EQUAL OPPORTUNITIES FOR ALL:  
A COMMUNITY-BASED REHABILITATION PROJECT FOR REFUGEES

KAMPALA, UGANDA

23-27 SEPTEMBER 1996

Programme & Technical Support Section
United Nations High Commissioner for Refugees

Rehabilitation Unit
World Health Organization
VOICES FROM THE CBR WORKSHOP, KAMPALA

ETHIOPIA:

"No-one is disabled at everything...Everyone is handicapped at something."

KENYA:

"We believe that our ideas can be sustainable..."

"We are gaining self reliance and confidence... this is our ambition and goal for the future... but we are strongly in need of knowledge and awareness on disability matters..."

"Our biggest obstacles are lack of facilities and limitations..."

"I know what disabled me and I will never regret my disability. I have accepted the disability itself as part of life. So I have to compete with able bodied persons and challenge them in all areas of life!"

"I have learnt that the disabled need skills through training to clear the psychological feeling... My message to other refugees in East Africa is that we are physically disabled but mentally abled."

"My future hope is to be trained in rehabilitation management and to form a global movement in the world..."

RWANDA:

"The Rwandan people must solve their own problems despite increase in conflicts poor medical services irrespective of the government."

"The 1994 Genocide left death and destruction...our programme and people were finished... we had to start from scratch..."

TANZANIA:

"CBR as a strategy and a process even across borders needs to be planned even though repatriation is hoped for.... visits and sharing is an ongoing process."

UGANDA:

On Integrated CBR programmes:

"We face the important challenge of integration of vulnerable groups and locals"

"The problem of too many agencies and lack of proper communication channels is most challenging in a CBR programme."
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOREWORD</td>
<td>4</td>
</tr>
<tr>
<td>0. EXECUTIVE SUMMARY</td>
<td>6</td>
</tr>
<tr>
<td>1. INTRODUCTION</td>
<td>8</td>
</tr>
<tr>
<td>1.1 WORKSHOP OBJECTIVES</td>
<td></td>
</tr>
<tr>
<td>1.2 PARTICIPANTS</td>
<td></td>
</tr>
<tr>
<td>2. OPENING SESSION</td>
<td>9</td>
</tr>
<tr>
<td>2.1 GOVERNMENT OF UGANDA</td>
<td></td>
</tr>
<tr>
<td>2.2 UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES</td>
<td></td>
</tr>
<tr>
<td>2.3 WORLD HEALTH ORGANIZATION</td>
<td></td>
</tr>
<tr>
<td>2.4 NORWEGIAN ASSOCIATION FOR THE DISABLED</td>
<td></td>
</tr>
<tr>
<td>3. PRESENTATION OF BACKGROUND PAPER ON COMMUNITY-BASED REHABILITATION (CBR)</td>
<td>12</td>
</tr>
<tr>
<td>4. WORKING PAPERS</td>
<td>16</td>
</tr>
<tr>
<td>4.1 WORKING WITH REFUGEES</td>
<td></td>
</tr>
<tr>
<td>4.2 OVERVIEW OF CBR</td>
<td></td>
</tr>
<tr>
<td>4.3 THE PERSPECTIVE OF DISABLED PERSONS ORGANIZATION</td>
<td></td>
</tr>
<tr>
<td>5. COUNTRY PRESENTATIONS SUMMARY</td>
<td>22</td>
</tr>
<tr>
<td>5.1 ETHIOPIA</td>
<td></td>
</tr>
<tr>
<td>5.2 KENYA</td>
<td></td>
</tr>
<tr>
<td>5.3 RWANDA</td>
<td></td>
</tr>
<tr>
<td>5.4 TANZANIA</td>
<td></td>
</tr>
<tr>
<td>5.5 UGANDA</td>
<td></td>
</tr>
<tr>
<td>6. GROUP DISCUSSIONS</td>
<td>28</td>
</tr>
<tr>
<td>6.1 IDENTIFICATION OF KEY PLAYERS</td>
<td></td>
</tr>
<tr>
<td>6.2 STRATEGIES FOR COMMUNITY MOBILISATION</td>
<td></td>
</tr>
<tr>
<td>6.3 MAXIMISING PARTICIPATION BY TARGET PERSONS/GROUPS</td>
<td></td>
</tr>
<tr>
<td>6.4 USE OF COMMUNITY RESOURCES</td>
<td></td>
</tr>
<tr>
<td>6.5 ROLE OF VOLUNTEERS</td>
<td></td>
</tr>
<tr>
<td>6.6 ACCESS TO INFRASTRUCTURE</td>
<td></td>
</tr>
<tr>
<td>6.7 STRATEGIES</td>
<td></td>
</tr>
<tr>
<td>6.8 OBSTACLES/BARRIERS</td>
<td></td>
</tr>
<tr>
<td>7. THE CBR PLAN OF ACTION</td>
<td>35</td>
</tr>
<tr>
<td>8. CONCLUDING REMARKS</td>
<td>37</td>
</tr>
<tr>
<td>9. RECOMMENDATIONS</td>
<td>38</td>
</tr>
</tbody>
</table>
LIST OF ANNEXES

ANNEX 1. DECLARATION ON THE RIGHTS OF THE DISABLED
ANNEX 2. LIST OF PARTICIPANTS
ANNEX 3. WORKSHOP AGENDA
ANNEX 4. GROUP DISCUSSIONS: GUIDING QUESTIONS
ANNEX 5. PROFILE OF NGOs
ANNEX 6. LIST OF AVAILABLE MATERIALS
ANNEX 7. COUNTRY-WISE PLANS OF ACTION
ANNEX 8. TALES OF COURAGE
ANNEX 9. CLOSING STATEMENT

* Full volume of Country Papers are available on request from PTSS, UNHCR, Geneva

Community Services Unit/Programme Technical Support Section (TS00)
c/o UNHCR Geneva
Case Postale 2500
CH-1211, Geneva, Depot 2, Switzerland

Fax: (41-22)739-7371
FOREWORD

The International Year of the Disabled in 1981 was also the year when United Nations High Commissioner for Refugees (UNHCR) was awarded the Nobel Peace Prize. The award was justifiably devoted to developing programmes for assisting refugees with disabilities.

Ten years later at the close of the decade a number of individual refugees with disabilities had been assisted in their rehabilitation. However an overall systematic approach was lacking. A manual on 'Assisting Disabled Refugees - A Community-Based Approach' was therefore prepared by UNHCR to orient its staff and implementing partners. It was presented and adopted by UNHCR's staff and implementing partners at workshops covering 48 countries during 1992-93. It was observed that in longstanding refugee situations, refugees with disabilities did not figure as a priority. The reason was that many persons with disabilities had died in the earliest stages of the emergencies, limiting survival to the fittest. The problem was not the absence of good will but rather of know-how on meeting needs of refugees with disabilities in a cost effective and sustainable manner. Suitable strategies needed to be developed from the very outset in order to save lives and support persons with disabilities in their efforts towards self-help.

The community-based approach to rehabilitation developed by the World Health Organization (WHO) held much potential to build this bridge. This approach sought to facilitate the use of resources in the most beneficial manner for vulnerable persons - be they refugees or nationals, in order to improve living conditions and services for all. The Community-Based Rehabilitation (CBR) approach also helps to improve the relations between the refugees, locals and governments in order to integrate this initiative with national programmes.

In 1994, two pilot projects were launched in Uganda and Benin to develop concrete models which could be emulated and adapted in other refugee locations. In the same year, an exploratory joint mission between UNHCR and WHO was undertaken. The Norwegian Association of the Disabled (NAD) and Associazione Italiana Amici di Raouf Follereau (AIFO) participated in the review of the possibility for a joint pilot project. In Uganda, the government had already initiated and developed CBR Programmes for its own nationals. NAD eventually sponsored a pilot programme for refugees.

In 1996, the efforts of the previous two years were to be reviewed and concrete lessons learnt highlighted and worked into a model which would weave together CBR concepts into the refugee context. The current workshop is therefore a culminating point in this process.

The newly revised UNHCR manuals on the community-based approach in refugee settings have been widely circulated and were also made available to all participants during the Kampala CBR workshop. While these manuals have evolved out of field experiences from a range of refugee settings, a more systematised approach to develop concrete and adaptable models to match this vision still remained a challenge.

In the Kampala CBR workshop, disability and CBR were considered as a priority in the refugee context. The active participation of the refugees - community leaders and representatives of persons with disabilities - Government, UN agencies and Non-Governmental Organizations (NGOs) was a special highlight of this workshop. The basis of the collaboration is the existing good will between all partners. They shared a common vision and faith in the CBR process that has been built up over the years.
As some refugees could not travel within the region for political reasons, the main focus was Uganda which has a rich experience in CBR and was the country selected for pilot projects. A total of 38 participants attended.

We would like to extend our sincere appreciation to all those who contributed to making the workshop such a success, especially all the staff involved in the UNHCR Branch Office Kampala (BOK), for accommodating us for the workshop despite a very short notice due to the change of venue, the Ministry of Gender and Community Development and all participating agencies, in particular NGOs from Uganda for contributing their rich experiences. In addition, we would like to express our appreciation to all those who contributed to the success of the workshop such as Marie Lobo, former Senior Social Services Officer, PTSS, UNHCR, Geneva, Geraldine Maison Halls, Scientist, Rehabilitation Unit, WHO and Nemias Temporal, Social Services Officer, PTSS UNHCR, Geneva (for their unstinting efforts in laying the foundation for this initiative).

All participants were provided with the CBR manuals from WHO as well as newly revised UNHCR Community Services informational kits/manuals which were used as the main reference materials during the Workshop. We hope that the messages, content and the materials distributed will reach the various locations including refugee camps, NGOs in the participating countries, UNHCR Branch/Field Offices and be shared with those who could not participate.

The living experience of sharing, participating and belonging to this workshop has reinforced both practical and professional knowledge and reconfirmed the strength in the community-based approach with regard to its capacity to sustain growth and self-efficiency. We hope this workshop has provided a model of CBR which could be duplicated in the various refugee locations. May the common vision, perspective and mutual support achieved in the workshop help us all to continue to seek a better and more manageable life with dignity for the refugees with disabilities.

NAD
Svein Brodtkorb (Mr.)
Development Advisor
NAD, Norway

UNHCR
Jennifer Ashton (Ms)
Senior Social Services Officer
Community Services/PTSS
UNHCR, Geneva

WHO
Enrico Pupulin (Dr.)
Chief Medical Officer
Rehabilitation Unit
WHO, Geneva
0.0 EXECUTIVE SUMMARY

0.1 PURPOSE

The workshop was jointly organized by UNHCR, WHO and NAD to develop a viable model for Community-Based Rehabilitation (CBR) replicable in refugee contexts. The five participating countries in the Eastern Africa Region: Ethiopia, Kenya, Tanzania, Uganda and Rwanda reviewed their accomplishments with CBR programmes. Since CBR is a concept that has been developed in fairly stable communities in developing countries, adapting this to refugee situations has been a challenge as refugees who seek durable solutions, repatriation, integration into local communities or resettlement, do not constitute a stable population.

0.2 PARTICIPATION

The workshop brought together refugees, local community leaders, representatives of persons with disabilities, Non-Governmental Organizations (NGOs), UN agencies and local governments.

0.3 OBJECTIVE

The main objective of the workshop was to review the suitability of the CBR approach in refugee settings in order to develop a model for a feasible plan of action for persons with disabilities and other vulnerable groups with a view to addressing the recommendations to the UN and member states.

0.4 METHODOLOGY

i) A preparatory phase prior to this workshop engaged the participants in self reflection on their problems, strategies and solutions.

ii) Country presentations were prepared and submitted prior to the workshop.

iii) A number of resource materials were made available during the workshop. These included UNHCR manuals on the community-based approach to refugee settings including persons with disabilities, unaccompanied children, WHO manuals as well as locally developed materials (See Annex 6).

0.5 MAIN FINDINGS

The implementation of CBR includes methods of empowering persons with disabilities and vulnerable groups in the community, the use of community resources and methods for ensuring cooperation between refugees, local communities and government support. The main findings are as follows:

0.5.1 Refugee Settings

i) In the refugee context, basic security and peace is the prerequisite in the region to establish and maintain community-based processes of rehabilitation.

ii) Incentives to workers from the community were controversial and needs to be measured against long term sustainability and community involvement.

iii) Support from outside organizations should focus on capacity building and training rather than on direct service delivery.
0.5.2 Vulnerable Groups
i) Vulnerable members such as persons with disabilities, older persons and unaccompanied children need to be integrated in the community and need the support from it. They can also form their own support groups. Their potential needs to be appreciated and used to benefit the community.
ii) Primary Health Care and outreach to refugees and vulnerable groups are important mechanisms for early detection and prevention of disability.
iii) Vulnerable groups should be encouraged to participate in regional and inter-country workshops and exchange visits on common problems and strategies.
iv) A disparity exists between needs of vulnerable persons and services available in refugee settings. Hence alternative and sustainable strategies have to be developed and adopted.
v) A multisectoral approach with involvement of vulnerable groups is crucial. Planning and implementation of the programmes and the development of infrastructure should examine accessibility and use by vulnerable persons.

0.5.3 Local Integration of CBR Services
i) Refugees are often seen as a privileged group vis-à-vis the local residents as international assistance targets refugees. Programmes for refugees should be developed skilfully to ensure that support, not antagonism, towards refugees is generated. Access to services should benefit both refugee and local communities.

0.5.4 Programme Sustainability
i) Sustaining the CBR programmes needs training and continued involvement of all partners.
ii) Refugee participation is a process to be supported from the initial stages of a programme. Adopting systematic measures and involvement of refugees ensures sustainability.

0.6 RECOMMENDATIONS

At the end of the workshop, recommendations directed at community leaders, governments, UN agencies and NGOs were made by participants.

i) Community leaders should be involved in the planning, monitoring and evaluation of CBR programmes. For the implementation and sustainability of CBR, they should create an enabling environment through protection and promotion of the rights of vulnerable groups as well as maximising their participation in community activities.

ii) Governments should also facilitate training of rehabilitation workers in the multisectoral approach to CBR (e.g. medical, social, education) in collaboration with NGOs and UN agencies.

iii) UN agencies should assist/support the government in formulation of guidelines for CBR.

iv) NGOs need to work closely with refugee committees respecting and utilising existing structures in communities. They should involve refugees and vulnerable groups to promote coordination between NGOs and other partners.

v) Recognising the unique circumstances in Rwanda, the group recommended that the government should facilitate support and assistance of vulnerable returnees for social integration in their communities in collaboration with UN agencies and NGOs. NGOs should support the rebuilding of rehabilitation facilities and strengthen associations of persons with disabilities to resume their disrupted activities.
1.0 INTRODUCTION

Conflicts, civil strife and violence in most refugee areas throughout the world have had serious repercussions on efforts to implement assistance and development programmes. Among the participating countries in Eastern Africa, the implementation of Community-Based Rehabilitation (CBR) approach in refugee situations has been facilitated even under those circumstances. Government commitment to ensure security and peace in camps still remains the most basic pre-requisite for establishment of CBR. The ILO/UNESCO/WHO joint position paper on CBR for and with people with disabilities defines CBR as a strategy within community development for the rehabilitation, equalisation of opportunities and social integration of all people with disabilities. However, this strategy presents an important challenge for refugee groups.

