

Report of the Expert Group Meeting to
Develop a Regional Strategic Framework on
Community-based Rehabilitation (CBR) in the
WHO South-East Asia Region

Faridabad, India, 3-4 November 2011



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Executive summary

The Expert Group Meeting on Community-based Rehabilitation (CBR) was conducted in Faridabad, India, on 3-4 November 2011 by the World Health Organization's (WHO) South-East Asia Regional Office (SEARO).

The objectives of the meeting were to:

- (1) conduct a situation analysis and review the good practices in CBR in the WHO South-East Asia Region;
- (2) discuss CBR guidelines released by WHO in 2010 in light of the recently released *World Report on Disability*;
- (3) present the draft strategic framework to the Expert Group;
- (4) agree on a future course of action at the regional and national level to promote and strengthen CBR in the South-East Asia Region.

The meeting was attended by 17 experts from the Region. The Member States represented were Bangladesh, Bhutan, India, Indonesia, Nepal, Sri Lanka, and Thailand, including one WHO collaborating centre for disability and rehabilitation. There were four representatives from partner organizations, the Australian Agency for International Development (AusAID), Christoffel Blinden Mission (CBM), Japan International Cooperation Agency (JICA), and Sight Savers International. Four WHO staff from the Region and Headquarters served as the workshop Secretariat.

The meeting was opened by Dr J.P. Narain, Director, Sustainable Development and Healthy Environments, WHO-SEARO.

The technical programme began with an analysis of the current situation of CBR in the SEA Region. This was followed by updates on the international situation and the current global status of CBR. Partners presented their perspectives on CBR and current activities.

The draft strategic framework was presented to the Group, along with presentations from technical units in SEARO on intrasectoral collaboration in health on violence and injury prevention and CBR, linkages with leprosy programmes, noncommunicable diseases, primary health care, and mental disability. Four partner organizations presented highlights of their work in disability and CBR in various countries and settings. Discussions took place in plenary sessions and break-out groups on the overall objectives, strategic objectives, action areas and priorities. Their suggestions to enhance the draft strategic framework were then shared in plenary and conclusions agreed upon and drafted.

Recommendations

WHO was requested to:

- Redraft the Regional Strategic Framework on CBR as per inputs of the Expert Group;
- Share with the Expert Group for final comments and suggestions, if any;
- After the necessary alterations/inputs, documents to be shared with Member States for their input and approval.
- Finalize the regional strategy and disseminate it to Member countries, and the Expert Group, and make available on the public domain through the SEARO website;
- Provide technical support in the development and implementation of the regional strategic framework;
- Assist in capacity-building on request from Member countries;
- Facilitate the mobilization of resources within and outside WHO to support the implementation of regional strategy in countries of the SEA Region; and
- Aim for “mission mode” implementation in Member countries.

The Regional Framework for Action on Community-based Rehabilitation 2012-2017 (Annex 5) was finalized after additional comments.

1. Background

The meeting was planned to bring together leading practitioners and experts on CBR from the Region in order to develop a Regional Strategic Framework for CBR. With the release of the new CBR Guidelines in 2010 and the *World Report on Disability* 2011 with fresh estimates on the burden of people affected by disability, it was observed that a Strategic Framework for Community-based Rehabilitation in the SEA Region was needed.

Disability is an evolving concept and an umbrella term for impairment, activity limitation or participation restriction, which result from interaction between persons with health conditions and environmental factors (e.g. physical environment, attitude) and personal factors (e.g. age or gender). About 15%-18% of the world's population have disabilities in some form of the other. The causes may include birth defects, injuries resulting from road traffic accidents, conflicts, falls and landmines; noncommunicable diseases (NCDs) such as, diabetes, cardiovascular diseases and cancer; mental illnesses and intellectual impairment; ageing and communicable diseases, among others. The South-East Asia Region also has a significant number of people with disabilities arising due to polio, leprosy and tuberculosis.

Community-based Rehabilitation (CBR) was introduced in 1978 after the Alma-Ata declaration of health for all by WHO, as a strategy to improve access to rehabilitation services for people with disabilities. The new CBR Guidelines released in 2010 are based on the principles of CRPD.

