

Twenty Years of Community-Based Rehabilitation in Guyana 1986-2006

An Impact Assessment



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INDEX

	CHAPTER	PAGE N.
	Acronyms used in the report	4
1	Introduction Brief history of CBR programme in Guyana Objectives of impact assessment Methodological considerations Methodology Macro level contextual changes in Guyana during the period of assessment	5
2	Impact on national policies & strategies National Commission on Disability & new legislation Creating awareness about disability among key stakeholders Provision of rehabilitation services through Ministry of health Provision of orthopaedic appliances and mobility aids Provision of specialised rehabilitation services Promoting education of disabled children and young adults Vocational training & job placement Conclusions	10
3	Impact on persons with disabilities, their families and their organisations Empowerment of individuals and their families Promoting economic independence Disabled persons' organisations Supporting persons with disabilities to access different services Number of persons directly benefiting from GCBRP Conclusions	13
4	Impact on civil society Participation and transparency in GCBR National partnerships and networking Community participation and volunteers Community support for CBR Conclusions	17
5	Situation of persons with disabilities in the areas of work of GCBRP	20
6	Conclusions	20
7	Acknowledgements	21
7	References	22
8	Other documents and reports reviewed for assessment	22

9	List of Annexes	
	• Annex 1: Report of field visit in Guyana for Impact Assessment	23
	• Annex 2: Review of significant documents and reports	46
	• Annex 3: Programme of visits in Guyana	54
	• Annex 4: Map of Guyana and places visited during the visit	57
	• Annex 5: Data about GCBRP beneficiaries in 2006	58
	• Annex 6: Terms of reference for the impact assessment	59

Acronyms Used in the Report

ADD	Action on Disability & Development
AIFO	Italian Association Amici di Raoul Follereau
CBR	Community-based Rehabilitation
CIDA	Canadian International Development Agency
DPO	Organisation of Persons with Disabilities
EBD	East Bank Demerara
GCBRC	Guyana CBR Committee (national)
GCBRP	Guyana CBR Programme
IDCE	Institute of Distance & Continuing Education
NCD	National Commission on Disability
ToR	Terms of Reference
VSO	Voluntary Services Overseas
WBD	West Bank Demerara

IMPACT ASSESSMENT OF CBR PROGRAMME IN GUYANA

1. Introduction

Guyana community-based rehabilitation (CBR) programme started in 1986. The Italian non-governmental organisation AIFO has been associated with Guyana CBR programme since 1989.

CBR programme in Guyana has been subject of different studies and evaluations over the past twenty years. The decision to conduct an assessment of impact of the Guyana CBR was taken by AIFO. The impact assessment did not concern itself with problems or successes of the specific programme activities, but rather it aimed to look at the bigger picture, by focusing on "*lasting or significant changes*" in relation to persons with disabilities in Guyana and the role played by Guyana CBR programme in bringing about these changes.

1.1 Brief History of CBR Programme in Guyana

The Community-based rehabilitation (CBR) programme in Guyana targeted at children with disabilities was initiated as a pilot initiative in 1986 in two coastal locations, by a group of concerned individuals. This pilot initiative involved training of volunteers, organised in collaboration with the Institute of Distance and Continuing Education, of the University of Guyana and Ministry of Education. (O'Toole B., 1995)

In 1990, this pilot initiative was expanded through a joint project of Action on Disability & Development (ADD, UK) and Italian Association Amici di Raoul Follereau (AIFO, Italy), co-funded by European Commission. During this period the basic foundations of a new organisation composed of parents of children with disabilities and community volunteers were laid, by a small and committed group of persons.

A second phase of expansion and consolidation of CBR programme in Guyana supported by AIFO-Italy and co-funded by European Commission covered the period from 1994 to 1996. National Rehabilitation Commission of Guyana was the formal Guyanese counterpart for this project as the newly created Guyana CBR organisation composed of parents and community volunteers was still not a formal organisation. During this phase, Guyana CBR Committee (GCBRC) became a registered and formal non-governmental organisation and the de facto Guyanese counterpart for managing this project. This phase also saw the setting up of loans and income generation activities in the CBR programme and the programme was expanded to an internal part of the country (Rupununi, region 9).

The conclusion of the second phase of CBR programme also saw internal divisions among some components of GCBRC. There were leadership issues and some key persons decided to stop their collaboration with Guyana CBR Programme (GCBRP). In many areas, community volunteers also left the programme. Thus, this phase is considered as one of transition and instability. However, at the same time, this period between 1996 and 1999, saw the gradual emergence of GCBRC as a stronger and community based organisation.

A third phase of expansion and consolidation of CBR programme in Guyana supported by AIFO-Italy and co-funded by European Commission covered the period from 1999 to 2002. This project had two specific components - (a) a component related to setting up of a vocational training centre, strengthening of orthopaedic appliances and training of

rehabilitation assistants, managed by Ministry of Health of Guyana; and, (b) a component linked to consolidation of CBR activities in different regions of Guyana, managed by GCBRC. During this phase, there was greater emphasis on collaboration with Ministry of Health of Guyana. At the same time, the activities of GCBRP were uneven as in some areas the exit of volunteers created new gaps while new groups and volunteers started in other parts of the country.

The last period, after 2003 till now, can be seen as a period of consolidation and the strengthening of the democratic processes in the organisation.

During the period 1990-2006, in between the periods covered by increased level of support with co-funding from European Commission, a smaller level of funding has been assured annually by AIFO to facilitate the basic functioning of GCBRP. Over the last decade, the CBR programme enlarged its focus from children with disabilities to all the persons with disabilities, including adults.

During the past twenty years, apart from the support of AIFO already mentioned above, GCBRP has also received contributions and support from many other quarters such as VSO, CIDA, ADD, BCCP, USAID etc.

1.2 Objectives of Impact Assessment

AIFO's Board of Directors asked for an impact assessment of the GCBRP focusing on achievements of CBR programme over the past twenty years, with particular emphasis on the following:

- Impact on the policies and practices of institutions in Guyana
- Impact on the lives of children and adults with disabilities
- Impact on the civil society & organisations in Guyana

A draft Terms of Reference (ToR) was prepared by AIFO and shared with partners in Guyana for their comments and suggestions. On the basis of these comments, a modified ToR was finalised (Annex 6).

This impact assessment is based on a review of reports and studies from different sources related to Guyana CBR programme and through a field visit in Guyana from 23 October to 6 November 2006.

1.3 Methodological Considerations

Often there is confusion between the meanings of terms like 'Output', 'Outcome' and 'Impact' when applied to social interventions. The term 'Output' measures effort of the intervention and indicators for its measurement are related to implementation of activities. 'Outcome' relates to effectiveness of intervention and indicators for its measurement are related to use of outputs and sustained production of benefits. Finally, 'Impact' measures change and the indicators for its measurement are related to difference from the original problem situation. (Oakley, Pratt & Clayton, 1998).

Impact is understood as “the effects of an intervention that can be attributed uniquely to it, i.e. with the influence of confounding effects from other sources controlled or removed” (Rossi, Freeman & Lipsey 1999). In social (or community) development programmes, assessment of impact can, however, only be made with some degree of uncertainty. Such

programmes do not take place in a social vacuum, and it may be impossible to distinguish the effects of the programme from other influences such as political changes, competing programmes, parallel initiatives, economic changes, or changes in rules and regulations. (Eide A. H., 2006)

While the common approach to impact assessment is based on the ideal of experimental design, it follows from the character of a community development programme that alternative approaches will be needed. The judgements of experts, programme administrators, key personnel or participants (users, clients) are acceptable alternatives when conditions for applying a classical experimental design are absent. (Oakley, 1999)

From the early 1980s, new methods of enquiry emerged which sought to make people and communities subjects and active participants, rather than objects of impact assessment. In contrast approaches to the evaluation of social development have built on historical and anthropological ideas and see evaluation as negotiation of diverse opinions and perspectives. This later approach, in combination with participatory methods, thus seeks to understand the opinions of various interest groups, especially those whose views are not normally heard. (Roche C., 1999)

1.4 Methodology

As suggested by Rosche above, the present impact assessment focused on "*significant or lasting changes in people's lives, brought about by a given action or a series of action*" through opinions of various interest groups and negotiation of diverse opinions and perspectives.

For measuring the "change", this impact assessment was carried out in two phase - an initial review of documents and reports and a second phase of field visit in Guyana. The initial document review compared the situation related to different aspects of disability among clients, stakeholders of Guyana CBR programme as well as among other institutions of civil society with those aspects as reported in different project documents and studies produced by Guyana CBR programme over the past 17 years (newsletters, formal project reports, research studies, formal evaluation reports, etc.). A list of documents and reports consulted for the impact assessment is provided at the end of this report.

For the field visit, the evaluator visited all the regions of Guyana where CBR programme is



or was active, meeting present and past clients and their parents, present and past volunteers, representatives of institutions, representatives of civil society organisations, etc., as individuals and as groups, through semi-structured interviews, over a period of two weeks. Annex 1, presents an overview of field visits, interviews and consultations, Annex 3 presents the programme of field visits and Annex 4 shows the areas visited on the map of Guyana. (Picture: persons involved in discussions in Essequibo).

Overall, the evaluator interacted with about 100 disabled persons and families (either individually or in small groups, including about 30 home visits), about 100 CBR volunteers

and about 20 representatives of Governmental and non-governmental organisations and institutions during this impact assessment.

As suggested by Roche above, this impact assessment combined participatory methodologies by giving voice to persons involved at different levels and ways with CBR programme with the negotiation of different opinions among different stakeholders for coming to a shared vision about the accomplishments and challenges of CBR in Guyana.

1.5 Macro-level contextual changes in Guyana during the period of assessment

There were many important macro-level changes in Guyana over the past twenty years that surely affected the way the Guyana CBR programme has developed and evolved. This list of contextual factors refers to 3 issues raised up during the discussions with different stakeholders and is necessarily subjective. This list could have excluded issues that would have been considered significant by other persons in Guyana or it may have included issues that may not be considered significant by others. This list is not made in any particular order of importance.

Emigration of trained personnel

It is said that more Guyanese live outside Guyana than inside the country. The issue of emigration and influence of diaspora living in developed countries, came up repeatedly during the visit. For example, during one discussion it was mentioned that "there are no trained orthopaedic technicians in the Ptolemy Reid orthopaedic workshop, they have emigrated and now there are only untrained persons who have learned on the job." Emigration affects both trained personnel working in the rehabilitation services as well as community volunteers trained by the CBR programme.

The difficulty of retaining trained health personnel has prompted the setting up of new training courses that aim at preparation of mid-level professionals with multiple skills, who may not find standard employment opportunities outside Guyana. One such example is training of multi-purpose rehabilitation assistants with 18 months of training, touching on aspects of physiotherapy, occupational therapy and speech therapy.

Receiving funds from family members settled abroad was another issue that allowed persons with disabilities to live in newly renovated and comfortable looking houses, even while their own level of economic independence remained low or limited.

Possible emigration of different stake-holders involved in the project at different levels, remains a key area, that needs to be constantly kept in mind for planning any initiative.

Development & Improvement of life conditions of Guyanese

In terms of infrastructures, roads, housing, etc. the country presents a number of improvements as compared to the situation twenty years ago. Partly this may be due to funds sent by the diaspora settled in developed countries. During the discussions, many persons expressed satisfaction over the improvements in the life conditions. There has also been some improvement in Gross Domestic Income per capita, yet, this improvement does not reflect in some selected health related indicators.

In 1985 infant mortality was 33 per thousand and average life expectancy was 69 years. (O'Toole B., 1995). More recent data from World Health Report 2006 shows some

deterioration: infant mortality 64 per thousand and average life expectancy 63 years. (WHR, 2006).

On the other hand, per capita GDP was 670 USD in 1982, 590 USD in 1994 and had increased to 4,439 USD in 2004. This discrepancy between increase in GDP and deterioration of some health indicators can be explained in terms of Human Development Index (HDI) in the Human Development Report (HDR) 2006, that prefers to take a more complex look at the well-being of citizens in a country, rather than limiting itself to incomes. According to HDR 2006, Guyana has lagged behind other countries in Latin America and Caribbean in terms of Human Development Index. Guyana's HDI was about 0.680 in 1975 and in 2004, it was 0,725. On the other hand, average HDI of Latin America and Caribbean was similar to Guyana in 1975, but in 2004 it had improved to 0.795.

Evolution of Political System & the multi-racial society

Guyana is a country of different ethnic groups and racial tensions have been a significant issue in the recent past. Immediately after independence, for about three decades the political power was with PNC party dominated by persons of African origin. Since the last fifteen years, the power is with PPP, dominated by persons of Indian origin.

During some discussions, especially with persons of older age groups, persons felt that racial tensions continue to be significant and persons of different racial origin have not yet found a way to live in harmony. On the other hand, some persons expressed optimism about the recently concluded elections that were not marred by the usual violence and expressed hope that perhaps "we are on the way to peaceful co-existence". Discussions with younger persons also brought out awareness of their own unique Caribbean identity that goes beyond the confines of African or Indian origins and is uniquely Guyanese. (Picture: children in CBR resource centre in Corentyne)



Discussions with individuals often brought out more nuanced stories of mixing of races and cultures of persons over generations, that may not be apparent in clearly demarcated boundaries of ethnic profiles and classifications.

In addition, discussions with Amerindian persons brought out their marginalisation from the racial discourse, that "sharing of power between the persons of African or Indian origin will not change things for us and we need to look after ourselves."

At the level of the GCBRP, these racial differences are important in different ways. In terms of beneficiaries, GCBRP reaches to persons of different ethnic and religious groups. In terms of community participation through volunteers, in terms of ethnicity, persons of African origin are in majority, especially women. In terms of religion, persons of Muslim origin are a very small minority among the volunteers. However, GCBRP is very much aware of racial divisions in Guyana and actively endeavours to promote an inclusive model that respects diversities and embraces all the different groups of persons in all its activities, as beneficiaries, as community volunteers, as regional committee members and at the national GCBR committee.

2. Impact on national level policies and services

Overall, Guyana CBR programme has played a key advocacy role in putting disability and rehabilitation issues in the national agenda, in shaping up national policies and in influencing the organisation of services aimed at persons with disabilities. On the other hand, its impact on improving the level of services available for persons with disabilities has been more limited.

2.1 National Commission on Disability and the new legislation on disability

Guyana CBR programme has been one of the prime movers advocating for greater awareness in national policy on disability issues and contributed to setting up of the National Commission on Disability (NCD) in 1997 and especially in advocating for greater and more active role of the Commission in the past few years.

Guyana CBR programme (GCBRP) has been an active member of the NCD, contributing to debates and insights about the needs of persons with disabilities and issues related to human rights and equal opportunities, for the drafting of the new national legislation on disability, that keeps into account the newly approved UN Convention of Rights of Persons with Disabilities. This new legislation is now going through the drafting process for submission and approval at the National Parliament.



NCD is a Presidential commission that was first commissioned under the ex-President Ms. Janet Jagan. It has 15 members coming from the main stakeholders including different ministries, DPOs, human right organisations and GCBR. Ms. Hamilton, chair-person of NCD, acknowledges the importance of the contribution of Guyana CBR programme in setting up of NCD, "The work done by GCBRP has been fundamental in creating awareness about disability issues in the country. GCBRP has done active advocacy even before NCD was started and was an active supporter of the national rehabilitation commission." (Picture: Ms. Hamilton of NCD with Ms. Halls & Ms. Glasgow from GCBRP).

Recently, through its network of CBR chapters in different regions of the country, Guyana CBR programme (GCBRP) has been collaborating with NCD for conducting surveys and collecting information on disability issues in different regions and this information is very important for having some baseline information and for planning of future strategies.

2.2 Creating awareness about disability among Key Stakeholders

Creating critical awareness about disability issues among key stakeholders has been a priority for GCBRP. It has been successful in reaching out to key stakeholders in Government ministries and departments in creating awareness about issues related to persons with disabilities and about its own work.

A statement from the Minister of Health, Honourable Mr. Leslie Ramsammy, illustrates this high level of confidence in the activities of GCBR, " I know the CBR programme very well. Every month, I give one day of my salary to CBR programme in West Berbice, that

can tell you what do I feel about this programme! Support to CBR programme comes from all the Government. President himself gave support from his fund for the construction of CBR resource centre in Essequibo region." (Picture: meeting with the Health Minister, second from right, during the impact assessment).



