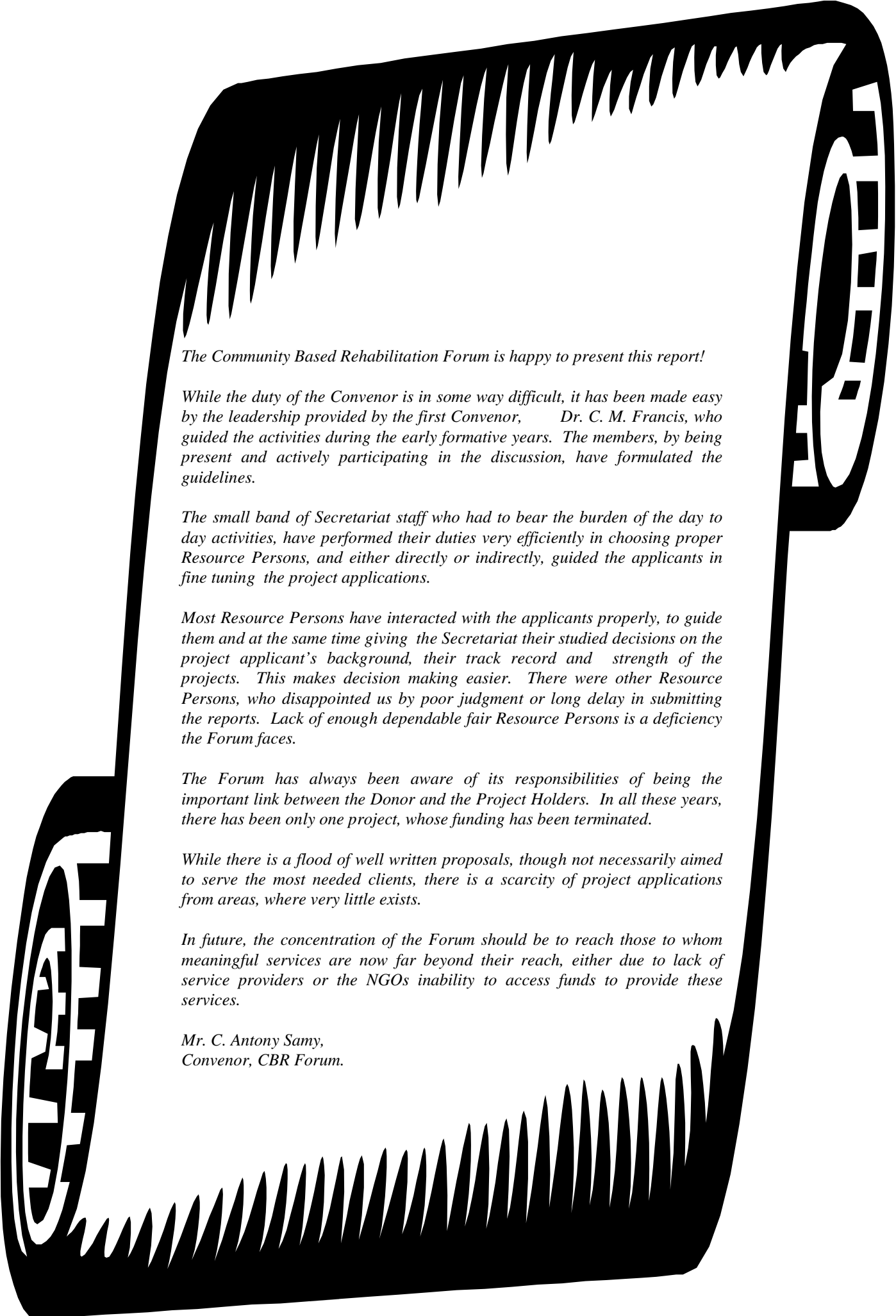


CBR Forum

Annual Report

1999 - 2000



The Community Based Rehabilitation Forum is happy to present this report!

While the duty of the Convenor is in some way difficult, it has been made easy by the leadership provided by the first Convenor, Dr. C. M. Francis, who guided the activities during the early formative years. The members, by being present and actively participating in the discussion, have formulated the guidelines.