The Declaration on the Rights of Disabled Persons calls for action to ensure that it will be used as a common basis and frame of reference for the protection of these rights. According to the Declaration (See Annex 1), persons with disabilities have the inherent right to respect for their human dignity. They have the same fundamental rights as their fellow citizens of the same age which implies first and foremost the right to enjoy a decent life as normal and full as possible. The Declaration states that persons with disabilities shall be protected against all exploitation, all regulations and all treatment of a discriminatory, abusive or degrading nature (Article 10) and that persons with disabilities have the same civil and political right as other human beings and are entitled to the measures designed to enable them to become as self-reliant as possible (Article 5). These rights are supported by the UN Standard Rules for the Equalisation of Opportunities for Persons with Disabilities.

1.1 WORKSHOP OBJECTIVES

i) To review methods of empowering the persons with disabilities and vulnerable groups in the community.
ii) To review methods to ensure cooperation between refugee, local communities and local government support.
iii) To develop a model for a feasible plan of action for durable solutions with regard to persons with disabilities and other vulnerable groups.
iv) To collect information related to the participating countries.
v) To offer the opportunity for participants to share experiences.
vi) To address recommendations made at this workshop to the UN and members states.

1.2 PARTICIPANTS

Participants attending the CBR workshop came from Ethiopia, Kenya, Rwanda, Tanzania and Uganda. The group included refugee representatives, government officials, NGO representatives and UNHCR staff (Refer Annex 2 for list of participants). The participatory nature of the workshop ensured a challenging dialogue on experiences, approaches and perspectives relating to the implementation of CBR programmes within the African Region. The workshop was held on the Makerere University campus, Kampala, Uganda.
2.0 OPENING SESSION

Ms. Jennifer Ashton, Senior Social Services Officer, UNHCR, Geneva, welcomed the delegates from the five participating countries, the senior delegates from the Ministry of Gender and Community Development, Kampala, Uganda and the four key speakers: 1) Ms. Adera Tsegaye/Deputy Representative, UNHCR/Kampala, 2) Mr. J. T. Mirembe/Commissioner for Disability and Elderly, Ministry of Gender and Community Development, 3) Dr. A. B. Hatib Njie/WHO representative, Kampala, Uganda and 4) Mr. Svein Brodtkorb, Development Advisor, Norwegian Association of the Disabled (NAD).

2.1 GOVERNMENT OF UGANDA

Speaker: Mr. Jackson T. Mirembe, Commissioner, Ministry of Gender and Community Development

Mr. Mirembe outlined the Ugandan government's approach and policy for rehabilitation services. The CBR programme implementation was initiated in 1992 in conjunction with the Norwegian Association of the Disabled. The programme covers the institutional, CBR and matrix approach currently operating in seven districts viz.: Bushenyi, Mbarara, Kabale, Iganga, Tororo, Mbale, and Ntungamo. The policy covers three main approaches:

i) Democratisation and affirmative action aimed at uplifting the standard of the vulnerable groups i.e. women, persons with disabilities, youth, refugees in order to enable them to participate fully in political, economic and social development. Further to the inclusion of articles in the Uganda Constitution on the recognition of services to persons with disabilities, the persons with disabilities have five representatives in parliament.

ii) Promotion of community-oriented programmes to enable extension of services to reach the target groups and to encourage participation of the target groups, their family members and the entire community. It is believed that through a community-based service, social integration process will be achieved.

iii) Ensuring security of persons and their property especially in the northern area of Uganda. Peace is seen as a prerequisite of any sustainable development.

CBR in refugee camps is a collaborative effort between the Ministry of Local Government, UNHCR and the Ministry of Gender and Community Development. This collaborative aspect is vital as it not only facilitates implementation of this policy but also minimises wastage of resources. Major activities under CBR programmes include: sensitisation of the community, training of extension workers, persons with disabilities and their families in the management of disabilities, referral, cultural programmes, income generation projects, provision of appliances and supervision. However, with the loose collaboration existing between agents, a plan or programme to streamline the roles of funders and implementors needs to be identified to realise the sustainability of CBR in refugee camps.
2.2 UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR)

Speaker: Ms. Adera Tsegaye, Deputy Representative, UNHCR, Kampala, Uganda

Ms. Tsegaye expressed her appreciation for the uniqueness of the workshop as it included refugees and community leaders from refugee affected areas who could provide their own insights and actively participate in designing the guidelines for introducing CBR in other refugee affected areas.

She pointed out that Uganda was chosen as one of the pilot countries for introducing CBR among refugees in September 1994 and during 1995, the programme was launched in Pakelle/Adjumani with the assistance of the Ministry of Gender and Community Development, NAD and their agency partner ACORD (Agency for Cooperation and Research in Development). In this northern Uganda pilot project, refugees have been allocated land for settlement by the government. This strategy has enabled UNHCR to develop an integrated approach to assistance, providing support to both refugee and nationals in developing infrastructure, health and social services to benefit the entire community.

In this context, refugees and locals have many ethnic, cultural and historic ties that bind them together as a relatively homogenous community making the task of promoting integration simpler. The CBR programme in Uganda began with a team linking UN agencies and NGOs in field assistance. The integration approach requires strong cooperation between agencies.

Ms. Tsegaye hoped that the Uganda experience will provide insight and that the workshop will take the time to review all constraints and potentials facing refugee hosting communities in Eastern Africa in order to design effective and practical guidelines for implementation.

2.3 WORLD HEALTH ORGANIZATION (WHO)

Speaker: Dr. A. B. Hatib Njei, WHO Representative Kampala

Dr. Njei pointed out that Africa today has the dubious and unenviable position of holding the world record for the largest number of refugees and displaced persons all generated internally. The absence of peace and stability in the region constituted the greatest impediment to the region’s socio-economic development in general and to health development in particular. The rapidly escalating level of unmet needs of disability prevention and rehabilitation prompted the World Health Assembly in 1978 to promote the concept and practice of CBR globally- an approach that is believed to be practical and sustainable.

He informed the group that the outcome of the 1993 UNHCR/WHO Dakar meeting to jointly examine the concepts and principles of CBR within the refugee setting resulted in the setting up of two pilot CBR projects for refugees, one each in Benin and Uganda.

Dr. Njei pointed out that the rehabilitation needs of the children who are continually being exposed to the most psychologically traumatic experiences must be addressed with more seriousness and urgency. A major challenge of the workshop, he said, would be to identify the most appropriate
ways and means of fostering better understanding and working relationships among governments, host communities and relief agencies. Without such a collaborative environment, effective extension of CBR activities for refugees will remain at best difficult and the ultimate goal of durable solutions will be impossible to attain.

2.4 NORWEGIAN ASSOCIATION FOR THE DISABLED (NAD)
Speaker: Mr. Svein Brodtkorb, Development Advisor, NAD, Norway

Mr. Brodtkorb explained that the aim of the workshop was to look into possible means of improving the situation for displaced and vulnerable persons (both indigenous and refugee) in a refugee situation where people are struggling for their own survival, and where persons with disabilities have less chance than the rest. An improved CBR programme in the refugee affected area would mean improved living conditions for persons with disabilities among refugees and indigenous people. Mr. Brodtkorb pointed out that the intention of the workshop was to bring together persons with practical experience from working in refugee settings in the region, both from public and private sectors as well as from persons with disabilities. NAD hopes that the outcome will provide practical guidelines for their continued work in the refugee affected areas to implement a qualitatively better CBR programme in the future.

***At the end of the opening session, Mr. Jackson T. Mirembe, Commissioner for Disability and Elderly, Ministry of Gender & Community Development was elected as Chairperson and Ms. Christina De Sa as Workshop Rapporteur.
Global trends in disability and rehabilitation

In recent years, increasing attention has been given to disability and rehabilitation issues in most countries of the developed and developing world. This has been due in part to the growing number of persons with disabilities who have been joining together in advocacy organizations to speak up for their rights, resulting in actions being adopted at the national and international levels.

These recent trends have led to some gains in the lives of some persons with disabilities, however, for the vast majority of persons with disabilities, life holds little or no hope for the future. Physical, social and psychological barriers relegate these individuals to the margins of society and as such, persons with disabilities can be considered as members of the increasing number of vulnerable groups seen in many countries.

There is still great disparity between needs of persons with disabilities and provision of services. This is most evident in developing countries where, very often, the most basic services are unavailable. In the developed countries, even though the services may be available, the majority of persons still have limited opportunities to participate fully in the mainstream of life.

For many developing countries, the disability problem is not seen as a priority in the light of the prevailing constraints in the availability of resources to improve socio-economic conditions generally. However, it is clear that without effective action, the consequences of disability will only increase the problems which a country must address.

The need for major changes to be made in current approaches being used in dealing with disability and rehabilitation issues is becoming more and more critical, if substantial advances are to be seen in this field by the end of the decade.

Further, there is a need to broaden the concept of rehabilitation beyond the medical approach and rehabilitation. The continuum between primary, secondary and tertiary prevention aspects i.e. linkage between prevention measures, curative services and rehabilitation needs to be strengthened. In addition, the continuum between emergency, post-emergency and normalisation responses needs to be more closely linked.

Responding to the global challenge

In response to the mandate given by the World Health Assembly for the development and promotion of strategies for the rehabilitation of persons with disabilities, the WHO Rehabilitation Unit in 1978, began to promote Community-Based Rehabilitation (CBR) as an alternative approach to rehabilitation. Later, WHO was joined by the ILO and UNESCO in adopting CBR as the most feasible strategy to meet the global challenge of disability.
In a Joint Position Paper on CBR (ILO/UNESCO/WHO, 1994), CBR is described as:
"a strategy within community development for the rehabilitation, equalisation of opportunities and social integration of all people with disabilities".

While more conventional approaches of rehabilitation emphasise changing individuals with disabilities in terms of their functional capacities, the community-based approach focuses on bringing about changes within the community to accept and support the rights of persons with disabilities as equal members. Those changes involve the assumption by the community of its responsibility for meeting the needs of its members with disabilities. In this sense, the community-based approach seeks to revitalise kinship links and traditions of mutual help and solidarity, and to extend the capacity of the community to absorb persons with disabilities in its socio-economic and political life.

The refugee situation

Over the past two decades, there has been an added dimension to the socio-economic and political challenges facing many countries as a result of the consequences of armed conflicts and wars. This has led to a growing number of persons who are now identified among the groups of vulnerable people. Within these groups can be included refugees and displaced persons, many of whom have some form of disability.

Persons with disabilities are at a disadvantage in any society. In refugee situations, where people are in a desperate struggle for survival, persons with disabilities have less chance than the rest.

UNHCR has the mandate to protect and seek durable solutions for refugees through legal, humanitarian and practical strategies. As a part of its community-based approach to working with refugees, UNHCR advocates the full social integration of refugees with disabilities within the context of the family and community. UNHCR stresses the importance of the participation of refugees in the identification of their needs, and in the design and implementation of programmes to meet those needs, based on the principles of self-help and self-reliance.

WHO also has a mandate to work with vulnerable groups, for in 1989, WHO was requested by the World Health Assembly to give special attention to the provision of rehabilitation services for particular population groups such as displaced persons and war victims. In addition, WHO was also requested to strengthen collaborative work with other UN agencies and NGOs for disability prevention and rehabilitation. Our experience shows the need for a multisectoral approach.

Initiatives introduced among refugees

In response to the mandates given to UNHCR and WHO, the two agencies have been developing a strong collaboration in the area of refugees and disability. This collaboration has sought to combine the expertise of UNHCR in community services among refugees with the expertise of WHO in CBR, and over the last 5 years, UNHCR and WHO have been involved in the implementation of some CBR initiatives among refugee groups.
In 1993, WHO was invited to participate in a UNHCR meeting in Dakar to present the concept and principles of CBR. The meeting gave its approval that CBR could be accepted as an appropriate strategy for refugee settings.

On the basis of recommendations from the meeting, two countries were selected to implement pilot projects. The countries were Benin and Uganda because they already had ongoing CBR programmes which had been established by their respective governments. In Uganda, the national CBR programme had been introduced by the Ministry of Local Government with support from NAD.

During 1994, there was a joint field mission in Uganda. The mission team included UNHCR, Ministry of Local Government of Uganda, NAD and WHO. The team met with UNHCR staff, refugees and their leaders, and government officials at central and local level. The concept of CBR was shared with the persons met and their views were sought in order to assess the feasibility of the CBR study.

In both Benin and Uganda, there was tripartite cooperation between UNHCR, WHO and the "hosting government," with the government of Benin providing training to selected persons from the refugee settlements. The involvement of the government, therefore, provided an ideal opportunity to study the collaboration between the "hosting" government as represented by the local community and refugee settlements.

Subsequent reports from the two pilot projects indicated that there were positive experiences from the implementation of the CBR projects. At the same time, the constraints and possible solutions were also identified. There were also recommendations that the concept of the "disabled " needed to be broadened. Based on the experiences from the field, it was seen that the refugee community had identified a larger group of individuals as "persons more in need" or "persons with a social disadvantage." Within this group were included older persons, unsupported mothers, unaccompanied children and persons with mental and physical disabilities.

As a result of the positive experiences reported from the pilot projects, a decision was taken to extend the study area for the implementation of the CBR to include more countries. It was, however, felt that contingent upon this, was the need for further discussions about the feasibility of CBR in the refugee setting. In addition, it was suggested that out of these discussions, it would perhaps be possible to develop a common strategy which could be applied in different countries. This strategy would relate to the broadly defined concept of disability.

Is CBR realistic in refugee settings?

Over the last two decades, a number of countries have introduced CBR programmes, but the experiences have generally been limited to work in established communities in rural settings. The strategy of CBR in the refugee context now offers a new challenge. Given the transient nature of the status of refugees and displaced persons, is it realistic to expect that the principles of CBR can be transferred to that setting?

Implicit within the philosophy of CBR are the principles of equalisation of opportunities and social integration. Linked to these principles are elements which include respect for human rights, solidarity, kinship, cooperation and community building. These are fundamental to the strategy of community development. As such, the principles of CBR appear to be relevant to persons at a social
disadvantage in any community. It would therefore seem possible that CBR can provide a means for improving the status of vulnerable groups/persons in the refugee context.

Finding solutions

It is against the background of work already initiated by UNHCR and WHO, and the urgency of finding feasible solutions to address the needs of persons at a social disadvantage in refugee settings, that this meeting has been convened, here in Uganda.

The meeting signals another milestone in the strengthening of the collaboration between UN agencies. At the same time, it provides an ideal opportunity for representatives from refugee camps, refugees with disabilities, community leaders, government representatives in charge of either CBR programmes or refugee affairs to meet together to determine whether the CBR strategy is realistic for refugee settings and if so, how can the principles be translated into feasible actions?