While the project has been successful in reaching persons and institutions that have a direct stake and interest in disability and rehabilitation issues, it has faced difficulties in reaching other civil society institutions, especially those that do not have a direct interest or stake in these issues. Representative of USAID in Georgetown, one of the partners of GCBRC, expressed this difficulty in the following words, "They [GCBRP] can do much more to promote their image and encourage other persons to join them. They can work more on making their work more transparent and avoid conflict of interests. Persons with disabilities are still hidden and there is much more scope for reaching out. Barriers are there and much more can be done. Involving business community can be a strategy because if they adopt a programme, they can pay the costs. Some radio and TV programmes are free and they can also be tapped into."

2.3 Provision of rehabilitation services through Ministry of Health

Guyana faces a serious challenge in terms of retaining trained health professionals, as most of the trained professionals tend to emigrate to other countries. At the same time, the country has a limited population to justify continuous training of new professionals, as this places a large burden on national resources.

For this reason, since 1999, the Ministry of Health in Guyana has decided to create a new category of intermediate rehabilitation professionals, the rehabilitation assistants, who receive training for 18 months and whose training curriculum contains elements of physiotherapy, occupational therapy and speech therapy.

Through rehabilitation assistants and their collaboration with CBR groups in different regions, rehabilitation services are gradually being extended to cover 9 out of 10 regions of the country, for providing referral support to primary health care services.

This training was initiated as part of the AIFO supported CBR programme funded by European Commission (1999-2002) and ever since, is coordinated by Ms. Geraldine Mason Halls, who is also National Advisor to GCBR. This has allowed a greater networking between the rehabilitation assistants and CBR groups at peripheral level.

Though there are some critical issues in relation to coverage and supervision support of rehabilitation assistants, they do play an important role in the present scenario of rehabilitation services in Guyana.

2.4 Provision of orthopaedic appliances and mobility aids

As for rehabilitation assistants, AIFO supported project co-funded by European Commission (1994-96) had contributed also to strengthening of National Orthopaedic Laboratory in Ptolemy Reid centre in Georgetown by providing training of personnel, raw materials and equipment for production of orthopaedic appliances and mobility aids.

However the emigration of all the formally trained personnel has left a void in these services that has been filled by personnel lacking formal training.

In terms of local production of simple appliances and aids at community level, this has never been a strong component of GCBRP and continues to be an episodic rather than a planned activity. GCBRP collaborates with national orthopaedic centre and if the country receives orthopaedic appliances from any sources, GCBRP collaborates in identification of persons with disabilities who can benefit from these.

Thus in terms of supply of orthopaedic appliances and mobility aids, the impact of GCBRP has been relatively limited.

2.5 On provision of specialized rehabilitation services

Specialised rehabilitation services such as orthopaedics, reconstructive surgeries, etc. are quite limited in Guyana. These are also not a focus for the GCBRP and over the past twenty years, only a very small part of AIFO's supported resources were targeted at this area.

The AIFO supported project co-funded by European Commission (1999-2002) did provide some short term training of hospital personnel, and GCBR occasionally tries to find support for visits to neighbouring countries for persons requiring specialised interventions, overall the impact of this has been very limited, as can be expected from a programme focusing on communities.

2.6 Promoting education of Disabled Children and Young Adults

GCBR project has a special focus on promoting education for children with disabilities. School teachers have always played an important role among the CBR volunteers and even when they stop volunteering, they continue to support inclusion of children with disabilities in regular schools, especially for nursery schools.

For primary and higher education of disabled children in regular schools there are physical barriers, and project works also through informal education and coaching at resource centres for older age groups.

Another way in which GCBRP promotes education at national level is through the collaboration with Institute of Distance and Continuing Education (IDCE) including the certificate course for CBR volunteers recognized by Ministry of Education. Mr. Francis Glasgow, director of IDCE says, "IDCE has the goal of promoting education in the country and it finds a synergy with the community level activities of GCBRP."

Thus in terms of education, GCBRP has played a significant role in improving the access to formal and informal education for children and adults with disabilities in its project areas, as well as for other persons from the communities through the volunteer training programme.

2.7 Vocational training and job placement

In terms of vocational training, job placements and economic empowerment, the project has acted in two different directions.

Through the different regional groups, the project has provided opportunities for vocational training courses to persons with disabilities, families and volunteers at the



resource centres. A certain number of persons have also benefited from loans for starting their own commercial enterprises. Though these activities have helped some persons to become economically independent, in most cases their impact has been limited and are seen as “some support” rather than self-sufficiency. A beneficiary of loans from GCBRP for making handicrafts for income generation said, “It gives us some income and keeps us busy but I can’t live on these earnings, I have to look for other ways to earn money.” (Picture: Open Doors vocational training centre)

As part of the CBR programme co-funded by European Commission (1999-2002), AIFO collaborated with Ministry of Health for setting up of a vocational training centre, “Open Doors Vocational Training Centre”. At the end of the project funding in 2002, this centre has been taken over the Ministry of Health that is paying all the costs and “Open Doors” continues to function, even if it is mainly accessible only to residents of Georgetown as it does not have possibility of providing hostel for disabled students coming from outside the city.

The Health Minister, Mr. Leslie Ramsammy says, “we can not continue to create new separate services and centres for persons with disabilities. We have regional technical training institutes in our country, we need to work with them so that they can also accept some persons with disabilities and organise services that answer the needs of disabled persons like the wheel chair repair services.”

Thus, vocational training, job placements and economic empowerment activities of GCBRP are largely positive and sustainable, even if their impact has been some what limited.

2.8 Conclusions

Considering that GCBRP is a civil society organisation based on participation of community volunteers, its overall impact on national disability and rehabilitation strategies and policies has been significant.

Even other support from AIFO to Ministry of Health for training of the new rehabilitation professionals (rehabilitation assistants) and setting up the Open Doors vocational training centre has had positive impact. It is also positive that these additional activities with other institutional partners in Guyana, continued to maintain links with GCBRP.

3. Impact on persons with disabilities, their families and their organisations

In the last twenty years, Guyana CBR programme has touched the lives of a large majority of disabled persons living in the country in some way, directly or indirectly. It has played a significant and direct role in promoting empowerment of many children and adults with disabilities.

3.1 Empowerment of individuals and their families

This is the greatest area of impact of the CBR project in Guyana. In countless small and big ways, the project has been instrumental in fighting the isolation of disabled persons and their families, giving them opportunity to meet others, learn about the possibilities and change the outlook from that of closure, isolation and barriers to that of fighting for rights and promoting improvements.

Even when volunteers of GCBRP can not find any answers for the lack of different health, education, social and cultural services for persons with disabilities, they almost always manage to create opportunities for increasing awareness, contact with others and sharing of experiences and ideas. Most persons with disabilities and parents of disabled children identified this as the most important impact of CBR programme on their lives. Mr. Sahadeo in Anna Regina sums up this feeling in the following words, “For me CBR had a great impact. From 1977 when I became paralysed, till 1994, I was completely isolated and closed in the house. Then CBR programme volunteer came and helped me to overcome my isolation, to go out and mix with other persons. My whole life changed because of this.”

3.2 Promoting economic independence

Economic empowerment of persons with disabilities and their families through small loans for income generation activities was one of the objectives of the project (1994-96 & 1999-2002). In discussions with communities, many persons who had benefited from the loans expressed appreciation about this aspect of the programme, and how the loans had helped them to become economically independent. Yet, there were some problems in repayment of loans and in 2002, a new decentralised management system was introduced for management of loans. However, over the previous few years the number of requests for new loans from the GCBRP had decreased to less than 10 requests per year and project was unable to use the funds kept aside for the loans.

3.3 Disabled Persons’ Organisations

From the very beginning CBR project in Guyana initiated collaboration with national level organisations of persons with disabilities (DPOs). However, national level DPOs were facing lot of difficulties and were not functioning properly. Over the past years, GCBRP has focused on creation and strengthening of local level DPOs in different regions. Most of the time, persons involved in DPOs are also active members of CBR programme. (Picture: Andrew and Berti from East Berbice DPO during the discussions at CBR resource centre).

Mark Archibald is blind and is the president of the DPO group of West Berbice. Their DPO is a mixed group with persons with different disabilities. They started as part of CBR group but are now making links with the national DPO. Mark says, “We recognise the important role played by CBR that has helped me to become aware of the situation of different disabled persons and how we can fight for their rights.”



Discussions with DPO representatives during the visit showed that often persons did not have a clear idea of differences between the roles of a DPO and CBR programme. This may be partly because GCBRP by involving persons with disabilities and their family members in different decision making and implementation roles at different levels in the organisation, is also a DPO in some ways, though it is engaged in service delivery and has a much wider base in the community.

3.4 Supporting Persons with Disabilities to Access Different Services

GCBRP supports children and adults with disabilities to access different services. These include home visits by volunteers to share knowledge and skills, especially in terms of greater autonomy of disabled persons for their daily living activities. Often, interaction between volunteers, persons with disabilities and family members takes place in resource centres.

Other forms of support for accessing different services includes advocacy with schools for inclusion of children in ordinary schools, support to children with learning difficulties in resource centres, support for visits to specialised services, visits of rehabilitation assistants to resource centres, organisation of training courses, advocacy with social services for welfare support, getting certificates for facilitating transport, etc. Such activities directly benefit persons with disabilities and their family members. (Picture: Patricia Williams & Iony Chattoor during field visits)



The discussions with CBR volunteers and GCBRP regional committee members showed that they tended to count only the children and parents regularly coming to resource centres as the direct beneficiaries of GCBRP.

3.5 Number of persons directly benefiting from GCBRP

Estimates of numbers of persons with disability in Guyana vary widely. A 1996, report estimates their number to be around 12,000 (1.5% of the population), while a disability survey carried out by GCBRP for National Commission on Disability in 2006, had chosen a sample based on an estimates of about 50,000 disabled persons in the country (around 6% of the population).

It is not easy to find out the total number of persons who benefited directly from GCBRP in the past twenty years. The information from the first decade of GCBRP was lost during the phase of transition and instability between 1996 and 1999, when many persons involved in programme management left the programme and Georgetown office was relocated.

Even otherwise, at the regional level the GCBRP is followed by a part time coordinator with the support of community volunteers, some of whom have very high turn-over, so that record keeping is not easy. Discussions with group of volunteers, regional committee members and coordinators, during which the question of “how many persons with disabilities your group has directly helped over the past ten years”, frequently brought out confused answers.

Among the different regions, there is no common definition of a “direct beneficiary of GCBRP”. As mentioned above, volunteers tend to count only the children regularly visiting resource centres as “persons benefiting from the CBR programme” and do not count other persons who may have received occasional information or advice from them.

In 1996, a comprehensive evaluation had calculated that GCBRP was reaching 286 children with disabilities. Recently collected data shows that 486 persons with disability were directly receiving some direct support from the CBR programme during 2006. This information is too limited to measure the exact number of persons who have directly received some benefit from the CBR programme.

However, during the past twenty years, about 1,500 community volunteers have been trained, each of whom reaches different persons with disabilities in the communities. About five hundred of these CBR volunteers are in coastal areas where population density is higher. Some of the volunteers have been working with the GCBRP for many years, some for more than a decade.

The nature of direct benefits received by disabled persons varies hugely. Some disabled persons need more support and attend the CBR services and activities regularly, for example at the resource centres, at summer camps, etc. Others, may not require regular services but for them key information provided by GCBRP can play equally important role. During the discussions, CBR volunteers were asked about the number of persons they directly supported, they tended to count only the persons who were receiving regular support.

A head-mistress at a nursery school said, “I was a CBR volunteer for a number of years but then I could not give any time to CBR as I had other things to do with family. So for many years, I lost contact with CBR programme. However, I never forgot the importance of including disabled children in the school system and I have kept on encouraging families to send their disabled child to the nursery school.” When asked about total number of disabled children she had helped in accessing the school, she thought that she must have helped about 20 disabled children over the past decade. However, she admitted that it was much easier to accept children with disability in the nursery schools and as children grew older, it usually became more and more difficult for them to continue in the school system. (Picture: CBR volunteers Carmen, Norma, Harmoine & Indrani during a home visit in East Berbice)



Keeping all these in mind, it would be reasonable to assume that each volunteer in the coastal areas during their period of collaboration with GCBRP reached an average of 5-6 persons, while in the interiors, probably they reached less persons. This means that GCBRP has directly benefited around 5 to 6 thousand persons with disabilities and/or their families.

3.6 Conclusions

In terms of impact of the GCBRP on persons with disabilities, their families and their organisations, we can conclude that impact of GCBRP was considered as significant and

positive by the beneficiaries. However, there is no reliable information about the exact number of persons who benefited directly from the GCBRP during the past twenty years, though it can be estimated to be between 5 to 6 thousand persons. In terms of gender, annual data of 2006 shows that GCBRP reaches equally to persons of both sexes.

4. Impact on the civil society

Guyana CBR programme (GCBRP) is run by Guyana CBR (GCBR), a Guyanese registered non-governmental organisation. GCBR is a grassroots, democratic and participatory organisation formed by school teachers, parents, disabled persons, housewives, other persons, who all come together as “CBR volunteers”.

Through involvement of community volunteers, GCBRP has been an important vehicle for involving civil society in issues related to disability and rehabilitation.

4.1 Participation and transparency in GCBR

GCBR is organised through regional groups, each of which has its own regional CBR committee. Delegates from each regional committee and regional coordinators are part of the national level CBR committee, that meets regularly and has different opportunities during the year to be together and actively participatory in decision making processes of the organisation. Such opportunities include monthly meetings, annual retreat, summer camps, annual national conference, etc.

Dr. Janice Jackson, who facilitates the annual retreat of representatives from regional teams, says, "There is a sense of ownership of the organisation in the regional groups, though, this sense of ownership is not uniform, some have it much more. Every year, there are new persons in the annual retreat and I notice an increased voice for persons with disabilities. I can't say about the ground reality, about their work in the communities but every year I meet 50-60 persons representing the office, national committee members and regional representatives, so it gives me a good overview." (Picture: meeting with CBR group in East Coast)



The national GCBR committee has been able to meet the challenge of a difficult transition period when the project leadership was taken over by them in 1997-98, has become a registered organisation and in spite of all the challenges, has been able to set up a democratic and participatory structure. Even the critics of the GCBRC recognise the growth of GCBRC. Ms. Natalie Ramotar is one of the first volunteers of CBR in New Amsterdam, while confesses that she is no longer very active in CBR activities, adds, “Today there is more ownership and participation in the GCBRP.”

National level CBR committee now exists for a number of years and has annual elections. Though the composition of the national committee has been regularly changing with new representatives from different regional committees, it continues to re-elect Mr. Gregory

Glasgow as the committee president. Discussing this with the national committee, they explained, “GCBR has membership base at community level and members come through regional committees to the national level. We feel it is democratic and participatory and we do not see any need for changing the president. If the same persons can continue in the role, they acquire competency and it is good to have a competent person in the role.”

The President Mr. Gregory Glasgow himself talks of relinquishing the office. He says, “Now the persons from regions are stronger. They need to develop other skills beyond commitment. Building the credibility of the organisation takes a long time but now it is there and it is possible to change.”

In terms of national coverage, the internal areas, especially Rupununi represents a challenge as the level of participation of the regional CBR committee in this region is completely different from all the other areas where GCBR is active. In Rupununi, the large distances, the sparse population, lack of infra-structures like roads, telephones, etc. make participation and consultation more difficult and costly.

As GCBRP looks at future planning and development, including other internal areas, it needs to seriously review the possibilities of increasing participation from these isolated and difficult to access areas.

4.2 National Partnerships and Networking

In terms of national partnerships and networking, at national level GCBR is well integrated and represented with both Governmental and non Governmental organisations and bodies. Their relationship with the Ministry of Health and Ministry of Education has already been mentioned. It also plays a key role in strengthening of organisations of disabled persons.

In terms of international partnerships and networking, GCBR is considered as a reliable and consistent partner by a number of international organisations present in Guyana including Pan American Health Organisation (PAHO/WHO), USAID, Voluntary Services Overseas, etc. Through these different organisations GCBR has been able to broaden its donor base and has successfully completed the different assignments.