The small band of Secretariat staff who had to bear the burden of the day to day activities, have performed their duties very efficiently in choosing proper Resource Persons, and either directly or indirectly, guided the applicants in fine tuning the project applications.

Most Resource Persons have interacted with the applicants properly, to guide them and at the same time giving the Secretariat their studied decisions on the project applicant's background, their track record and strength of the projects. This makes decision making easier. There were other Resource Persons, who disappointed us by poor judgment or long delay in submitting the reports. Lack of enough dependable fair Resource Persons is a deficiency the Forum faces.

The Forum has always been aware of its responsibilities of being the important link between the Donor and the Project Holders. In all these years, there has been only one project, whose funding has been terminated.

While there is a flood of well written proposals, though not necessarily aimed to serve the most needed clients, there is a scarcity of project applications from areas, where very little exists.

In future, the concentration of the Forum should be to reach those to whom meaningful services are now far beyond their reach, either due to lack of service providers or the NGOs inability to access funds to provide these services.

*Mr. C. Antony Samy,
Convenor, CBR Forum.*

A word on CBR Forum :

Board Meetings :

The Board of CBR Forum met on 3 occasions :

- ↪ 03 - 04 August 1999 at *Ashirvad*, Bangalore,
- ↪ 18 -19 November at *CBR Forum Secretariat*, Bangalore and
- ↪ 01 - 02 March at *Blind People's Association (India)*, Ahmedabad.

Changes in Board Members.

The Convenor, Dr. C. M. Francis was replaced by Mr. C. Antony Samy. Dr. C. M. Francis made tremendous contributions to the Secretariat and the Forum during his tenure.

New members Dr. Nandini Rawal, Ms. Sangeeta J. K., Ms. N. S. Hema, and Dr. D. K. Menon have been included in the Board in place of outgoing members.

New Member in Secretariat Staff :

Mr. D. Shyam Sunder joined the staff as Programme Assistant on 10 May 1999 bringing into the Secretariat fresh blood.

Networking:

Meetings of the three Fora:

The *Functional Vocational Training Forum* at Bangalore, *National Education Group* at Delhi and *Community Based Rehabilitation Forum* met on two occasions : 28 April 1999 at Seva Kendra, Calcutta and 17 Nov 1999 at NBCLC, Bangalore. These Fora meet twice a year to acquaint themselves with the workings of the other Fora, to address issues together and to plan for better collaboration.

Creating Links:

In a unique endeavour, the Forum called for a meeting of the NGOs of Kanyakumari District on 11 December 1999 and invited them to plan out a comprehensive strategy for the community based rehabilitation of Persons with Disabilities in the area. The *Kanyakumari District Development Network* took up the challenge and worked out plans for the same.

Moving towards comprehensive CBR Programmes:

Applicants have been invited over the past year to consider training their staff so as to facilitate the following activities in view of promoting the Community Based Rehabilitation of Persons with Disabilities : community awareness and participation, prevention, advocacy, education of children and the formation of self help groups of Persons with Disabilities. The formation of self help groups, in particular, is thought of as a means of promoting the sustainability of the programme. In all cases they are invited to work along with Government agencies and existing NGOs and Institutions to “bring the services to the people”.

Training :

Training Programme for Project Partners and others:

Some Project Partners were invited to the CBR Forum Secretariat for training in the process of planning out a CBR Programme effectively. In addition training sessions were held for Project Partners of the Southern and Northern Region on Planning, Monitoring, Problem Solving and Reporting. The same were conducted on 15 - 16 September 1999 and 26 - 27 October 1999 at Bangalore and Delhi respectively. Both these Workshops were animated by Mr. Nicholas Guia Rebelo and Mr. D. Shyam Sunder. Twenty-Five Partners were represented at the above Workshops.