CBR is currently being implemented in more than 90 countries in the world and in all countries of the South-East Asia (SEA) Region in varying forms with varying national commitments. Specific reference to CBR exists in the national laws and policies of Bhutan, India, Indonesia, Myanmar, Sri Lanka, Thailand and Timor-Leste. The responsibility for

disability affairs rests with differing nodal ministries such as health, social affairs/justice/welfare, etc. in Member countries of the WHO SEA Region. Countries also have differing coordinating mechanisms and varying financial commitments. These have resulted in different models of CBR in different countries. In all countries there is scope for improvement and further development of CBR and also consensus that CBR needs to be multisectoral with inclusion of key sectors of health, education and livelihoods with participatory approach. Improvement of quality of life and empowerment of people with disabilities and their families form the essence of the CBR Guidelines.

A situation analysis of CBR in the WHO SEA Region in 2011 was undertaken for the development of the Strategic Framework. A compilation “CBR Practice in the SEA Region” was also developed. A comprehensive, holistic approach to CBR has not been highlighted in the Region. CBR has been promoted in the Region, mainly by the nongovernmental sector, and has not been mainstreamed into public health in all countries of the Region.

The South-East Asia Regional Strategic Framework for Action on Community-based Rehabilitation 2011–2020 was formulated during a Regional Expert Group Meeting held from 3-4 November 2011 in Faridabad, India. A group of experts, including persons with disabilities, from Member States and partner organizations provided invaluable inputs regarding the situation analysis of CBR in the SEA Region and the development of the Regional Strategic Framework.

The Framework will guide in strengthening policy and action at the regional and national level. The Framework focuses on the areas under WHO’s mandate as a technical agency for health while acknowledging the multisectoral nature of CBR. The action areas focus on “doable” and achievable actions and Member States and partners are encouraged to go beyond this Framework according to the availability of resources. Implementation of the action strategy will help in coordinated action by all stakeholders and reduce the burden of disability in the SEA Region.

The expected outcomes of the meeting were to arrive at an:

- (1) updated situation analysis of CBR in the SEA Region;
- (2) agreed strategic framework document with the course of action at the regional and national level; and
- (3) secure commitments from stakeholders towards these initiatives.

2. Participants

The workshop was attended by 13 experts in the field of community-based rehabilitation. Seven countries of the WHO South-East Asia Region (Bangladesh, Bhutan, Indonesia, India, Nepal, Sri Lanka and Thailand) were represented. Of the two WHO collaborating centres for rehabilitation in the Region, the Department of Physical Medicine and Rehabilitation, Christian Medical College, Vellore, India, participated, but the other collaborating centre, the Sirindhorn Centre, Bangkok, Thailand, was unable to participate. There were four representatives from the Australian Agency for International Development (AusAID), the Japan International Cooperation Agency (JICA), CBM and Sight savers International. Four WHO staff served as the workshop Secretariat.

The list of workshop attendees is given in Annex 2.

3. Organization

The workshop programme is provided in Annex 2, and the list of documents distributed to attendees is in Annex 3.

4. Opening speech

Dr Jai Prakash Narain, Director, Department of Sustainable Development and Healthy Environments, WHO-SEARO, gave the opening speech. He highlighted the changing disease patterns,

and the consequent increase in noncommunicable diseases that are likely to increase the burden of disability in the SEA Region. While CBR is practised in some form in all countries of the SEA Region, there is need for increasing coverage to ensure that rehabilitation reaches all people with disabilities in the SEA Region.

The full text of the opening speech delivered by Dr Narain is in Annex 4.

5. Proceedings

Dr Sara Varughese, Programme Manager, Disability and Rehabilitation, WHO-SEARO, gave the introduction to the meeting. She outlined the background to and objectives of the workshop and the programme of activities aimed at achieving the said objectives.

5.1 Technical session: Situation analysis

The technical sessions started with a situation analysis of community-based rehabilitation in the SEA Region.