In circles outside the disability field, probably GCBR is not very well known but to all the major stakeholders in disability and development issues in Guyana, it is well known and has built up a positive and efficient image.

4.3 Community Participation & Volunteers

GCBRP works with an extensive base of unpaid community volunteers. Though some of the initial volunteers are still continuing to collaborate with the programme, many of the younger volunteers had a very high turn over. In addition, the period of transition and instability between 1996 and 1999, also saw many volunteers and key persons from the regions leaving the programme and CBR activities were limited in a few areas.

The gradual revival of GCBRP after 1999, brought back many old volunteers as well as new persons. A key factor in attracting persons to volunteer for GCBRP includes the possibility of receiving a training certificate, recognised by Institute of Distance and Continuing Education of the University of Guyana. However, this also means that after completing the

training the volunteers leave the project. Another key factor is the presence of a disabled person in the family of the volunteer. (Picture: group of new volunteers in East Coast)



According to the comprehensive evaluation carried out in 1996, during the first decade of the programme a total of 227 community volunteers were trained in the coastal areas and additional 987 persons were trained in the interiors. According to more recent data, there are 255 active volunteers in the CBR programme. Thus it would be safe to say that over the last twenty years, GCBRP trained about 1500 community volunteers.

4.4 Community support for GCBRP

Apart from the community volunteers, other aspects of GCBRP denoting involvement and participation of civil society are related to resources mobilised by the programme, especially in the regions. For example, five of the seven regions involved in GCBRP have a resource centre. All resource centres were initiated in buildings provided by the communities for the use of GCBRP. Gradually many regions have been able to mobilise local resources and support from the local government for acquiring land and constructing their own resource centres

Involvement of local institutions and enterprises in providing resources for GCBRP varies in different regions but is an important part of the activities at community level. (Picture: CBR group in East Bank Demerara)



In 2005, GCBRP conducted a participatory exercise at regional and national levels to come up with national and regional strategic action plans called “Creating together an enabling environment”. The overview report of the strategic plan notes, “The strategic planning process has been driven, owned and developed primarily by persons with disabilities, their family members and other caregivers.”

The overall vision of GCBRP sees it as an agent of change who “will mobilise action in communities through a network of capable and committed volunteers” in five areas of work – organisational development, advocacy & awareness raising, community based action, improving access to education and volunteer training, action and retention.

4.5 Conclusions

As far as impact of GCBRP over the past twenty years on the civil society is concerned, it has been able to involve important resources from the community, in terms of volunteers, buildings of resource centres, schools, etc. At the same time, Guyana CBR committee has become a formal organisation, with a democratic and participatory network in the regions. GCBRP has also promoted creation and strengthening of organisations of persons with

disabilities (DPOs). Thus in terms of involvement and engagement of civil society in Guyana, GCBRP has been very successful.

5. Situation of Persons with Disabilities in Areas of Work of GCBRP

The above considerations show a positive impact of CBR programme in Guyana over the past twenty years. Yet, has it made a significant difference to lives of persons with disabilities in Guyana?

There is no baseline data from a general survey for comparing the situation of twenty years ago and today. However, during 2006, the National Commission on Disability carried out a survey of needs of persons with disabilities that provides some data. This survey was carried out by volunteers of GCBRP in 4 regions, of which 3 are regions (regions 4, 6 and 9) in which GCBRP has been working, therefore, the information it provides is of interest to the present impact assessment.

The survey involved 1485 persons with disabilities in regions 4, 6, 7 and 9. The key findings of this survey showed that fifteen per cent (15%) of persons with disabilities have never attended School and the proportion dramatically increases to 42% of those under 16 years; 9% of unemployed persons with disabilities are qualified, skilled and able to work – they only require the opportunity. 44% have experienced negative attitudes and behaviours as a result of their disability;

Thus, even in areas where GCBRP has been active for long time, the situation of persons with disabilities remains difficult with huge unmet needs. Perhaps it would be unrealistic to expect a community-based organisation working with volunteers to answer all the needs of persons with disabilities in a community. At the same time, the survey underlines the importance of extending the scope of GCBRP for reaching more persons and communities.

The Minister of Health of Guyana acknowledged the importance of GCBRP with the words, “Government has a critical responsibility towards persons with disabilities but at community level, GCBRP has an equally critical role to play and without GCBRP the situation of persons with disabilities will be very difficult.”

6. Conclusions

Globally Guyana CBR programme has been able to make a significant impact on the lives of persons with disabilities and their families in Guyana in many different ways, both directly and indirectly.

According to the United Nations’ Human Development Report 2006, Guyana is at 103rd place in the world, placing it as one of least developed countries in Latin America and Caribbean. The country has to meet huge challenges with a very limited resource base. Keeping these limitations in mind, GCBRP has been able to participate actively in and influence the definition of national policies and services for persons with disabilities. It has played a strong advocacy role in making institutions aware of the needs and has helped in shaping the national response to those needs.

The on-going discussions on the definition of “CBR Guidelines” at the World Health Organisation have identified four specific fundamental principles of CBR – participation, inclusion, sustainability and self-advocacy. We can use these four fundamental principles to review the Guyana CBR programme:

- ◆ Participation: Review of reports, documents, etc. and discussions with different stakeholders show that GCBRP has made impressive efforts to promote active participation of the different stakeholders in all the different phases of the GCBRP’s work.
- ◆ Inclusion: GCBRP also scores high on inclusion as it has consistently searched for networking and collaboration for mainstreaming and use of existing services rather than trying to create parallel services.
- ◆ Sustainability: The programme is well embedded in the local communities, who feel ownership about the programme and mobilise local resources from their own efforts. Even additional new infrastructures created through European Union supported projects, have been taken over by the Government of Guyana and continue to function.
- ◆ Self-advocacy: GCBRP is working in close cooperation with persons with disabilities, promoting the spirit of “Nothing about us, without us” and having persons with disabilities and their family members in key leadership roles at peripheral, regional and national levels.

In terms of persons with disabilities and their families, it has played an important role in promoting empowerment of individuals and strengthening of organisations of persons with disabilities at grassroots level.

Finally GCBRP has developed into a robust organisation based on principles of participation and democracy, with a well organised structure that starts at grassroots level and through regional committees reaches up to national level. It is recognised and acknowledged by all the major national and international bodies as a significant stakeholder in disability issues. This is all the more impressive as this capillary organisation is composed mostly of the persons from simple backgrounds.

Though the exact numbers of persons who have directly benefited from GCBRP’s support over the past twenty years, are not available, probably it is around 5-6 thousand persons. Indirectly, the impact of its work has probably touched the lives of most persons with disability in the country. GCBRP has been able to network with institutions and mobilise human and material resources through active involvement of communities for its work.

All these are significant achievements for any organisation, even more so for a community-based organisation that is dependent on unpaid community volunteers from poor communities. Having said that, it is important to remember that there is a huge unmet need of services and support for persons with disabilities and that is a challenge for GCBRP to extend and improve its activities.

7. Acknowledgements

I would like to express my deep gratitude to all the persons, organisations and officials in Guyana, who were so warm to welcome me, always willing to share their ideas, comments and feelings. My thanks to all those persons linked to GCBRP and CBR Committees who

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REPORT OF FIELD VISIT IN GUYANA FOR IMPACT ASSESSMENT OF CBR PROGRAMME

This part of the report provides more details about discussions, thoughts and feelings of different individuals as well as institutional representatives during the field visits. It is not exhaustive in the sense that it does not provide details of all interviews and discussions but a selection has been made to present the diversity of views expressed. The evaluator visited Guyana from 23 October to 6 November 2006.

Impact of CBR programme on national level policies and services

Views of other organisations (both Governmental and non-Governmental)

Ms. Sara Bienemann, **VSO volunteer**, is a trained psychologist and occupational therapist, she says, "The commitment, time and effort of the community CBR volunteers is a big resource and also a problem area. In spite of family problems, responsibilities, work, etc. so many persons work with CBR as volunteers. It is very important contribution. New volunteers can be enthusiastic and contribute strongly. At the same time, attrition rate is high. Persons change, their commitments change, their circumstances change so they leave and sometimes activities stop. So this is also a challenge."

Regarding her own specific skills, Ms. Bienemann is participating in the training of volunteers and is preparing a training manual for the Guyana CBR programme. She says, "I can't transfer my own specific skills of occupational therapist to the volunteers, they do not have the background and capacity for it. CBR programmes focuses on social aspects of disability, issues of rights, education, etc. but there is not much focus on medical rehabilitation aspects. Links with Ministry of Health are therefore very important. The presence of a rehabilitation assistant is a big support but they are not present in all regions. So I need to decide on the skills that can not do any harm for teaching them to the CBR volunteers."

Mr. Francis Glasgow, head of IDCE (**Institute of Distance & Continuing Education**, Guyana University) has taken over this role recently. GCBRC has a long history of collaboration with IDCE. The volunteer training programme of CBR programme is recognised by IDCE as part of adult and continuing education and this recognition helps in identifying community volunteers, since the training provides them with a certificate they can use for their careers. IDCE has the goal of promoting education in the country finds a synergy with the activities of GCBRC. IDCE also has regional coordinators and one of their regional coordinators is a wheel chair user, who has come to IDCE through the CBR programme. CBR training certificate also helps the volunteers to access university education. During the last session, graduation session of CBR volunteers was held together with other persons who had completed IDCE training, so it gave a moral boost to the CBR volunteers that they were like other persons completing IDCE training. CBR programme also helps IDCE by promoting awareness among communities about the education opportunities available through IDCE.

Ms. Hamilton, head of the **National Commission on Disability** (NCD) and Chief Planning Officer of **Ministry of Education** on GCBRC: CBR is a success story. There are some areas that CBR programme needs to strengthen such as extending the programme to other regions. She feels that "volunteers of the CBR programme feel ownership for the

programme, they also feel empowered. GCBR is one of the few organisations working in a sustained way with disabled persons for promoting development. There are some others engaged in some advocacy, some who organise activities like sports day but they work in an ad hoc way and there is no sustained effort. But the CBR programme is not present in all regions and they should extend to cover all regions as there are areas where persons with disability are marginalised. It is true that extending in all areas is not easy and there are many challenges."

Ms. Hamilton mentioned the different activities that CBR programme has been doing for promoting inclusive education. For example in region 3, 12 schools participated in inclusive education training. It is important that all new schools in Guyana ensure accessibility to children with disabilities.

NCD has produced two documents, a policy document for the period 1995-2000 and a strategic plan for the period 2003-07. The second documents gives example of the GCBR programme to support collaboration with NGOs. Ministry recognises that it has monetary resources while GCBR is strong in human resources.

Another example of collaboration between NCD and the GCBRP is about a community survey on disabled children carried out in 4 regions of Guyana. CBR coordinators and volunteers played a significant role in carrying out this survey and helping the Ministry to conduct this research. NCD conducted a consultation for preparation of a policy document in 1997 and wanted to develop a legislation from that policy, thus new consultations were held to understand the views of the communities and once again, GCBRP played a significant role in this survey.

Ms. Hamilton feels that the best impact of GCBRP is through its nurturing of human resources. Other organisations that went through some difficult times, just broke up but not GCBR, it continues to grow, its annual meetings are still bringing so many persons from all over and people have been empowered by this programme. Different Guyanese DPOs are no longer working but GCBR is trying to build up DPO groups at community level.

NCD is a Presidential commission under the ex-President Ms. Janet Jaggan and has 15 members coming from the main stakeholders including different ministries, DPOs, human right organisations, GCBR, etc. Commission is not an umbrella organisation, its role is to give advice to the Government on policy, and to monitor the implementation of policies. It receives funds from Guyana Government and from UN bodies and has a small secretariat with two persons, both of whom are persons with disability, Karen and Tiffany. At least one of them have had strong links with GCBRP.

Ms. Inge Groenewegen from the Guyana office of **Voluntary Services Overseas (VSO)**: VSO has an official partnership agreement with GCBRC. The collaboration was very satisfactory and thus this agreement was renewed. While the DPOs are in Georgetown, majority of persons with disabilities are in the regions, where the CBR programme works, so it was logical to work with GCBRC as the volunteers from VSO are working in the regions. At the same time, the regions do not have the capacity to absorb the volunteers, so they are attached to GCBRC office in Georgetown and travel regularly to the regions. The VSO volunteers are involved mainly in training activities.

Initially VSO started activities in Guyana by collaborating mainly with Ministry of Health by providing volunteer physiotherapists, speech therapists, occupational therapists, etc. but they had a strategic review and decided to also work directly with persons with

disabilities and focus on social components, legislation, DPOs, etc. For example the collaboration of the two deaf volunteers with the CBR programme was very satisfactory.

In terms of challenges, VSO feels that GCBRP needs to develop other leaders and persons who manage communications, so that duties can be shared, as the persons presently managing GCBR are getting older and they need to delegate. The issue of brain drain and emigration is a critical issue, so that really capable persons leave the country. CBR's strength has been the capacity to identify persons with limited formal education and give them responsibility.

Among the different programmes run by NGOs in Guyana, GCBR stands out as a strong NGO. Generally speaking civil society in Guyana is weak and thus the achievements of GCBR are even more impressive. It's strength has been to establish links with Ministry of Health and Ministry of Education. The two deaf volunteers from VSO, were allowed to work with teachers in special needs programme and thus Ministry of Education recognised their contribution. Because of its long track record, a large number of past GCBR volunteers have been able to gain acceptance from the Ministries for employment.

For VSO volunteers coming to work in Guyana, working with community volunteers of GCBR means that everything is slower and more gradual but generally speaking they are very positive about their experience of working with GCBR.

Dhaniram Singh is officer for **National Development Commission** (NCD) in Queenstown, Essequibo Coast. He knows the CBR programmes and says, "It is a great programme and it is doing important work for changing the lives of persons with disability. If we can help the programme in any way then we are willing because we know that this is a genuine programme, actually working with persons and promoting development. NCD gave all the support to the CBR programme for the making of their resource centre."

Ms. Barbara Lawrence is head of the **National Rehabilitation Programme** in the Ministry of Health. Barbara says, "Ministry collaborates with the CBR programme at regional level. We have mid level rehabilitation workers, they work closely with the CBR programme and volunteers. The training of these mid-level rehabilitation workers was started as part of a AIFO project. As we do not have trained physiotherapists and emigration of trained persons to other countries is a problem, so we aimed to train a mid-level rehabilitation worker who has skills in physiotherapy, occupational therapy and speech therapy. After the initial support from AIFO, the Ministry has continued its support for this course. So far three batches of students of about twenty in each batch have been trained. Even if this course is not recognised outside Guyana, still it helps our students when they apply for studies abroad so we have lost some students and we need to train more. We also need some trained physiotherapists to supervise the work of mid-level workers, so we are sending 6 persons to Cuba on a scholarship and after training they will have an obligation to serve in Guyana for five years."

In terms of the work of National Disability Commission, Barbara says, "CBR is one of most organised groups of disabled persons. They are a pioneer. If we need to consult and seek advice, we often refer to CBR. Most disabled persons recognise CBR programme as an opening, as a window of opportunity. Ministry and GCBRP need to work even more closely. Our Ministry is dependent on expatriates like the volunteers from VSO, who work in hospitals and schools. Role of rehabilitation professionals from VSO for the school programme is very important and teachers look forward to these visits as they have limited or no training on how to deal with disability."

Regarding the orthopaedic workshop that received equipment through AIFO and EC project, Barbara says, "Emigration is a big issue. Both our trained technicians have left and now we have staff that has practical experience but not formal training. The equipment is still working well and is used. We need to bring in someone who can provide practical training to our orthopaedic laboratory personnel."

Finally, regarding collaboration between GCBRP and the Ministry, Barbara says, "GCBRP should strive to work even more closer with Ministry and ask for support from the Ministry because it is providing services that are the responsibility of the Government. Ministry is also supporting the NCD and the Open Doors vocational training centre."

Mr. Arthur Lewis is the new director of the **Open Doors Vocational Training centre** under Ministry of Health. Open Doors Centre shifted to its own new building in August 2006, built by New Horizon, an organisation of American Marines. The Open Doors Centre was started as part of an AIFO project co-funded by European Commission in 2001. When the project funding finished, the centre was taken over by the Ministry of Health that guarantees its continued functioning. Besides training, Open Doors also promotes employment for its students by providing them with job attachments in well known companies so that trainees get self-esteem. From the last batch of 19 students, 9 found an employment. For this reason, period of training has been increased from 12 to 18 months. The carpentry workshop of Open Doors is in the David Rose School for Handicapped Children Compound. Funds for all the equipment had come from AIFO and EC project.