Promotional Activities :

With the view of *creating awareness* of the need for CBR of Persons with disabilities and *disseminating knowledge* about the content of a CBR Programme the Forum conducted two day workshops for heads of organizations of the southern and northern region. These were conducted on 14 - 15 October and 28 - 29 October 1999 at Bangalore and Delhi respectively. While the Southern Workshop was animated by Dr. C. M. Francis, the Northern Workshop was animated by Mr. D. M. Naidu along with Ms. Vandana Bedi, Ms. Vidya and Mr. Javed Abidi. Thirty six participants attended the two workshops. The participants were mainly from Church based organizations who were willing to initiate CBR for Persons with Disabilities in their respective areas. A similar Workshop scheduled for the Western region in the month of March 2000 could not be held due to lack of response from prospective participants. The Forum has already started receiving specific project proposals from some of the above participants.

Individuals from various organizations who visited the Forum Secretariat were given guidance regarding the concept of CBR of Persons with Disabilities.

Future plans include:

- ⇒ conducting similar workshops for the Western, Eastern and North Eastern Regions of the country and
- ⇒ conducting Training Programmes for CBR Co-ordinators as a followup of all the above workshops.

Developing a software for assessment and monitoring of Project Proposals :

The Forum staff worked along with the other Fora and *Quasar Software* to develop a software that could be used for assessment and monitoring of project proposals of the three Fora. The software is ready for testing.

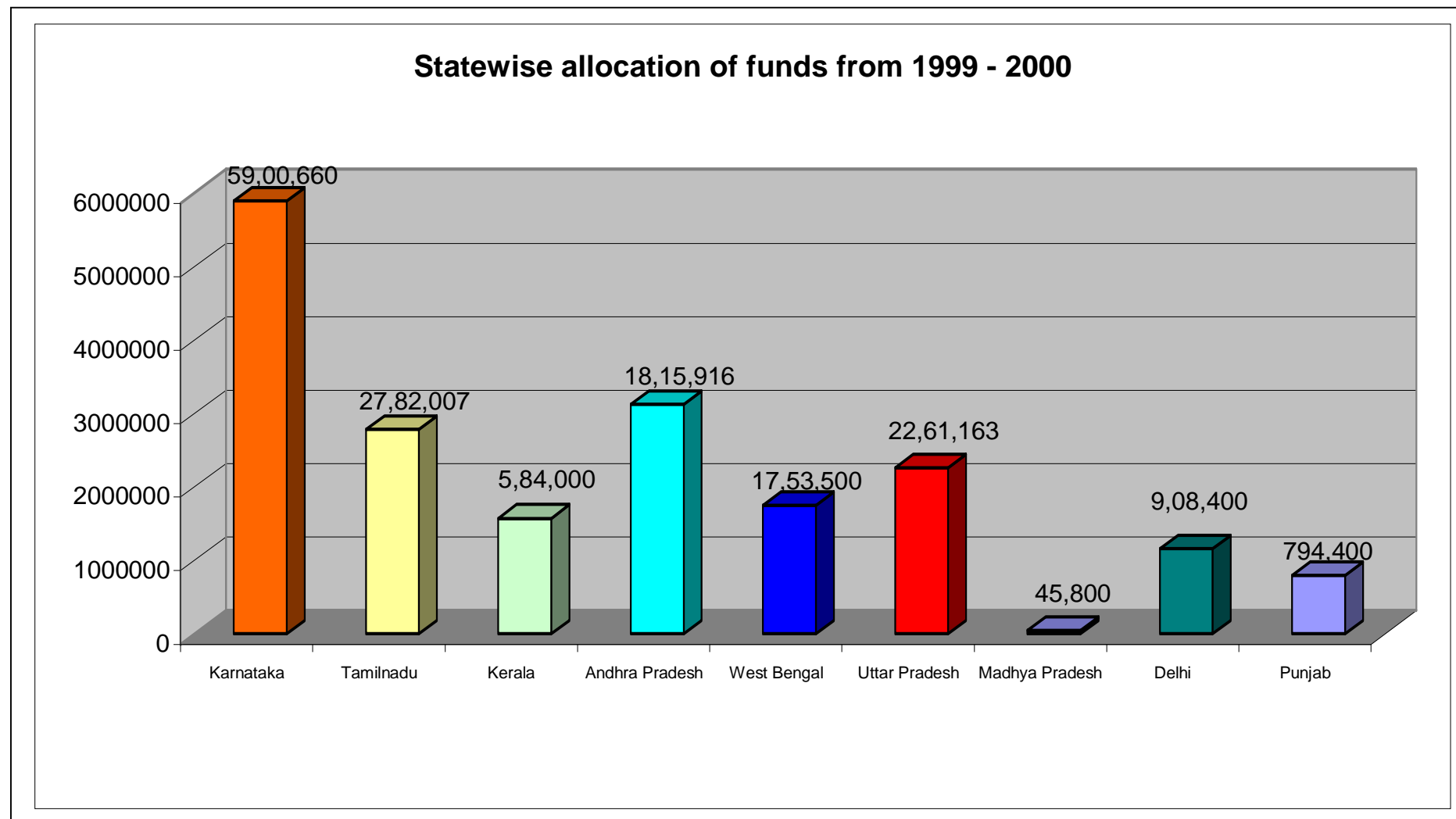
Funding of Project Proposals:

The Secretariat continued its work of assessing, monitoring and evaluating project proposals. If the proposals are in line with the objectives of the Forum, and within the funding limit, they are approved by the Forum and funded through Caritas India. If they are above the funding limit, the Forum recommends the same to Misereor for funding, subject to availability of funds.

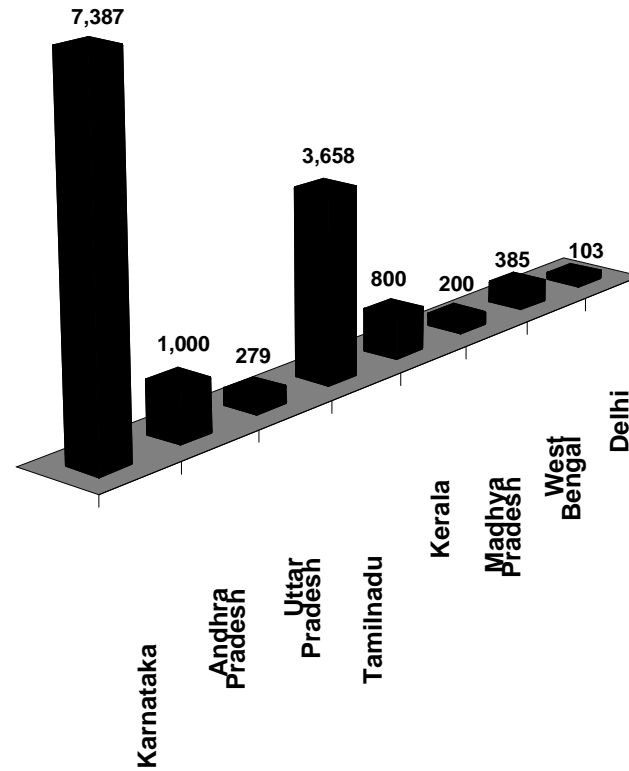
Since 1997, 225 projects have been processed by the Secretariat. Of these, 123 Projects have been registered and assessed, 39 Projects were approved by the Board for funding through Caritas India, Delhi. Of the 7 Projects that were referred to Misereor, Germany, 6 were approved for funding. Of these, 29 Projects were approved for funding over the past one year! Sixteen of the 123 projects are still being assessed.

It is to be noted that 7 more projects approved in March 2000 were forwarded to Caritas India after 01 April 2000. Details of these projects are not tabulated in the graphs that follow.

