar exercises elsewhere and to publish more newsletters.

Yet, at this point in time, feedback from participants suggests that perhaps Friday meetings have outlived their utility. Many such debates and newsletters are now available for the same group, giving rise to an overload of activities. Under the changed circumstances, having fulfilled their goals, Friday meetings and Friday Meeting Transactions are less relevant than earlier, when such debates on issues were unusual. These processes will now have to find new goals or risk the

possibility of termination. At present, ideas are being gathered from different people before final decisions are made about the future of these activities.

In the past six months a few attempts were made to collect formal and informal opinions about these activities. Informal opinions were gathered by discussions with readers of Friday Meeting Transactions and participants of Friday Meetings, through unstructured, open-ended discussions with individuals and groups. All stakeholders were also sent feedback questionnaires that contained structured, semi-structured and unstructured questions to assess relevance of both activities. Some trends from these exercises are already available for readers. The most important finding was that rate of feedback from participants of Friday Meetings and readers of Friday Meeting Transactions was significantly lower than that received from readers of Asia Pacific Disability Rehabilitation Journal, sent simultaneously. Secondly, responses from readers of Friday Meeting Transactions were mostly received from people outside Bangalore, who could not attend meetings on a regular basis. Thirdly, almost all respondents reported that these two activities were beneficial to them, even though they were mostly academicians, policy makers or such other people, but not field level practitioners who were the targeted group. Finally, the number of responses were relatively much lower than what was gathered in a similar exercise a few years ago.

Individual and group discussions suggest that a certain level of demand recession has occurred for these activities because of competing activities of similar nature from different organisations. According to the feedback, there is an event overcrowding which makes it difficult for people to commit time for all events simultaneously and they resort to prioritising. Friday Meetings that represent a knowledge enhancing exercise and a social gathering is likely to come lower on priority for many participants when there are other competing priorities. Hence they foresee a continuing demand recession in future as other meetings increase in numbers, unless the goals are reset now. The newsletter, Friday Meeting Transactions, will also have to face similar demand reduction in future because of competition from other newsletters. It also does not have an independent existence without the Friday Meetings now.

Dr. Maya Thomas

Editor

J-124 Ushas Apts, 16th Main, 4th block, Jayanagar, Bangalore - 560 011, India

Tel and fax: 91-80-6633762, email: thomasmaya@hotmail.com

FRIDAY MEETING TRANSACTIONS

STRATEGIES OF VSO INDIA IN THE FIELD OF DISABILITY REHABILITATION

DISCUSSION LED BY

Arun Muttreja, VSO India, R - 122, Greater Kailash Part I, New Delhi - 110048, India.

SOME FACTS

There are 18000 non-governmental organisations (NGOs) registered under the Foreign Contribution Regulation Act (FCRA) in India. In 1997, the foreign funds received under FCRA amounted to Rs. 2760 crores, while in 1999, it increased to about Rs. 4000 crores. The states of Tamil Nadu, Karnataka, Andhra Pradesh, Maharashtra and Delhi receive the bulk of this foreign aid, while the "BIMAROU" states get only 23% of the aid.

Despite the amounts of aid coming in, many developmental problems persist in India. For example, the rate of school drop-outs before completion of 5th class increased from 38% in the period of 1990-95, to 48% in the period of 1995-1999. In the light of these problems, crucial points for debate among donors include what issues to take up for funding, and what agenda the donors should follow. In general, there seems to be agreement among donors that the key developmental issues to support in India are education, health and livelihood.

VSO in India focuses on capacity building of NGOs by sharing skills, and donor education by networking and dissemination of evidence based good practice at the grassroots level. In the disability field, VSO is promoting both clinical and social issues, building on good practice and emphasising advocacy. VSO believes in paying a lot of attention to matching of needs of all stakeholders with the resources available with VSO, in an attempt to make their work more relevant to needs at the field level.

Arun Muttreja

SUMMARY OF THE DISCUSSION AT THE FRIDAY MEETING ON 25TH JANUARY 2002

The discussion focused on the need for NGOs to pay more attention to evidence based practice in their work with different client groups. It was also agreed by the group that advocacy was crucial to highlight disability issues and that NGOs also need to take up advocacy more vigorously.

MEDIA AND DISABILITY

DISCUSSION LED BY

*Geetha Rao, Times of India, MG Road,
Bangalore - 560 001*

*Ashish Sen, VOICES, 165 9th Cross, Indiranagar 1st Stage,
Bangalore - 560 038*

*Ashwini Nachappa, Vijaya Bank, MG Road,
Bangalore - 560 001*

INTRODUCTION

Development in a society requires simultaneous 'changes' in both social and technological fields. New technology is accepted only when accompanied by changes in 'attitudes' and 'behaviour' of people in relation to that technology. For example, in recent times changes in the field of computer sciences have been very rapid in India. But people have often not accepted these changes as fast as they were developed. Whether it was e-commerce or e-governance, technology was ready long before people were ready to accept them. The necessary social changes had not accompanied the promotion of these technologies. As a result, the stage was not sufficiently set, and in some instances people rejected them. Similar examples are also available from the history of community development in India. It took extensive persuasive skills and many failures before Indians accepted lavatories as part of their homes in spite of the enormous benefit it could give to their families' health. Usually social changes are much slower than technological changes and unless a milieu is developed to understand and absorb technological revolution, most ordinary citizens get confused and reject a new technology as a reflex reaction to anything new. Media in all its forms, has a significant role in bringing about the critical social change that is necessary for any development.