Regarding the activities of the centre, Mr. Lewis says, "Many students come with little or limited formal education. The age range of the students applying for the courses is also very wide. At present, one of our trainees is 42 years old. Companies were more diffident initially but now they accept our trainees. At present, there is no law in the country for giving employment to persons with disabilities so companies are not willing but in the new legislation that is being readied, such a provision will be there. Right now there are four courses, each with 10 students so we have a total of 40 students. We received about 100 applications. We do not provide any stipend or food during the training period. We have discussions with VSO to see if we can get more volunteer instructors. Our teachers need training on business management so that they teach it to the students. Without GCBRP, we would not have existed and they continue to collaborate with us. They sent us two deaf instructors on sign language and that has been very much appreciated. From the annual conference of the CBR programme, I get new ideas for enhancing our work. Some of our students come from CBR, but as we do not have accommodation it is a challenge for students coming from outside Georgetown. We provide transport from city centre."

Dr. Leslie Ramsammy is the **Health Minister of Guyana** and he knows the CBR programme very well. He says, "I know the CBR programme very well. Every month, I give one day of my salary to CBR programme in West Berbice, that can tell what I do feel about this programme. Support comes from all the Government. President himself gave support from his fund for the resource centre in Essequibo. We are thinking of converting the old rehabilitation centre in New Amsterdam into a day care centre for elderly persons and disabled persons. We want to give priority to those persons who are in difficult situation and do not have families to support them. We need to be careful in the way we organise the services so that we support the families and do not take away from them their role and responsibility of taking care of disabled persons. Sometimes people bring a person to a centre but then they are not willing to take back these persons and do not even come for

visiting. We need to avoid this and so we must create an environment where people do not give up."

In terms of changes in the community attitudes about persons with disability, the Minister explained, "I went to the Para Olympic sports meet organised under Rotary and it was good to see that parents were there proud of their children, earlier they were hiding them. We need to bring out the things into open. Providing services like wheel chairs and organising service for repair and maintenance of wheel chairs is needed. However, we can not continue to create new separate services and centres for persons with disabilities. We have regional technical training institutes in our country, we need to work with them so that they can also accept some persons with disabilities and organise services that answer the needs of disabled persons like the wheel chair repair services. Open Doors centre is limited to Georgetown and it can not answer the needs of the whole country. We have so many buildings and they are not used all the time, half the time they are just empty but we keep on making new buildings. This is wrong and wasteful, especially as we have limited resources. These are more bureaucratic issues. The disability legislation is almost ready and will be tabled in the parliament and CBRP has played important role in making this legislation."

Dr Hedwig Goede, health systems and services advisor at **Pan American Health Organisation** (PAHO) office in Georgetown, came to Guyana 2 years ago and about the CBR programme he says, "GCBRP has done lot of work and it has faced different challenges, but it has shown that you can work successfully at community level. It is a good example to show to other countries. The Guyanese health system is undergoing lot of changes and the country needs to strengthen the surveillance system as the information is scattered and difficult to put together. Among the different challenges, emigration is a big issue but in spite of it, Guyana has been able to provide free universal health care services, even if the coverage is limited. Lately health care facilities have improved and more specialist care services are today available. Country's production of medicines is good and is seen as a social need, so it is not being used for making money, which comes more from over-the-counter drugs. To counteract the effects of emigration, Ministry of Health has been training mid-level workers in community dentistry, rural midwives and rehabilitation assistants. However for these mid-level workers, the supervisory component is lacking."

Merle Sobers started as a volunteer and is now a **rehabilitation assistant** in West Bank Demerara. She tells about her experience, "I came through the church. We had received a letter from GCBRP asking for volunteers, so I decided to give it a try and filled up the form. Lot of persons had applied and they chose 30 of us. Only when I started doing the course did I realise that there were so many disabled children and adults in the community. After that I applied for the training of rehabilitation assistant and I am working in the rehabilitation services of the Ministry of Health. I also collaborate with the GCBRP and provide support to different groups of persons with disabilities on two afternoons per week at this CBR resource centre. For some persons going to hospital is costlier so they prefer coming here.

Ms. Gloria Richards Johnson, Mr. Hubert Robertson and Ms. Daune Pratt of **USAID Guyana** office is an implementing organisation for USAID and is supporting a project on governance in three areas - civil society, justice & ethnic political conflicts. They explained, "Guyana has deeper, hidden tensions and though the present situation is apparently calm, it may not last. Civil society organisations have an important role in our work, they are one of the guarantees of our work. We admire GCBR, we have been to their annual meetings and we have seen the wide and varied participation they evoke in their constituencies.

They have done admirable work with the National Commission on Disability. They help raise the voice of persons with disabilities who are neglected. We deal with them also as a receiver of grants and we like that they can use the grant properly and they help us in our mandate of promoting citizen participation. In our opinion, GCBR is a fairly mature learning and development organisation. They work in a responsible manner for grant management, the accountability is good, they follow the objectives that are decided together and if there are any changes, they discuss them with us."

In terms of the challenges, the team from USAID office notes, "They can do much more to promote their image and encourage other persons to join them. They can work more on making their work more transparent and avoid conflict of interests. Persons with disabilities are still hidden and there is much more scope for reaching out. Barriers are there and much more can be done. Involving business community can be a strategy because if they adopt a programme, they can pay the costs. Some radio and TV programmes are free and they can also be tapped into. But you would need a specific person in the office to look after these issues."

Ms. Janice Jackson is a trainer and a member of "**Circle of Friends of CBR**", an informal group of persons from Guyana who support the GCBRP. Janice facilitates the annual retreat of groups at the beginning of each year with the aim of promoting individual and collective self-development. She has also been involved in the workshop on inclusive education in West Bank region. About the changes in GCBR over the past years since she has been associated with the programme, she says, "I know about the teams in different regions. I think that there is more openness and awareness of possibilities for the CBR. Doing the exercises of strategic planning with the groups helped them to understand, how important they are to the organisation. There is a sense of ownership of the organisation in the regional groups, though this sense of ownership is not uniform, some have it much more. Every year, there are new persons in the annual retreat and I notice an increased voice for persons with disabilities. I can't say about the ground reality, about their work in the communities but I meet 50-60 persons representing the office, national committee members and regional representatives, so it gives me a good overview."

About areas for improvement, Janice says, "We need to have more emphasis on having persons with disabilities in the forefront. In the organisation, we need persons who are articulate and are assertive, they can change the society. GCBR also needs to document its experiences and share them with others, also in terms of documenting the experiences of persons with disabilities."

Impact of CBR programme on persons with disabilities, their families and their organisations

Voices of persons with disability

Leon Walcott is a wheel chair user and is involved in CBR programme since 2001 as member of fund raising committee and as editor of the CBR newsletter. He is a journalist by profession. About the CBR programme he says, "CBR has become so ubiquitous in Guyana. From the point of view of persons with disabilities, CBR is very influential programme, much better than just giving handouts, it is more like a mother hen with her brood. The programme attracts dedicated persons who step forward to volunteer for GCBR shows the kind of image and attraction the programme has."

On the impact of CBR programme in the country, Leon says, "GCBR has been strong on advocacy. If we think of the legislation that has been drafted, it is a success of GCBR also, as we were in the forefront to get this bill. We played a very active role. In any meeting, you can see that more than 70% of persons are those who have come through CBR programme."

In terms of the impact of GCBR on his own life, he adds, "I am very proud to be part of CBR volunteers, I call myself a disability advocate. I spoke with other disabled persons earlier also but my views were based on ignorance and lack of knowledge, even if I was a teacher. I think that communication is very important and we need to do much more. We also need a building of our own, a larger place and we can do much more."

Finally about his newsletter, Leon explains, "Two copies of newsletter are produced. Information comes from all over Guyana from different CBR groups and I also collect information from other Caribbean countries. Newsletter is printed in 500 copies. It is distributed through the CBR groups."

Jainarain Lal lives in Anna Regina, the main centre of Essequibo region. He had polio when he was 5 years old. As a young man he had a fight with his father and left home to work with a cousin on making furniture. Today he owns his own business and employs two persons, is married and has two daughters. He is among the first persons to receive a loan through the CBR programme for starting his own business. He dreams of selling the present house and buying a new, bigger place and to expand his business. He repaid the loan and did not have to ask for another loan. He feels that the loan system is very good and useful, it helps to make everyone equal by giving opportunities to persons with disabilities.

Sahadeo is a wheel chair user from Anna Regina in Essequibo. He is also among the first group of persons who received a loan through the CBR programme. About the impact of CBR programme on his life he says, "For me CBR had a great impact. From 1977 when I became paralysed, till 1994, I was completely isolated and closed in the house. Then CBR programme came and helped me to overcome my isolation, to go out and mix with other persons. My whole life changed. The loan programme has also been positive for me, even if I have difficulties in repaying the last loan."

Purnwati has a movement disability. She has been to Trinidad on a scholarship to learn garment making and has been to Kenya through a VSO scheme. She has also received a loan for chicken rearing and is thinking of setting up a tailoring unit for making school uniforms for children. She is secretary of the DPO of Queenstown and is involved in fund raising and skills training activities. About the loans she explains, "The decision for awarding a loan is taken by the regional CBR committee. To get a loan the person must be member of CBR programme for at least two years and we ask two members of CBR to sign as guarantors. The committee discusses if the business proposed is feasible or not before making a decision."

Ms. **Karen Hall** is disabled and is project officer for the **National Disability Commission** in Georgetown. Karen tells about the links between the work of the commission and GCBRP, "There are two project officers, I and Tiffany. Both of us have background in CBRP. Tiffany was trained in the first batch of Open Doors centres as it was established under the AIFO-EC project. I was in contact with the CBR programme in East Bank and used to go around to meet persons with disabilities, I couldn't do much but at least we could talk. I started school very late, when I was 13 years old and that was my

mother's initiative, she contacted different organisations. I was good in the school and it was a novelty, as I was the only person with disability there. I did an accountancy course and later went to university in the faculty of education. In those years, I was close to CBR programme, went to some meetings, learnt about advocacy work. Later, I got the scholarship for studying development in Canada and AIFO provided funds for my thesis on GCBRP. Now I am working with the NCD and the new disability legislation is being prepared, so it has been a long journey."

In the West Bank Demerara, the mother of a 7 year old Muslim boy with intellectual disability explained, "My son's name is **Shahzar**. CBR programme has made a lot of difference to him. Initially I did not want to come here and bring him here, so volunteers used to come to our house. Now I bring him here two times a week. We also went to an exchange visit to see how persons in other areas live and what activities they are doing. He now mixes with other children."

Darshini is a five year old girl, youngest of 3 children living in West Berbice. Her father is a fisherman. Between Darshini and her elder brother, there is a gap of fifteen years. Darshini was born at 7 months, her mother tells, "I came from a poor family. I had studied in the primary school. My children were grown up, my eldest son is now 22 years old. My eldest daughter died in an accident. When I found that I was pregnant, I felt that my dead daughter has come back. When the labour pains started, I had to wait for the bus to go the hospital and as I was coming out of the bus, Darshini was born. She did not cry immediately and she was sent to the big hospital in Georgetown where they put her in an incubator for 8 days. Her lips used to become blue. After she came home, after a month she has strange rash on her skin and her hair fell off. Now she has problem with her left leg, it is short and she can not open it properly. They operated her at the ankle but it did not make any difference. So she can't put her foot down and can't walk. We don't know what to do?"

Maurice Daniels is 61 years old in West Berbice and for the last 4 years she is on the bed after a stroke that left her right side paralysed. Maurice can not speak but she can make sign with her left hand. Jennifer, her grand daughter tells, "When I come back from school, I take care of my aunt. I have learnt how to turn her around so that she does not get bed sores. I give her liquid things to eat. I change her pampers. I help her to sit near the window so that she can look outside as she can not go down the stairs to meet other persons."

Shalon Mercy, mother of 5 year old Thiona lives in West Berbice and she tells about her daughter, "Thiona was born in the maternity hospital but there were some problems, even if the nurse continued to say that everything was fine. Thiona had convulsions and she was not breathing properly so we took her to hospital in Georgetown. They put her in the incubator for a week. Now she can turn by herself, but she can not sit. She follows with the eyes but does not speak. A CBR volunteer has started to come and has told me to come to the resource unit."

Alexander lives in Mahaicony, he is sixty years old, and he tells his story, "I was in the army for seven years and travelled all around Guyana. My wife left me when I was in the army. Then I came to work in the rice mill for some time, I did many jobs, I even worked for a company constructing the road. Last year, I was out with my son and suddenly I started to feel weak, as if I can't stand. Slowly it has got worse. I am afraid of falling. I can't stand without support, so I was just sitting at home and not going any where. CBR

volunteer has told me to support myself with this bench and do regular walking so that I can keep the strength in my legs."

Ms. **Patricia Williams** is a wheel chair user and she lived in Leonard Cheshire Home since 1972, one of the first residents of the home. She went to a special school for a few years and then learned other skills like embroidery. Growing up, she was employed at the home as an assistant to take care of other inmates and received a salary but continued to live in the home. In 2001, she decided to rent a house not very far from LC Home and is now living independently. She says, "In the Home I have lot of friends but I prefer living on my own even if it is harder. I have good relations with my neighbours and they come to see me. In many ways, CBR programme has accompanied me in my journey. I know Gwen from the CBR for such along time. CBR programme helped me to go out, to socialise with other persons. I participated in training courses, workshops, summer camps, etc. Housing is such a problem in Guyana for persons with disabilities as they always make the house on first floor and if you can't climb the stairs, it is so difficult. CBR programme has helped persons in finding suitable housing. Even elderly persons have same problem. I am not very much into meeting with other disabled persons, but I like my friends from CBR programme."

Ms. **Jennifer Summers** was a school teacher in East Coast and after an accident at school, she hurt her back. CBR programme gave her a loan to start a chicken rearing business. She explains, "I get about 120 to 250 baby chickens. I also give them sugar water with vitamins when they are young. If it rains or there is wind, you need to make proper protection for them in the cages. Once I had lost 300 baby chickens after a strong rain. I have got the cages built up higher from the ground, so that if floods come they will not be damaged. Normally they cost 100 G\$ each but around Christmas the prices go up to 120 G\$ per baby chicken. Their feed costs me around 3000 G\$ per week, to this you to add the cost of vitamins and supplements so that costs, another 500 G\$ per week. They need 6 to 7 weeks to grow. I got a first loan of 60,000 G\$ and repaid it. CBR programme has been very good to me and they are my friends. I know that some persons were not so lucky like me. In the last floods, some persons lost everything they had earned from the chicken rearing."

Mr. Hemal in East Coast is secretary of the **East Coast organisation of disabled persons** (DPO). About the influence of CBR programme he says, "I joined the programme in 1997. Ever since my accident in 1983, I was isolated at home, I did not go out, I did not do any thing. With CBR programme, I came out, I started to socialise, to make friends. I went to summer camps, I did literacy classes, I like meeting new persons and telling them about CBR and bring them to the programme. As DPO, we are involved in advocacy activities."

Ms. Shirley was born blind and she was eight years old when her father died. Her mother was afraid that someone might hurt her daughter, so slowly Shirley stopped going out of the house and slowly even the neighbours forgot about the blind child. She was "discovered" by the CBR programme in 1995 after almost 12 years of isolation and ever since has taken an active role in the CBR programme. She says, "I have visited all the different regions of Guyana. I know lot of persons."

Impact of CBR programme on the civil society and its implementing organisation

Perceptions from GCBRC:

Ms. Leila Eastman feels that finding a *building* is a challenge for GCBRC. If more space is available, they can have more volunteers from VSO for working on deaf issues.

A larger building can be a solution for displaying and selling the products of our income generation activities. The present building does not have accessible bathrooms and toilettes, spaces are also not easily accessible. A larger building developed as a business centre can be support for our income generation. Naturally with larger building, expenses for maintenance will also increase.