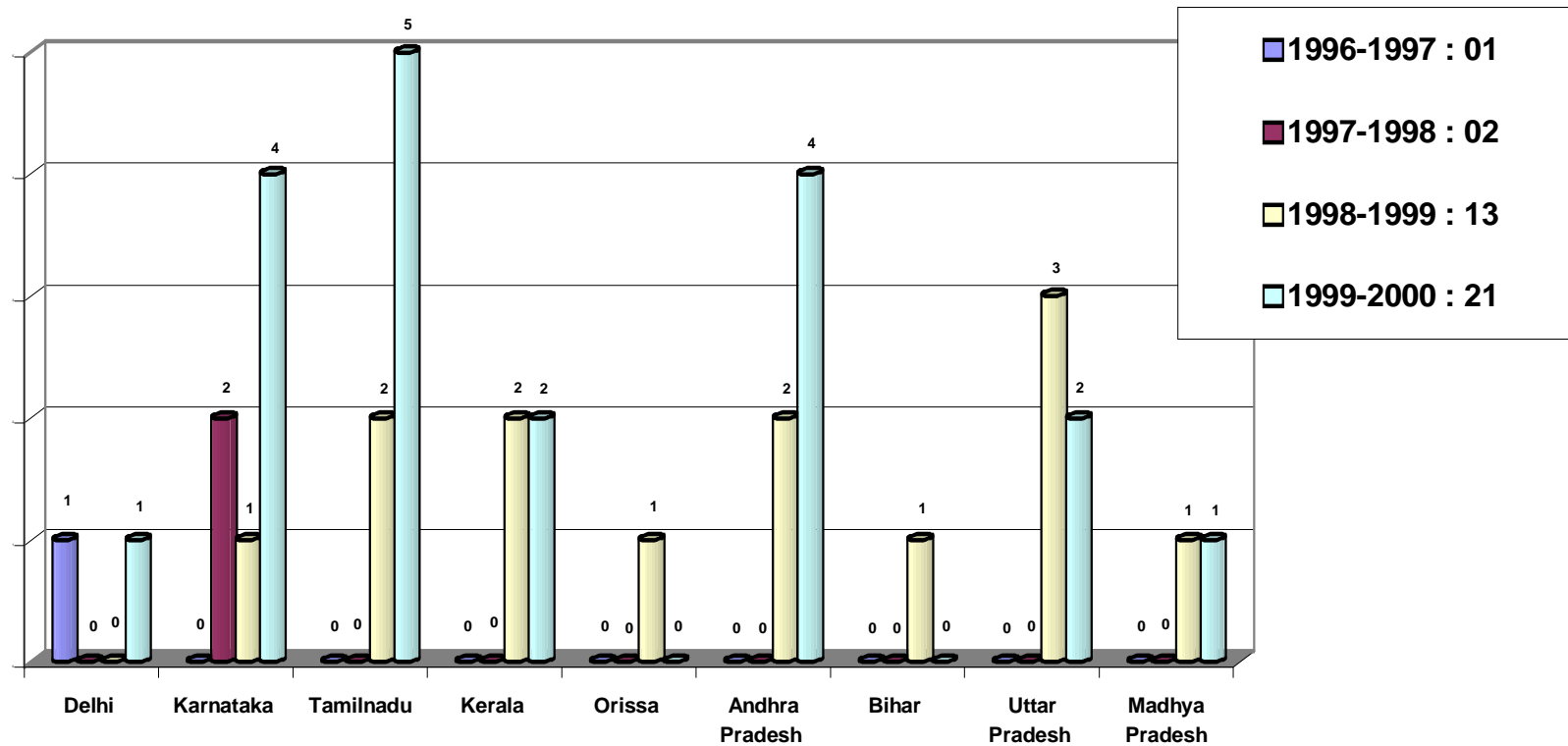
The following graphs give a concise view of the situation as on 31 March 2000 :



Statewise view of number of beneficiaries of projects recieved in 1999 - 2000



Number of projects approved yearwise and statewise



Human Resources Development for CBR, Dr. D.K. Menon

In the Tri Annual Report of the CBR Forum we had published the first part of this article wherein Dr. D. K. Menon spoke of the models of CBR and enumerated the package of services involved in CBR Programmes and the functions performed by CBR workers. In the second part of this article which is published below Dr. Menon speaks of the type of Human Resource Development required for CBR.

Training whom?