Among some of the issues which will be examined during this meeting are:

- Is disability a perceived priority within refugee settlements, given the broadly defined concept of disability?

- Is community involvement realistic when people are engulfed in poverty and have no sense of being a community?

- Do settlements of refugees and displaced persons have the traditional community organizations and social support networks seen in established communities?

- Is it possible that there could be cooperation between the refugee settlements and the local community?

- Is there a danger that the CBR programme will be dismissed as an irrelevance by a people who are consumed by issues of survival?

As we move closer to the year 2000 and beyond, and as countries strive towards improved quality of life for their citizens, it is more and more imperative that innovative strategies be developed to address the needs of the growing number of vulnerable groups.

Parallel to the study of the development of CBR among refugees and displaced persons is a similar study being done about the feasibility of applying the CBR strategy in slum communities. Both activities give due recognition to the fact that slum dwellers, refugees and displaced persons, all warrant special attention. However, it is obvious that for any plan of action to be effective, the plan must be broad based and not be focused on needs of individuals, but rather on the whole community.

The challenge of this meeting therefore, is to find durable solutions which are realistic and provide the means for stimulating community development. In the context of refugee settlements, the meeting will be challenged to determine what this means for refugees and displaced persons, for the hosting country as represented by the local community and for the country of origin.
4.0 WORKING PAPERS

4.1 WORKING WITH REFUGEES

Speaker: Ms. Jennifer Ashton, Senior Social Services Officer, UNHCR, Geneva

Ms. Ashton outlined the reasons why UNHCR supports refugee participation and how this new thrust supports the CBR approach in refugee settings. Support of refugee participation is part of the shift within UNHCR from Social to Community Services. The Social Services approach has focused on the individual but the name change to Community Services highlights the move to community-based strategies which involve working with refugees in their community.

It is generally agreed that refugee participation is good. But words and actions are two different things. Often to implementing partners, refugee participation means simply mobilisation to do menial tasks - constructing latrines or digging ditches!

**Importance of refugee participation:**

A. Participation enhances normal coping processes.
   
   Psychologists state that participation:
   
   i) Builds self-esteem
   
   ii) Rebuilds self-confidence
   
   iii) Reduces feelings of isolation
   
   iv) Reduces lethargy, depression and despondency.
   
   Therefore, having experienced trauma, refugees should be involved in meaningful activities as soon as possible. If refugees are regarded as victims, they are seen as helpless, distraught and generally unable to cope with events; people who need to be cared for, rather than given the opportunity to help themselves. Such a view can be self-perpetrating; people denied the opportunity to participate lose a sense of control over their lives and may become lethargic and eventually dependent.

B. Participation maintains the dignity of refugees.

C. Participation is cost-effective.
   
   i) Refugee labour is cheaper than hiring outside labour. Often refugees provide services on a voluntary basis.
   
   ii) Refugee participation in project assessment and design can avoid costly mistakes by outside experts unfamiliar with refugee social and cultural practices

D. Participation promotes protection and care of vulnerable refugees

   Internal protection problems are usually the result of people's feelings of isolation, frustration and lack of belonging to a structured society. Refugee participation builds a sense of community and thus a responsibility for community affairs, including care for more vulnerable members.

   If agencies encourage refugee participation, there are more avenues of communication between agencies and refugees, making protection incidents easier to detect and control.
E. Participation leads to self-sufficiency

If refugees are involved in planning and decision making, they can much more easily take over programmes completely.

Refugees should be involved in all phases of a relief operation: needs assessment, project planning, project implementation, monitoring and evaluation.

Issues in refugee participation:

A. Accountability

Agencies are accountable to their donors and host country, not to refugees. There are thus no corrective mechanisms through which refugees can demand a greater say in their affairs.

B. Who are the refugee leaders

It is easiest to work with younger, educated and bilingual refugees, but they are not the traditional leaders and may be in conflict with them. Traditional leaders should be involved in advisory and decision-making roles while younger, educated refugees manage day-to-day operations (subordinate to traditional leaders).

It is easier to designate the first arrivals as leaders, and institutionalise them as such. This causes problems if and when traditional leaders arrive later and demand to be recognised.

Leaders are more likely to leave the camps - if they work with expatriates, they may be resettled or they may assimilate into the community or repatriate. Agencies should anticipate turn-over by identifying several back-up people.

C. Volunteer vs. salary workers

Despite the belief that refugees should serve their community voluntarily, this cannot be sustained on a long-term basis as refugees require money for necessities.

Constraints to refugee participation:

A. Official constraints

i) Government fears losing control of camps

ii) Reservation of benefits for host country nationals; governments of poor countries want all salaried positions to go to their people

iii) Government fears that participation and employment may create permanency, thus obstructing repatriation

B. Economic constraints

Agencies argue that refugees cannot be involved in emergencies because:

i) paid refugee labour competes for scarce funds

ii) costs will increase because of delays while refugees are organized and trained

iii) refugees should provide voluntary labour
C. Managerial constraints

Often government or agency personnel in charge during a crisis have a military or logistical background and participatory activity runs counter to their idea of how a camp should be managed. They can see community participation as an obstacle to camp development and management.

All of these issues will be familiar to those of you working in CBR. There are no easy solutions, but identification of key issues can help in the development of sound community-based programmes.

4.2 OVERVIEW OF CBR

Speaker: Dr Enrico Pupulin, Chief Medical Officer, Rehabilitation, WHO, Geneva

Rehabilitation can be undertaken through an institutional-based approach, by an outreach programme in the community and through the community-based approach.

The CBR approach has developed as a response to disability in the developing world. The goal is to "support" persons with disabilities to achieve their optimum capacity within their communities. In this approach, the people identify their needs and their own resources to meet these needs.

While involvement of persons with disabilities, their families and the community is a vital aspect in this approach, it needs to be supported by referral services whenever necessary. People of standing in the community, such as civic and religious leaders, need to be involved as their position of trust in the community. It is very important for the initiation, transmission of new ideas and the mobilisation of the community to take responsibility.

Disability is not only a physical concept but involves every aspect of human existence; namely, physical, psychological, social and cultural aspects. Giving a person with disabilities a prosthesis is not the full answer to his/her problems. Lifting of the social barriers is equally important to enable the person with disabilities be integrated into the community. Awareness programmes and education of the community about disabilities is very important. Providing work opportunities as well as training for the persons with disabilities need to be undertaken.

CBR is a strategy. For the implementation of this strategy, it is important to recognise that every community and country has to find its own way within community development for appropriate results.

CBR implementation is the joint efforts of many role-players including the combined action of persons with disabilities, families and communities. Along with this, supportive services through health, education, employment, and other social services are also necessary.

WHO's expectations are centred on how to get the community more in charge of CBR. It is necessary that there is an increase in awareness among service providers about limitations in building relationships with the community. This group can identify ways and means of facilitating this process of relationship building.
CBR is a vital rehabilitation strategy and process for equalising opportunities for social integration. Knowing the economic and political barriers is important as well as the available resources for the implementation of strategy. The identification and the building of supportive systems are also important. Persons in the community with useful skills to develop a CBR programme are crucial. Although the providers of services are important, it is the beneficiaries (refugees and other vulnerable groups) who are pivotal to the CBR programme. The development of a Comprehensive Plan of Action should take all these factors into consideration.

4.3 THE PERSPECTIVE OF DISABLED PERSONS ORGANIZATION (DPO)

Speaker: Mr. Svein Brodtkorb, Development Advisor, Norwegian Association of the Disabled (NAD)

History of NAD:

The Norwegian Association for the Disabled (NAD) was established more than 65 years ago by groups of persons with disabilities in Norway to fight for rights of persons with disabilities and for one society for all. Methods have been changing with the general development of society. Initially, provision of appliances and assistive devices to persons with disabilities were main activities. During the years after the second world war, NAD focused on establishing institutions and protected workshops which were later taken over by the government. In today's society, NAD is advocating for equal rights for persons with disabilities and advising the government at all levels in planning and implementation. As a consequence, NAD has a decentralised structure with branch offices in all the 19 counties as well as in 360 municipalities in Norway.

In addition, NAD is engaged in development work in Africa and the Middle East and has decided to concentrate support to a few countries in order to maximise the effect of providing its resources. Mr. Brodtkorb pointed out that NAD are at the present time supporting national CBR programmes in Eritrea, Ghana, Namibia, Uganda as well as in Palestine. As NAD highlights solidarity within the Norwegian society, this is also extended to persons with disabilities in developing countries. Practical and professional support is made available to the development of voluntary organizations (DPOs) and services for persons with disabilities in their own local communities. NAD’s engagement in development work also signals to ultra conservative political currents in the Norwegian society that NAD does not sympathise with nor accept to be used as alibi by these political groups in their attempts to make cuts in the funding of development work through our national budget, claiming that the national funds should rather be used on the needy within the Norwegian society.

NAD focuses on two major fields:

1) Assisting governments technically and financially in developing CBR programmes within existing structures and resources. The role is advisory and financial support is directed towards capacity and competence building and not towards running costs.

2) NAD regards support to sister organizations, small or big, as an essential part of development work. Support to sister organizations - technical and financial - is made possible in order to
increase their capacity in advocacy and sensitisation efforts. Confidence building within local organizations is considered a priority in order to enable them to become influential as pressure groups at all levels and to become advocates of disability rights. This task can only have a meaning if a country converts these rights into practice.

The DPO Perspective

The activities in a CBR programme are based on local resources and organized through locally existing structures. In a programme like the one that is about to be established in the refugee affected areas of Uganda, there are at least four important arguments for identifying, involving, and integrating DPOs/PWDs (persons with disabilities) in the planning and implementation process:

* PWDs represent a substantial portion of the needy in the local and the refugee community, they represent the users of the services provided through the programme.

* PWDs are the most important factor in sensitisation and awareness creation to change attitudes in the society.

* PWDs have a personal motive in sustaining programmes.

* PWDs know better than anyone about the identification of actual needs and problems and are therefore, in the best position to propose solutions.

In a CBR programme, the DPOs and the persons with disabilities will have two major roles:

1) To sensitise and mobilise persons with disabilities to improve on their own living conditions in their own environment

2) To sensitise and mobilise a society, making a society aware of its responsibilities, to take part in improving the conditions for persons with disabilities and to secure their participation and their rights.

Joint Approach/Multisectoral Approach:

If the CBR Programme is to succeed, it needs to be multisectoral by nature. Community development staff, health staff as well as education staff, both in the private and the public sector should not limit contacts with DPO's to consultations, but ensure full integration and participation in the planning and implementation process.

Closing Remarks and Appeal to Present Refugee Settlement Planners and Implementors:

1) Planning and designing a refugee settlement should aim at locating the infrastructure (water pumps, schools, clinics, etc.) in such a way that it will benefit both the refugees and the indigenous population. This will boost integration.
2) During allocation of housing plots to the refugees, one should consider the problems of the mobility of persons with disabilities and older persons. Efforts towards creating clusters of older persons or persons with disabilities should be avoided because it will have a negative impact on integration. However, the location of persons with disabilities and older persons should not be too far from the services and infrastructure in the settlements.
5.0 COUNTRY PRESENTATIONS SUMMARY *

5.1: ETHIOPIA
5.2: KENYA
5.3: RWANDA
5.4: TANZANIA
5.5: UGANDA

(* Full text of Country Papers available on request from PTSS, UNHCR, Geneva)

5.1 ETHIOPIA

The Community-Based Rehabilitation programme activities in Ethiopia are being undertaken by the Rehabilitation Agency of the government as follows:

1. The national disability survey project was undertaken along with the census in cooperation with the central statistics authority. The results are expected very soon.

2. In order to enhance the smooth implementation of CBR, two provinces with 19 districts were selected as a pilot project area and 20 community rehabilitation workers were selected and trained. 75 community rehabilitation aides were also trained.

3. In cooperation with Handicap International (HI) two low cost aids and devices production centres were established in the project areas. These centres aimed to supply appliances to persons with disabilities. Over 800 persons have benefitted.

4. In order to assist the persons with disabilities to settle in agricultural areas, 82 persons with disabilities were provided with various skills and have been settled in an agricultural settlement as part of the rural vocational rehabilitation scheme.

5. In order to create awareness, "student's disability clubs" are established in 10 secondary schools in the project area. Income generating activities have also been initiated.

6. In order to assist Somali refugees with disabilities in the eastern parts of Ethiopia located in eight camps, Handicap International (HI) has established an orthopaedic workshop in Jijiga town. Four refugees have been trained in making appliances and are working as a team in the mobile workshop. This programme was started in 1990 and over 5,000 refugees with disabilities have been provided with various appliances.

7. HI has established an orthopaedic workshop Gambella workshop in order to assist refugees with disabilities in the three camps where refugees from South Sudan are accommodated. Five nurses and two technicians have been provided with relevant training. This programme started in 1995 and about 70 refugees with disabilities and persons from the local community have benefitted.
8. As the major objective of the programme is to enhance CBR, the Rehabilitation Agency (governmental) and HI in cooperation with UNHCR and Administration for Refugee and Returnee Affairs (ARRA), a government autonomous agency have designed the programme and are currently working jointly for the provision of rehabilitation services in the refugee camps.

5.2 KENYA

A. Objectives

1. To empower and increase participation of persons with disabilities in community activities.
2. To provide knowledge and skills for self reliance to persons with disabilities.
3. To equip families and communities to prevent disability and care for persons with disability at the family level.
4. To equip CBR workers and other role-players with knowledge and skill in management of CBR programme to ensure sustainability.
5. To equip the community with skills in production of appropriate appliances.

B. Operational Areas/Target Groups

Dadaab and Kakuma refugee camps with an estimated population of 150,000 refugees, serving about 15,000 persons with disabilities. Other vulnerable groups include unaccompanied minors, single headed families, elder persons, widows, orphans, women victims of violence.

C. Activities

- Training/Education (Adult education) for families with family members with disabilities and CBR workers.
- Income generation activities.
- Production of appropriate appliances.
- Home visit/support group activities.
- Specialised management of persons with disabilities.
- Sports and recreation.

D. Major Achievements

- Increased awareness and participation of persons with disabilities and communities in CBR.
- Training of CBR workers and families at various levels in prevention and management of persons with disabilities.
- Training of persons with disabilities in all categories in all various, independent living skills, vocational skills and literacy leading to income generation activities and integrating into the community.
E. Major Constraints

- Lack of expertise in specialised training.
- Lack of adequate funding by UN bodies and implementing agencies for implementation of CBR programme.
- Location of refugee camps makes accessibility to services difficult.

F. Future Plans

- Increase awareness creation and participation of persons with disabilities and the community in CBR.
- Increased training at various levels for the CBR workers with disabilities and the community in management and implementation of CBR programme.
- Lobby with governments and NGO's and UN bodies for increased funding.
- Empower persons with disabilities and their families with skills for income generation activities and integration into the community.

5.3 RWANDA

A. Objectives

1. To collect and compile statistics of vulnerable groups.
2. To increase awareness about CBR.
3. Rehabilitation.
4. Advocacy.
5. Sustainability.