Ministry of Health has been supportive of this idea. They had proposed to provide some land to GCBRC however the area was not easily accessible so GCBRC is still exploring this idea of finding a land and making a new building for GCBRC.

Some of the CBR groups have had success in mobilising support for having their own building.

Essequibo CBR group got the land from the region and then funds from President's fund to make the building. They need to find the funds to maintain this centre as everything costs. Since it is in a rural area and finding funds for rural areas is more difficult.

Region 6 also got a centre through CIDA. Region 5 has already got the land and President has promised to give them funds for making the building. In East Coast the CBR group has talked to a number of agencies and they are still trying to get land. East Bank had a building but now they are operating from a community centre given to them by local authorities.

Region 3 also had a resource centre provided to them by local authorities but it was damaged during floods. They have approached the President, who has promised to help them, so they have reopened their resource centre. President had also promised them 500,000 G\$ for maintenance but it has not been easy to access these funds.

High attrition rate and drop out of *volunteers* is a problem. Finally they have started to implement the new strategy for curbing the high drop out of volunteers by insisting that the certificate from IACE (Institute of Distance and Continuing Education) will only be given after they work for one year with the project. This strategy was discussed some years ago but only recently it has been implemented. We need to wait and see the impact of this strategy.

There are persons who have been volunteering for 10 years or more and they continue. At the same time, there are persons who want some training and then leave.

Another aspect is that persons who worked as volunteers and who have left, can still continue to contribute in significant ways to the activities of GCBR. For example, one ex-volunteer became principal of a school, while another has become officer in social services and both the persons, even if no longer volunteers, contribute significantly to CBR work through their support to CBR initiatives.

Other ways to strengthen volunteer loyalty is through award schemes, supporting them for personal development by other training courses, providing them with references for finding a job, etc.

Programme is able to involve as volunteers, persons from different ethnic groups making up the Guyanese society. This is another value of the GCBRP by promoting working together of different ethnic groups. Persons accept that GCBR does not any political agenda but has real desire to improve the society.

Finding a job for persons with disabilities is very difficult. Advocacy is an important area to develop.

Patricia Thomas has been a volunteer from East Bank for past 8 years and is now the treasurer of GCBRC. She feels that CBR has helped to developed the lives of many disabled persons and hopefully more persons can be helped to develop in future.

Earlier two deaf volunteers from VSO were very useful, created lot for awareness on deaf issues and promoted the creation of deaf clubs in some groups. They conducted courses on sign language. Important in showing that deaf persons can be functioning part of society. GCBRC played a key role in the success of this initiative and without the presence of CBR at community level, they couldn't have worked with deaf persons and achieved so much.

Only GCBR invites sign language interpreters for all its meetings. Improving access is still a big problem. Transport is a big difficulty, so organising a meeting becomes so difficult. Access to buildings is another difficulty. National policy on access is still in draft stage.

Montgomery or Monty, works with GCBR as sign language translator saysand the coordinator of the USAID funded Advocacy Project , "GCBR has changed my life. I learnt the sign language and now I can use this skill for my career."

Changes in leadership of GCBR:

One person had played a crucial role in development of CBR programme in Guyana - Dr Brian O'Toole. During 1996-97 Dr O'Toole left the programme and the programme management was taken over directly by the national CBR Committee. This was a major crisis period for GCBRP and for a couple of years, the activities of CBR programme faced different obstacles, and a number of persons involved with the programme in different capacities left it.

During discussions with persons involved with the programme from pre 1996 period, the name of Dr O'Toole was raised up occasionally. Majority of the persons raising the issue felt that CBR programme has been able to build up its strength by involving new persons and by sharing of responsibilities. At the same time, some concerns were expressed that the different roles played by Dr O'Toole have not been considered and replaced by other persons, such as his role in networking links between different groups, making them feel as part of one programme.

Impact of Income Generation activities:

Terrence Dhainy, initially a volunteer from East Coast, is the coordinator for income generation activities at the GCBRC office feels that income generation activities have improved a lot of persons lives.

At present there are 31 active loans, of whom 13 are with persons with disabilities, 9 are for family members of disabled persons and 9 are CBR volunteers. Among all these persons who took loans, 4 are serious defaulters (2 disabled persons, 1 family member and 1

volunteer), 3 of them for quite a long time with old loans. One loan is defaulting as the person died. Over the last few years, there were about 10 loans but this year only five loans till November 2006. About 80 to 85% loan repayment is there.

Mr. Dhainy started as a volunteer in East Coast area, 8 years ago. After two years he became a part time loans coordinator at GCBR office. One year later, the job was made full time. During the first 4 years, there were lot of problems with loans, especially with loans in Rupununi, where people felt that loans where actually handouts and they were not supposed to pay them back. So they decided to stop the loans programme for one year and to review it.

As availability of funds varies so amount for loans is not always same. In the recent past more focus on training of new volunteers so loans were less. However in spite of it, the requests for the loans are not many and the reasons for this are not clear.

Terrence did not get any specific training for running the loans programme but his different skills help in dealing with persons making different business proposals. He has been involved in training of new volunteers in Berbice and East Coast on the theme of loans and income generation. Trainee volunteers are told about rules of loan schemes, criteria for accepting loan applications, how to fill application forms, etc. There is no systematic way of capacity building of persons taking loans on making business plans, running a business, financial planning, etc.

It is possible to get loans from banks but usually banks do not wish to give loans to persons with disabilities.

The funds for the loan scheme are managed separately in a bank account, separate from the GCBRP budget funds.

Ms. Marvis in Sandcreek village in Rupununi region had taken a loan of 60,000 G\$ for opening a shop. She repaid most of her loan but not the last part of 5,000 G\$ and regarding this she explained, "There was no communication. Earlier, I was paying back the loan to the loan coordinator but then he stopped coming. They told me that I have to give the funds to the coordinator in Lethem, but I did not get any feedback if the money was reaching the national coordinator or not, so I just stopped." Regarding the success of her business she says, "It is a small income. The cost of transport to Lethem for buying things and bringing them to Sandcreek is high. In the end the margin is small, but still it is an important help to run my house."

Ms. Carmen, mother of a boy with intellectual disability and a CBR volunteer from the first group in Essequibo has taken three loans for her own business and has repaid all the three loans. The first loan was for 40,000 G\$, second was for 60,000 G\$ and the third loan was for 100,000 G\$.

Sahadeo is a wheel chair user from Anna Regina in Essequibo. He is also among the first group of persons who received a loan through the CBR programme. His first loan was for 40,000 G\$ (about 200 USD) and he used it to open a pastry shop, and he repaid it. Two years later, he received a second loan to expand the pastry business and he repaid it. Finally he asked for a third loan of 80,000 G\$ to start a business of dealing with CD-Roms but this business has not worked out and he is late in repaying this loan.

CBR in Essequibo:

CBR started in 1993 and so far four batches of volunteers have been trained for a total of about 100 persons. Out of all these persons, 24 are still working with the project. Training course for a batch of 20 new volunteers is going on. There are still some old volunteers who started in the first batch like Paulette and Morny.

Morney Brandon is a CBR volunteer and chair-person of regional CBR committee. Morney, a mother of 4 grownup children is divorced, lives with her old mother and teaches in a nursery school. She tells about her own experience in the GCBRP, "I am second of 10 children, 8 brothers and 2 sisters. I wanted to be a nurse but when I finished my school, I had to start working and it was not possible to go for nursing training and thus became a school teacher. I heard about CBR from Brian O'Toole and I agreed to join the one year training. At that time in the school I had a child with Down syndrome, I worked with him and he is now grown up and in USA. It was something that gave me lot of satisfaction. I also supported many other disabled children. Then I took up job at department of education and there was a lot of work, there was no free time so I left the CBR programme. It was a very frustrating period of my life. I came back to CBR in 2005. I am involved in raising funds. We did a hot dog sale together with the DPO, and I am very motivated. Then we had elections of regional committee and they asked me to become the chair. My special skill is to be able to relate to small children and people are comfortable with me. I think that in my role as volunteer, I have been in contact with about 50 disabled children. I feel that community recognised my work and appreciated it. Not all volunteers are involved equally, some do not take responsibilities and do not come to meetings regularly but there are some who are very regular."

Initially the CBR programme in Essequibo was only with school teachers and CBR volunteer training was given only to school teachers. Other volunteers worked with CBR but they did not get any training. Now the CBR programme here is in a transitional phase. So they have a wide base of volunteers, but not all of them are trained. They feel the need to conduct a refresher training course for old volunteers also.

Discussions with *two new volunteers* of Essequibo, **Orsilla Wilson and Carol Weithers**. Orsilla has five children and one of them is blind. Carol had epilepsy since she was 17 years old and she has two children, and she also has a nephew who has speech disability. Both of them have been training for six months and even if they have not completed the training, they already have experience of working for a long time with disabled children. Carol participated in DPO training camp as a resource person. In the past, Carol's sister was chair-person of the regional CBR committee.

About the impact of CBR programme, Carol explains, "My nephew who had speech disability, he received a scholarship through the CBR programme to study in Trinidad for one year and now he is in USA. Training is not necessary to become a CBR volunteer. When you show commitment and collaborate with the programme, then you are a CBR volunteer, whether you have done a formal CBR course or not. I started collaborating with the CBR programme in 2000. The training course is giving me new skills. For example, now I understand about different kinds of disabilities and can identify them."

Regarding the ethnic differences in Guyana and their impact on CBR programme, Orsilla and Carol explain, "For CBR programme, there are no differences if you belong to a particular ethnic group or religion. We work with everyone. However, it is true that it is harder to involve a Muslim child in CBR, even more so if the disabled child is a girl. Now

Muslims are building their own schools so that will make things even more difficult. In East Coast they have a Muslim man involved in the CBR programme but he does not like that women are in the top role, so he talks only to men. It has been very difficult to involve Muslim women in the CBR programme activities."

Meeting with *Probation and Social Services officer* of Essequibo: **Mr. Riccardo Banwari** joined the service recently. He knows that there is a CBR programme and the resource centre but does not know about the different activities. He is aware of the public walk organised by GCBR for promoting awareness about disability issues and agrees that networking and learning about other programmes is important as these relate directly with his work as social services officer. His department is involved in distribution of mobility aids, support for vulnerable situations like support for housing, transport, disability certificates and financial assistance for the very poor. They also work on issues of violence and sexual abuse, also in relation to persons with disabilities.

Considerations from *Essequibo CBR volunteers and disabled persons*: Initially the programme started with a focus on nursery school teachers. From the second batch of volunteers this policy was changed. Among the CBR activities, summer camps are considered as key activity to identify and bring new persons into programme. 15 persons get the opportunity to benefit from the summer camp, for one week each year. During this week, the person is assessed in different ways, counselling can be given, it is also a moment of staying with others, sharing and learning. Ministry of Health collaborates with the camps in providing a medical check-up and assessment. However, for the past two years there have been no camps and this has been missed. Regional committee identifies the persons who will participate in the camp. About 1.8 million G\$ are needed for the summer camp and usually these funds come from community donations.

The CBR workers, when they identify a new child with disability, they contact the family and if needed, visit the school to talk with teachers. Sometimes, parents deny that their child has any problem and do not want anything to do with CBR so it requires patience and repeated visits to convince them that their child is safe and can go out and mix with other children. In Essequibo, the CBR programme collaborated with National Disability Commission, to conduct a survey and during this survey lot of new children were identified. Many of them were hidden inside the house. For example, Pinky a disabled girl was identified in a Muslim family, who is still isolated as in spite of repeated visits, the family does not agree for her to go out. Some times, volunteers need to work in couples. Ever since the programme started probably the programme has touched the lives of about 1000 children and adults with disability.

Mr. Paul is a volunteer and a retired mechanical operator. He has played a crucial role in facilitating the land for construction of the new resource centre of CBR programme in Queenstown. He says, "I was invited to a meeting by Geraldine. I saw that the building we had for CBR resource centre was not accessible, so I proposed that we need a new building. So I found about different rules and regulations, how we can ask the Government for some land, etc. This was in 2001. So I contacted Paulette, the CBR coordinator in Essequibo and she agreed. We then worked together and asked the Government to give us the land. Initially they did not know about our organisation. Then we found that this land had been leased to an organisation called Friendly Barriers and we discussed it with them. They agreed and so they joined CBR. District chairperson was very supportive and helped us to get the lease. We collected funds from different donors. We heard that President was coming to Essequibo so went as delegation to meet him and ask him for support. Finally in March 2006 our dream came true and our building was completed.

Plans for the resource centre in Queenstown: The CBR committee in Essequibo thinks that resource centre can play a more active role in providing vocational training courses. To help in the maintenance of the resource centre, they also think of starting some paid courses, this will help them to take some paid teachers for the training. They also want to strengthen their links with IDCE and hope that IADE will sponsor some of their activities. They have space for hosting a few persons to stay there for the training.

CBR in West Bank Demerara:

Ms. **Kay Henry** and Ms. **Audrey Hunte**, two volunteers of the East Bank CBR programme explained their activities, "Right now we have 41 children of whom about 20 children come to us regularly. Bouganville community centre is our resource centre. About the volunteers, the project had 35 volunteers trained in 1997 and another 36 persons during 2002-03. From all those persons about 10 persons are still working actively with the programme as volunteers.

Children and parents are asked to come to the resource centre where different activities like vocational training, support for children for their studies, learning general skills, etc. are carried out by volunteers. The group also participates in national level activities. The programme also promotes inclusive education and has trained school teachers in 10 schools in making simple aids, teaching techniques and making ramps and rails for improving access of buildings to disabled children. The building has been provided to them by Neighbourhood Development Council (NDC). They also had exchange visits and special events like kite flying, etc. They have a special play ground for the children who come to the resource centre.

One of the children with a physical disability that they were following, went on to university and is now going to Cuba on a scholarship. Another disabled child followed by them has finished university and is now head of a nursery school. They plan to do another volunteer training course in 2007.

Among the *challenges* faced by GCBRP in West Bank, the two volunteers mention the difficulties in getting the commitment of volunteers and the difficulties linked to the building. The centre is not very far from the river and during high tide and heavy rainfall, water seeps in. In addition, during 2006 there were floods so lot of water entered the building and spoiled furniture and activities. No one from West Bank ever received a loan, though some of them had applied but they did not satisfy the basic criteria. During the rainy season, all the roads become very bad so people can not come to the resource centre.

Audrey is a school teacher and a parent of a child with epilepsy and a CBR volunteer. She came in contact with the CBR programme in 1997 and explains her views about the impact of CBR programme as well as the activities in West Bank, "CBR programme is useful in my roles as a parent, as a volunteer and as a teacher. The skills I learn with the programme, I can use them at home, in the community and in the school. My son is now 28 and he started having epilepsy when he was 10 years old but his father did not have any patience with him. I am the secretary of the regional CBR committee. I participate in annual conferences of CBR, my school is part of the pilot schools for enrolling children with disabilities and I attended the workshop on inclusive education. For parents, a big obstacle is to find funds for transport to come to the resource centre. For example, I know of a church group that has 6 disabled children, but it is too far for them. Time is another issue for the parents. Ours is a poor area. Sometimes children come hungry to school, in other

instances, the environment at home may not be good, so the resource centre becomes an escape."

Ms. Kay Henry is also a CBR volunteer and she says, "I was very shy when I joined the CBR programme in 1997. Slowly as I started working with children with disabilities, I opened up and became less shy. I first started to work with a child on a wheel chair, who later on could walk without wheel chair and this gave me lot of satisfaction. Before, working with GCBRP, I didn't know that there were so many disabled children who need support and services."

CBR in East Bank Demerara:

This CBR group operates from a resource centre based in Diamond community centre. Ms. **Donna**, a volunteer in EBD explained, "We were in another building for 13 years but there were problems and we came here. We have many income generation activities like sewing, making table clothes, bed sheets, tie and dye, crafts, making hammocks, cake sale, raffles, etc. We also go to the community for creating awareness and for providing information to persons with disabilities about the CBR programme. We have a programme for learning Braille. We have literacy programmes for both children and adults and we also have a drama programme. We get some support from the Diamond distillery factory for our insurance needs. Presently we have about 18 persons who go to the community on every Monday morning to visit persons with disabilities. None of our volunteers at present have got any CBR training and we are finalising 25 volunteers for a training course, so after their training, our work should improve. As there is no CBR resource unit in Georgetown, persons from Georgetown can go to EBD or to East Coast."