The report of the situation analysis conducted was presented. In the plenary discussion further inputs on the country situation were received from experts. Presentations were made on the rollout of the CBR guidelines that was under way in Bangladesh and India. Discussions took place on the application of these lessons to the Region.

The update on the situation analysis during discussions revealed the strong involvement of national governments in CBR in several countries in the Region. Integration of CBR into primary health is well established in Bhutan and Sri Lanka. This can be expanded in the Region. Nongovernmental organizations, too, were involved in disability responses and CBR implementation throughout the Region. The experiences with CBR rollout in two countries need to be evaluated and then expanded to other countries. Linking CBR to the development agenda, e.g. to the

Millennium Development Goals will make it more relevant to policy-makers and planners and help secure support for increasing the coverage of CBR. These activities achieved the first objective of the workshop.

Additional inputs on the situation of CBR and disability in five countries of the Region were received as follows:

Nepal: There is a policy to allocate funds to disabled peoples' organizations in all districts but the coverage is poor. The government has initiated work on translation of the CBR guidelines.

Indonesia: Indonesia has also now ratified the UNCRPD and is now working on adaptation of national legislation and development of a national action plan 2013–2018.

Thailand: The Ministry of Human and Social Security has a budget for CBR projects which cannot be accessed by the health department. There are independent living centres for persons with disability but they are difficult to sustain.

Bhutan: Coordination for CBR is under the Ministry of Health and it is integrated into primary health care. The initial pilot projects in two districts have been expanded by the government.

India: The disabled people's movement needs to be strengthened.

Key issues identified from the situation analysis were:

- The need to strengthen multisectoral coordination in all countries;
- Financial resources for CBR: Financial resources are becoming more difficult to secure and developing and financing sustainable models of CBR is a major challenge;
- The need to have wide coverage and a broad impact rather than a small, beautiful bonsai-like project;
- The need for good evidence of the impact of CBR and strategies to present this;

- The need for inclusion of a disability focus into other areas than health;
- Ensuring rights-based CBR with participation, and empowerment of persons with disabilities;

5.2 Update on the global situation and partner initiatives

The Technical Officer, Department of Violence and Injury Prevention and Disability, WHO headquarters, Geneva, gave an overview of changing paradigms of CBR and disability and the evolution of CBR over the last three decades. He highlighted CBR as a tool for implementation of the UNCRPD, and also the achievements with the Millennium Development Goals. He also spoke about previous CBR congresses, the role of networking and the need for strengthening national, regional and global networks.

Development partners presented their activities in the Region and their priorities in CBR. The presentations of partners was useful for an overview of their work and the possibilities for collaboration with Member States and WHO at regional and national levels.

Partner initiatives on disability and community-based rehabilitation

AUSAID

The Australian Government is strongly committed to the rights of people with disabilities. This was emphasized recently following an independent review of aid effectiveness. “Enhancing the lives of people with disabilities is now one of the ten development objectives for the aid programme. Implementation of this commitment is guided by AusAID’s “Development for All” Strategy (2009–2014) and partnerships with multilateral, regional and bilateral partners (including WHO and UNICEF, for example). Within focus countries, AusAID is implementing the twin-track approach to disability-inclusive development; and supporting disability-specific initiatives alongside the mainstreaming or integration of disability into sectoral programme. CBR is seen as a key tool across all of AusAID’s work, including supporting

implementation of the Convention on the Rights of Persons with Disabilities.

The representative from the CBM (Christoffel Blinden Mission) spoke on their twin-track policy of mainstreaming disability and specific programmes for persons with disability. CBM works in 90 countries worldwide. CBM supports both disability-specific initiatives including medical care, education, community-based rehabilitation and other programmes and also advocacy initiatives on mainstreaming disability in general development programmes.

Japan International Cooperation Agency (JICA)

JICA focuses on full participation and participation of people with disability through empowerment and mainstreaming. This mainstreaming is internalized in all JICA's activities in addition to direct support for persons with disabilities and the development of leadership skills. Other areas emphasized are raising social awareness and promotion of integral rehabilitation systems. Benefits need to be demonstrated for all members of communities to ensure sustainability of programmes and there is need to ensure greater coverage and make broader impacts.