Ideal qualities expected from a rehabilitation worker are that he/she should be highly motivated, committed, available in the rural areas, should be competent, communicative and facilitate specialty experts. Training programmes envisage certain pre-requisites for selection of candidates to work as Village Rehabilitation Workers; such as the person must be from the local community, should be able to read and write, should be able to communicate effectively by using the local language. The Government sponsored CBR programmes have given over-riding preference to training the existing infrastructure like anganwadi workers, village health guides or multipurpose health workers, the assumption being that these people are already working in the area of health and nutrition and will be able to have an add-on training programme.

All the CBR programmes emphasise training of a single worker for all disabilities, hence, the titles like multi-rehabilitation therapists, multi-rehabilitation workers and multi-category teachers.

Duration of training:

Depending upon the competencies required to be mastered, various studies have shown that 4-6 weeks are required to train a Village Rehabilitation Worker (Madhavan et al, 1988). The duration of the programme recommended for Multi-Rehabilitation Worker is about 6 months, while the Speciality Experts attend the training programme as prescribed by the University or institutions of higher learning. The duration of the training programme for multi-category teachers is one academic year; the duration of training of teachers in special education for mental retardation, teaching of the deaf, teaching of the blind is of one academic year. Similarly, B. Ed. programme in special education is of one academic year duration.

Training Manuals:

Menon, Vijalakshmi and Madhavan (1987) reviewed training manuals on mental handicap and analysed the contents in each of these manuals. Most manuals give

- introduction to disabilities,
- causes, prevention and early detection,
- intervention and rehabilitation process,
- psychological counseling,
- nature of locomotor handicaps,
- aids and appliances,
- elements of physiotherapy,
- basic introduction to occupational therapy,
- vocational rehabilitation,
- introduction to nature, causes and management of cerebral palsy,
- introduction to and management for leprosy,
- nature, prevention and education of people with visual disability, hearing disorders, speech disorders,
- introduction to nature, assessment and training of persons with mental retardation,
- introduction to epilepsy,
- Government schemes, benefits and concessions,
- delivery models, and
- community organization.

Majority of the manuals are pictorial and give illustrations of aids and appliances which can be fabricated by using local material. The training manuals also give instructions for home management of persons with disabilities. The most commonly used manuals are:

- a) WHO manual for people with disabilities,
- b) David Werner's Disabled Village Children,
- c) DRC manual,
- d) NIMH manuals for VRWs, MRWs and Psychologists and Counseling,
- e) training manuals developed by Spastics Society of Eastern India, Calcutta,
- f) training manuals developed by Action Aid, Bangalore,
- g) training manual for anganwadi workers, and
- h) NIMHANS, Bangalore manuals.

Master Trainers:

Most training centers call upon specialty experts to give training on various aspects of rehabilitation. None of the master trainers is a composite trainer keeping in view the diversity of rehabilitation needs of a wide variety of disabled people. As a result overlaps in training are inevitable. There is a need for composite and comprehensive master training if integrated services are expected to be performed by Multi-Rehabilitation Workers.

Some suggestions for enhancing effectiveness of human resource development for CBR:

(a) Re-orientation of training to meet the needs of village disabled:

A study carried out on parents having children with mental retardation by *Peshawaria et al (1995)* has shown that the highest rank of need expressed by the parents was to obtain details regarding benefits and concessions extended by the Government of India. Experience of working in the rural area shows that village disabled give over-riding preference to socio-economic rehabilitation as compared to physical therapies, rehabilitation training and mobility aids. Such priorities are likely to vary from place to place. The training curriculum must be geared to meet the needs of village disabled persons.

(b) Problem solving skills:

The success of CBR programme predominantly depends upon how effective the middle level workers or supervisors are. Experience has shown that multi-rehabilitation workers are fairly effective in providing rehabilitation services; however, they encounter difficulty when they come across problem cases. Hence, back-up support is necessary through specialty experts; or duration of training be increased to master problem solving skills.

(c) Documentation and report writing:

Most CBR programmes have been able to establish network of rehabilitation services, however, when it comes to documentation and report writing, the middle level workers are unable to write reports nor are they able to communicate what they have achieved in their respective area. The training curriculum must include exclusive section on communication skills and report writing.