This is one of the oldest CBR groups in Guyana and persons like **Jocelyn Moore**, Sharon **Harris** and **Ruth** have been with the programme since 1989-90. Regarding the changes in these years, the group explained, "In the old times, when Brian was there we used to get food and snacks during meetings and we received 1,500 G\$ per month, the transport was paid, so it was easier to work. These days all these things are gone."

Ms. **Patricia Thomas**, one of the old volunteers at EBD explained about the loans she received from the CBR programme, "In 2001, I received a loan of 60,000 G\$ for setting up a chicken rearing business. I set up a pen. It was successful and I repaid the loan. Then I took a loan of 100,000 G\$ and I expanded to 200 chickens and it was also successful. There were floods and water came in the pen but fortunately I had already sold my chicken by that time so I did not suffer any damage, but other persons had problems. This year, I am aiming for 250 chicken for Christmas. Another person who has a child with disability, she also had chicken rearing business and she had already repaid the loan, but she lost her chicken in the floods so now she does not have money to restart her business. Another disabled woman got a loan for starting a small shop, that gave her a small profit, but not enough to be able to support her family and children from that income. So the benefits of the income generation activities and the loans are variable."

CBR in Kuru Kururu:

Kuru Kururu is an area behind the international Timheri airport. The area is very large extending for about 20 miles. Yvonne Smith is the chair-person of the CBR group. The Kuru Kururu group was started by **Cleopatra Critchlow**, Coordinator who came here from East Coast. She thought that it would be useful to start CBR here as there were no support services for persons with disabilities. GCBRP asked her to do a survey so she wrote

to the churches in her area to ask for their help and collected the information about disabled persons in the area.

They have a resource unit given to them by Neighbourhood Development Council in Kuru Kururu. 20 volunteers from the area were trained 3 years ago, who are presently working with about 100 disabled persons. Five of the volunteers are school teachers and they are lobbying with Government authorities for inclusion of disabled children in the schools. They use the CBR vehicle for visiting some disabled persons at homes, once a month. Every Tuesday they meet at the resource unit for activities like literacy classes, crafts, sign language learning, physical education, indoor games, etc. For example for literacy classes, presently 8 disabled children are coming, who are not going to any school because the schools do not accept them because "they do not have trained teachers." Diamond in EBD is too far away to send the children to the special school situated there. Two teachers have been trained as CBR volunteers and they support children for literacy activities in the resource unit.

Only one child attends the sign language classes presently. There are four other deaf persons but they have problems in coming to the resource unit as they can not pay the transport costs, so they can not benefit from sign language classes. One of the volunteers who attended the six weeks of sign language course is now teaching it to other volunteers so that this activity can be expanded.

The volunteers carried out awareness raising in schools of Kuru Kururu. They spoke to children and teachers about different disabilities, early diagnosis and early intervention. Regarding the income generation from the crafts and sewing activities, the group agrees that it is not very good at generating income as only some of their own members can buy the things they make. They do not get any large orders for their materials and are planning to organise a fair to publicise their products. **Ingrid Frank**, another volunteer organises the physical education activities for doing simple exercises. Nine volunteers are part of the drama group that writes its own plays on different themes for raising awareness.

Among the challenges faced by the group, the limited financial resources is the biggest issue. GCBRP can provide them with limited resources, so they also go out to local business community to ask for more support. Transport is another area of challenge as part from the costs, often drivers do not stop or slow the vehicle when they see a disabled persons or an elderly person. In spite of all these difficulties they get lot of persons with disabilities who come to the resource centre regularly since "this is the only structure existing for us in the whole area and at least here we feel wanted. It is fun to come here. They organise parties and games for us. This is the only opportunity we have to go out, to be with people, to be with friends."

CBR in West Berbice:

Gloria Lindo is the president of the CBR group in West Berbice. The CBR resource centre is in Lovely Lass community centre, about 10 miles from Mahaicony where Gloria lives. Volunteers in West Berbice were trained in 2001-02. They have good collaboration with the rehabilitation assistant at the hospital in Fort Wellington, who was a volunteer with the group before her training as rehabilitation assistant. So for all issues of medical rehabilitation, they send the persons to Fort Wellington. The activities of the volunteers at Lovely Lass include organisation of sports, home visits, promoting socialization of persons with disabilities so that they go out and meet with other persons, promotion of inclusive education, advocacy for improving the physical accessibility of schools, literacy classes,

parent support groups, some income generation activities such as picture frame making, floral decorations, etc. They received 10 wheel chairs from the "Food for the Poor" programme that were distributed to persons with disabilities. They also have an arrangement with a dentist who provides free voluntary services for persons referred by CBR programme once per month.

CBR group also collaborates with other health programmes such as vaccination and nutrition programmes. They receive pampers from "Food for the Poor" programme for distributing them to bed-ridden persons. 12 persons in this area received loans from CBR programme, of them two persons have problems with repayment.

Neighbourhood Development Council has donated land to them for building their own resource centre. President has promised to give 9 million G\$ donation to them for their building. Dr Leslie, the Health Minister, gives them one days salary per month. A new group of volunteers has just completed training.

Mark Archibald is blind and is the president of the DPO group of West Berbice. Their DPO is a mixed group with persons with different disabilities. They started as part of CBR group but are now making links with the national DPO. Mark recognises the impact of CBR that has helped him to become aware of the situation of different disabled persons and how they can fight for their rights.

CBR in Rupununi:

CBR programme in Rupununi initiated around 1994 and the approach adapted was different from the approach in other regions of Guyana. As Rupununi is a vast area with a very small Amerindian population scattered in distant villages where the availability of different public services was extremely limited, CBR focused on each village promoting the creation of a village team of a health workers, school teacher and a community volunteer. During 1996-97, with the difficulties related to change in the leadership and limitation of funds, some of the key persons associated with the programme in Rupununi left and the activities faced severe limitations.

Mr. **Jude Isaac**, health coordinator of Sandcreek sub-district explained, "From the original groups of persons, only a small number of persons continues to be involved in CBR. We did not have new trainings. Distances are so big and transportation difficulties are there so it is not easy to get together all the persons from whole of Rupununi. Regional coordinator is based in Lethem, she can't go out to all the places, because she has other responsibilities and funds are limited. Only recently did we have some training courses so persons from different villages came together."

Ms. **Julie Loris**, a teacher in Potarinau village under Sandcreek sub-district explained, "Our total population is 575 persons. We have this hall for our school. Here we have 205 students from First till 9th grade and we are five teachers. The classes are divided by blackboards. After 9th standard, if children want to study more they have to go to Lethem. All our teaching is in English but we also teach the oral Amerindian Waipashana language. We have five children here who are disabled." All the five children had movement disability and none of them had been to any other medical services.

Potarinau is about 15 km from Sandcreek village where the sub-district hospital is based and where Jude works. The nearest big hospital is in regional headquarters, Lethem, about 80 km away, but even in Lethem, there no rehabilitation professionals. For any

rehabilitation services, persons need to go to Georgetown or cross the river and go to Brazil.

Sandcreek has a population of 740 persons. During the visit in Sandcreek 14 persons with disabilities, majority of them children, were interviewed. Only one child had been to a rehabilitation professional in Brazil, the remaining 13 persons had never been to any rehabilitation professional and the support from CBR programme had been mainly in terms of social support and going to school.

CBR in East Coast:

East Coast has one of the more dynamic groups of CBR with lot of activities in the region. Their resource centre opens three days a week. Their original resource centre offered by Ms. **Glasgow** is undergoing repairs and for the time being they are in a temporary resource centre in Haslington, offered by one of the CBR volunteers in her home.

In the meeting held at the resource centre there were about 40 persons including disabled persons, parents and a few volunteers. Many of the disabled persons are also members of the East Coast DPO. **Patricia Malay**, secretary of the East Coast CBR committee is also chairperson of the DPO. During the visit, many disabled persons expressed the changes brought in their lives by the CBR programme, in terms of coming out of their homes and mixing with other and now, helping in organisation of activities for fund raising, organisation of a bus service for going to the church, distribution of food and clothes, organisation of medical assistance, etc.

This group is also very well represented at national level and many persons of the group take an active role in the functioning of the organisation, giving their time and commitment. Two years ago a survey was conducted in East Coast and they identified 1500 persons with disabilities. They plan to have their own building for their resource centre close to the main road so that persons with disability can access it more easily.

Ms. **Doodmattie Singh** is the *regional education advisor* for East Coast region. She is very much aware about the CBR programme and says, "Teachers of East Coast are not trained in special education, they do not know how to work with disabled children. In region 3, teachers from all schools were placed in CBR programme and they became capable of identifying different disabilities and could accept disabled children in their classes. This was during 2002-03. They also did some work on income generation."

Regarding the promotion of inclusive education in East Coast, Ms. Singh added, "Ministry of Education is now trying to train all the teachers on working with disabled children. We wanted to organise a workshop on this theme but there were insufficient funds to do it. If resources are available, we will be happy to support that teachers of East Coast are trained by the CBR programme. We have Diamond school in our region where we students with physical disabilities and hearing disabilities, etc. We support our teachers from the schools to go for upgrading training but they change to other courses, they do not come back. Head of Diamond school is an ex-volunteer of CBR programme. Another teacher is parent of a disabled child and she was also CBR volunteer. In the nursery school close to this office, the head mistress is an ex volunteer of CBR. These ex-volunteers are very supportive of education of children with disabilities in their schools and classes."

Ms. **Ionie Chatoor**, accompanying the evaluator for the field visits, is one of the CBR coordinators in East Coast and also the head mistress of a nursery school in the region.

In a nursery school, Ms. **Darmalingam**, mother of 4 year old **Balmitra** describes her son as slow learner and explains, "My son some times wets himself, so it is a problem for the class. Fortunately it does not happen every day, it happens sometimes. When he first started coming to the nursery school, he was very difficult to control, he could not focus his attention on anything, but now he can trace letters, he paints and sings, he reads. It is good that this school accepted him."

Ms. Chatoor introduces thirteen year old **Haresh Ryan**, who lives with his old grand mother and younger brother Kishen. Haresh was a student of the nursery school. However, growing up, he started getting weak in the legs and now can not walk. Through the CBR programme they have been able to get him a wheel chair. However, Haresh can not go to school as the primary school has stairs. **Kishen Randel**, the younger child is also showing similar symptoms. Some relatives from their mothers' side also had similar problems so they all think that this is due to some hereditary disease. Haresh was taken to a hospital in Georgetown but they were told that nothing can be done for him and they did not go back.

Dennis Masalamani is 26 year old CBR volunteer. His right hand was crushed in a traffic accident and amputated, and he received an artificial hand from Ptolomey Reid centre for which he paid 250,000 G\$. Dennis collaborates with CBR programme as a photographer. At the same time, he is works as volunteer with Haresh Ryan.

Dr. Leslie Carter is the *regional medical officer* in East Coast. About the CBR programme he says, "I was trained in Cuba in 1982. I am always happy to collaborate with the CBR programme, I tell them that when ever you have a problem, come and see me. I will help as much as possible. In terms of specific services for persons with disabilities, now it is possible to operate children with cleft lip and palate. These operations are done by an orthopaedic surgeon. We do not have any trained physical medicine specialist in Guyana."

Jean Frasier is a nurse at the East Coast *regional health centre*. About her links with CBR programme she says, "My grand daughter was born with one leg shorter than the other, so I know the CBR programme for a long time. A couple of years ago, I also gave a lecture to the CBR volunteers. It is a useful programme that helps persons with disabilities. I even went to their big meeting in Georgetown. They are doing very well. I saw a programme about them on the television."

There is a batch of 23 *new volunteers* in East Coast who are undergoing training from the CBR programme. The evaluator met the new volunteers for discussions. The volunteers come from a variety of backgrounds including some housewives, a pastor, some students, parents or relatives of persons with disabilities, teachers, etc. The persons also vary greatly in age, from a young 21 year old student to an above-fifty grandmother.

CBR In Corentyne East Berbice:

The CBR group in East Berbice has a new resource unit in its own building, made with the contribution of CIDA. Before they were in a nursery school. They have had training for three batches of CBR volunteers so far. The activities include literacy classes, income generation activities, daily living skills, etc. The resource centre accepts all the children that are not accepted at other schools and is open five days a week. Ms. **Norma Cummings**, an old volunteer of the group and a special education teacher, works with

these children. Presently about 50 children come to the resource centre regularly. Older children and adults are organised in a disabled persons' organisation (DPO).

The CBR group also collaborates with a non-governmental organisation focusing on HIV/AIDS. Ms. **Sharon**, the *rehabilitation assistant* in Corentyne, also comes to resource centre and every Wednesday does home visits. She visits an average of 15 persons during her visits to the resource unit.

The *Corentyne DPO* has links with national level DPO. **Trisha**, one of the children coming to resource unit participated in national games and won a medal in 100 meter race. 12 persons from the group have received loans so far and are involved in activities like poultry farming, garment making, catering, etc. The loan repayment was a problem so a training was conducted to inform persons about the loan scheme.

Andrew and **Berty**, both young men are wheel chair users and run a workshop for repair of wheel chairs. They wanted to do vocational training but since there is no hostel facility in Open Doors vocational training centre, this was not possible.

Ms. **Carmen Davis** is mother of a boy with disability as well as a CBR volunteer. About her experience in CBR, Carmen says, "The programme has been very useful for my son. I could see him improving daily and when they said that he was a smart child, it made me feel good. He can handle music systems and does it in very orderly way. He has found a special affinity for music. Music is there in many children with disability and I feel that we should be using it more. The teacher in the resource unit needs assistance from us parents as she has so many children with disabilities in the class. We also need some financial support. I want to appeal to parents to come and participate in the CBR programme."

This was followed by a discussion on ordinary schools versus the special schools, as some persons felt that Corentyne resource centre may be promoting that disabled children should be sent here rather than to ordinary schools. Some parents said that they feel more comfortable with the resource unit as teacher is very qualified and sympathetic. Others felt that resource unit can be a temporary place for children who have been isolated and have never been to school before, so that they can prepare themselves and get ready for going to ordinary schools. Some persons felt that children can benefit by going to ordinary schools and then coming for extra support to the resource unit.

Ms. **Natalie Ramotar** in New Amsterdam has been associated with the CBR programme for a long time. She was in the first group of volunteers in 1991, though in recent years, she has not been very active.

In terms of impact of CBR programme in Guyana, she says, "The greatest strength of CBR has been its capacity to raise the profile of disability in the country. Today people are more aware and persons with disabilities are more visible."

About the areas of challenges for the programme she feels, "A stronger partnership with Ministry of Health and Ministry of Education is needed. CBR alone can not take over and provide every thing, it will be too much for CBR. Organisational management also needs to be strengthened, Brian was good at that. After he left, there is more ownership and participation, but management also needs to be strengthened. Income generation is another area that is not very successful. DPO component also needs to be strengthened. Perhaps, right now it is important to consolidate its work rather than spread into new areas."

Mrs. **Mala**, mother of 5 year old **Lukram** says, "I have two older children, who are all right and they have no problems. Lukram was born slightly early and when he was born, he did not cry and was put into incubators for 2 weeks. He has been slow in every thing. He was almost 4 before he started to stand and walk. Since September 2006, I am taking him to resource unit. He is making good progress. He tries to speak now and wants to eat by himself. He is going to the resource unit daily."

NCBRC and regional committees:

NCBRC is just a linking place. Important work is done at regional committee levels. Networking at national level is important to know what is happening where. No CBR group is there in Georgetown and only the office is there. DPOs are also based in Georgetown.

GCBR has membership base at community level and members come through regional committees to the national level. They feel it is democratic and participatory and they do not see any need for changing the president. If same persons can continue in the role, they acquire competency and it is good to have a competent person in the role.

President Mr. **Gregory Glasgow** himself talks of relinquishing the office. Now the persons from regions are stronger. They need to develop other skills beyond commitment. Building the credibility of the organisation takes a long time but now it is there and it is possible to change.

Ms. **Geraldine Mason Halls**, national consultant for the GCBRP is also in charge of training of mid-level rehabilitation workers (rehabilitation assistants) under the Ministry of Health. She explains, "For the last 9 years, we have been able to introduce a 7 weeks training module for 4th year *medical students*. This module includes six weeks of field visits to different structures and services involved in rehabilitation including Open Doors centre and CBR programme in a region. I coordinate this training module. Thus there are 15-20 new medical students each year, who learn about CBR. During their field work, they also do research on issues such as attitudes and behaviours."