B. Operational Area/ Target Group

Vulnerable groups, community members and associations for persons with disabilities in the entire country.

C. Major Activities

- To collect data on vulnerable groups to prepare documentation.
- Use of radio transmission, TV, newspapers, meetings, seminars to increase awareness regarding CBR.
- Resumption of services, training, community organization and mobilisation to restart association activities, education on prevention of disability.
- Use of writing, literature, music, seminars, forums, sports, media, meetings, party for persons with disabilities for advocacy.
- Income generating activities.
- Community organization with leaders, national workers, doctors, orthopaedic technicians, physiotherapists, social and education workers.
D. **Major Achievements**

- A census has been done, however another one is required due to returnees resulting in an increased population.
- One rehabilitation centre is partially functioning. Handicap International is operating it with orthopaedic technicians and physiotherapists. Many associations for persons with disabilities have resumed their activities.
- Participation of groups of musicians (with disabilities).
- Liaison with local government for the use of radio transmission for mobilising society for advocacy on CBR.
- Organization of the 14th International Day for the Disabled in December 1995.

E. **Major Constraints**

- Migration of population (returnees) and increase in the number of persons with disabilities (due to mines, accidents) and vulnerable persons.
- Lack of funds.
- Lack of professional workers (including doctors, medical workers,) and drug supply.
- Poor buildings & infrastructure such as schools, hospitals, water, electricity.
- Lack of food in refugee camps and in villages for returnees.
- Increase in demand for rehabilitation centre services with limited equipment and personnel.
- Musical instruments need to be rented by musicians group involved in advocacy for CBR.
- No funds for organising seminars, forums etc.
- Laws in favour of the persons with disabilities not yet recognised by parliament assembly.

F. **Future Plans:**

- Collection of census data by local government.
- To recommence activities in other centres which existed before the 1994 events.
- To look for financial support for CBR activities.
- Training of nationalists for continuing activities in rehabilitation centres, associations for persons with disabilities.
- To develop infrastructure i.e. houses, schools, hospitals, lodgings and offices, obtain furniture and transport.
- To sensitise parliament assembly for recognition of the rights of the persons with disabilities.
- To use media- radio, TV, newspapers for mobilising society.
5.4. TANZANIA

A. Objective

The main objective of the community-based rehabilitation programme is to support community initiatives, and community participation thereby avoiding a permanent dependency. The community is encouraged to identify their own problems, causes and solutions.

B. Activities and Achievements

In Ngara District (Kagera region) the policy is geared towards assisting vulnerable groups through the mobilisation of the community, volunteer groups, youth, women etc. to provide social assistance such as home-based care. In 1994 Handicap International (HI) started assisting refugees aiming to provide maximum assistance to persons with physical handicaps and to train refugee staff on rehabilitation of persons with disabilities.

In Kigoma Region aspects for the persons with disabilities have been handled through the local hospital for needs such as orthopaedic devices, therapy and medical examination. The Catholic Diocese of Kigoma with assistance from NORAD has been running a CBR centre at Kakonko in Kibondo District. It has organized training for the persons with disabilities, for parents of children with disabilities and skill training for the persons with disabilities of both locals and refugees etc.

In 1994 a survey conducted by HI indicated that 2,065 persons were physically handicapped in Ngara. By 1995, 90% were already assisted. In 1995 HI provided 21,000 physiotherapy treatments to refugees and issued 950 orthopaedic appliances; 11 physiotherapist assistants were trained and are currently working in rehabilitation centres.

C. Major Constraints are lack of material, technicians and funds especially in a local hospital, MAWENI, in Kigoma and in the Catholic Diocese of Kakonko.

D. Future Plans are to strengthen the increase of participation of the persons with disabilities in training and micro projects organized within the camps.

5.5 UGANDA

A. Objectives

1. Provision of similar services to both refugees and nationals for better cooperation.
2. Involving the vulnerable groups in the planning and delivery of services.
3. Empowerment of vulnerable groups in the improvement of quality of life.
B. Operational Area and Target Groups

National programmes are being implemented in:

- 13 out of the 39 districts in Uganda.
- In one district (East Moyo) in the refugee affected areas.
- Target groups are: 1) Persons with disabilities; 2) Unaccompanied minors; 3) Single headed households; 4) Older persons.

C. Activities

- Training
- Provision of appliances
- Data collection
- Publicity
- Income generating activities
- Referral services
- Counselling
- Provision and construction of shelters for the persons with disabilities by community members
- Fostering services for the unaccompanied minors
- Cultural activities

D. Major Achievements

- 7,338 persons with disabilities and their parents have been trained.
- 278 community development extension workers have been trained.
- 515 persons with disabilities are receiving home based care.
- 109 children with disabilities are attending national schools.
- 154 have received correct surgery.
- 583 appliances supplied.
- 1078 appropriate assistive devices have been produced.
- Persons with disabilities have been presented by 5 members in the parliament.

E. Major Constraints

- Inadequate funds
- Lack of adequate information for target groups
- Delay in delivery of services i.e. appliances

F. Future Plans

To develop a CBR programme that will have a co-ordinated strategy in 1997 - 2007. Collaboration between government and NGOs working with vulnerable groups will be encouraged.
6.0 GROUP DISCUSSIONS

The primary objective of the group discussions was to provide participants with the opportunity to examine in detail a number of key issues related to the development of CBR in refugee settings, such as;

1) the identification of key players
2) strategies for community mobilisation
3) maximising participation by target persons/groups

During these discussions, participants were sometimes divided into working groups according to their usual roles and areas of responsibilities, for example:

- Refugees - Government officials - UN agencies - NGOs

Prior to the working group sessions, there was consensus about the following:

- CBR as a process has developed at a different pace in different countries and in an unique manner which is related to the culture, socio-economic development and government policy.
- CBR approach in refugee settings is an important priority and has much potential in improving the status of refugees.
- CBR can also be applied to other vulnerable groups including single headed households, the older persons and unaccompanied children.
- Persons with disabilities are entitled to have their special needs taken into consideration at all stages of economic and social planning. Social support networks and community-based organizations have good potential to foster a community-based approach in the rehabilitation of the persons with disabilities.

The main issues can be summarised as follows:

6.1 IDENTIFICATION OF KEY PLAYERS

In order to ensure that CBR progresses along sound lines it is essential to identify key players from the start. The process for this identification is as important as the end result. Training of the key players such as community leaders, parents, and families was seen as an important element to empower these individuals and to strengthen their roles in the programmes. Training could also be provided to trainers and community supervisors. This could be undertaken in consultation with NGOs, UNHCR, WHO and other agencies. External resources which are not within the access of refugees may need to be provided.

More specific points raised during the discussions related to the following headings:
- Who are the influential people in the community
- How to identify the key players, how to gain and maintain support,
- Identification of training needs
a) Who are key players within the community:
The following groups were considered to be influential within the community:
- Religious leaders, traditional leaders, parents of children with disabilities, CBR workers, social workers, primary health care workers
- Women leaders, youth groups, chiefs, etc.
- Refugees leaders, teachers, caretakers and persons with disabilities
- Leaders in existing community structures e.g. clan leaders

b) How to identify key players:
These persons could be identified by engaging in the following activities:
- Community visits and outreach programmes to ensure community acceptability
- Meetings of refugee and community leaders
- Individual and group interviews
- Identification of key actors by community members
- Identification of existing skills and professionals within the community through involvement of target group representatives.
- Understanding group dynamics within communities through observation and consultation aimed at identifying skilled manpower.

c) Training needs:
- Counselling skills
- Approaches to CBR
- Leadership skills
- Management skills
- Technical skills

d) Gaining and maintaining support of key players:
In order to gain and maintain support from the community and to deal with uncooperative persons, it is important to establish good relationship with key players from the initial stages of the programme. Important ways include:
- Training and sensitisation
- Community selection of key persons for training
- Ongoing evaluation by community and ongoing assessment of 'uncooperative' persons in order to determine future priorities and directions
- On-going encouragement from community leaders in order to gain acceptance and the eventual support of uncooperative persons within the community
- Regular exchange programmes
- Encouraging, enlightening, motivating and building confidence in key players

6.2 STRATEGIES FOR COMMUNITY MOBILISATION

Several strategies for CBR have been found to be effective in mobilising communities and building on optimism. Despite competing problems within refugee settings, processes can be facilitated to strengthen the active involvement of persons with disabilities refugees and other vulnerable groups. Factors which could result in the ineffectiveness of strategies were also identified.
a) Effective strategies include:
- Involvement of target groups and community at large from initial stages
- Utilisation of local existing structures
- Emphasis on use of locally available resources.
- Advocacy strategies for affirmative government laws and policies to involve persons with disabilities to be key stake-holders in decisions affecting them
- Continuous follow-up
- Monitoring and evaluation
- Ongoing training
- Recognition of services of CBR workers (e.g. certificates, awards)

b) Strategies to raise the profile of those with disabilities:
- Advocacy by associations/organizations
- Provision of statistics of persons with disabilities
- Use of all forms of the media
- Representation of persons with disabilities in a political platform, social groups and community-based associations
- Participation of persons with disabilities in seminars/workshops/conferences
- Information dissemination on achievements of successful groups of persons with disabilities
- Training of community workers to manage their own programmes
- Creating opportunities for interaction e.g. drama, games, exhibitions, etc.

c) Factors resulting in ineffectiveness of strategies ineffectiveness for community mobilisation include:
- Lack of awareness and sensitivity to needs of target groups and their involvement in the programme
- Implementation of 'borrowed' ideas without consultation with local community
- Poorly skilled personnel and training opportunities
- Lack of training programmes for community workers
- Lack of recognition of achievement of role players/and programme
- Lack of clear objectives in monitoring and evaluation
- Lack of funding and built-in sustainability

6.3 MAXIMISING PARTICIPATION BY TARGET PERSONS/GROUPS

The involvement of the target groups in all stages of the CBR programme development is crucial for maximising their participation. They should identify needs and be encouraged to contribute human and material resources. They can be encouraged to form organized groups as a way of maintaining their involvement in planning, implementation, monitoring and evaluation of the programme.

6.3.1 Strategies:

1) Recognition by the community of the roles and contributions of the target groups
2) Building trusting relationships with the target groups
3) Empowerment of refugee workers through the enhancement of appropriate skills in leadership and community participation
4) Utilisation of talents and skills in all activities of CBR projects

6.4 USE OF COMMUNITY RESOURCES

Community resources include both human and material resources. Human resources were identified as being all available skills in the community and included the following persons:
- Persons with disabilities themselves
- People with some schooling experience
- Teachers
- Instructors
- Community health workers
- CBR workers
- Traditional birth attendants
- Community leaders (formal and informal)
- Family members
- Tracing officers (NGOs)
- Social workers
- Community artisans (including carpenters, blacksmiths, masons etc.)
- Religious leaders

Among the groups and organizations, identified were:
Traditional and community support groups including mutual social associations (Idirs). Financial Cooperative Societies (Ekube) are all important structures that need to be utilised for the mobilisation of communities to provide support for their vulnerable population.

Material community resources include:
- Land
- Locally available building materials
- Funding
- All existing government and camp infrastructure
- Religious centres (churches, mosques)
- Rehabilitation centres in the locality

6.5 ROLE OF VOLUNTEERS

The groups discussed the role of volunteers in a CBR programme and whether they could be expected to provide unpaid services on a long term basis. The provision of incentives to volunteers was considered a difficult question that needs to be carefully examined in terms of long term involvement and programme sustainability.
Volunteers in CBR programmes could take on the following roles:

- Creation of social awareness
- Counselling
- Identification of key problems of the vulnerables/persons
- Sharing/Dissemination of knowledge and skills
- Developing linkages between the vulnerables and NGOs involved
- Mobilisation of community resources and facilitation of contribution of materials
e.g. for road/house construction, firewood, books etc.
- Building solidarity and leadership.
- Provision of training and services

6.6 ACCESS TO INFRASTRUCTURE

In the implementation of a CBR programme, attention should be given to ensuring easy access to infrastructure both inside and outside the refugee settlement. Among some of the facilities which may be used are:

- Religious institutions
- Community resource centres
- Primary education centres
- Medical facilities
- Referral facilities
- Government schools & health centres
- Colleges
- Vocational training centres
- Recreation centres
- Counselling centres
- Orthopaedic workshops
- Disability screening centres
- Sheltered workshops

6.7 STRATEGIES

Several useful strategies were identified for developing a CBR programme. These require sensitivity and vigilance to local situations, and open dialogue between partners inside and outside the refugee setting. Effective and efficient collaboration among all agencies involved in the CBR programme was another important guiding principle that was identified.

The participation of key players, better CBR management within refugee settings and interagency collaboration were factors which are seen as being key to improving effectiveness and sustainability of programmes. Listed below are different aspects of these three factors.

a) Participation of Key Players:
- Involvement of persons with disabilities
- Training of persons with disabilities
- Organization of workshops leadership/awareness camps for players
- Awareness creation on national plans and programmes on disability
- Increasing availability of useful CBR manuals and materials (e.g. UNHCR community services manuals, WHO manuals) for adaptation
- Improving accountability of CBR process and strategy (i.e. Who does what in settlement/camps?)
- Community participation through contribution of ideas, moral support, materials etc.

b) CBR Management in refugee settings:
- Appropriate site selection for implementation of CBR strategy
- Collaborating with existing rehabilitation centres to improve service accessibility
- Timely and adequate funding of projects
- Use of external skills/experiences in dialogue with locals
- Affordable mobilisation of available personal resources
- Empowerment of communities for sustainability (training, mobilisation of community funding)

c) Interagency collaboration:
- Regular consultation and coordination between agencies
- Timely and adequate submission of reports
- Ongoing capacity building (workshops for Government, NGO officials and grassroots level workers)
- Liaison with Government to facilitate appropriate and reasonable national legislations in favour of persons with disabilities and vulnerable groups
- Transparency of goals and objectives among the different groups involved

6.8 OBSTACLES/BARRIERS

Based on the experiences of implementing CBR programmes within the refugee setting, a range of obstacles hindering this process was discussed. Discussions were focused on the ways and means of identifying obstacles in order to turn them into opportunities for growth.