FROM MASS MEDIA TO COMMUNITY MEDIA

Many of us in the development sector are concerned about the short shrift that mass media gives to development. A study on the content of newspapers on development over a year, conducted by Shangon Dasgupta of the Centre for Development Learning, in late 2000 merely confirms this point. "If development news can be defined as 'information that has social consequence,' then we clearly have a long way to go. The study showed that in the Times of India 4 per cent of a total of 24 pages was devoted to development. This was more or less the same across a range of papers like the Hindustan Times, and Deccan Herald.

The study also attempted to analyse news items related to Disabilities. The findings were similar. No news item "pertaining to Disabilities appeared on the front page. "A majority of news items about persons with disabilities appeared from Page 4 to page 12. Most of these were restricted to event based coverage. "No serious discussions on issues pertaining to disabilities appeared."

While the study's finding might be echoed in broadcast media as well, it does raise a few questions which demand greater scrutiny. These pertain both to the scope and the limits of mass media. They also go beyond the issue of coverage and question the role of media and its impact in terms of desired outcomes. In doing so, this article urges the need to articulate a media strategy which moves from the realms of mass media to community media.

While the scope of mass media in terms of reach has increased substantially over the last quarter of a century, its ability to generate the desired outcome in terms of impact has not been commensurate. Why? A personal experience, however anecdotal, seems an appropriate starting point.

Apart from my work at an NGO - VOICES - I write regularly on development issues for the New Sunday Express. Last year, on Disabilities Day, I took the opportunity to plug the issue of Access. The space provided by the paper was substantial and the article generated considerable response by way of letters. This, perhaps, has also to do with the strong tradition that the Express group has in covering development issues.

Compare this with Kumar's story, broadcast on A.I.R. Bangalore last year as a part of an effort to combat discrimination. The programme was put together by people with disabilities after they participated in a workshop on community radio. Kumar is severely physically challenged - the result of an unfortunate auto accident. Not surprisingly, he was also the key protagonist in the programme. The programme, subsequent to its broadcast, developed a life of its own. One of the fall outs was that a listener - severely disabled herself and consequently with a low sense of self worth - called A.I.R, tracked Kumar's address, and the window to a relationship opened. Another listener heard the programme, sponsored a telephone call kiosk and also generated other supporters who pitched in and provided related inputs like calculators, instruments etc. The result is that Kumar is now his own master, with ingredients that make for another story.

The lesson from the above examples lies not so much in the media mechanism used, but in the questions of ownership and management. People with disabilities substantially drove Kumar's story. Their direct engagement perhaps also resulted in a more widespread network who heard and participated in the programme.

For too long, we have been blinkeredly critical of the mass media (this is not an apology for the mass media. The concern for shrinkage in development space is justified today) without putting our own house in order. Mass media, by its very definition, is constrained by the quantum of issues that it has to carry. Consequently reach is not, unfortunately, matched by depth. While there may be several committed journalists, they are limited by the range of issues that they have to cover and the lack of space to do so.

Like disabilities, HIV/AIDs, domestic violence, poor farmers, child labour, tribals, scheduled castes, minorities, etc. jostle for limited space on a daily basis.

The writing on the communication wall then clearly points to the need for a change in the paradigm. We need to move from mass media coverage, to developing community media participation and ownership. The process is not very difficult, but it calls for a significant shift in attitude, perception and understanding. To many in the development sector, communication is seen as a publicity and information mechanism, rather than a process which is integral to development and change. This has handicapped participation and ownership.

The movement towards community media does not mean the exclusion of mass media. In fact, it uses mass media space strategically to promote key desired inputs. The difference is that the key players also include members from the specific community. From issue based coverage in the mass media, the process involves active participation of community members as key protagonists. Last year, VOICES and TMG partnered each other to launch and promote a year long series - DARICHA - or Revelation. The weekly programme involved the interface between technology (ranging from computers to callipers) and people with disability. The series was based on case studies, and involved people with disabilities as the key protagonists. This involvement, not only enhanced the programme's credibility, but strengthened the life of the programme. More viewers from the concerned sector enabled us to develop a directory of sorts and also played an important role in shaping the movement and texture of the programme. DARICHA started its journey as a 5-7 minute programme. Within a year, it had developed into a 22 minute programme - and community response had a large role in this journey.

If involvement is a critical path in the process, management and ownership are the ultimate goals. We need to develop appropriate media mechanisms of, for, and by the community. It is only then that the desired message will run the closest towards achieving the desired output and outcome. Boodikote village in Kolar district has an audio production centre (Namma Dhwani - Our Voices) which is managed by poor farmer groups in the area. They make their own programmes based on local information needs which are narrowcast regularly through self help groups in and around the village. Every Tuesday, a loud speak broadcast takes centre stage at the local santhe/market. Today, this has not only enabled Boodikote to send out relevant information to the nearby area, but the outside world to directly engage with the community at Boodikote. Closer home, in Bangalore, Janaagraha Times is a weekly bi-lingual newspaper brought out by resident groups in the city in their effort to operationalise participative budgeting.

Mass Media, by itself, notwithstanding laudable intentions, is vulnerable to exclusion. Community Media injects the essential inclusiveness which makes desired change possible. We need to embrace it.

EXAMPLE OF A MEDIA CAMPAIGN

Since 1983, leprosy has been simply and quickly curable with Multi-Drug Therapy. The biggest remaining barrier to eliminating the disease is ignorance and stigma. The BBC World Service Trust developed a campaign in India to address this, in partnership with Doordarshan TV and All-India Radio.

CHALLENGE & RESPONSE

India is the key country in the global drive toward eliminating the disease by 2005 ... TV spots, dramas and studio shows were broadcast almost 1, 500 times. Radio spots, dramas and phone-in shows were broadcast more than 6,000 times

MEDIA CONTEXT

India has about half the population watching TV regularly (500 million viewers). Doordarshan has an extensive reach into India's rural heartland. All India Radio still enjoys an effective monopoly, with 195 stations across the country broadcasting in 24 languages and 146 dialects.