Sight Savers International

Sight Savers International have supported CBR since the early 1980s. Their core programmes converge at the local level. Their successes lie in reaching remote areas; mainstreaming with developmental partners, self-help groups, local government and national employment programmes; Intersectoral collaboration between health, education, livelihood, and social departments; policy change; and organizational and human resource development. They have also developed papers on poverty and blindness, UNCRPD and other disability issues. They have also developed ingenious portable, USB-based screen reading and magnification solution called the "Sightsavers Dolphin Pen".

5.3 Draft regional strategy

A draft regional CBR strategy, the Regional Framework for Action on Community-based Rehabilitation 2010–2015, was presented. While all countries in the SEA Region have experience in rehabilitation, progress is uneven and CBR is not well integrated into primary health care. The strategy is developed towards promoting the goal of strengthening community-based rehabilitation (CBR) in the South-East Asia Region. This is to improve the quality of life of people with disabilities and their families through access to health, rehabilitation services, and barrier-free environments with harmonized actions among Member States, World Health Organization and development partners.

Following this, presentations were made with the plenary discussion on intrasectoral linkages in the health sector by SEARO's technical units for injury and violence prevention, leprosy, noncommunicable diseases, primary health care, and mental health.

Injury and violence prevention

The presentation highlighted the need for collaboration with injury and violence prevention programmes. Involvement of persons with disability for advocacy on injury prevention and involving children in advocacy on injury prevention and disability issues was discussed. The need for rehabilitation and injury teams working together to ensure timely rehabilitation for accident victims and information availability before discharge from hospitals was stressed. Data collection on disabilities could provide information on the impact of accidents and injury. There is a possibility of accessing funding for IVP on specific disability issues.

Leprosy: leprosy programmes have a huge pool of trained manpower, who can be retrained in cross-disability issues. CBR programmes should be equipped to deal with leprosy rehabilitation and also work on stigma reduction.

Noncommunicable diseases (NCDs)

Prevention of noncommunicable diseases is currently the main strategy for control of NCDs. This can be linked with community-based rehabilitation for primary prevention of disability, and for health promotion and prevention of secondary disability in people with disability. There is also the need for advocacy for an enabling environment to enable people with disability to take up preventive activities such as physical exercise, and a policy on the availability of affordable healthy food such as vegetables and fruits, as well as on reduction in consumption of non-healthy foods such as trans fats and high-sugar foods.

Primary health care

The principles of multisectoral coordination are vital in both primary health care and CBR. There is need for effectively utilizing the services of community volunteers. Primary health-care systems are not geared to deal with people with disabilities; a policy initiative is needed to make this happen. It is important to bring about a change in attitudes among professionals at all levels to be sensitive/inclusive towards the issues of persons with disabilities. Disability needs to be part of the medical curriculum and factored into capacity-building efforts within primary health care system.

Mental health

The difference in rehabilitation of mental illnesses and disability from other disabilities was emphasized, along with the need for ensuring inclusion of mental health in community-based rehabilitation. It is also necessary to develop innovative and good-quality indicators for impact of rehabilitation programmes, particularly for mental health. Basic medicines for mental health are available at low cost in some countries of the SEA Region and advocacy is needed for supportive health policies that also ensure the availability of affordable medicines in all Member countries. Though the cost of medicines may not be very high, the cost of caring for a person with mental illness is high. Support for

families is critical in the context of care of persons with mental health problems.

5.4 Discussion on the draft Regional Framework for Community-Based Rehabilitation 2012–2017

The overall objectives were discussed at the plenary and the specific objectives were then discussed in groups. This was followed by reports of the groups and discussion and action points to suggest enhancements to the draft strategic framework. These activities addressed the third objective of the workshop.

In the plenary the overall objectives were redrafted with the focus on mental care limited to the WHO mandate. The strategic objectives were deliberated in groups and then agreed upon in the plenary with a deliberation on the action plan. The final strategic framework is attached as Annex 5.