Obstacles that have been encountered in developing useful strategies include:

- Untrained personnel and absence of needs-based CBR strategy
- Lack of clear programme guidelines and direction
- Rigid rules which hamper effective collaboration
- Lack of motivation among agencies for partnership
- Interagency competition
- Infrequent/irregular community meetings
- Delays in reports and procurement of funds

a) Personal obstacles:
- Negative attitude towards self - denial of disability
- Unrealistic expectations from family/community
- Illiteracy
- Lack of skills in use of appliances and referral care
- Inadequate knowledge on rights, services and schemes
- Personality problems
- Dependency syndrome
- Low self esteem
- Guilt of being survivors
- Poor communication skills
- Lack of unity, group formation and advocacy for each other

b) Socio-Cultural barriers:
- Negative attitudes of families
- Isolation/abandonment by families/communities
- Negative attitudes by supporting agencies (NGOs, UN agencies)
- Low status of women
- Traditional and cultural beliefs
- Poor social skills for group formation

c) Political barriers:
- Government policies
- Camp isolation, insecurity and conflict
- Poor investment in communication systems
- Lack of collaboration between NGOs and UN agencies
  (e.g. UNHCR, World Food Programme, WHO)
- Limited availability of resources
- High demands from donors for quick impact
- Inappropriate national legislation

d) Management & Training:

The sustainability of CBR programmes is influenced by the management and training of personnel involved. However, sustainability may be hindered for the following reasons:

- Lack of planning
- Inadequate involvement of persons with disabilities and vulnerable groups in programme planning
- Location of vulnerable groups with poor access to basic services, water, food and security
- Inadequate equipment and infrastructure
- Lack of funds for programme management
- Inadequate training of CBR personnel
- High turnover of staff
### 7.0 THE CBR PLAN OF ACTION

Each country was invited to develop an appropriate plan of action for implementing a CBR programme. It would include up to five feasible objectives, activities, key players, resources outputs and time frame. Camp and country - plans of action may be seen in Annex 8.

Based on the shared experiences a representative group developed the following appropriate 'model' for a plan of action that could be implemented by agencies interested in initiating CBR programmes:

<table>
<thead>
<tr>
<th>FEASIBLE OBJECTIVES</th>
<th>ACTIVITIES</th>
<th>RESOURCES</th>
<th>PLAYERS</th>
</tr>
</thead>
</table>
| 1. To increase awareness of CBR approaches | - Meetings with various leaders, community groups and community workers  
- Use of audio-visual aids  
- Training of community workers. | - Available infrastructure (community hall, school, health facilities)  
-CBR workers  
-Persons with disabilities  
-Funding for training | - UNHCR staff  
-Government workers/ representatives  
-NGO workers  
-Refugee communities  
-Persons with disabilities  
-Returnees  
-CBR workers |
| 2. To identify target groups and their needs | - Situation Analysis  
- “door to door” assessments  
- Interviews with persons with disabilities | - Professionals  
-UNHCR, NGO & Government infrastructures  
-Existing data base  
-Health facility  
-Schools  
-Community Activities | - Community workers, members, & leaders  
-Persons with disabilities |
| 3. To identify key actors, their linkages & resources | - Meetings  
- Consultations  
- Seminars  
- Workshops  
- Exchange visits | - Community leaders & members  
-Government/NGO workers  
- Database | - UN agencies  
-Government workers  
- Community leaders & members |
| 4. To provide knowledge and skills of the community & other key actors on prevention & management of disabilities | - Sensitisation  
- Training  
- Use of drama & music | - Government & NGO professionals  
-Community artisans & others  
-Local training materials | - NGO & Government workers  
- Community resource persons  
-Persons with disabilities |
| 5. To establish links between key players within the country and region | - Exchange of information  
- Formal & informal reports  
- Exchange visits  
- Workshops/Seminars | - Ongoing Reports  
-Financial resources | - NGO & Government staff  
- Community workers  
- UNHCR |
<table>
<thead>
<tr>
<th>6. To equip the community members &amp; CBR workers with knowledge and skills on appropriate appliances production and maintenance</th>
<th>-Technical Training (including use of Appliances) -Exposure visits -Seminars -Establish a demonstration Centre</th>
<th>-Skilled local artisans &amp; professionals -Appliances &amp; Demonstration Centre</th>
<th>-Community members -CBR workers -UNHCR -NGO and Government staff - Persons with disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. To ensure continuity of programme on-site and post repatriation</td>
<td>-Explore available resources in home country -Initiate viable IGAs <em>(Note 1)</em> -Working with government and relevant authorities in the home country</td>
<td>-Skilled personnel -Local materials -Artisans -Funding for IGAs</td>
<td>-Government &amp; UNHCR staff</td>
</tr>
</tbody>
</table>

*Note 1: IGAs = Income generating activities*
8.0. CONCLUDING REMARKS:

The Kampala CBR workshop for Refugees provided an opportunity for sharing CBR processes, strategies and plans. It has also reinforced the importance of CBR implementation among government officials in Uganda and pointed out the importance of a continuing dialogue between different key players in a CBR programme. The workshop also generated an interest in professional CBR training within refugee settings.

In his closing statement Mr. Carlos Twesigomwe, Deputy Director of Refugees, Ministry of Local Government, Uganda, pointed out that all refugees who are a product of conflict and persecution are considered to be vulnerable by the Government of Uganda and deserving of care and assistance. Some refugees including persons with disabilities, older persons, female headed households, and unaccompanied minors are more vulnerable than others and need special assistance and support. He emphasised the need for the stakeholders namely UNHCR and the Government to agree on who should play a leading role in the programme and that the Ministry of Local Government would continue to give full support to the programme to jointly create a happy environment for vulnerable groups.

The workshop renewed interest among Government and Non-Governmental Organizations for closer collaboration to adopt this approach for rehabilitation, equalisation of opportunities and social integration of all people with disabilities.
9.0 RECOMMENDATIONS

9.1. COMMUNITY LEADERS

9.1.1 Should be involved in the planning, monitoring and evaluation of the CBR programme.

9.1.2 Should create an enabling environment for implementation and sustainability of CBR through protection and promotion of the rights of vulnerable groups as well as maximising their participation in community activity.

9.2. UN AGENCIES

9.2.1 Should assist/support governments in the formulation of guidelines for CBR.

9.2.2 Enhance implementation of NGO, CBR activities in refugee areas by proposing guidelines for practice and ensuring co-ordination.

9.2.3 Concentrate on empowerment and capacity building of refugees (including vulnerable groups) through training and 'exposure' at local, national and international levels.

9.3. GOVERNMENT

9.3.1 Should review policies to promote integrated approach to CBR in local and refugee communities.

9.3.2 Ensure security in camps as the most basic pre-requisite for establishment of CBR.

9.3.3 Facilitate training to rehabilitation workers in a CBR multisectoral approach (e.g. Medical, Social, Education) in collaboration with NGOs and also UN agencies.

9.3.4 Action plan should be developed in consultation with the selected vulnerable groups.

9.4. NGOs

9.4.1 Work WITH not FOR Refugee committees, respecting and utilising structures and initiating already established in their community.

9.4.2 Recruit not only qualified international personnel but also staff from Refugee populations.

9.4.3 Promote co-ordination between NGOs and with other key players, involving refugees/vulnerable groups.
9.5 RWANDA:

Recognising the special situation in Rwanda the groups would like to make the following recommendations which have arisen from the Rwanda circumstances:

9.5.1 NGOs

a) Support the rebuilding of rehabilitation facilities and strengthen associations of the persons with disabilities to resume their activities - which were destroyed in the genocide.

b) Whilst helping vulnerable groups, pay particular attention to women with disabilities and victims of war who have newly acquired disabilities.

9.5.2 Government

a) Facilitate support and assistance of vulnerable returnees for social integration in their communities in collaboration with UN agencies and NGOs.

b) Action plans should be developed in consultation with vulnerable groups.
ANNEXES
“If there is righteousness in the heart, there will be beauty in the character. If there is beauty in the character there will be harmony in the home. If there is harmony in the home, there will be order in the nation. When there is order in each nation, there will be PEACE in the world.”

Very old Chinese Proverb
Declaration on the Rights of Disabled Persons*

The General Assembly

Mindful of the pledge made by Member States, under the Charter of the United Nations, to take joint and separate action in cooperation with the Organization to promote higher standards of living, full employment and conditions of economic and social progress and development,

Reaffirming its faith in human rights and fundamental freedoms and in the principles of peace, of the dignity and worth of the human person and of social justice proclaimed in the Charter,

Recalling the principles of the Universal Declaration of Human Rights, the International Covenants on Human Rights, the Declaration of the Rights of the Child and the Declaration on the Rights of Mentally Retarded Persons, as well as the standards already set for social progress in the constitutions, conventions, recommendations and resolutions of the International Labour Organisation, the United Nations Educational, Scientific and Cultural Organization, the World Health Organization, the United Nations Children’s Fund and other organizations concerned,

Recalling also Economic and Social Council resolution 1921 (LVIII) of 6 May 1975 on the prevention of disability and the rehabilitation of disabled persons,

Emphasizing that the Declaration on Social Progress and Development has proclaimed the necessity of protecting the rights and assuring the welfare and rehabilitation of the physically and mentally disadvantaged,

Bearing in mind the necessity of preventing physical and mental disabilities and of assisting disabled persons to develop their abilities in the most varied fields of activities and of promoting their integration as far as possible in normal life,

Aware that certain countries, at their present stage of development, can devote only limited efforts to this end,

Proclaims this Declaration on the Rights of Disabled Persons and calls for national and international action to ensure that it will be used as a common basis and frame of reference for the protection of these rights:

1. The term “disabled person” means any person unable to ensure by himself or herself, wholly or partly, the necessities of a normal individual and/or social life, as a result of a deficiency, either congenital or not, in his or her physical or mental capabilities.

2. Disabled persons shall enjoy all the rights set forth in this Declaration. These rights shall be granted to all disabled persons without any exception whatsoever and without distinction or discrimination on the basis of race, colour, sex, language, religion, political or other opinions, national or social origin, state of wealth, birth or any other situation applying either to the disabled person himself or herself or to his or her family.

*(3447 SWXXX)
3 Disabled persons have the inherent right to respect for their human dignity. Disabled persons, whatever the origin, nature and seriousness of their handicaps and disabilities, have the same fundamental rights as their fellow-citizens of the same age, which implies first and foremost the right to enjoy a decent life, as normal and full as possible.

4 Disabled persons have the same civil and political rights as other human beings; paragraph 7 of the Declaration of the Rights of Mentally Retarded Persons applies to any possible limitation or suppression of those rights for mentally disabled persons.

5 Disabled persons are entitled to the measures designed to enable them to become as self-reliant as possible.

6 Disabled persons have the right to medical, psychological and functional treatment, including prosthetic and orthotic appliances, to medical and social rehabilitation, education, vocational training and rehabilitation, aid, counselling, placement services and other services which will enable them to develop their capabilities and skills to the maximum and will hasten the process of their social integration or reintegration.

7 Disabled persons have the right to economic and social security and to a decent level of living. They have the right, according to their capabilities, to secure and retain employment or to engage in a useful, productive and remunerative occupation and to join trade unions.

8 Disabled persons are entitled to have their special needs take into consideration at all stages of economic and social planning.

9 Disabled persons have the right to live with their families or with foster parents and to participate in all social, creative or recreational activities. No disabled person shall be subjected, as far as his or her residence is concerned, to differential treatment other than that required by his or her condition or by the improvement which he or she may derive therefrom. If the stay of a disabled person in a specialized establishment is indispensable, the environment and living conditions therein shall be as close as possible to those of the normal life of a person of his or her age.

10 Disabled persons shall be protected against all exploitation, all regulations and all treatment of a discriminatory, abusive or degrading nature.

11 Disabled persons shall be able to avail themselves of qualified legal aid when such aid proves indispensable for the protection of their persons and property. If judicial proceedings are instituted against them, the legal procedure applied shall take their physical and mental condition fully into account.

12 Organizations of disabled persons may be usefully consulted in all matters regarding the rights of disabled persons.

13 Disabled persons, their families and communities shall be fully informed, by all appropriate means, of the rights contained in this Declaration.

2433rd plenary meeting
9 December 1975
ANNEX 2: LIST OF PARTICIPANTS/OBSERVER/SECRETARIAT

*Alphabetical Order of Family Names

ETHIOPIA:

1. Matewos Beraki (Mr.)/Associate Social Services Officer
c/o UNHCR Regional Liaison Office (RLO), Addis Ababa, Ethiopia
P.O. Box 1076, Addis Ababa, Ethiopia Tel: 251-612822

2. Aberra Ghebresellassie (Mr.)/Government Participant in Charge of Disabled Affairs
c/o Rehabilitation Agency, Ministry of Labour and Social Affairs
P.O. Box 21372, Addis Ababa, Ethiopia Tel: 251-122748

KENYA:

3. Deng Dau Deng (Mr.)/Refugee, Sudanese Community Chairman
Kakuma refugee camp, Kenya
c/o UNHCR Branch Office, Nairobi
P.O.Box 43801, Nairobi, Kenya

4. Diing Akol Diing (Mr.)/Manager of Disabled Centres in Kakuma refugee camp
International Rescue Committee (IRC) Disabled Programme
(W) c/o IRC Nairobi P.O. Box 62727, Nairobi, Kenya
(H) P.O. Box 48, Kakuma, Kenya

5. Mary Wambui Kennedy (Ms.)/CBR Manager
International Rescue Committee (IRC) Kakuma refugee camp, Kenya
(W) c/o IRC Nairobi P.O. Box 62727, Nairobi, Kenya Tel: 254-2-574488
(H) P.O. Box 20302, Nairobi, Kenya Tel: 254-2-727969

6. Hashi Deck Buralle (Mr.)/Special Education Teacher
c/o UNHCR-DADAAB Sub-Office
c/o UNHCR Branch Office, Nairobi
P.O.Box 43801, Nairobi, Kenya Tel: 254-2-01312404

7. Abdi Khalif Muse (Mr.)/Refugee Social Worker, Dadaab refugee camp, Kenya
c/o UNHCR Branch Office, Nairobi
P.O.Box 43801, Nairobi, Kenya Tel: 254-2-01312404

8. Evelyn Grace Warioba (Ms.)/Social Services Officer, Dadaab Kenya
(W) c/o UNHCR Nairobi, P.O. Box 43801, Nairobi, Kenya Tel: 254-2-0131-2404
(H) P.O. Box 4623, Dar-es-Salaam, Tanzania

9. Raphael Otieno Owako (Mr.)/National C.B.R. Co-ordinator
(W)c/o Ministry of Health, P.O.Box 30016 Nairobi, Kenya Tel: 254-2-717077(ex.45227)
(H) P.O.Box 60571 Nairobi, Kenya Tel: 254-2-788584
ANNEX 2:

RWANDA

10. Néhémie Mbakulyemo (Mr.)/Medical Officer (Disease Prevention and Control), WHO (W)c/o WR, P.O Box 1324, Kigali, Rwanda (H) Tel: 250-76682 Tel: 250-72658

11. Mukandoli Esperance Mukabaranga (Ms.)/Legal Representative (W) General Association for Disabled Persons in Rwanda P.O. Box 3202, Kigali, Rwanda Tel: 250-73776

12. Ngabo Seveline Rugigana (Mr.)/Managing Director (W) Muvumba Project Association, P.O. BOX 1647, Kigali, Rwanda (H) Tel: 250-76233 Tel: 250-73800

TANZANIA

13. Jacinta Goveas (Ms.)/UNHCR Community Services Officer (W) c/o UNHCR Ngara, P.O. Box 157 Ngara, Tanzania Tel: 255-66-22501

14. Kennedy Israel Kaganda (Mr.)/Refugee Officer (W) c/o Ministry of Home Affairs, Refugee Office P.O. Box 157, Ngara, Tanzania