PROGRAMME OVERVIEW

Principle- The campaign underlined the fact that leprosy is totally curable and that drugs are available free throughout India. Leprosy is not spread by touch and that they should not be excluded from society.

TV- A total of 25 advertising spots and 12 campaign dramas were produced. With constant repetition, they accounted for more than 45 hours of TV. Among the formats used were Hindi film romances, rural folk operas, famous Hindu fables, domestic dramas and comedies.

Radio- A total of 213 radio programmes were broadcast more than 6,000 times. Thirty-six radio advertising spots were made. They were then 'transcreated' into 18 local dialects for broadcast, making 136 spots. There were also 12 musical dramas and an eight-part radio serial , and 41 radio call-in shows

Community- 1,700 live theatre performances in villages, small towns and urban slums to widen the reach with approximately 500,000 people attending. Performances were based on popular-entertainment forms, including folksongs, magic shows and drama.

Poster- offered basic information about leprosy symptoms and treatment and stressed the importance of community care and support for people with leprosy. 85,000 produced and displayed.

Videos- 2,700 'video van' screenings featuring the most popular TV spots and dramas produced under the BBC-Doordarshan partnership.

Press Relations- More than 95 articles appeared in the regional English and vernacular press. Two-day press workshops on leprosy were held.

Film- A 10-minute feature film on a leprosy theme screened in cinemas in Hindi-speaking states.

IMPACT

Process- Independent market research conducted. Surveys were conducted at the start of the campaign, after the first round of campaigning and again after the second round.

Media Reach- campaign reached 59% of respondents, equivalent to 283 million people.

Misconceptions- equivalent of 178 million people persuaded to reject belief that leprosy is hereditary and the equivalent of 120 million people corrected their understanding that leprosy is communicable by touch.

Curability & Communicability - The % of the total population who believe leprosy is transmitted by touch fell from 52 to 37 to 27%. The % believing that leprosy patients on treatment are infectious fell from 25 to 20 to 12%. The % who regard leprosy as curable rose from 84 to 88 to

91% of the population 99% of those exposed to the campaign regarded leprosy as curable, compared to 79% of people who had not seen the campaign.

Symptoms - awareness of loss of sensation as a possible symptom was already high (65%) and rose to 72 then 80%. Awareness of pale reddish patches as a possible symptom remained level at 86%. Awareness of non-itchy patches as a possible symptom rose from 37 to 53 to 55%.

Awareness - Awareness of the modern cure for leprosy: Control Group Villages: 56%; Village with Live Drama Shows - 82%. Rural Awareness of a modern leprosy cure free of cost: Exposed to the poster 89%, No exposure - 20%.

Stigma - Percentage of people claiming they would be willing to sit by the side of a leprosy patient: Control Group Villages - 64%; Village with Live Drama Shows - 74%. Percentage of people claiming they would be willing to eat food served by a leprosy patient rose from 32% to 50%.

AN EXAMPLE OF SOCIAL MARKETING IN LEPROSY

Selling Leprosy? Why not!

If you can sell so many different brands of tooth paste, soaps, financial instruments, why not Leprosy? Any product or service can be effectively marketed

The 7 P's of the Marketing Mix

Product - The name, the form, packaging and the positioning

Price - Is it sold at a premium price, affordable mass market price or is it free!

Place - The distribution, availability, channels of distribution, the sellers

Promotion - The communications mix, media mix, frequency and the integration

People - Profile of the people involved in the task, their training needs, their focus and understanding.

Process - The systems, evaluations, tracking and training

Physical Evidence - The total look, tone and feel, the ambience, the seal of authority

The task is to simply insert the word *leprosy* as the brand, when planning out the integrated marketing communications to market and promote the message on leprosy.

Identifying the recipient of our message

The next most crucial task is identification of the target audience or in other words the single point of contact; is it the patient, his immediate family members or a friend etc. The profile of this audience has to be built.

The influencers and the opinion leaders

The target audience is never isolated. The profile will have many opinion leaders who will have a great influence on the behaviour of the target consumer, and need to be identified. In brief, there is a need to prioritise the different publics that one would need to talk to. The message content, tone and manner will vary depending on individual public's priority and role in the process.

Understanding the consumer

Prior to undertaking a marketing communications, it is important to carry out a baseline study in order to understand the ground situation - the mind set, the insights, the triggers and barriers related to the issue. A thorough assessment of the task ahead needs to be undertaken, if results are to be measured at a later date.

Setting objectives

Arising from the base line study, very clear objectives, both qualitative and quantitative, need to be set out. The marketing communications strategy should be planned out only once these clear objectives are identified.

The development of the marketing communications strategies

The manner in which the quantitative and qualitative objectives are achieved will outline the marketing communications strategy, including: how to reach planned number of people, what marketing and communications channels need to be mobilised to reach set objectives in the most cost effective manner, what communications strategy would appeal best, what communications mix is best suited for the task.

Thereafter it is the task of crafting the creative strategy. This means creating one single minded '*big idea*' that can take any form when placed in the integration frame work. The creative strategy should always be pre tested in its concept stage amongst the target audience before fine-tuning and releasing.

The integrated communications mix can take the form of one or more of any of the following-

Advertising, Public Relations, Direct to consumer communications, E marketing, Event sponsorships, Consumer promotions, Out door, Point of sale communication.

Promotions is the last component of the marketing mix that one should implement, simply because it is crucial that all other elements are in its proper place, prior to making promises to the chosen publics. Never leave room for a disappointed consumer. The message strategy in a social marketing project should ideally give a call to action. The integration of the marketing mix is crucial. Eg: If the communications directs a patient to a point of contact for treatment, this should be in place, properly. Or if the communications requests a consumer to phone or write for advice, the mechanism should be up and running smoothly.