Annex 1

Agenda

- (1) Welcome and Inauguration
- (2) Situation analysis of CBR in the SEA Region
 - Presentation of situation analysis and CBR practice in the SEA Region;
 - CBR roll-out in Bangladesh and India;
 - CBR guidelines, global scenario and reports of previous CBR congresses;
 - Identifying key issues in the context of the Region
- (3) Draft strategic framework
- (4) Cross-sectoral areas in community-based rehabilitation
 - Violence and injury prevention and CBR;
 - Linkages with leprosy programmes;
 - Noncommunicable diseases;
 - Primary health care;
 - Mental disability.
- (5) Group discussions on:
 - Strategic objectives, action areas and priorities;
 - Monitoring and development of indicators.

Annex 2

Opening Address by Dr Jai P. Narain, Director, Sustainable Development and Healthy Environments, WHO-SEARO.

Distinguished participants, colleagues, ladies and gentlemen,

I am delighted to extend a warm welcome to you all to this Expert Group Meeting to Develop a Regional Strategic Framework for Community-Based Rehabilitation in the South-East Asia Region.

I would like to highlight the changes in paradigms of disability over the years. Disability was earlier considered from a medical viewpoint as synonymous with impairment. In this view, disability was something to be corrected or cured through medical intervention. People with disabilities were objects of pity, charity or treatment. The new paradigms consider the interaction between a person with a health condition and personal factors and environmental factors such as physical or attitudinal barriers. Addressing disability requires us to address the societal barriers which restrict the participation of people with impairments.

The World Report on Disability released by WHO on June has highlighted new estimates that claim that over a billion people worldwide experience some form of disability. Analysis of data from *The World Health Survey* found a prevalence rate of disability of 15.6% in adult populations. This varied from 11.8% in high-income countries to 18.0% in low-income countries. Of these 2.2%-3.8% had significant difficulty in functioning. National data in many countries is often census data in which data is collected based on narrow impairment definitions and does not include difficulty in functioning. In the South-East Asia Region reported prevalence from census and survey data was from 0.7% to 4.7%, while data from some of these countries as evinced in the World Health Survey shows a prevalence of 10%-20% of adults with disability. Robust data is needed for planning policies and programmes and in the absence of this planning, it is

necessarily limited. In all countries of the SEA Region, there is a need to strengthen the information systems on disability, particularly data collection.

The changing burden of disease in the South-East Asia Region is responsible for a shift in the causes of disability. Earlier communicable diseases, such as leprosy and poliomyelitis were important causes of disability. These are now on the brink of eradication. With improving health comes ageing populations who are at greater risk of disability. The rising burden of noncommunicable diseases in the SEA Region will also cause an increase in disability. WHO's projection of trends projects a significant increase in disease burden of NCDs by 2030 and consequently, an increase in the disability burden. Chronic health conditions are estimated to account for 66.5% of all years lived with disability by the population in low income and middle income countries, globally.

The World Health Organization initiated Community-Based rehabilitation following the Alma-Ata Declaration of 1978 as a method of providing services to person with disabilities. CBR has now matured into a rights-based multisectoral strategy to improve the quality of life of persons with disability and ensure their empowerment, participation and inclusion in society. The CBR Guidelines released in 2010 highlight this multisectoral approach, and gives equal importance to social integration and empowerment of people with disability as to their health and education. This emphasis on empowerment and participation of people with disability necessitates new strategic approaches to ensure the complete rehabilitation to all people with disabilities.

The WHO South-East Asia Region has been at the forefront of the initiative to develop Community-Based Rehabilitation worldwide. The SEA Region has excellent resources for Community-Based rehabilitation and some are represented here. Some Member States have developed models of rehabilitation integrated into health systems which can be replicated and expanded. However, the majority of people with disabilities in the South-East Asia Region still do not have access to rehabilitation and are among the most marginalized and deprived groups. CBR is present in all eleven countries of the Region, in varying forms, and with varying governmental involvement. All countries in the

SEA Region fall in the low- or middle-income category where CBR needs to be strengthened. Our strategy needs to increase the coverage of national rehabilitation programmes memes in all countries of the Region.