UGANDA

15. Emmanuel Ajedra (Mr.)/Programme Development Officer (W) c/o ACORD, P.O. Box 280, Kampala, (H) P.O. Box 685, Arua, Uganda Tel: 267667

16. Alli Keniga (Mr.)/Social Worker (W) c/o Arua Disadvantaged Persons Association (ADIPA) P.O Box 100 Arua, Uganda

17. Arkas Lodu. (Mr.)/Nurse (Refugee), Acholi-pii Refugee Camp (W) AVSI P.O. Box 179, Kitgum

18. Atube Mike Omal (Mr.)/Primary Health Care Supervisor (W) AVSI, Agago/Acholi-pii Refugee Camp P.O.Box 31 Kitgum - Uganda (H) c/o Kitgum Flour Millers, P.O. Box 77, Kitgum, Uganda

19. Margaret Ayume (Ms.)/Gender Community Development Officer (W) ACORD (East Moyo), P.O. Box 280 Kampala, Uganda Tel: 267667/8 (H), Koboko in Arua District

20. Bullen Peter Latio (Mr.)/Zonal Chairman, Refugee Ikafé settlement (W) c/o OXFAM Ikafé, P.O. Box 811, Arua, Uganda

21. Maurice Dragulu Inzuvu (Mr.)/Field Assistant, UNHCR Sub-Office, Pakelle, East-Moyo (W)c/o Branch-Office Kampala P.O.Box 3813, Kampala

22. Issa Gabriel (Mr.)/Orthopedian Technician in Adjumani Hospital ACORD/Oligi settlement
23. Dominica Kaaka (Ms.)/Secretary for Vulnerable Council, Ikafe Settlement
Oxfam, Ikafe, Okuyo

24. Phoebe Katende (Ms.)/Community Rehabilitation Coordinator
Ministry of Gender and Community Development
P.O. Box 7305, Kampala Tel: 251732

25. Emmanuel Mono Lodude (Mr.)/Community facilitator, Palorinya refugee settlement (W) c/o ACORD, East-Moyo, Uganda

26. Robert Isaiah Lomude (Mr.)/Community Development Worker, Ikafe (W) c/o Oxfam Ikafe, P.O. Box 811, Arua, Uganda

27. Cosmos Mindrea (Mr.)/Social Worker
Ministry of Gender and Community Development, P.O. Box 70, Arua, Uganda

28. Jackson T. Mirembe (Mr.)/Commissioner for Disability and Elderly
Ministry of Gender and Community Development
P.O. Box 7305, Kampala, Uganda Tel: 251732/236543

29. Geoffrey Mugumya (Mr.)/Settlement Officer/Directorate of Refugees (W) Ministry of Local Government, P.O. Box 7037, Kampala Tel 041-233483/4

30. Collins Mwesigye (Mr.)/Community Water and Sanitation Advisor, WHO
P.O. Box 6, Entebbe Tel 042-20001 Entebbe

31. Ocokoto Adra Isaac (Mr.)/Field Assistant, UNHCR Sub-Office, Arua
P.O. Box 719, Arua or c/o UNHCR BO P.O. Box 3813, Kampala

32. Ejjido Ohuyoro (Mr.)/Refugee, Agago/Acholi-pii camp
AVSI P.O. Box 179, Kitgum

33. Stephen Solomatata Ogungu (Mr.)/Assistant Community Development Officer
Ministry of Gender and Community Development
P.O. Box 93, East Moyo

34. Ali Kaudi Vuni (Mr.)/Field Assistant, UNHCR Sub-Office Arua
P.O. Box 468, Arua

II. OBSERVERS:

35. Maria Donata Montesanu (Ms.)/Physiotherapist
AVSI
P.O. Box 6785, Kampala Tel: 268049

36. Itola Margaret Kabango (Ms.)/Field Supervisor, Ministry of Health Uganda (W) c/o Ministry of Health, Rehabilitation section
P.O. Box 8, Entebbe Uganda Tel: 20200/20209
III. FACILITATORS:

39. Svein Brodtkorb (Mr.)/The Norwegian Association of the Disabled (NAD)
P.O.Box 9217, Gronland, 0134 Oslo, Norway  
Tel: (47-22)170255
Fax: (47-22)176177

40. Enrico Pupulin (Dr.)/Rehabilitation Unit, WHO, Geneva

41. Renee Cuijpers (Ms.)/JPO for Women and Children/Community Services
UNHCR, P.O. Box 7184, Kampala  
Tel: (256-41)231231

42. Norton-Staal Sarah (Ms.)/Community Services Officer
UNHCR, P.O. Box 7184, Kampala  
Tel: (256-41)231231

43. Shadreck Chimbalanga (Mr.)/Community Services Officer (UNV)
UNHCR, P.O. Box 7184, Kampala  
Tel: (256-41)231231

44. Maria Anne Mangeni (Ms.)/ Programme Secretary
UNHCR, Kampala

45. Christina Desa (Ms.)/Rapporteur/Consultant

46. Jennifer Ashton (Ms.)/Senior Social Services Officer UNHCR HQ, Geneva
Community Services, Programme Technical Support Section (PTSS)
(W) Case Postale 2500, ch-1211, Geneva, Depot 2, Switzerland  
Tel: (41-22)739-7963
Fax: (41-22)739-7371

47. Etsuko Chida (Ms.)/Associate Community Services Officer(JPO), UNHCR, Geneva
Community Services, Programme Technical Support Section (PTSS), UNHCR HQ
(W) Case Postale 2500, ch-1211, Geneva, Depot 2, Switzerland  
Tel: (41-22)739-8463
Fax: (41-22)739-7371
ANNEX 3: WORKSHOP AGNDA

Equal opportunities for All:
A Community Based Rehabilitation (CBR) Project for Refugees
Kampala, Uganda
23 - 27 September 1996

(Each day: Coffee breaks at 10h00 - 10h15, 15h00 - 15h15 and Lunch at 12h30 - 14h00)

Sunday, 22 September 1996
18h30 Registration of Participants

Monday, 23 September 1996
09h00 - 10h00 Opening Session UNHCR/WHO/Ugandan Govt. Officials in charge of CBR
10h15 - 11h00 Nomination of Chairperson and Rapporteur
Introduction of Participants Exercise/Ice Breaker
Adoption of the Agenda
11h00 - 11h30 Working with Refugees (Ms. J. Ashton)
11h30 - 12h00 Overview of CBR (Dr. E. Pupulin)
12h00 - 12h30 The Perspective of Disabled Persons Organization (Mr. S. Brodtkorb)
14h00 - 18h00 Camp/Settlement Reports

Tuesday, 24 September 1996
08h30 - 11h30 Presentation of Background paper
Group Discussion - Background Paper and Selection of Target Group/Persons
11h30 - 12h30 Group Presentation in plenary
14h00 - 16h30 Group Discussion - Identification of Key Players
- Strategies for Community Mobilization
- Maximization of Participation of Target Group
16h30 - 18h00 Group Presentation in plenary

Wednesday, 25 September 1996
08h30 - 11h30 Group Discussion - Identification of Resources
- Identification of Obstacles/Barriers/Threats
11h30 - 12h30 Group Presentation in plenary
12h30 - 18h00 Field Visits
Group Dinner
Thursday, 26 September 1996

08h30 - 11h30   Group Discussion - Establishing Community-based Committees
11h30 - 12h30   Group Presentation - A feasible Plan of Action
14h00 - 18h00   A Common Plan of Action

Friday, 27 September 1996

08h30 - 12h30   Presentation of Outline of Plan of Action and Recommendations
14h00 - 16h00   Presentation of Outline of Report
16h00           Closing Ceremony
19h00           Group Dinner
ANNEX 4: GROUP DISCUSSION / GUIDING QUESTIONS

Joint NAD/UNHCR/WHO WORKSHOP ON
Equal Opportunity for All:
A COMMUNITY-BASED REHABILITATION (CBR) PROJECT FOR REFUGEES
Kampala, Uganda/23 - 27 September, 1996

Day 2: September 24, 1996

Session: Background paper and Selection of Target Group/Persons

Group A: Refugees

1. Given the wider definition of disability (some groups suggested elderly or unaccompanied minors yesterday), is it perceived as a priority within the refugee community which faces many survival problems?

2. Do settlements of refugees have traditional community organisations and social support networks to foster a community-based approach to care for the disabled?

3. Is collaboration between refugees and the local community possible?
   If yes, how can this be strengthened?
   If no, what are the obstacles?

4. What is the best strategy to identify the most vulnerable groups in the refugee community and stimulate their interest in projects?

Group B: Local and national level government officials

1. Is community involvement realistic when people are engulfed in poverty and have no sense of being a community?

2. Is collaboration between refugees, local communities, their government representatives at local and national level, disabled persons organisations and NGOs possible?
   If yes, how can it be strengthened?
   If no, what are the obstacles?

3. In what way can government, the local community and NGOs support the development of a CBR programme in a refugee situation?

4. Yesterday, we heard a number of different ideas of what constitutes CBR. Can your group come up with a definition?
Session: Background paper and Selection of Target Group/Persons

Group C: UN Officials

1. Given the wider definition of disability (some groups suggested elderly or unaccompanied minors yesterday), is it perceived as a priority within the refugee community where people are consumed with issues of survival and may have little or no sense of community?

2. What is the best strategy to identify the most vulnerable groups in the refugee community and stimulate their interest in projects?

3. Is collaboration between refugees, local communities, their government representatives at local and national level, disabled persons organisations and NGOs possible? If yes, how can it be strengthened? If no, what are the obstacles?

What should be the role of UNHCR in this process?

4. Yesterday, we heard a number of different ideas of what constitutes CBR. Can your group come up with a definition?

Group D: NGOs

1. Given the wider definition of disability (some groups suggested elderly or unaccompanied minors yesterday), is it perceived as a priority within the refugee community

2. Is collaboration between refugees, local communities, their government representatives at local and national level, disabled persons organisations and NGOs possible? If yes, how can it be strengthened? If no, what are the obstacles?

3. What kinds of support can be offered to the local community and refugees for the establishment of a CBR programme in the refugee setting? What is the best strategy to identify the most vulnerable groups in the refugee community and stimulate their interest in projects?

4. Yesterday, we heard a number of different ideas of what constitutes CBR. Can your group come up with a definition?
Tuesday Afternoon Session: Identification of Key Players
Strategies for Community Mobilisation
Maximisation of Participation of Target Group

Group A: Refugees

1. What are the best ways to identify key players (influential persons within the refugee community or outside) who will be influential in the establishment of a CBR programme?

2. How can we gain and maintain the support of such people? How can we deal with unsupportive persons?

3. Do key persons need specific training? What and how can this be provided?

4. How can we maximise participation of the target group (vulnerable/disabled) and keep them interested?

Group B: Local and senior government officials

1. What are the best ways to identify key players (influential persons within the refugee community or outside) who will be influential in the establishment of a CBR programme?

2. How can we gain and maintain the support of such people? How can we deal with unsupportive persons?

3. How can we maximise participation of the target group (vulnerable/disabled) and keep them interested?

4. What are the strategies which have been found effective and ineffective in mobilising communities to care for their vulnerable population?

5. What strategies have been found effective to raise the profile of those with a disability?
Tuesday Afternoon Session: Identification of Key Players

Strategies for Community Mobilisation

Maximisation of Participation of Target Group

*Group C: UN Officials*

1. How can we maximise participation of the target group (vulnerable/disabled) and keep them interested?

2. What are the strategies which have been found effective and ineffective in mobilising communities to care for their vulnerable population?

3. What are the best ways to identify key players (influential persons within the refugee community or outside) who will be influential in the establishment of a CBR programme?

4. What strategies have been found effective to raise the profile of those with a disability?

*Group D: NGOs*

1. What are the best ways to identify key players (influential persons within the refugee community or outside) who will be influential in the establishment of a CBR programme?

2. How can we gain and maintain the support of such people? How can we deal with unsupportive persons?

3. What are the strategies which have been found effective and ineffective in mobilising communities to care for their vulnerable population?

4. Who needs training - key players? Target group? Other? What should be provided?

5. What strategies have been found effective to raise the profile of those with a disability?
25 September, 1996  Day 3: Wednesday morning - Group discussion

The Questions for All Groups:

Identification of resources
Identification of constraints/barriers

1. List actual and potential community resources within camp or in the local area which can be mobilised to meet some of the needs of persons with disability?

2. What role can volunteers play?

3. What infra-structure (professional, referral) exists within the refugee settlement or local area which could be accessed?

4. How can you identify obstacles or barriers exist and which obstacles or barriers have you already identified?

5. What strategies have been found to be most and least useful in dealing with obstacles?
## ANNEX 5:

### PROFILE OF NGOs INVOLVED IN CBR PROGRAMMES

<table>
<thead>
<tr>
<th>ADDRESS OF NGO</th>
<th>MAJOR ACTIVITIES RELATED TO CBR</th>
<th>POPULATION (AREA)</th>
<th>TARGET GROUP</th>
<th>OTHER ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. International Rescue Committee P.O. Box</td>
<td>• Training on CBR (Home visits, parents/families)</td>
<td>CBR/Worker CHWS</td>
<td>Disabled persons</td>
<td>PHC and Clinics</td>
</tr>
<tr>
<td></td>
<td>• Production/provision of Appliances;</td>
<td></td>
<td></td>
<td>Running camp hospital</td>
</tr>
<tr>
<td></td>
<td>• Physiotherapy services;</td>
<td></td>
<td></td>
<td>Agricultural projects</td>
</tr>
<tr>
<td></td>
<td>• Vocational Training (Carpentry, Tailoring, Leather, Tyre shoe)</td>
<td></td>
<td></td>
<td>Women Programmes</td>
</tr>
<tr>
<td></td>
<td>• Income Generation in Centres (Multi-purpose Centres) and in community (satellites)</td>
<td></td>
<td></td>
<td>Savings/credit project</td>
</tr>
<tr>
<td></td>
<td>• Services to deaf, blind physically and mentally retarded</td>
<td></td>
<td></td>
<td>Vocational skills (soap, making etc.)</td>
</tr>
<tr>
<td>2. ACORD EAST MOYO PO BOX 280, KAMPALA, UGANDA</td>
<td>• Training of ICBR Facilitators</td>
<td>Individual vulnerable/disabled persons</td>
<td></td>
<td>Production of moving appliances</td>
</tr>
<tr>
<td></td>
<td>• Identification of vulnerable persons and other types of disabilities</td>
<td></td>
<td>vulnerable/disabled target groups</td>
<td>Local available materials e.g. wood and crafts materials</td>
</tr>
<tr>
<td></td>
<td>• Workshops/seminars for the vulnerable/disabled target groups.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Workshop/seminars for the LC’s/RWC’s, Religious Leaders and others on disability acceptance in the society, leadership skills and group dynamics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Sensitization on adult</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Functional literacy classes formation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Skills training on hook and fish net, making cloth weaving</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. OXFAM IKAFE</td>
<td>CBR Training for workers, parents and families</td>
<td>CBR Workers</td>
<td>Disadvantaged groups (total 5,000)</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>------------------------------------------------</td>
<td>-------------</td>
<td>-----------------------------------</td>
<td></td>
</tr>
<tr>
<td>PO BOX 811, ARUA, UGANDA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>. Vocational Training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>. Physiotherapy services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>. Production and provision of appliances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. ARUA DISADVANTAGED PERSONS ASSOCIATION</td>
<td>Training on CBR</td>
<td>13,000 disabled and other vulnerable persons</td>
<td>Teaching them on simple business management</td>
<td></td>
</tr>
<tr>
<td>PO BOX 100, ARUA, UGANDA</td>
<td>Vocational Training on income generation activities such as:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>tailoring, blacksmith, carpentry, cobblerly and home economics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. INTERNATIONAL SERVICE VOLUNTEER’S ASSOCIATION</td>
<td>Skill (development-training) e.g. tailoring, income generating activities</td>
<td>1,500 disabled (number of persons estimated to increase after survey)</td>
<td>do</td>
<td></td>
</tr>
<tr>
<td>(AVSI)</td>
<td>Provision of appliances to the disabled (wheelchairs crutches etc.)</td>
<td></td>
<td>do</td>
<td></td>
</tr>
<tr>
<td>PO BOX 6785, KAMPALA</td>
<td>Social counseling Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Training teachers for identification of post-war trauma and stress disorders</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ANNEX: 6  LIST OF AVAILABLE MATERIALS

1. UNHCR Community Services Information Kit 1996.
   i) Refugee Emergencies - A Community-based Approach
   ii) Assisting Disabled Refugees - A Community-based Approach
   iii) Urban Refugees - A community-based Approach
   iv) Working with Unaccompanied Children - A community-based Approach

   (Available from Community Services, PTSS, UNHCR, Geneva)


   (Available from Rehabilitation Unit, World Health Organisation, 20, Avenue Appia, Ch-1211, Geneva 27, Switzerland)


5. Guidelines for Community Based Rehabilitation Services, 1992. The Republic of Uganda, Vocational Rehabilitation Section, Department of Community Development.