Monitoring and evaluation

Adding a measurable monitoring and evaluation component to the total programme is extremely important.

Ashish Sen

SUMMARY OF THE DISCUSSION AT THE FRIDAY MEETING OF 29TH MARCH 2002

Till now, media has only sporadically focussed on disability issues. Media often does not view disability issues as 'newsworthy'. Besides, advocates from the disability sector also have not sufficiently 'highlighted their causes' with the public. There is a need for better networking between disability sector and media as a strategy to improve advocacy of disability issues through media. NGOs may require some training on communication strategies and 'marketing' of their work. Media can also dedicate space and correspondents to deal with development issues in a sustained manner. Vernacular press needs to be encouraged to cover development issues for consumption in rural areas. Communities should also be encouraged to produce their own programmes.

In using 'brand ambassadors' for advocacy of development issues, selection of 'appropriate', 'long term' and 'sincere' persons is vital, else the cause being advocated can acquire a negative image. Short term ambassadors, or those who espouse mutually conflicting causes, would not be of much help in advocacy. Celebrities who take up such roles should be clear about the cause they are advocating, and also be willing to commit time beyond fund-raising alone, to achieve the results aimed for.

STATUS OF EMPLOYMENT OF DISABLED PEOPLE IN INDIAN INDUSTRIES

DISCUSSION LED BY

*Javed Abidi, National Centre for Promotion of Employment of Disabled People
A-77, South Extension Part II, New Delhi 110 049*

*Vikram Rajaram, Titan Industries, Golden Enclave, Airport Road
Bangalore - 560 017*

*Laila Ollapally, Advocate, 561 3rd Block, Koramangala,
Bangalore - 560 034*

Even though disabled people constitute a significant 5 to 6 percentage of the population of India, their needs for meaningful employment remain unmet, in spite of the implementation of the 'The People with Disabilities' Act which reserves 3% of all categories of jobs in the government sector for disabled persons, and provides incentives for public and private sector companies, that have at least 5% of their workforce comprising of disabled persons. Of the approximately 70 million people with disabilities in India, only about 0.1 million have succeeded in getting employment in the industries till now. The industries can however, play a more emphatic role because of their vast employment generating potential and the financial power.

A study was conducted in 1999 by the National Centre for Promotion of Employment for Disabled People, Delhi, to identify the current practices of Indian industry with regard to the employment of disabled people. A sample of 100 corporate houses was chosen, by including all the corporate houses listed in the 'Super 100 ranking of the corporate sector' by 'Business India'. The listing was carried out by the magazine by ranking Indian industry on four parameters, such as sales, profits, assets and market capitalisation for the financial year 1997-98. Twenty three companies in this sample were public sector companies, while 63 were private sector Indian companies and 14 were multinational companies. A questionnaire which elicited the total number of employees of the company, the number of disabled persons who were employed and the types of disabilities found in them, was mailed to all the 100 companies in the sample, in January 1999. The responses were collected by end of March 1999.

Of the 100 companies to whom the questions were sent, only 70 responded. The total number of employees in these companies was 7,96,363 of which 3160 were disabled persons' consisting of 0.4% of the employees. Among the companies who responded, 50 (71.43%) companies had employed disabled persons.

Table 1: Classification of respondents

Types of company	Responders (N=70)	(Response rate)
Public sector companies	20	(86.96%)
Private Indian companies	40	(63.49%)
Multinational companies	10	(71.43%)

Table 2: Types of disability among the disabled employees

Types of disability	Percentage of total disabled employees
Visual impairment	9.87%
Loco-motor impairment	70.57%

Speech and hearing impairment	8.26%
Mental retardation	0.66%
Other disabilities	1.87%

Table 3: Disabled persons as a percentage of the workforce in different companies

Types of company	Percentage of disabled persons employed
Public sector companies	0.54% of the total workforce
Private sector Indian companies	0.28% of the total workforce
Multinational companies	0.05% of the total workforce

In the sample of companies selected for the study, the rate of employment of disabled persons was only 0.4% of the total work force, much lower than what the 'The People with Disabilities' Act prescribes as desirable. Out of the 70 respondent companies, 20 do not employ any disabled persons at all, while in 40 companies the percentage of the workforce with disabilities range between 0.01% to 0.99%, and in only 10 companies they were above 1%. Many public sector companies also do not employ disabled persons, even though it is legally binding on them to fill 3% in all categories of jobs with disabled people. No company in the sample employed disabled persons above the 2% level, way below the 5% level to claim the incentives guaranteed to them if they employ disabled persons. Disabled people with loco-motor disability were the group most commonly employed, probably because they are less severely disabled, and people with mental retardation are rarely employed, probably due to the stigma attached to mental retardation.

This study provides the preliminary evidence that after three years of implementing a policy of job reservation for the disabled persons through a law, the targets achieved fell short grossly, to 13% of the desirable level. Even this level of achievement is only fulfilled through the employment of people with a relatively mild degree of disability. In spite of the coercion by the government, there are limiting factors that prevent employment of disabled persons in industries. There is an urgent need to identify these factors that hinder employment of disabled people, and to take corrective measures, to enlarge the potential of their rehabilitation and social integration.

Javed Abidi

SOME LEARNINGS FROM THE TITAN INDUSTRIES EXPERIENCE

- There should be a basic willingness on the part of employers to employ persons with disabilities. If this willingness is present, incentives may not be necessary.
- Companies will require professional expertise to screen persons with disabilities for employment.
- It is easier to promote employment of persons with disabilities in the initial stages of establishing a company, as the mind-set tends to be more open and empathetic.
- The prevailing rules of selection should apply to persons with disabilities in the same manner as everyone else.
- Once employed, the rules of employment should be the same for all, with no concessions for persons with disabilities.