(d) Composite Master trainer:

While Village Rehabilitation Workers and Multi-Rehabilitation Workers are expected to combine inputs from all specialists, the master trainers are respective specialty experts. Although master trainers may have acquired sufficient experience of working in a multidisciplinary team, to give single window delivery to diverse categories of people with disability is altogether different. There is a need to build bridges across specialties so that integrated approach is followed which will definitely save time, energy and money. For example, speech therapy could be integrated in educational programme, physiotherapy could be integrated in vocational training and so on.

(e) Duration of training:

Most training programmes for VRWs and MRWs range from few weeks to few months only. Perhaps it is an organized effort on the part of specialty experts to keep CBR workers at a low level and discourage them from becoming “supposedly doctors” or experts. If the transfer of knowledge is not complete. CBR workers will always be expected to look towards specialty experts and will never become independent in delivery of services. It is necessary that there should be exclusive training at certificate and diploma level for CBR workers with possibilities of career growth so that a person who has completed the certificate course could undergo diploma course and a few amongst them could also undergo senior diploma. Such training programmes have to be organized on professional lines rather than expecting these CBR workers to be part time volunteers.

(f) Assessment and training manuals in regional language :

Most training manuals are in English language. There is urgent need to translate these manuals into regional languages in order to ensure spread of knowledge and skills in rural areas.

(g) Training of disabled persons, parents and family members:

David Werner’s experience has shown that the success of the programme predominantly lies in encouraging disabled persons themselves to provide rehabilitation services. It is worthwhile to involve not only people with disability and their immediate family, but also their relatives and friends.

Receipts and Payments as on 31 March 2000

Agency Name	Misereor
Project No.	321 – 900 / 333 C
Period	01 April 1999 to 31 March 2000
Receipts as on 31 March 2000	
	Amount in Rupees
Amount received from Zentralstelle / Misereor up to 31 March 2000	2,862,550.00
Interest Received	2,893.00
Total Income	2,865,443.00
Payments as on 31 March 2000	
Amount transferred to different projects as on 31 March 2000	1,017,387.00
Administrative expenses up to March 2000	415,860.00
Secretariat Expenses	1,062,071.82
Amount transferred to 321 – 900 / 333 Z 7178	228,864.77
Total Expenses	2,724,183.59
Closing Balance as on 31 March 2000	141,259.41

Members of the CBR Forum (1999-2000)

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A word of thanks to our Resource Persons who helped us during the past year:

Mr. T. S. Rajamani, Bangalore, Karnataka.
Mr. K. R. Rajendra, Bangalore, Karnataka.
Mr. Chapal Khasnabis, Bangalore, Karnataka.
Mr. R. Ramachandran, Bangalore, Karnataka.
Dr. G. G. Prabhu, Mysore, Karnataka.
Mrs. Uma Subramanian, Bangalore, Karnataka.

Dr. Anita Gahi, New Delhi.

Dr. Aboobacker C.P., Calicut, Kerala.
Major A.V. Thomas (Retd.), Kerala.

Dr. N. C. Pati, Bhubaneshwar, Orissa.

Ms. Hena Basu, Calcutta, West Bengal.

Ms. Nailini James, Chennai, Tamilnadu.
Mr. D. K. Oza, Chennai, Tamilnadu.
Mr. Markandeyan, Chennai, Tamilnadu.

Dr. Ajit Dalal, Allahabad, Uttar Pradesh.

Dr. Lina Kashyap, Mumbai, Maharashtra.
Dr. Ashok Dhabekar, Nagpur, Maharashtra.

Mr. Rajesh Kumar Tiwari, Madhya Pradesh.

Mr. H. R. Dhall, Haryana.

Staff of the Forum Secretariat

1. Mr. Nicholas Guia Rebelo, Programme Manager .
2. Mr. D. Shyam Sunder, Programme Assistant.
3. Ms. R. Padma, Secretary.
4. Mr. Y. Mahesh Kumar, Office Assistant.

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