Given the multifactorial causes of disabilities, prevention of disability and the promotion of health and rehabilitation require action across a range of sectors at the local, regional and national levels. Each sector has a specific role to play and contribution to make. The health sector must play a central role in these efforts, not only in providing medical care and rehabilitation for persons with disability but also a leadership role in involving other sectors and addressing the underlying economic, social, legal and environmental factors.

Depending on the specific issue, the role of the health sector vis-à-vis the other sectors will vary. Individual ministries will be at different stages of developing rehabilitation programme, but all must ultimately address the areas of policy-making, advocacy, information, prevention, research and evaluation, and capacity-building, which includes institutional capacity-building and human resource development.

The core strategies of rehabilitation have to be applied at the national, subnational and community level. They should also be applied in settings where people live, work and play.

In this context, I am happy that this meeting is reviewing the existing situation of rehabilitation in the South-East Asia Region and developing a Regional Strategic Framework.

I believe that the high level of expertise, along with coordinated work and commitment of the participants will ensure that the meeting achieves its objectives.

I will, of course, inform the Regional Director of the outcome of this workshop and would like to wish you all fruitful deliberations and a pleasant stay in Faridabad.

Thank you.

Annex 3

Regional Strategic Framework on CBR in SEAR 2012-2017

Overall Objective 1: Promote disability-inclusive health policies and legislation	
Specific Objective	Action Areas
1.1 Strengthen national legislation and health policy to be inclusive of disability and rehabilitation	<ul style="list-style-type: none"> ➤ Advocacy to review, amend, and develop health related legislation and policies in line with CRPD and CBR guidelines ➤ Increase awareness of CBR and CRPD and the World report on Disability among health policy makers and planners
1.2 Support ministries of health to play a leading role in health related rehabilitation	<ul style="list-style-type: none"> ➤ Identify/establish and strengthen a focal point within the ministry of health to coordinate disability related activities ➤ Advocate for review of business allocation between ministries so that ministries of health are responsible for health related issues in disability
Overall Objective 2: Promote access to quality health and rehabilitation services in a barrier free environment.	
Specific Objective	Action Areas
2.1 Enhance allocation of financial resources to increase access to health and rehabilitation	<ul style="list-style-type: none"> ➤ Support development of time bound national implementation plans for health and rehabilitation related disability issues (in mission mode or similar plan with dedicated budget and 3rd party scrutiny of utilization) ➤ Increase financial allocation for CBR at district and sub-district level ➤ Develop innovative mechanisms to implement CRPD/CBR– encourage private investment in public programmes

<p>2.2 Ensure availability of quality, affordable and appropriate health and rehabilitation services at primary, secondary and tertiary levels for persons with disabilities</p>	<ul style="list-style-type: none"> ➤ Ensure specific needs of women and children with disabilities, stigmatized groups and those with multiple disabilities and intellectual disabilities are met appropriately ➤ Ensure persons with disabilities have equal access without discrimination to health insurance and social protection schemes. ➤ Establish mechanisms for assessment, evaluation and certification of disability ➤ Support early identification and early intervention programmes memes for disabilities at community level ➤ Ensure availability and utilization of appropriate assistive devices and technologies at district and sub-district level ➤ Ensure public and private health facilities are accessible to enable persons with disabilities to access health services on an equal basis with others.
<p>2.3 Ensure adequate numbers of competent human resources for general health and disability related intervention</p>	<ul style="list-style-type: none"> ➤ Amend curriculum to include disability and rehabilitation issues in the training programmes memes of health personnel, at all level. ➤ Sensitize health professionals on disability and the barriers faced by persons with disability ➤ Introduce or strengthen different levels of CBR training in all countries of SEAR ➤ Develop measures to counter turnover of CBR workers ➤ Promote affirmative action for people with disability to access higher education in health related fields.
<p>2.4 Enhance capacity for Community-Based rehabilitation</p>	<ul style="list-style-type: none"> ➤ Increase coverage of CBR to ensure access to rehabilitation for all persons with disabilities ➤ Develop and strengthen regional, national and provincial or district resource centres for CBR ➤ Increase capacity of CBR providers to deal with multiple impairment, autism and other complex disabilities