- Learning curves may be shallower for persons with disabilities initially, due to low self image and self confidence. Thereafter, their productivity is high, sometimes even better than their non-disabled peers.
- It is important to motivate middle level employers such as suppliers etc., to employ persons with disabilities.
- The benefits to the company from a community development focus includes better image and happier, more loyal customers.

Vikram Rajaram

SUMMARY OF THE DISCUSSION AT THE FRIDAY MEETING OF 31ST MAY 2002

Although the Persons with Disabilities Act has been in force for more than 5 years and many developments have taken place with regard to employment of persons with disabilities, the pace of employment is still slow. Apex bodies such as CII, FICCI and ASSOCHAM still do not have policies relating to employment of disabled people. The disability sector needs to be more proactive in advocacy and sensitisation of government and industry. Identification of jobs that persons with disabilities can do requires to be more creative and to break out of the present stereotypes of what disabled persons can do. NGOS have been backward in this field and need to take the lead role in preparing the workforce of persons with disabilities for employment, by promoting education, training and accessibility.

rehabilitation Notes

NATIONAL PROGRAMME FOR REHABILITATION OF PERSONS WITH DISABILITIES – A BLEND OF CBR AND IBR

*Rakesh Arora**

ABSTRACT

The two broad approaches to rehabilitation are Community Based Rehabilitation (CBR) and Institutional Based Rehabilitation (IBR). Several schools on the subject tend to look at these as two distinct, mutually exclusive alternatives and generally argue in favour of one or the other. However, the two approaches are complementary to each other and the policy option is not one of CBR vs. IBR, but one of focus, prioritisation and a judicious mix of both in any comprehensive package of rehabilitation for persons with disabilities. An important step by the government in the direction of an appropriate blend of the two approaches on a large scale, is the implementation of a comprehensive scheme -National Programme for Rehabilitation of Persons with Disabilities (NPRPD). The scheme is a state sector scheme with a four tier delivery system at Gram Panchayat (GP), Block, District and State levels. The Scheme envisages a CBR approach at GP / Block levels to be dovetailed with an institution based approach at District / State levels. The Union Government provides financial resources, guidelines on implementation of the Scheme and monitors its implementation by the States. The Scheme aims to create a strong network of rural based rehabilitation services.

INTRODUCTION

A number of approaches to rehabilitation of persons with disabilities are being advocated both in theory and in practice. The two broad approaches to rehabilitation are Community Based

Rehabilitation (CBR) and Institutional Based Rehabilitation (IBR). The distinctive features of CBR are that needs of persons with disabilities are met within their own environment, involving family members and community (1). It refers to measures taken at community level to use and build on locally available resources of the community. These resources include the disabled persons, their families and others in the community (2). IBR on the other hand, is rehabilitation of persons with disabilities at or through institutions, often away from their homes. IBR generally leads to a transformation in social behaviour of persons with disabilities, making the process of their social integration difficult. However, the quality of rehabilitation services provided through IBR tends to be better than through CBR, as services are provided by professionals and specialists, with the assistance of more sophisticated equipment and tools.

Most of the literature on the subject tends to look at these as two as distinct mutually exclusive alternatives with arguments in favour of one or the other. In recent years, community based rehabilitation has been advocated by various organisations and professionals. Their arguments are based on the greater effectiveness and low cost of the CBR approach. The CBR approach, according to them, enhances social integration of the persons with disabilities more easily, and keeps the social fibre largely undisturbed. The cost of rehabilitation is also lower as a majority of the resources used are local. However, despite the strong advocacy and emphatic world opinion in favour of CBR, efforts in India till now have been restricted to a few pockets, undertaken through a few NGOs, National Institutes and District Rehabilitation Centres. Even the organisations that implement the CBR approach are doing it in a limited way, often in a small rural pocket in a town.

BLENDING CBR AND IBR APPROACHES

In the author's opinion, the two approaches are complementary to each other rather than substitutes to each other. Any comprehensive package of rehabilitation of persons with disabilities should contain a judicious mix of both the approaches, with the need to implement the two simultaneously. The choice before policy planners and implementers is therefore not one of 'either or', but of focus and prioritisation. While both CBR and IBR have their merits and limitations, the issue at hand is one of a right mix of the two. However, there is hardly any organisation implementing an appropriate blend of the CBR and IBR approaches. Hence, there is neither wide spread implementation of the CBR model, nor simultaneous implementation of the two approaches. Keeping this in view, the Government has started several new schemes and programmes with the underlying logic of initiating the CBR approach throughout the country and blending it suitably with the IBR approach. An important step in this direction is the implementation of a comprehensive scheme called the National Programme for Rehabilitation of Persons with Disabilities (NPRPD) (2).

SALIENT FEATURES OF NPRPD

The NPRPD is a State Sector Scheme, aimed at prevention of disabilities and provision of comprehensive rehabilitation services, closer to the homes of persons with disabilities. This is being done through a four-tier delivery system at Gram Panchayat (GP), Block, District and State levels. The Scheme envisages a CBR approach at GP / Block levels and dovetails it with an institution based approach at District / State levels. The Union Government provides guidelines on implementation of the Scheme and also monitors its implementation by the States.

SERVICES AT GRASS ROOT LEVEL

At the Gram Panchayat Level, there are 2 CBR workers who undertake screening of at-risk children (pre-natal and post-natal) and expectant mothers to avoid the occurrence of disability (3). The CBR workers also play a role in increasing awareness in the community on the importance of a clean and hygienic environment, in preventing disability. They are a crucial link between the community / family and the provision of services (4). The community in turn is expected to start a movement for enhancing the general consciousness on prevention of disabilities and empowerment of persons with disabilities. An important role of the CBR workers is to counsel and advise the community, persons with disabilities and their parents on ways to check the incidence of disability or to prevent a minor impairment from turning into a major disability. They are also expected to provide referrals to higher levels for services.

