

Strengths, Weaknesses, Opportunities & Threats (SWOT) in CBR

Dr. Sunil Deepak

I have been asked to present a SWOT analysis of CBR in terms of its strengths, weaknesses and the opportunities and threats that it faces.

Italian Association Amici di Raoul Follereau (**AIFO**) is involved in CBR projects and programmes at different levels and with a variety of national counterparts in a number of countries since 1988. For making this presentation, I looked at the SWOT reports of some of these programme-evaluations carried out in AIFO supported CBR programmes during the past few years. AIFO's vision of CBR was shaped initially by technical support given by DAR/WHO in planning these CBR programmes and over the past few years, this has been strongly influenced by ideas of participation and community empowerment. Thus my presentation reflects the ideas of this particular vision of CBR.

While looking at the SWOT reports, I felt that it was not possible to look separately at strengths, weaknesses, opportunities and threats, also because often the same key issues were at times, strengths, at other times weakness, some times opportunities, some times threats, appearing as different sides of the same coin. So I am going to briefly touch some of the issues that appear frequently in the SWOT reports. In my presentation, I would also touch on some personal considerations about CBR.

Issues related to **Volunteers** are the most frequent in all SWOT reports. Some times the word "volunteer" refers also to disabled persons themselves and to their family members. Volunteers are considered central point of some programmes, and whole programmes are built around them. Yet their roles may be poorly understood, their work remains limited in anecdotal reports. Concerns about salaries and paid staff versus unpaid volunteers, fears of exploitation of unemployed poor youth used as volunteers on one hand and CBR programmes seen as source of free training and career advancement are raised some times. Continuous training needs for volunteers and their quick turn over are other issues related to volunteers.

Discussions regarding roles, participation and control of **disabled persons** in the CBR process are equally common in SWOT analysis of CBR programmes. Persons with disabilities playing an active role in management of CBR programmes, CBR programmes promoting and strengthening organisations of disabled persons are both important in terms of strengths and opportunities. Concerns about CBR programmes using resources inappropriately so that these do not reach disabled persons, and CBR programmes seen exclusively as source of rehabilitation intervention may be perceived as weaknesses and threats.

Role of community workers, meaning paid governmental staff in CBR programmes is very important for some of the bigger CBR programmes run by Governments. This refers especially to community health workers and school teachers. They can play an important role in scaling up of CBR programmes so that CBR does not remain a pilot process covering small areas. Their participation is important in terms of long term sustainability of CBR and creating referral links with other Governmental institutions and programmes. However, discussions on weaknesses and threats raise issues such as their lack of time, overwork, low salaries, lack of interest etc. Some reports note a contradiction between aims of promoting community ownership and participation through the bureaucratic functioning of governmental systems.

Concerns about lack of access of CBR programmes to some **specific groups of persons with disabilities** can be common. Some programmes focus only on one particular group of disabilities. Some programmes have difficulties in including some specific groups like persons with hearing disabilities, persons with intellectual disabilities, persons with epilepsy, leprosy affected persons, persons with mental illness, etc. However, the “difficult” groups are not the same in different CBR programmes and some CBR programmes do work with these same groups. The kind of disabilities taken by CBR programme seems to depend upon the skills and perceptions of persons involved in individual programmes. Donors also influence these. On the other hand, almost all programmes have difficulties in reaching some specific groups such as very poor communities, minority communities, persons with severe or multiple disabilities, etc. On the other hand, all these programmes were found to be much more aware about gender issues, many of them promoting and facilitating access to girls and women with disabilities.

Multi-sectoral approach is another key problem area. Almost everyone agrees that in principle multi-sectoral approach is fundamental to success of CBR. Yet, almost all programmes face lot of difficulties in putting it into practice. Donor influence and actual or perceived skills of organisation managing CBR influence decisions about kind of activities that CBR programmes can engage in. Difficulties in inter-ministerial collaboration is another key aspect of this, so that multisectoral committees may remain only on paper, especially at national and sub-national levels, while collaboration seems much easier at peripheral levels.

Resource centres, meaning physical structures at community level where persons involved in CBR can meet and organise activities seem to be important for many CBR programmes. In terms of weaknesses and threats, these may be linked to fears of replicating institutional rehabilitation approaches, or, these may assume disproportionate importance to the exclusion of other important aspects of CBR activities. On the other hand, in terms of strengths and opportunities many CBR programmes consider these as central to success of CBR as these are perceived as neutral places, communities can provide spaces for resource centre and thus assume ownership of CBR and these contribute to cohesiveness of different stake-holders.

These were some of issues that were raised frequently in SWOT analysis of CBR programme evaluations of AIFO supported programmes. Now I would like to make some **personal considerations**.

I feel that among the different organisations, institutions and persons involved in CBR there are very **different visions and understandings** of meaning of different concepts and ideas linked to CBR. One example of this difference is looking at CBR as a model for delivery of different rehabilitation services or looking at it in terms of human rights approach for promoting empowerment. I think that these differences in visions and understandings need to be acknowledged and accepted. No one side seems able to completely convince and convert the other side.

One such example of these different understandings is the **meaning given to “community”** in CBR. For many, this refers to geographical and administrative area with its political authorities, institutions and structures. Opposed to this is the idea of grass-roots idea of community as group of persons, sharing culture, common history and interests that provide mutual support to each other. Some call it the romanticised idea of community. Some times these are perceived by CBR planners or/either conditions, so that if you accept one view of community, you automatically negate the other view. The way whole programmes are shaped and planned may reflect the underlying viewpoint of planners. I would rather argue for multiple, dynamic, context specific understandings rather than fixed either/or conditions. For example, in terms of understanding of “community”, I

Presentation by Dr. S. Deepak at WHO/DAR meeting “Development of guidelines for strengthening CBR”, Geneva, 1-2 November 2004 (Final version)

would argue that depending upon the kind of activities, one or the other definition of communities may be applied.

Another personal consideration is on **location of CBR**. On one hand when we talk of CBR, we talk of mainstreaming, integration and inclusion, etc. We say that CBR is part of community development. Yet, CBR programmes are often completely cut from other activities of the communities and perceived as needing support of specific CBR experts and professionals. Again, I believe that CBR has much to gain from closer links to persons, organisations and programmes involved in other community activities.

Here I would give one example – the **Capability Approach**, that is an economics theory proposed by Mr. Amartya Sen. In Capability approach, Sen elaborates on potential and actual capabilities and functionings “to be” and “to do”. Space of freedom is a very useful concept in this approach, meant as freedom to make choices available to human beings and can be seen as a tool for promoting equity and social justice to different groups, including to persons with disabilities. Prof. Martha Nussbaum, a philosopher, starting from Capability approach has looked fundamental capabilities that are necessary for human dignity. There is much more to capability approach and it is not possible to go into all the details now, but I believe that it is important for practitioners of CBR to look at developments occurring in other areas related to community level work such as these and use them for critically looking at our ideas of CBR.

In conclusion, I think that important understandings of what CBR is, what it can achieve, how to promote it, how to strengthen it, have been reached. Yet, we do need to critically look at the some of the basic concepts and ideas of CBR, especially to acknowledge the different visions and understandings that exist for forging a more complex and dynamic conceptual basis of CBR, that links with developments in other fields, especially those related to community development.

Thank you.

Dr. Sunil Deepak
Medical Director
AIFO
Via Borselli 4-6
40135 Bologna, Italy
Tel: +39051-433402
Fax: +39051-434046
Email: sunil.deepak@aifo.it
Webpage : <http://www.aifo.it/english/index.htm>