Regarding the image of GCBR in the country, Ms. Halls says, "We recognise that we can do much more in terms of our public image. Previously we were doing work with schools using puppets and we were much more present on the television and these activities have not been as visible in the recent years. We need to work much more also with newspapers and the other media about how to deal with and how to present disability issues. We also need to work much more with Government officials."

Inclusive education

In Essequibo, the CBR programme started in 1993 in collaboration with school teachers. 32 nursery school teachers including **Morney, Dana, Carmen** were trained. Llyod, the present chair of the DPO, was one of the facilitators for this course. The main focus of the programme was to get these children into ordinary schools. Many children, not all, were accepted in the nursery schools but when they finished the nursery, they were not accepted in the primary schools. The primary school teachers felt that they needed special training to deal with disabled children. Now the teachers' training provides some training on working with disabled children and some teachers can specialise in special needs, but even without the training all teachers do have some knowledge. However, even with the law that

says all children must go to school, not all teachers accept disabled children in their classes.

Slowly with time, many nursery school teachers involved with the CBR programme, left the programme as the CBR activities sometimes clashed with their other meetings and activities. Also as officials were changed, the new persons did not know about CBR and were less supportive. Still, the persons who had worked with CBR programme, they retain some sensitivity towards disabled children and help whenever they can.

Involving other organisations

Two deaf volunteers came through VSO. Two new volunteers may come through VSO for working with deaf. The new volunteers will work with literacy, recreation and counselling related activities.

Rotary International of Georgetown - for past 8 years it has been sponsoring the sports day for children with disabilities. They wanted to work with disabled children but without the CBR network, they could not have done it. This activity allows CBR to bring 400 children from the country to participate in the sport activities.

Terrence Dhainy: Other agencies find GCBR attractive but because our space is limited, we can't accept all their volunteers.

Long term work

Ms. Halls: With AIFO's support CBR programme has been unique in offering long term support. Many other projects start and finish, persons receive some support and then activities stop. In case of GCBRC, the activities have been ongoing so that persons who came in the programme as children could be followed to the adulthood.

IMPACT OF GUYANA CBR PROGRAMME THROUGH REVIEW OF SIGNIFICANT DOCUMENTS & REPORTS

Evaluation report on the CBR Programme in Guyana (B. Gautron, 1993)

Initial project (1986-88)

The two year pilot project was completed in June 1988. The project introduced a CBR programme to twenty six volunteers and twenty five teachers who, in turn, worked with fifty nine disabled children and their families.

The pilot project was assessed by independent evaluators and was found to have been effective in a number of ways. Children with disabilities progressed significantly, parent's attitudes towards them changed considerably and the community got involved in all stages of the project, its design, implementation, management and evaluation. (p. 4)

Present project (1991-93)

The objective of the programme is to assist the development of 300 children with disabilities who are presently receiving no help for their disability. (p. 4)

Strengths of the programme include the following: High degree of mobilization from people in the community; The sense of partnership between Health and Education volunteers; A comprehensive training has been developed; The political support is important (from the First Lady, from the Ministries of Health and Education...).

Weaknesses of the programme include the following: Limitation of the programme which meet just a few percentage of children with disability at the moment; Lack of appropriate supervisors and of management at the local level; Weaknesses in the referral system and difficulty to build on when there is lack of services. (p. 8)

Offering Hope: An evaluation of the Guyana CBR Programme (J. Miles & L. Pierre, 1994)

That impression is that the Guyana CBR programme is making what earlier generations would have called a miraculous difference to the lives of the children and families affected by it. (p. 1)

Extrapolating from this base line to the whole population (of 750,000 persons), it can be assumed that the total number of disabled children in Guyana must be in the region of 8,400....the number of children so far reached by the programme, 300 is only 1/33 of the probable total.. (p. 2)

The programme should examine the reasons for gender imbalances in the respective volunteer forces, and should seek ways to enlist more men into the volunteer force on the coastlands and more women in the Rupununi. (p. 11)

The proportion of Christian to non-Christians among the respondent coastland volunteers was 21:8. .. it would seem that there is a marked disproportion of African-Guyanese among the volunteers...the programme should examine the reasons for what seems to be the

under-representation of Indian and non-Christian volunteers...for the sake of increasing the aggregate yield of volunteers ... the authors of this report see no reason to believe that the work of a volunteer is any more effective if she/he is matched to a family of her/his own ethnic group or religion...amongst the non-Christian volunteers responding to the coastland questionnaires none were Muslims. (pp. 13-14)

So the relevant question is whether, given the general scope of the programme, the services are reaching predominantly the children and families most in need in economic sense ... two thirds of all the female and male heads of households represented in the questionnaire sample had received only primary education. All the fathers or other male heads of households in the sample were in manual or other unskilled or semi-skilled occupations ... taken together, these data, illustrative of limited education, lowly occupations, and large family size, demonstrate that the families concerned belong typically to the poorer socio-economic strata. (pp. 15-16)

The proportion of African, Indian and 'mixed' families among CBR coastland clientele - 11:15:4 - are very much what would be found in the general population... the programme is therefore found to be highly effective in reaching a representative cross-section of the population, ethnically speaking. The above figures for ethnicity are echoed in the proportions of Christians and non-Christians ... but as with volunteers, a marked under representation of Muslim families is noted. (p. 16)

Two thirds of the children served by the programme are under 10... the most commonly occurring single impairments were hearing and speech impairments, followed by specific deformities of limbs or extremities not related to more general or complex impairment, and by Down's syndrome... In only seven cases out of the thirty families covered by coastland parent questionnaire had the family either sought or received any help or intervention before CBR. (p. 17)

The kind and degree of changes observed in the children, and the precise significance of those changes, will obviously depend upon the kind and degree of impairment(s), as well as upon the chronological or developmental age of the child, the length of the intervention period, the quality of the volunteer, and the responsiveness of the family; so that it is difficult to generalise about the changes - except to say that there were observed changes in virtually all cases, often of a most dramatic and decisive kind... We find the ability now to perform basic personal functions which improve self-esteem and relieve the burden on other members of the family: to bathe themselves, to dress themselves, to groom themselves, to feed themselves, and to use the toilet by themselves. (p. 21)

(In Rupununi) Some difficulties have been experienced in the formation of teams and in getting their work started; but in other cases, encouraging results have already been recorded, in terms of parents who had not previously done so, bringing their disabled children to clinics, ameliorations being effected in some disabled children and enthusiastic community responses ... (p. 36)

A Decade of Hopeful Steps in Guyana - A participatory, comprehensive evaluation of the CBR programme in Guyana (Hoffmans T. & De Roos V., 1995)

The quality of training is generally rated high by the volunteers... with the use of locally produced training materials, over a thousand people have been trained by the programme. The background variables of families who are participating in the CBR programme are an

exact representation of the average Guyanese population. From the evaluation, it appears that most of the parents have noticed positive changes in their disabled child as well as in themselves as a result of the programme...When looking in the areas where CBR is implemented then the coverage is about 9%, which is not very high. A reason for the low coverage can be due to the fact that the preliminary focus of CBR was on children, whereas most of PWDs in Guyana (70%) are older than 15... The programme has catalysed the establishment of several "disabled people organisations" and provides benefits for able bodied persons. Also, the programme receives support from several Governmental and Non Governmental organisations. (p. iv-v)

A key element of the CBR programme in Guyana are the resource centres. Each coastal area has one or more resource centres, which are run by the regional CBR committees. Most of these units are situated in a village school, which has been made available for training sessions, meetings, and as a resource centre for the programme... In the Rupununi region of the southern interior the programme attempts to develop a wider range of services related to child-development in general... Workshops have been conducted to provide a basic introductory training for volunteers and other members of the communities which is similar to the training sessions on the coastlines, but embrace a wider range of topics, such as literacy, numeracy, nutrition, parenting, family budgeting and community development... the training is under the auspices of IACE. (pp. 16-17)

In 1996, the project was active in five geographical areas (Berbice, East Coast Demerara, East Bank Demerara, Essequibo and Rupununi) with 286 parents of disabled children, 267 volunteers and 15 regional coordinators. (p. 29)

For many parents (30%) an important merit of the CBR was that they learned how to cope with their PWD (person with disability)... About a quarter (28%) of the parents said that they learned to accept their PWD.. Eighteen percent said that they now know how to help their child. (p. 47)

Many parents (34%) believe that their child can become more independent than would have been possible when it had not participated in the programme. Another change is that 30% of the mothers realise that their child has abilities. Some mothers mentioned that their child can do schoolwork (11%) and home work now (8%). According to 22% of the mothers, their ideas of what their child is capable of doing have not changed. (p. 48)

During the evaluation, percentages of persons with different disabilities benefiting from the CBR programme was calculated and showed the following distribution: movement (21%), visual (4%), speech & hearing (33%), learning (11%), convulsions (2%) and multiple (30%). (p. 66)

More than one-third parents answered that the attitudes of the community towards the PWDs has changed. .. It was also noticed by 26% of the parents that there is more contact and communication between PWDs and the community. A number of parents (12%) mentioned that the community is more willing to assist the parents with their PWD. A third (34%) has not noticed any changes in the community. (p. 72)

The regional coordinators gave various examples of the impact of the CBR programme has on the wider community. For example, the impact is also evident from the wider developmental role it has within the community. Several Disabled People's Organisations (DPOs) have recently been established... These DPOs evolved out of CBR, and look at the needs and rights, and serve as a meeting place, for adult disabled persons. Also the SCOPE

Women group has evolved out of CBR. This group aims at creating awareness of the rights of PWDs. Another effect of CBR is that the Community Health Workers and teachers are now more aware of PWDs, and have increased the level of commitment to their work with PWDs. (p. 73).

It is remarkable that almost all the volunteers are female... in contrast to the families who represent the Guyanese society, the volunteers are most of the time Africans and adhere to Christian faith. The question here is: what does it matter? Maybe it is an aspect related to the culture. The authors believe it is more important that the people who are to be reached (the PWDs and their families) are a cross-section of the society than the people who bring about the change (the volunteers). (p. 90)

During conversations it became clear that a lot of volunteers formerly thought that they could not mean anything to the society, they mentioned things like, "I was just a housewife, now I know that I have qualities and can really mean something for the people in one way or another." So CBR did not just "use" the volunteer as a medium but made a tremendous impact on the community (volunteers) as well. (p. 90)

The collaboration with the University of Guyana and Ministry of Health has led to several training programmes for health workers, doctors and teachers. By means of these training programmes doctors, health workers and teachers will be more aware of PWDs in their community and in their work, they will know how to deal with PWDs and how to offer appropriate help. (p. 99)

Until now 401 disabled children have been reached, which is four times as much as was aimed for in 1991... there are about 12,000 PWDs living in Guyana; considering the fact that the focus is only on children (this group accounts for 30% of total number of PWDs), CBR has reached about 11% of the total disabled children. (p. 110)

Strengthening of rehabilitation services in Guyana - A participatory evaluation (Schneider E., 2002)

In the context of Guyanese society and the social discrimination toward people with disabilities, the Vocational Training Centre (VTC) provides an example of the capabilities of people with disabilities and has a positive effect of impacting social consciousness and awareness. This was acknowledged by all counterparts – the Ministry of Health and all personnel of the VTC. (p. 6)

Rehabilitation Assistants (RAs) are Guyana's creative response to meet the challenge of strengthening and expanding the quality, range and accessibility of rehabilitation services by providing trained health workers in the areas of physical, occupational and speech therapy. They function as multi-disciplinary technicians at secondary and tertiary level health services, and can provide training, education and referral support to community level activities. (p. 15)

A short course in fundamental principles of rehabilitation medicine was carried out in 2001. It was a four week course designed to provide general medicine physicians and other health workers with the rehabilitation principles for traumatic brain injury, stroke, spinal cord injury, and amputations... Dr. Newman's course established a multidisciplinary team to improve referrals. The course also taught new techniques and treatment for early weight bearing in lower extremity amputations which is associated with better prosthetic

outcomes. It also identified ways to treat and prevent such problems as bedsores which occur frequently in the hospital setting. (p. 21-22)

The six month upgrading course on speech therapy and occupational therapy for rehabilitation assistants took place in 2002... The impact of the course in occupational and speech therapy for rehabilitation assistants is very concrete. There is now speech therapy available in a number of different regions which clearly has an impact on the quality of services. There are kits for speech training, resource manuals, and other materials available in each region. (pp. 21-22)

On the national level, there are nine members of the NCBRC Board. There are five ordinary members who are persons with disabilities or family members; and four supporting members, who are community members who are supportive of the objectives of the organization. The ordinary and supporting members are elected annually to sit on the board by the CBR Regional Commissions. As such the majority of persons on the Board are persons with disabilities and their family members... In addition, the structure includes the National Advisor to the CBR programme, Geraldine Maison-Halls. (p. 24) There appears to be a strong relationship between the regional CBR and committees and disabled person and their families.(p. 30)

A major accomplishment in this period of the project is the reappearance, after an absence of three years, of the CBR quarterly Newsletter called "Hopeful Steps" which is edited and produced by persons with disabilities. It serves as an important forum for information, networking and highlighting the accomplishments and activities of the different program components of CBR. (p. 26)

Disabled persons organisations (DPOs) in general acknowledge that they have emerged from the CBR program experience and structure, but are now moving to a greater level of autonomy. The mechanism in place thus far is that the DPOs conceive, create and implement local projects with the technical assistance, training and funding from the NCBRC once the proposal is approved. This has permitted a level of advancement and development that is recognized and appreciated by the DPOs, but is still based on an affiliated status with the CBR rather than an autonomous status. (p. 34)

In Essequibo the DPO has about 70 members with varied disabilities... In Berbice, there are about 100 members. In East Coast Demerara there are about 35 members. (p. 35)

Evaluation of CBR Component of the project "Strengthening of Rehabilitation Services in Guyana (Gordon S.J., 2003)

(In **Essequibo** coast, region 2) Two PWD's from this region were granted scholarships and successfully completed their studies. Both of whom have been given the opportunity to utilise their skills, the young man did woodworking and the RCBRC organized several training sessions at which he was the resource person. The other person did two programmes simultaneously – Food Preparation and Garment Construction. She has established a business through the credit scheme. School aged children with disabilities attend regular schools, and volunteers visit schools to sensitize the children about providing support to children with disabilities in their school. The volunteers also visit parents to encourage those who are reluctant to send their children to regular school. (p. 7)

The RCBRC receives fair support from agencies within the Region such as the Regional Administration, who would provide transportation and other skills whenever called upon.