At the Block level, there are two Multipurpose Rehabilitation Workers (MRWs). The role of the MRW is to (a) provide simple rehabilitation services - like heat therapy, physiotherapy, earmould impressions, (b) carry out simple repair of assistive devices and (c) act as catalysts for referral of persons with disabilities, to appropriate educational institutions, health services or vocational training institutions. The MRWs should, therefore, be well informed on the available NGOs, special schools and vocational rehabilitation centres in the district. The MRWs are provided with a 'Multipurpose kit' for assessing the requirement of services for persons with disabilities and providing simple services. The MRWs work closely with the personnel posted in the parallel departments of health, education, labour and women and child welfare, apart from organising detection and follow up camps, and counselling. The MRWs also provide the crucial link between the CBR approach and the IBR approach. Services which cannot be provided at the block and gram panchayat levels are provided at the higher levels. The important role of the CBR approach is in preventing disabilities; arresting a disability from further deteriorating and referring only limited and complicated cases for rehabilitation through the IBR approach at the district and state level.

DISTRICT /STATE LEVELS - THE IBR APPROACH

The District Centres provide specialised services like physiotherapy, occupational therapy, audiological assessment, corrective surgery, fitment of assistive devices and so on for those who require them. An important area of focus at the district level is educational services and vocational training. Training for employment purposes and for economic rehabilitation; both wage and self-employment, is a crucial and integral part of services at the district level. Convergence and dovetailing with the activities of other related Departments is of even greater import at this level. It is proposed that this would be done by upgrading an existing centre or merging about 100 District Disability Rehabilitation Centres, (most of which have already been set up) with the NPRPD. However, since upgradation of existing services depends on the available services and infrastructure which varies considerably among states, complete flexibility has been given to the State Governments in upgrading the Centres.

The NPRPD Scheme also envisages creation of at least one resource centre in each state for every category of disability, so that persons with disabilities get all types of specialised services within the state itself. More complicated and difficult cases would be dealt with at these centres. Services of a group of interdisciplinary professionals and specialists would be available through these centres. At the State Referral Centres also, flexibility has been provided to the State Governments.

FUNDING PATTERN

The total cost for providing services at District and lower levels under the NPRPD Scheme is Rs.61.95 lakhs, with most of the expenditure intended for the grass-root level. As much as 90% of the allocation of Rs.61.95 lakh per district is for Gram Panchayat and Block levels. Consequently, the concentration of service delivery in the Scheme is through the CBR approach. The Scheme is being implemented since 1999-2000. Financial resources have been provided to cover 82 districts throughout the country during 2000-2001. The Scheme is continuing in 82 districts during the current financial year (5).

CONCLUSION

The NPRPD is a good example of a blend of CBR and IBR approach and the only scheme, wherein the two approaches are being combined on such a large scale. The scheme has generated much awareness, interest and knowledge at the district and lower levels, especially among the district level officials. Disability issues, which had so far not been high on the agenda of most State Governments and District Administrations, have become a major area of concern and high on the agenda of priorities for action. Different States are at varying degrees in terms of implementation of the Scheme.

An important area of focus of the Scheme is prevention of disabilities and timely intervention to ensure that a minor ailment does not become a major disability. By these preventive measures, the number of persons with disabilities are expected to be reduced significantly and consequently the quality of services to persons with disabilities would improve.

With the focus on delivery of services at the grassroots level, the quality of personnel, especially CBR workers and MRWs, is of critical import in the success of the Scheme. The States have accordingly been advised to ensure high quality of training, including provision of sufficient field visits in the training modules of these workers.

Another element crucial for the success of the Scheme is the linkage between each of the levels and a focus on providing services to the extent possible at the Block and Gram Panchayat levels. The quality of manpower at these levels is thus pivotal to the success of the Programme. Accordingly, preference has been given to already trained CBR workers, who belong to the same community or are from the nearby areas. At least 50% of the CBR workers are expected to be women.

Convergence and dovetailing, both horizontal and vertical, at all levels is a key to effective implementation of the Scheme. In all the interactions with the States, the need for collaborative efforts with NGOs and other government departments have been emphasised.

Another element of prime importance for the success of the Scheme is information sharing and awareness generation, especially in the community and the parents of persons with disabilities. The Scheme places emphasis on knowledge and experience sharing through traditional and print media and other interactive modes.

It has been emphasised in all the interaction with the State Governments to ensure that these critical aspects are taken care of in implementing the Scheme. It is expected that the Scheme would be able to provide rehabilitation services to all parts of the country. Further, the rehabilitation services through the Scheme would not remain restricted to urban areas alone, but a strong network of rural based services will be created and strengthened. The Scheme, it is envisaged, will also make disability a major policy issue and an area of priority. The network of the services is expected to expand to all the districts of the country from the present 82 districts(6).

*Project Director (DRC)

Ministry of Social Justice & Empowerment,
Government of India
IPH
New Delhi - 110 002
4, Vishnu Digamber Marg, New Delhi-2.
E-mail: Pddrc@ren02.nic.in

ACKNOWLEDGEMENT

The author expresses his gratitude to Smt. Rajwant Sandhu, Joint Secretary, Ministry of Social Justice and Empowerment, Government of India, for her support and permission to write this article.