   (Available from: Ministry of Gender and Community Development, PO Box 7305, Kampala, Uganda.)

5. The fight against disability, CBR Editorial Board, Bushenyi: Kagonyera B., Mushaija F, Bainomugisha C, Mwesigye D, Bayendeza S.

   (Available from: Community Development Department, Ministry of Local Government, Udyam House, kampala. District Rehabilitation Office, Bushenyi)

6. Werner David, Disabled Village Children: A guide to Community Health Workers, Rehabilitation Workers and Families. Adapted by Voluntary Health Association of India, New Delhi, India.

   (Available from Distribution Officer, VHAI, 40 Institutional Area, New Delhi 110016, India)

8. A report of the proceedings of a regional CBR workshop held in Mombassa, Kenya 14-20th April 1996.

(Available from Raphael Owako, National CBR Coordinator, Ministry of Health, Nairobi, Kenya.

9. CBR Materials and Research studies.
(Available from: Maria D Montesanu, AVSI, PO Box 6785, Kampala, Uganda.)

10. Bridging over the Stereotypes about Disabled Persons: The Rehabilitation Agency
(Available from: PO Box 21372 Addis Ababa, Ethiopia)

UNHCR, Kampala, Uganda.

(Available from: Public Information Section, UNHCR Branch Office, PO Box 3813, Acacia Avenue, Plot 4B Kololo, Kampala, Uganda.
| UNHCR | UNHCR  
|-------|-------
|   1. Family of refugees |   6. AMH
|   2. MOOC |   7. DEB
|   3. Appeal to donors |   8. VDS
|   4. Provide equipment |   9. NYC
|   5. Training |   10. Min. of Edc.

**Expected Results**

**Activity**

**Time**

**Resources**

**Feasible Outcome**

---

**Annex 7 - Coordinated Plans of Action**
<table>
<thead>
<tr>
<th>Services</th>
<th>Provision of Counseling &amp; Identification of Vulnerable</th>
<th>Community</th>
<th>Field</th>
<th>Training of Field Workers</th>
<th>Provision of Livelihood Funds</th>
<th>Provision of Agricultural Inputs</th>
<th>Increase Agriculture Activities</th>
<th>Income Generation</th>
</tr>
</thead>
<tbody>
<tr>
<td>GH</td>
<td>GH</td>
<td>GH</td>
<td>GH</td>
<td>GH</td>
<td>GH</td>
<td>GH</td>
<td>GH</td>
<td>GH</td>
</tr>
<tr>
<td>UNHCR</td>
<td>UNHCR</td>
<td>UNHCR</td>
<td>UNHCR</td>
<td>UNHCR</td>
<td>UNHCR</td>
<td>UNHCR</td>
<td>UNHCR</td>
<td>UNHCR</td>
</tr>
<tr>
<td>RFS</td>
<td>RFS</td>
<td>RFS</td>
<td>RFS</td>
<td>RFS</td>
<td>RFS</td>
<td>RFS</td>
<td>RFS</td>
<td>RFS</td>
</tr>
<tr>
<td>AAH</td>
<td>AAH</td>
<td>AAH</td>
<td>AAH</td>
<td>AAH</td>
<td>AAH</td>
<td>AAH</td>
<td>AAH</td>
<td>AAH</td>
</tr>
<tr>
<td>DED</td>
<td>DED</td>
<td>DED</td>
<td>DED</td>
<td>DED</td>
<td>DED</td>
<td>DED</td>
<td>DED</td>
<td>DED</td>
</tr>
<tr>
<td>OXFAM</td>
<td>OXFAM</td>
<td>OXFAM</td>
<td>OXFAM</td>
<td>OXFAM</td>
<td>OXFAM</td>
<td>OXFAM</td>
<td>OXFAM</td>
<td>OXFAM</td>
</tr>
</tbody>
</table>

**Feasible Objective**

- **Players**: Community
- **Resources**: Income Generation
- **Time**: At least 50%
<table>
<thead>
<tr>
<th>FEASIBLE OBJECTIVE</th>
<th>ACTIVITY</th>
<th>RESOURCES</th>
<th>PLAYERS</th>
<th>TIME</th>
<th>EXPECTED RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobilize community support to assist the</td>
<td>Informal talk with the community</td>
<td>Human resources</td>
<td>Community leaders</td>
<td>1st half of the year</td>
<td>Labor groups to support the vulnerabilities</td>
</tr>
<tr>
<td>vulnerables</td>
<td>Solicit for support i.e. labor</td>
<td>refugee leaders &amp;</td>
<td>Vulnerable i.e.</td>
<td></td>
<td>Children settled in homes in the community</td>
</tr>
<tr>
<td></td>
<td>Encourage home based and fostering for children and disabled i.e.</td>
<td>well-wishers.)</td>
<td>women (single)</td>
<td></td>
<td>Organized groups of vulnerable children</td>
</tr>
<tr>
<td></td>
<td>collecting children rations</td>
<td>Funds (from their court fines)</td>
<td>headed family</td>
<td></td>
<td>Fund for supporting vulnerable groups to</td>
</tr>
<tr>
<td></td>
<td>disciplining children</td>
<td>Disabled persons</td>
<td></td>
<td></td>
<td>support themselves</td>
</tr>
<tr>
<td></td>
<td>ensuring that they go to school</td>
<td></td>
<td></td>
<td></td>
<td>Established channels for solving disputes</td>
</tr>
<tr>
<td></td>
<td>supervising general health care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lobby for financial support from community leaders (moneys due to fines; to assist the children)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiate cooperation between the refugees</td>
<td>Meeting between leaders (ref &amp; nationals)</td>
<td>Human</td>
<td>Community leaders (ref &amp; nationals)</td>
<td>2nd half of the year</td>
<td>Land from nationals</td>
</tr>
<tr>
<td>and nationals to support the vulnerable</td>
<td>Establishing joint forums to discuss about needs of the vulnerable</td>
<td></td>
<td></td>
<td></td>
<td>Established channels</td>
</tr>
<tr>
<td></td>
<td></td>
<td>groups &amp; other issues.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creating discussion forums for the vulnerable group</td>
<td>Identify the vulnerables</td>
<td>Human i.e.</td>
<td>Target group</td>
<td>Continuous</td>
<td>Groups formed</td>
</tr>
<tr>
<td></td>
<td>Facilitate discussion forums</td>
<td>influential vulnerable groups</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discussions (the vulnerables themselves)</td>
<td>groups</td>
<td>Foster parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training vulnerable groups for vocational skills</td>
<td>Identify needs</td>
<td>Funds (local &amp; NGO's)</td>
<td>Community</td>
<td>1 year</td>
<td>Different refugees</td>
</tr>
<tr>
<td></td>
<td>Identify resource persons</td>
<td>NGO</td>
<td></td>
<td></td>
<td>Acquire different skills</td>
</tr>
<tr>
<td></td>
<td>Identify centres (training)</td>
<td>Human</td>
<td>AVSI</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recruit</td>
<td>Materials (books, tools etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Train</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEASIBLE OBJECTIVE</td>
<td>ACTIVITY</td>
<td>RESOURCES</td>
<td>PLAYERS</td>
<td>TIME</td>
<td>EXPECTED RESULTS</td>
</tr>
<tr>
<td>--------------------</td>
<td>----------</td>
<td>-----------</td>
<td>---------</td>
<td>------</td>
<td>-----------------</td>
</tr>
<tr>
<td>III DADAAB CAMP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Creating awareness</td>
<td>Meeting with</td>
<td>Human</td>
<td>Agencies</td>
<td>Two months (Oct-Nov)</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Community leaders</td>
<td>Teachers</td>
<td>Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community elders</td>
<td>Community workers</td>
<td>M.S.F.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Agencies (CARE, MSF)</td>
<td>(implementing Agencies)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Training</td>
<td>Community workers, Teachers</td>
<td>Experts specialized within and outside the community</td>
<td>Agencies: CARE (social workers) within and outside the community, MSF (Community health workers) in basic training</td>
<td>One month (December)</td>
<td>To identify the community needs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Identifying community needs, target groups and their needs</td>
<td>To conduct house to house surveys</td>
<td>Human Trainees, material Community workers</td>
<td>Funds</td>
<td>Monthly for ten months</td>
<td>Identification of needs in the community</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Training different groups and individuals</td>
<td>Organizing:</td>
<td>Human: Experts specialized</td>
<td>3 months</td>
<td>Acquire enough skill/knowledge</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Seminars</td>
<td>Experts within or out of the community</td>
<td>(Mar-April)</td>
<td>(July-Aug.)</td>
<td>To participate fully</td>
</tr>
<tr>
<td></td>
<td>Vulnerable groups Workshops</td>
<td>Materials</td>
<td>Community (funds if needed)</td>
<td>(Oct-Nov)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disabled Exchange visits</td>
<td>Infrastructure</td>
<td>Community</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>W.V.V. (Women Victim of Violence)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. To empower the community to involve all pre-planning of their own activity</td>
<td>Meeting themselves</td>
<td>Leadership Leaders Community</td>
<td>On-going</td>
<td>To support the community</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community Workers Trained groups</td>
<td></td>
<td>Full participation of all groups</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Preparation of future plan</td>
<td></td>
</tr>
</tbody>
</table>
## ANNEX 7 - COUNTRYWISE PLANS OF ACTION

<table>
<thead>
<tr>
<th>FEASIBLE OBJECTIVE</th>
<th>ACTIVITY</th>
<th>RESOURCES</th>
<th>PLAYERS</th>
<th>TIME</th>
<th>EXPECTED RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV. PAKERWE CAMP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Creating Awareness</td>
<td>Review of ICBR Activities</td>
<td>Human</td>
<td>Disabled/Vulnerable</td>
<td>Oct. 1996</td>
<td>60% of community</td>
</tr>
<tr>
<td></td>
<td>Sensitization</td>
<td>Logistics</td>
<td>ICBR Committees</td>
<td>Jan. 1997</td>
<td>become aware of CBR programmes</td>
</tr>
<tr>
<td></td>
<td>Formation of ICBR committees</td>
<td>Funds</td>
<td>LCs/RWCs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Training of ICBR Committees</td>
<td></td>
<td>Parents of Disabled/ Vulnerable Professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identification of Vulnerable/ Disabled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drama/Music</td>
<td></td>
<td>Govt</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Advocacy</td>
<td></td>
<td>NGOs Informal Leaders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Review of Policies and Regulations of ICBR</td>
<td>Sensitization</td>
<td>Human</td>
<td>Professionals</td>
<td>On-going</td>
<td>Increase in awareness about policies in favour of disabled and vulnerable group</td>
</tr>
<tr>
<td></td>
<td>LCS</td>
<td>Professionals</td>
<td>Community</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>RWCs</td>
<td>Funds</td>
<td>Govt</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Religious Leaders</td>
<td>Logistics</td>
<td>NGOs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Training Workshops and Seminars</td>
<td></td>
<td>Formal and Informal Leaders</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community Facilitators</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lobbying for funds from UNHCR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MOLG</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MGCD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NGOs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. KAKUMA CAMP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. To increase awareness on CBR Approach</td>
<td>Meetings with various leaders</td>
<td>Camp infrastructure</td>
<td>UNHCR staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>community workers, audio-visual aids, training and community workers</td>
<td>(community halls, schools, health facilities)</td>
<td>Govt &amp; NGO workers</td>
<td>Refugee communities</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DP returnees,</td>
<td></td>
</tr>
</tbody>
</table>

Page 5
<table>
<thead>
<tr>
<th>FEASIBLE OBJECTIVE</th>
<th>ACTIVITY</th>
<th>RESOURCES</th>
<th>PLAYERS</th>
<th>TIME</th>
<th>EXPECTED RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. To identify target groups and their needs</td>
<td>Situational Analysis through grass root workers and other identified actors.</td>
<td>Community members/leaders</td>
<td>Professionals &amp; community members &amp; workers, leaders</td>
<td>3 months &amp; ongoing</td>
<td>Target groups will be identified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UNHCR</td>
<td>NGO &amp; Govt staff</td>
<td>Existing data base (UNHCR)</td>
<td>Health facility</td>
</tr>
<tr>
<td>3. To identify key actors their linkages &amp; resources</td>
<td>Through meetings &amp; Consultations, Seminars/Workshops/ Exchange visits</td>
<td>Training, Drama, Music, Sensitization</td>
<td>Exchange of information, Formal and Informal reporting, Exchange visits, Workshops/Seminars</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. To increase knowledge and skills of the community and other key actors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. To establish links among key players within the country and in region</td>
<td>Exchange of information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. To equip the community members and CBR workers with knowledge and skills on appropriate appliances production and maintenance</td>
<td>Training, Exposure visits, Seminars, Establish a Demonstration Centre</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Ensure continuity of programme on site and post repatriation</td>
<td>Explore available resources in home country</td>
<td>Initiate viable I.G.As, Working with Govts and Relevant authorities in the home country.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### ANNEX 7 - COUNTRYWISE PLANS OF ACTION