Similarly other agencies e.g. churches, service organisations and the business community would assist when requested, but no attempt has been made to create permanent partnerships with other organisations and groups in the Region. (p. 9)

(In region 3, **West Demerara**) 12 schools are involved in a pilot project to mainstream children with disabilities, the committee has embarked on a series of activities to ensure the smooth implementation of the project. Activities undertaken for the inclusive education, by the committee members, volunteers and coordinator include sensitisation of school teachers at the pilot schools, sensitisation of school children, presentations at PTA meetings to encourage parents to work with their children to accept those who are differently able. (p. 14)

Parents of children with disabilities also indicated a number of positive aspects of the programmes. One parent said that her child now uses her foot to write and colour, and she now makes signs to draw your attention since coming to the Center; another parent said that she is now able to go out and leave her child with other persons, which she could not do before. (p. 15)

The East Bank Regional CBR Committee is intended to cover the entire East Bank of Demerara as far as Moblissa, which is a distance of over 50 miles... The East Bank, Region 4 Community Rehabilitation Committee services 61 persons with disabilities, 34 of whom are young adults between the ages 16-35... It is apparent that this RCBRC has many problems in terms of its management. During the focus group discussion, there was considerable dissent and contradiction, in fact one of the participants was very outspoken and said there has to be more cooperation between members of the committee, coordinators and volunteers. Her comments were confirmed by most of the key informants interviewed. Their comments included – lack of consultation among committee members, no cooperation, persons are not allowed to speak freely. (p. 18)

Persons with Disabilities have expressed positive feelings about the CBR programme, according to them it has provided them with new skills, to access loans for self improvement, the opportunity to socialise and has helped them to recognise that they are not the only one with a disability. (p. 21)

(In region 5, west Berbice) there are approximately 150 PWD's registered with this committee with 40 volunteers, 4 of whom were trained in 1997, and thirty six persons completed their training as volunteers in 2002. The RCBRC is managed by a committee of 9 persons and a Regional Coordinator. The committee's responsibility is to plan programmes while the Regional Coordinator is responsible for overseeing the implementation of the programmes. The volunteers teach children with disabilities, working with DPO's to reduce 'shut' in behaviour. The Committee has not outlined specific activities for volunteers and as a result, the volunteers only attend meetings and are not motivated. (p. 27)

The group operates a Resource Unit in temporary facilities at Lovely Lass but they have acquired a plot of land and they are hoping to acquire funds from SIMAP for the construction of the Resource Centre. The present building is located a fair distance from the public road and persons in wheel chairs cannot get across the bridge. To compound this problem, most of the disabilities in this region are associated with movement, so as can be expected, the major problem facing PWD's is transportation, since many of them have no source of income and in addition, many buses do not take them. For these reasons, attendance at the Resource Centre is low. (p. 28)

The PWD's interviewed indicated that they have benefited from CBR in many ways, they are better able to socialise with other people, the opportunity to obtain loans, and they have been able to attend training courses. They would however wish access to aids such as walkers, spectacles. Members of the community interviewed had heard about CBR through the television and the "grapevine", but did not know about the Resource Center. They all suggested that the RCBRC should have sensitisation sessions and workshops in the community, not only to make more community members aware of CBR, but to encourage more persons to become involved. (p. 29)

(In region 6, east Berbice) the Resource Centre also serves as a "sitter" for adults with disabilities because it operates daily. At the Resource Centre, there are 2 volunteers who provide academic sessions for 20 children who have disabilities. One day each week, there are parent education sessions, at which they are taught craft, and have educational sessions through talks and videos. The Centre also provides Literacy and Numeracy training for members of DPO's and Parents of children with Disabilities. Therapy sessions are also provided by the Rehabilitation Assistant in the area. (p. 31)

(In region 9, Rupununi), one view of the present operation of CBR is that there are no visits, guidance or activities since the departure of persons such as Dr. Aidun, Dr O'Toole, the Dutch volunteers and Juliet Solomon. The other group was of the view that the persons of Region 9 would now have the opportunity to be more involved in the decision making and therefore have little need to depend on other persons to plan activities for them or give them directions. (p. 38)

The South Central Sub District includes Sand Creek, Potarinou and Shulinab. It has a facilitator and three committee members who lead small CBR groups in each village. There are 12 persons with Disabilities in this Sub District and has approximately 18 support persons including 11 volunteers, most of whom have not been trained. In this area, there is considerable involvement of health workers, probably due to the fact that the facilitator is a health worker. (p. 40)

CBR activities in the Rupununi seem to have come to a complete halt. Much of the energy seems focussed on griping about the problem with the vehicle. Training activities, though they may include Persons with Disabilities are for the general public. The RCBRC does not meet as often as it should and though facilitators may have been trained as volunteers, they have had no training as facilitators, and consequently, some of them seem unsure of their responsibilities and role and because many of the present facilitators were CBR members during the period when there were full time CBR coordinators, they expect that the same structure and functions apply. (p. 42)

Guyana CBR Programme, Annual report 2003

There was disappointment in terms of the limited number of applications for new loans, however, there was a noticeable increase in the level of repayments during 2003. Efforts will be intensified in 2004, to increase the number of applications for new loans and to broaden the range of the micro-enterprises. (p. 7)

As a follow-up to efforts made over the past few years, a more structured plan was put in place to facilitate the development of an autonomous Disabled People Organisation. The representatives at the meetings were tasked with the responsibility of increasing the

membership at the local level. It was felt that as the numbers increased, it would then set the stage for the establishment of a strong and effective national network of DPOs. Meetings were held on a quarterly basis to allow persons with disabilities to share and discuss issues that affected them, identify common strategies to deal with the issues and to work towards the formation of a National Disabled People Organisation.. A steering committee was elected to do the preparatory work for the establishment of the National DPO. A draft document was produced with the philosophy, goal and objectives of a national DPO movement and a constitution was drafted. (p. 6)

The launching of the National DPO Network is a major achievement of persons with disabilities and much credit should be given to Patsy Mally for her determination in getting the Network established. Capacity building of the local and national committee will need to be continued so that the DPOs can become strong self advocacy groups. There is need for continuing dialogue between the GCBRP and the DPO Network, so that roles and responsibilities can be clarified and conflict situations minimized. (p. 7)

The analysis revealed that each regional CBR committee is a unique organisation, with some similarities and common problems. However, one issue has been highlighted, that despite the fact that the national CBR programme has coordinated the development of a vision, goals and objectives, these guidelines seem not to have been communicated effectively to the other stakeholders involved in the CBR in the regions or to have been internalised by the RCBRCs members who were involved in the creation of the vision. (p. 21)

Programme of Visits

- October 23 Arrival in Georgetown
First meeting with Ms. Geraldine Mason Halls, national advisor of GCBRP & Ms. Patricia Thomas (Treasurer, National GCBR Committee)
- October 24 Second meeting with Ms. Geraldine Mason Halls, national advisor of GCBRP
Ms. Patricia Thomas, treasurer GCBR national committee and office staff of GCBRP
Meeting with VSO volunteers Sarah (medical rehabilitation) and Jim (advocacy)
Mr. Francis Glasgow, Acting Director, Institute of Distance & Continuing Education (IACE)
Ms. Evelyn Hamilton, Chairperson, National Commission on Disability (NCD) & Head of Planning Dept. Ministry of Education
Ms. Inge Groenewegen, Disability Programme Manager, Volunteer Service Overseas (VSO)
Mr. Leon Walcott, journalist, editor of CBR News
- October 25 Visit to Essequibo (Region 3) – visits in Saddle, Anna Regina & Queentown; meetings with coordinators of CBR programme, new volunteers, old volunteers, persons with disabilities, parents, regional administration, regional development council, social services, home visits (Ms. Morny Brandon, Ms. Orsilla Wilson, Ms. Carol Weithers, Mr. Reccardo Banwarie, Mr. Ali Bachs, Mr. Ariel, Mr. Jainarain Lal, Mr. Sahadeo, Ms. Purnawati, Ms. Carmen, Mr. Weasley, Ms. Dana, Ms. Paulette Dainty, Mr. Lloyd Lewis, Mr. Paul, Mr. Andy de Silva, Mr. Dhaniram Singh and others)
- October 26 Visit to Open Doors vocational training centre, meeting with Mr. Arthur Lewis (Director)
Meeting with Ms. Barbara Lawrence, Director, National Rehabilitation Services
Meeting with Dr. Leslie Ramasammy, Minister of Health
Meeting with Dr. Hedwig Goede, Health Systems & Services Advisor, Pan American Health Organisation (PAHO)
Meeting with Ms. Karen Halls, programme officer, National Disability Commission
Meeting with Mr. Emmanuel Goring, expert, European Union
Visit to West Bank Demerara CBR Programme (Region 2) – meeting with coordinators, volunteers, persons with disabilities and parents at the resource unit in Bagotville (Ms. Audrey Hunte, Ms. Kay Henry, Ms. Hazel Agard, Mr. Coleridge Delph, Mr. Joe Singh, Ms. Sharon, Ms. Donna, Ms. Samantha, Ms. Tanya, Mr. Shahzar, Ms. Sattar Mohamed, Ms. Merle, Mr. Derek and others)
- October 27 Meeting with Ms. Garlandine Mason Halls, National Advisor GCBRP
Visit to USAID office and meeting with Mr. Hubert Robertson (Grants, Monitoring & Evaluation), Ms. Gloria Richards Johnson (Deputy Chief), Ms. Daune Pratt (Civil Society)
Meeting with Ms. Sarah Bienemann, Occupational Therapist, VSO volunteer
Visit to Diamond Community Centre and CBR resource unit in East Bank Demerara (Region 4) and meeting with coordinators, volunteers, persons with disabilities, parents, DPO representatives (Ms. Harmonica Walcott, Ms. Jeane Danny, Mr. Learoup Rupert, Mr. David Burnett, Mr. Philippe Carris, Ms. Gayatri Devi, Ms. Jocelyn Moore, Mr. Robert Pits, Ms. Sharon Harris,

- Ms. Donna, Ms. Patricia Thomas, Ms. Ruth and others)
 Visit to CBR resource unit in Kuru Kururu and meeting with coordinators, volunteers, persons with disabilities, parents (Ms. Yvonne Smith, Ms. Ingrid Frank, Ms. Pam Smith, Mr. Anthony Bascom, Ms. Easther Bascom, Mr. Vishnu, Mr. Winston Swapan and others)
- October 28 Visit to CBR programme in West Coast Berbice (region 5) – home visits to persons with disabilities (Ms. Darshini, Maurice Daniels, Thiona Merey, Ms. Alexander & Mr.Lloyd), visit to CBR recourse unit at community centre Lovely Lass and meeting with coordinators, old volunteers, group of new volunteers, persons with disabilities, parents, president of DPO and rehabilitation assistant (Ms. Gloria Lindo, Ms. Iris Cully, Ms.Lalita, Mr. Banarasi, Ms. Sheling, Ms. Elisabeth, Ms. Wandara, Ms. Rohini, Mr. Chandrapaul, Mr. Ramnauth, Ms. Veronica, Ms. Evelyn, Mr.Mark Archibel Ms. Sharon, and others)
- October 29 Rest
- October 30 Journey to Lethem – Rupununi (Region 9), meeting with Mr. Jude Isaac, coordinator at Sandcreek, visit to Lethem hospital and meeting with Dr Aidoun
- October 31 Journey to Potarinau village, visits to nursery and school, meeting with disabled children in the school, meeting with teachers (Ms. Julie Thomas, Ms.Jane Rodrigues, Ms.Nita Isaac, Ms. Forna Isaac, Ms. Mary Anne, Mr. Ciril, Mr. Generis and others); journey to Sandcreek village, meeting with Tushaw (village head), meeting with persons with disabilities and parents at the Sandcreek hospital (Ms. Marvis, Ms.Mary, Ms. Wiannicia Winters, Mr. Ernstein Spencer, Mr. Dixon Spencer, and others), journey back to Lethem
- November 1 Discussions with Mr. Terrence Dhamy (coordinator income generation activities National GCBRP)
 Journey Lethem to Georgetown
- November 2 Meeting with Ms. Janice Jackson, trainer and member of Circle of Friends of CBR
 Meeting with Ms. Leila Eastman, Administrator, GCBRP office
 Visit to CBR programme in East Coast – visit to a nursery school and meeting with headmistress (an old ex-volunteer of CBR); meeting with Ms. Doodhmattie Singh, regional education officer; visit to another nursery school, meeting with headmistress Ms. Ionie Chattoor (also CBR coordinator), meetings with disabled children and parents (Ms. Nirmala Praseud, Mr. Balmitra Dharmalingam, Mr. Haresh Ryan, Mr.Kishen Randael, Mr. Dennis Masalamani and others); visit to East Coast hospital and meeting with Dr. Leslie Carter and nurse Jean Frasier; visit to Ms.Patricia Williams at Leonard Cheshire Home, member of DPO; home visit to Ms. Jennifer Summers, beneficiary of loan for chicken rearing; visit to East Coast resource centre and meeting with coordinators, volunteers, DPO representatives, disabled persons, parents (Ms. Shirley Singh, Ms. Patricia Malay, Mr. Shelton, Ms. Mabel, Mr. Himal, Ms. Nicola Alichand, Mr. Providence, and others); visit to new volunteers training programme and meeting with students (Indrani Shahav, Amba, Jocelyn, Michael Pastor, Nina Bacchus, Norma, Stanely and others).
- November 3 Visit to CBR programme in New Amsterdam and Corentyne (Region 6), meeting with Natalie Ramotar, teacher for deaf children and trainer for CBR; home visits to persons with disabilities (Luk Ram, Charles Sanders, Shalini, Parvati and Joel Mandal); visit to resource unit of Corentyne and meeting with coordinators, volunteers, rehabilitation assistant, persons with

disabilities, parents, representatives of DPO, teacher for literacy unit (Ms. Norma Cummings, Ms. Sharon, Mr. Andrew, Mr. Berty, Ms. Carmen Davis, Ms. Jane, Ms. Myrna Trotman, Ms. Meylene Welch, Mr. Rod and others).

- November 4 Meeting with the National Committee of GCBRP
- November 5 Final meeting with Ms. Geraldine Mason Halls, National Advisor of GCBRP and Mr. Gregory Glasgow, President of National Committee of GCBRP
- November 6 Departure from Georgetown
- November 7 Arrival in Bologna and end of mission

Map of Guyana and Places Visited during Impact Assessment



		CBR ACTIVITIES REPORTING FORM									
		Project Number	Project Name/Country	Year							
		3.24.90.02	GUYANA	2006							
TOTAL POPULATION COVERED BY PROJECT:											
2. PERSONS WORKING FOR CBR ACTIVITIES AT COMMUNITY LEVEL											
			M	F	TOTAL						
2.1 Disabled persons or family members as community volunteers			12	16							
2.2 Other community volunteers			15	72							
2.3 Community Health workers			9	36							
2.4 Local schools teachers			15	45							
2.5 Social workers			1	6							
2.6 Doctors, nurses, physiotherapist and other professionals			2	15							
2.7 Other community level workers			2	9							
TOTAL			56	199	255						
3. ALL DISABLED PERSONS DIRECTLY BENEFITING FROM THE PROJECT ACTIVITIES											
Type of Impairment	Children				Young Adults		Adults		TOTAL		GRAND TOTAL
	Age 0-5 Yrs.		Age 6-15 Yrs.		Age 16-35 Yrs.		Age +36 Yrs.		M	F	
	M	F	M	F	M	F	M	F	M	F	
Visual	5	6	3	5	0	0	19	21	27	31	58
Hearing & Speech	8	9	11	9	27	33	9	11	55	62	117
Physical	7	8	6	7	15	15	41	50	69	80	149
Leprosy											
Convulsions											
Mental illness											
Intellectual	6	9	5	6	12	17	19	17	42	49	91
Multiple/others	7	8	5	5	11	7	13	16	38	34	70
TOTAL	33	38	30	32	65	72	101	115	229	256	485

Terms of Reference for Impact Assessment

AIFO/Italy came in contact with Guyana CBR programme in 1989 and the first collaboration started in 1990. In this period, twice the project received co-funding from European Commission, while in the remaining periods, AIFO's support to CBR programme came exclusively through its own resources.

Over the past decade and a half, CBR programme in Guyana has received lot of recognition at international level. The programme had been object of different studies, verifications and evaluation visits. Programme run initially under National Committee of Rehabilitation was taken by Guyana CBR Committee. Programme is also characterised by varying degrees of collaboration with Government of Guyana for some specific activities.

Considering this long collaboration, the Board of Directors of AIFO has asked it to carry out a visit for assessing the impact of Guyana CBR programme focusing on its achievements. At the same time, the visit should provide indications about future directions of collaboration with AIFO.

For this purpose a mission of Dr Sunil Deepak from the Scientific Activities department of AIFO/Italy is planned in Guyana for a period of two weeks in October 2006 (probably from 8 to 22 October 2006).

Issues for the visit of Dr Deepak

Dr Deepak's visit will focus on four main areas:

- Impact of CBR programme on persons with disabilities and their families - This will look at number of persons who have benefited from the CBR programme in the past decade and a half, kind of persons who have benefited, their socioeconomic status, their kinds of disabilities, severity of disabilities, kinds of benefits received, etc. This will be done by looking at project reports, records and registers, kind of data collected by GCBRC, meetings with disabled persons (adolescents and adults), meetings with parents of disabled children.
- Impact of CBR programme on the communities - this aspect would be useful to know the opinions of volunteers, community leaders, authorities, schools, partners, etc. about impact of CBR programme.
- Impact of GCBRC - what kind of organisation is GCBRC, how do its partners in Guyana see it, how vital, robust and participatory it is, where does it see itself going, etc.
- What are views o stakeholders of Guyana CBR programme about its future directions of development.