REFERENCES

1. Thomas M. Thomas MJ. Training of Personnel for CBR. Friday Meeting Transactions 2001; 3(2).
2. Thippanna CC. Training Package for Community Based Rehabilitation. Friday Meeting Transactions 2001; 3(2).
3. District Rehabilitation Centre. Models for State Governments for Providing Rehabilitation Services (NPRPD). Min. of SJ&E, Govt. of India. IPH Press, New Delhi, 1999.
4. DRC-CACU. National Programme for Rehabilitation of Persons with Disabilities (NPRPD) - Guidelines for Implementation. Min. of SJ&E, Govt. of India. IPH Press, New Delhi, 2001.
5. Ministry of SJ&E. Annual Report - 1900-2000, New Delhi.
6. District Rehabilitation Centre. Report of the Working Group for the Empowerment of Persons with Disabilities for Tenth Five Year Plan. Min. of SJ&E, Govt. of India, New Delhi, 2001.

APPROACHES TO CBR - REALITIES IN PAKISTAN

Farhat Rahman*

CBR AND IBR GO TOGETHER

Although many definitions of CBR are given by different experts and people involved in various such programmes, however, in general, community based rehabilitation (CBR) and institution based rehabilitation (IBR) are clearly distinct from each other. It is also mentioned that through CBR, community takes part in activities to help provide rehabilitation services for the persons with disabilities at home. While usually through IBR, disabled people are rehabilitated at institutions, in a new strange environment, away from their homes and segregated from their communities. Thus CBR is considered a better way to rehabilitate disabled people in their own areas.

OBSTACLES TO CBR

In some cultures, there can be such social barriers where CBR as a specific model is not allowed. Here, one of the solutions can be establishment of small scale, day-care rehabilitation units, supervised, run and managed purely by the local community, also involving persons with disabilities. Locally available, low-cost, appropriate technology and other resources can be widely utilised. For training personnel in such units, an appropriately planned resource centre, is also needed.

SITUATION & EXPERIENCES IN PAKISTAN

In Peshawar, Pakistan, the Rehabilitation Centre for the Physically Disabled (RCPD), practised this approach and experienced success in 30 small towns/ suburbs, over a period of 19 years. In Pakistan, there are very different socio-cultural norms which rarely exist in other countries. Women's mobility is usually very restricted, increasing as we go towards small towns or interior of Pakistan. Free mixing of males and females is not permitted, and for CBR workers, it is close to impossible to enter homes of disabled people and provide them rehabilitation facilities.

In rural areas, mainly in Sindh, North West Frontier Province, Baluchistan, tribal belt and Northern areas, it might be considered as very serious interference in someone's personal life, can lead to fatal conflicts, or may end in the matter being solved by Jirga (local elders meeting to solve the issue). There can also be a substantial fine to be paid by the person who tried to damage the respect of the home.

VOLUNTEERISM IN PAKISTAN

Secondly, volunteerism in Pakistan is usually unsuccessful. In big cities, the community often accepts this mainly due to higher literacy rate and general awareness. While in rural areas and small towns, lack of education, poverty and lack of awareness mostly leads to failure of volunteerism. Poverty too, does not permit people to volunteer. For example, in the case of CBR workers, if they wish to volunteer, the local community's attitude towards them is not positive. They are usually thought to be "people who wish to enter a house with some lame excuses like helping in disabled children's rehabilitation".

Lack of broadmindedness also forces people to think that 'no one can give his/her time and potentials voluntarily for someone, so there must be a strong incentive behind this work.'

More Obstacles

This thought again leads to development of various negative thoughts in the minds of a family of a disabled person. It also makes them think that as these services are free, there must be some secret aim of the worker behind the activities, like trying to preach some other religion (this was experienced in Afghanistan when workers from an international NGO were arrested by the Taliban with the allegation of preaching Christianity), or efforts to make the child infertile, tracing the family's young beautiful girls, etc.

Solution

Socially and culturally, it is such a complicated situation that a local, well tested, easily replicable combination of CBR and IBR was the only solution for the RCPD CBR programme. Through the RCPD, a resource centre was established with required facilities, and linkages with NGOs/ CBOs/ parents groups in distant areas were also developed. It worked either through involving a father of a disabled child, or collaboration with an already existing NGO in the area. The contacts were developed through various programmes. It ranged from postal correspondence to out reach programmes, from media involvement to personal contacts, from helping a single person, or assisting a large group. Gradually with the passage of time, it all took shape from individual links and informal postal services to the development of a National Disability Network.

METHODOLOGY

Various programmes and activities, most of them mentioned above, were carried out for the involvement of distant communities, awareness creation about the programme, community organisation if needed, vast exposure visits, seminars and workshops etc. The aim was the provision of a common platform through the National Disability Network, to help community people get the

benefit of training in CBR from the RCPD resource centre and with further technical guidance and assistance from local resource persons, instead of hiring experts from abroad.

Reasons for Not Involving Foreign Experts

The local customary traditions and culture are of course best understood only by local people, instead of foreign experts in their home-lands preparing plans to be implemented in Asian countries, or groups of people coming from big international organisations. Such people teach and train few local people as experts, utilising foreign modules. When the expatriates leave, the local people wait for them to come back to help them, not trusting their own people.

A very fresh example of the weakness of such human assistance having no local roots, is the quick departure of foreign experts who were working on various developmental programmes in Pakistan, soon after the terrorist attack in the US on 11th Sept 2001. Within a few days, nearly all the foreign experts working on such projects left the country, although there was no war or war-like situation in Pakistan. Most of these projects faced fatal blocks, with no one knowing at present, for how long this situation will last.

Local Progress/ Achievement

Through RCPD, mainly by the Network and small day-care rehabilitation units, a blend of CBR and IBR are now working in thirty different towns of NWFP, Punjab, FATA and Kashmir. More than twenty others are in the pipeline at present, while the whole activity is taking the shape of “Rehab Pakistan” gradually.