<table>
<thead>
<tr>
<th>VI. ETHIOPIA/TANZANIA:</th>
<th>FEASIBLE OBJECTIVE</th>
<th>ACTIVITY</th>
<th>RESOURCES</th>
<th>PLAYERS</th>
<th>TIME</th>
<th>EXPECTED RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Create awareness about CBR to government &amp; influential groups</td>
<td>Conduct workshops, seminars, exhibitions</td>
<td>Available trained staff</td>
<td>CSO from UN/NGOs</td>
<td>Government staff</td>
<td>Within</td>
<td>Reach basic understanding of CBR</td>
</tr>
<tr>
<td></td>
<td>Publicity through radio, T.V. newspaper etc. on the importance of CBR.</td>
<td>Relevant materials</td>
<td>Refugee leaders</td>
<td>Representatives from disabled refugees</td>
<td>3 months</td>
<td>Ensure cooperation to support CBR</td>
</tr>
<tr>
<td>2. Recruit and train refugee community workers (RCWs)</td>
<td>Consult refugee community leaders in selection of potential RCWs for CBR</td>
<td>Refugee</td>
<td>Govt., UN, NGOs</td>
<td>Within</td>
<td>Availability of trained manpower (refugees)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identify skilled trainers working in camps</td>
<td>Other professionals</td>
<td>Representatives from</td>
<td>Trainers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Organize training programmes for the selected RCWs</td>
<td>Skilled trainers</td>
<td>disabled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ensure availability of funds &amp; materials</td>
<td>Funds and materials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Identify and improve access of disabled refugees</td>
<td>Community mobilization to participate in identification of the disabled</td>
<td>Trained RCWs</td>
<td>Refugee Community</td>
<td>Within</td>
<td>Availability of data of disabled refugees</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deploy newly trained RCWs to access and identify targetted groups</td>
<td>Refugee leaders</td>
<td>leaders</td>
<td>Family of the disabled</td>
<td>6 months</td>
<td>Increase in community participation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CSOs from UNHCR</td>
<td></td>
<td>RCWs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NGO's</td>
<td></td>
<td>Community leaders</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Registration forms</td>
<td></td>
<td>(Local)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vehicles</td>
<td></td>
<td>Staff in camps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Ensure accessibility of services to vulnerable groups through community participation</td>
<td>Mobilize the community to ensure that disabled refugees are located closer to water, food &amp; water distribution, health education &amp; other services</td>
<td>Community leaders</td>
<td>Community leaders</td>
<td>On-going</td>
<td>Accessibility of disabled refugees to available services</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Disabled refugees</td>
<td></td>
<td>Family members</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family members of disabled</td>
<td></td>
<td>Disabled refugees</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>RCWs &amp; other organized groups</td>
<td></td>
<td>Volunteers &amp; other organized groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Local materials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 7
<table>
<thead>
<tr>
<th>FEASIBLE OBJECTIVE</th>
<th>ACTIVITY</th>
<th>RESOURCES</th>
<th>PLAYERS</th>
<th>TIME</th>
<th>EXPECTED RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Establish low cost devices</td>
<td>Identify type and quantity of appliances required</td>
<td>UN agencies</td>
<td>Refugee community leaders</td>
<td>Ongoing</td>
<td>Availability of devices &amp; appliances</td>
</tr>
<tr>
<td></td>
<td>Identify location of workshop</td>
<td>NGOs</td>
<td>UN agencies</td>
<td></td>
<td>Improved mobility</td>
</tr>
<tr>
<td></td>
<td>Identify specialized orthopaedic</td>
<td>RCWs</td>
<td>NGOs</td>
<td></td>
<td>Enhancement of their participation in community activities</td>
</tr>
<tr>
<td></td>
<td>technicians</td>
<td>Funds &amp; materials</td>
<td>Disabled refugees</td>
<td></td>
<td>Higher self esteem</td>
</tr>
<tr>
<td></td>
<td>Training of bench workers</td>
<td></td>
<td>RCWs</td>
<td></td>
<td>Better self reliance</td>
</tr>
<tr>
<td></td>
<td>Avail funds and materials required</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ANNEX 8: TALES OF COURAGE

FROM KENYA:

CASE 1:

<table>
<thead>
<tr>
<th>AGE</th>
<th>37 YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEX</td>
<td>MALE</td>
</tr>
<tr>
<td>NATIONALITY</td>
<td>SUDANESE</td>
</tr>
<tr>
<td>MARITAL STATUS</td>
<td>MARRIED</td>
</tr>
<tr>
<td>COUNTRY OF ORIGIN</td>
<td>SUDAN</td>
</tr>
<tr>
<td>COUNTRY OF RESIDENCE</td>
<td>KENYA</td>
</tr>
</tbody>
</table>

I am one of the victims of war in southern Sudan. I lost my right leg when I stepped on an anti-personal mine at Maridi in December 1990. I was trying to cross out but unfortunately the town was planted all over with mines. It was in my life a most painful experience. My foot was completely damaged and I was taken to the SPLA line by those who were walking with me. I was amputated under the tree by a medical assistant the same night and then I was taken to the Nzara hospital further management. After that I came to Kapoeta trying to look for a prosthesis in 1991. It took four years to get it. At last I got it from ICRC hospital at Lodiding after I came to Kenya. There are still many without prosthesis like amputees who are inside Southern Sudan.

Overcoming my Disadvantage:

I know what disabled me and I will never regret my disability. I have accepted the disability itself as part of life. So I have to compete with able bodied persons and challenge them in all areas of life. I have learned that the disabled need skills through training to clear the psychological feeling. My message to other refugees in East Africa is that: We are physically disabled but mentally able.

Our future challenge now is to mobilize, organize and reach all types of disability and rehabilitate them through training and income generating activities. My future hope is to be trained in rehabilitation management and form a global movement in the world.
CASE 2:

AGE 35 YEARS
SEX MALE
NATIONALITY SUDANESE
MARITAL STATUS MARRIED (TWO WIVES AND FIVE CHILDREN)
COUNTRY OF ORIGIN SUDAN
OCCUPATION LEADER OF SUDANESE REFUGEE COMMUNITY
COUNTRY OF RESIDENCE KENYA (KAKUMA REFUGEE CAMP)

Sudan has suffered from civil war. I along with other students escaped to the bushes but was shot in the leg. The doctors saved my life but cut off my right leg above the knee. I was shocked to see my leg buried in front of my own eyes. My wife who joined me from 80 Kms away was more shocked and went in for a severe depression. Our child was 6 months old. The wound hurt and was bleeding but it was more difficult to adjust to this new life without one leg. It was hard to accept that my leg would not come back. The hospital helped me to get an artificial leg which helped me to walk again. Going back to camp in Gabella, Ethiopia with an artificial leg was another story.

Two years later the camp was attached and we had to flee then to Southern Sudan by canoe. We lost everything including my new leg! I was elected as a leader of the refugees. To be responsible for others who are vulnerable. When you are yourself disabled, it is not easy. Other refugees expected me to give them special benefits and even stole my leg to get me to do wrong things.

I finally was able to get support from the refugees. This was difficult but gaining support from UNHCR, the government and the NGOs helped me to also gain the confidence and support from the refugees.

Future Plans:

∞ It is hard for refugees to plan their future when basic survival is a question. It is important to retain HOPE and a vision that the future will be better.

∞ I would like to help other disabled refugees to reconstruct their lives and start really living again.

∞ I would like to work for Peace and Reconciliation.

∞ I would like to work for the rights of disabled people and to advocate with the leaders to respect these rights and provide opportunities for the disabled.

∞ We need support to improve the constitutional status of the status of the disabled within the country.
FROM UGANDA:

CASE 3:

AGE 26 YEARS
SEX MALE
NATIONALITY SOMALI
MARITAL STATUS SINGLE
COUNTRY OF ORIGIN SOMALIA
COUNTRY OF RESIDENCE UGANDA

I was disabled 18 years ago, because of a childhood illness for which I did not receive medical treatment or any form of help. The civil war broke out in my country. My education suffered and I suffered because I was different from other children. It was difficult to grow up with a disability. I managed to adjust to a growing body which was weak on one side but then the civil war broke out in my country and I had to flee. I do not know how I escaped the killers who wanted me dead.

In fact I did not overcome most of my problems. It is hard to be a refugee with a disability. I needed more training than the secondary school education I was able to complete. I needed special training to be self reliant inspite of my handicap.

There are a lot of obstacles and hindrances. The place where I live is without proper facilities. and agency themselves, I had requested resettlement and scholarship, but I did not receive anything from them, so in general my most obstacles is lack of facilities and limitation. Refugees need education like everyone else. More than literacy and formal training, the need to be taught skills for self help. Refugee youth in camps are at a disadvantage. A proper system of education is needed in the camp itself, as time passes even in the camps and we get old without learning.

∞ My future challenge is to first improve my own life and then to help other disabled persons like me. But we need help from others like agencies who are interested.

∞ My vision is to acquire more knowledge, bring disabled persons together, help them to feel united and more confident in themselves and in their ability to rely on themselves. But to fulfil this vision, I need more knowledge and training on how to cope and overcome disability.
FROM RWANDA:

CASE 4:

AGE: 34 YEARS  
SEX: FEMALE  
NATIONALITY: RWANDESE  
MARITAL  
STATUS: WIDOW  
COUNTRY OF ORIGIN: RWANDA  
COUNTRY OF RESIDENCE: RWANDA

I became disabled because of polio. It was in 1966 when I was 4 years. My mother told me that I had suffered very much. She first took me to the traditional doctor and later to the rehabilitation centre "Gatagara" in the south of Rwanda. I received physiotherapy treatment and a calliper at the centre. I also attended nursery school there. After 2 years I went back to my home and joined primary school. After that I got my diploma and worked in the same centre as a secretary during the next 4 years.

During that period I received much moral support from friends and I realised that being disabled was not the end of life. We were inspired by Abbot Fraipont who founded the Gatagara centre, the first one in Rwanda. During those 4 years at the Gatagara centre, I requested to continue my studies in University but was refused. I had to go in Swaziland for higher studies but they refused my passport. But I didn't loose time with them. I payed school fees for my brothers and built 2 houses for my parents.

It was the Gatagara centre who sponsored my studies at the University in Computer Sciences and I returned to work. One year later I left to get married in Kigali. This was one of the most painful periods of my life. On the marriage day my boyfriend refused to accept me because of my disability. As a result I had to pay back the bank loan I had received to make the wedding arrangements as my parents were poor. My family wanted me to support them and pay my brother's school fees.

Two years later I got married happily. We had 3 children. His parents were against our marriage and they failed to understand us. My support came from Abbot Fraipont, my mother, my husband and some friends helped me very much and I'll try to pay it back via other people I met. Six years later my husband was killed during the genocide.
Genocide in my country is something which can’t understood by everybody. During a short period of 3 months they killed 1 million persons among whom my parents, my brothers, my husband, many relatives, many friends, my neighbors, my colleagues, were all killed. Until today I don’t understand what happened and why it happened. Being a widow is the least painful experience I have met in my life. I’m now an orphan and disabled. But to be a widow is very hard because you don’t have moral support. You are alone with your problems. Genocide is very bad, don’t ask more. Do you know that I myself witnessed the army personnel killing 14 persons known to me. It is difficult to forget it.

Some are saying that people from Rwanda who don’t have lodging, brothers or parents aren’t refugees because they are staying in their country. I can say that many of them are yet living in refugee camps in their mother country because they don’t have any house, nothing to eat, to dress or anyone to support them.

∞

What I can say to my countrymen in general and to women in particular is that it isn’t the end of life to become refugee anywhere, in your country or another country. We must be strong, we must work hard to survive, and we must be happy for the Lord who created everyone will look after us who work in His service.

∞

I would like to help vulnerable groups such as disabled, refugees, widows, orphans. My support will be mainly moral. I’ll help them to look for prevention against polio, war, massacres, troubles, genocide, accidents... To achieve this I’ll need other persons to collaborate with. All my life I must work for those vulnerable groups. I hope that one day the world will change and be better. People will be together without fighting, they love each over and defend rights of vulnerable groups.

∞

My goal is to help my children in giving them a good education of loving people, of helping vulnerable persons, of respecting human rights. My vision is to fight to defend our own interest in changing world culture. Everyone must have a country, rights, good life...

∞ ∞ ∞ ∞
ANNEX 9:

CLOSING STATEMENT:
Mr. Carlos Twesigomwe
Deputy Director of Refugees
Ministry of Local Government, Uganda

I wish to start my short Statement by congratulating the Organizers for the arrangement put in place to make it possible for the workshop to be held in Uganda. It is indeed my hope that the participants, our visitors from outside Uganda in particular have had the opportunity to get away from the serious discussions and visit Kampala City to see how Ugandans have been trying to redeem the city and themselves as well after decades of conflict and decadence.

Chairman,

Community Based Rehabilitation is definitely an integral component of community services implementation and emphasizes community action for the benefit of the disabled and vulnerable groups. The government of Uganda considers all refugees who are a product of conflict and persecution to be vulnerable deserving of care and assistance. In this regard, it has been a policy of Government to allocate land to refugees so that they can ultimately achieve self-sufficiency in good production and be able to engage in other income generating endeavors. It has become evident over time, however, that some refugees are more vulnerable that the others and need special assistance and support. These include the disabled, the elderly, female headed households, unaccompanied minors etc. I note with pleasure that the CBR programme targets vulnerable groups and inspite of the fact that it was only recently introduced in this country, it has nevertheless been trying to find its footing in the delivery of assistance services to the vulnerable refugees.

I do not wish to labour the fact that it has become a policy of the Government that any assistance programme for the refugees should take into account the needs of host communities in the areas outlying the settlements and camps. Surprise it to say that the concept of “Refugee Affected Areas” may appear to be new to its architects but it has been emphasized by the Ministry of Local Government since it was given the responsibility for refugee administration in 1987. It is appreciated therefore that the CBR is extended to Local Communities as well.

Chairman,

I am aware that a lot has already been said in the course of the workshop about how the CBR programme could be more effectively implemented. I only wish to observe, that in the case of Uganda, there may be need for all the stake holders in the programme namely, the UNHCR, the Government, represented by the Ministries of Gender and Community Development and Local Government to sit together and agree on who should play a lead role in this programme. The view of the Ministry of Local Government is that the Ministry of Gender and Community Development has the capacity in terms of trained manpower and experience to effectively manage the programme which pervades both the refugees and local Communities. What it lacks is facilitation in terms of funding.
At this juncture, I wish to emphasize that the Ministry of Local Government will continue to give full support to the programme as we have common objectives of creating a happy environment for vulnerable groups to live in. We shall continue to do the best we can to search for durable solutions to the problem of refugees, vulnerable groups inclusive, so that one day they can look back at their life in exile without regrets.

Chairman,

Finally,

Let me avail myself of this opportunity to thank the organizers of this workshop for the excellent arrangements made for its success: I am grateful for the invitation to close the workshop and wish to associate myself with the recommendations that have been made. I also wish to thank the participants who have come from different areas of this region. This is evidence of the desire of the people of this region to unite in pursuit of common objectives.

With these short remarks I wish to declare the workshop closed.