<p>2.5 Promote internal linkages within the health sectors to include disability.</p>	<ul style="list-style-type: none"> ➤ Integrate and strengthen CBR in primary health care ➤ Strengthen health promotion and primary, secondary and tertiary prevention of impairments ➤ Ensure inclusion of disability focus in relation to non communicable diseases, mental health, leprosy, injury prevention and aging ➤ Hold regular coordination meetings within health care and develop action plans for disability in health sector ➤ Facilitate convergence of IBR with CBR
<p>Overall Objective 3: Promote participation and empowerment of persons with disabilities and their families/communities in all aspects of health care</p>	
<p>Specific Objective</p>	<p>Action Areas</p>
<p>3.1 Increase awareness and participation among persons with disabilities, families and communities on disability in health promotion, prevention, and care</p>	<ul style="list-style-type: none"> ➤ Empower persons with disabilities to claim their health rights ➤ Empower persons with disabilities and their organisations to ensure their participation in health service provisions ➤ Persons with disabilities can participate actively as self-advocates and promoters of healthy lifestyle
<p>3.2 Enhance participation of persons with disability in Community-Based Rehabilitation</p>	<ul style="list-style-type: none"> ➤ Ensure participation of persons with disabilities and their families or caregivers at all stages of rehabilitation - planning programmes memes, implementing, monitoring and evaluation ➤ Facilitate development of disabled peoples organisations and promote linkages to rehabilitation programmes memes ➤ Increase community awareness on disability issues

Overall Objective 4: Develop partnership with other sectors for CBR	
Specific objective	Action Areas
4.1 Develop and strengthen multi-sectoral coordination and partnership in line with the CBR matrix	<ul style="list-style-type: none"> ➤ Development of regional, national, provincial and district level cross-sectoral coordination mechanism ➤ Establish partnerships, networks, linkages and with other key development sectors in keeping with the CBR matrix. ➤ Strengthen partnerships between government, civil society (especially DPOs), private sector and service providers (particularly health service providers)
Overall objective 5. Develop and strengthen knowledge management and information system in health component of CBR.	
Specific objective	Action Areas
5.1 To promote evidence based practice in disability, CBR and inclusive development	<ul style="list-style-type: none"> ➤ Improve disability data in the health system ➤ Build Capacity for disability and rehabilitation research in the region ➤ Include persons with disability in determining research agenda and strengthen their participation in research ➤ Promote exchange and learning within region by strengthening the CBR Asia pacific network and national networks ➤ Publication of good practices/lessons learned for sharing/replication among member countries
5.2 To monitor implementation and evaluate the progress of CBR in SEAR	<ul style="list-style-type: none"> ➤ Work towards development of monitoring tools and indicators for evaluation ➤ Conduct periodic updates of country and regional situation of CBR

Annex 4

List of documents distributed to participants

- (1) Situation analysis of CBR in the SEA Region
- (2) CBR practice in the SEA Region
- (3) Draft Strategic Framework on CBR
- (4) CBR guidelines – Information for policy-makers

Annex 5

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The Expert Group Meeting on Community-based Rehabilitation (CBR) in the SEA Region was conducted in Faridabad, India, on 3-4 November 2011 by the World Health Organization's South-East Asia Regional Office. The meeting aimed to review the situation analysis and good practices in CBR in the SEA Region, discuss CBR Guidelines released by WHO in 2010 in light of the recently released World Report on Disability, present the draft strategic framework to the expert group and agree on a future course of action at the regional and national level to promote and strengthen CBR.

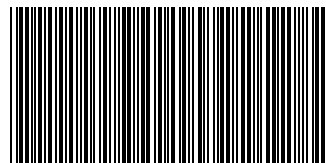
The meeting was attended by 17 experts from the Region including one WHO collaborating centre for disability and rehabilitation. There were four representatives from partner organizations: the Australian Agency for International Development, Christoffel Blinden Mission (CBM), Japan International Cooperation Agency and Sight Savers International.



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