The programme is community-oriented, owned, managed, run and supervised by the local community with guidance from RCPD and other related resource points. Persons with disabilities, even women, are widely involved in all activities and at the plenary and decision making level. A few examples of our CBR programme are: family involvement, parents’ training in early intervention and home based rehabilitation programmes, raising and disseminating disability related material, involvement of print and electronic media, lobbying with Government and its wide involvement in the activities, and many human resource development activities for shifting of skills from highly qualified to nominally trained, rural women such as training in Primary Health Care for disability prevention.

CONCLUSION

CBR is a general community developmental programme. We have to keep all the social, cultural, customary, traditional factors in mind, before planning any community developmental programme, or we will have to adapt our activities during such programmes, as required. CBR and IBR are usually understood as two very clear cut different components, while in Pakistan, we have experienced and achieved good success, utilising both the approaches at the same time.

*Director CBR Programmes
Rehabilitation Centre for the Physically
Disabled
Ummeedabad # 2, Swati Gate, P. O. Box 201,
Peshawar, Pakistan.
Email: arpd@brain.net.pk

TWENTY TIPS ON HOW TO BE A DISABLED FRIENDLY COMPANY

National Centre for Promotion of Employment for Disabled People*

1. By having a positive attitude towards people with disabilities and following non-discriminatory employment practices.

2. By reserving a percentage of jobs at all appropriate levels for disabled persons.
3. By including disability in the mission statements of the company. The various departments (HRD, finance, administration etc.) should have clear cut objectives to support people with disabilities.
4. By having a policy to retain employment without reduction of rank of people who may become disabled.
5. By being accessible not only to people with mobility problems but also those with visual and hearing impairments, for example: barrier-free buildings, ramps, adapted toilets, braille symbols and auditory signals in lifts, signage, etc.
6. By providing appropriate aids/technology/attendants to support disabled employees in the work place.
7. By giving certain extra benefits like providing transport to work, rights to special leave, additional medical allowance etc. to people with disabilities and to parents with disabled children.
8. By not denying promotion to people with disabilities on grounds of disability.
9. By providing a safe working environment to prevent health hazards and accidents.
10. By conducting regular orientation programmes for all staff members/workers to encourage positive relations between disabled and non-disabled persons.
11. By having latest information in the library pertaining to disability.
12. By providing opportunities for training and skills development for disabled persons.
13. By providing credit and support to persons with disabilities and promote self employment.
14. By being a marketing outlet for the products made by disabled persons/disability NGOs.
15. By sub-contracting/outsourcing activities to people with disabilities.
16. By participating in the awareness raising campaigns to sensitise the public.
17. By being a role model to educate and motivate other employers to follow suit.
18. By providing consultancy services to the NGOs in the area of production, management, marketing, entrepreneurial skills etc.
19. By funding / sponsoring / donating to NGOs that are working for the cause of disability.
20. By supporting the government to establish and maintain support systems for disabled people.

*A-77, South Extension Part II, New Delhi 110 049, India

Associate publications:

1. SELECTED READINGS IN COMMUNITY BASED REHABILITATION

Series 1

CBR in Transition

Series 2
Disability and Rehabilitation Issues in South Asia

**2. ASIA PACIFIC DISABILITY
REHABILITATION JOURNAL**

Available at: <http://www.aifo.it/english/apdrj/apdrj.htm>

**3. TRAINING NOTES IN CBR
2001**

**4. TRAINING NOTES IN CBR
A Tool to Assist Trainers for CBR
2002**

FRIDAY MEETINGS

'Friday Meetings' were initiated to improve access to knowledge for development organisations, particularly those involved in non-institutional forms of rehabilitation. These meetings which are held on the last Friday of every odd month, such as January, March, May and so on, are a get-together of like minded people to debate themes related to application of different methods and development of skills, in this field. All those who are interested are welcome to attend. The meetings are always conducted at the same venue on the last Friday of odd months, between 2 pm and 5 pm. After an initial presentation on a theme, the emphasis is on discussion between the participants. The opinions generated here can be useful to people who are decision makers, researchers and interventionists.

Editor :

DR. MAYA THOMAS

Desk Editor :

Ms. NINA AGTEY

Technical Advisor :

Dr. M.J. THOMAS

Produced by: Shree Ramana Maharishi Academy for the Blind, 3rd Cross, 3rd Phase
J.P. Nagar, Bangalore - 560 078, Karnataka, India. Tel: 91-80-6581076 Fax: 91-80-658 8045

Printed at : National Printing Press, 580, K.R. Garden, Koramangala, Bangalore - 560 095

Tel : 91-80-5710658

For Private Circulation only

The **Friday Meeting Transactions** generates its articles from the summary reports of the transactions of the **Friday Meetings** held on the last Friday of every odd month at Spastics Society of Karnataka, 31, 5th Cross, 5th Main, Indiranagar 1st Stage, Bangalore- 560038, India, and articles from other authors. It is useful for trainers and policy makers, and is available on the Internet at the same website as the Asia Pacific Disability Rehabilitation Journal.

<http://www.dinf.ne.jp/doc/prdl/othr/apdrj/z13jo0500/z13jo0501.html>

The opinions expressed in this newsletter are of the authors only, and not necessarily of the producers. The newsletter is only for private circulation and mailed free of cost on request. Those who wish to receive a printed copy or who would like to contribute articles to the newsletter, may contact :

DR. MAYA THOMAS, Editor, Friday Meeting Transactions
J-124 Ushas Apts, 16th Main, 4th Block, Jayanagar, Bangalore - 560011, India
Tel and fax : 91-80-6633762, email : thomasmaya@hotmail.com