



**Community Based Rehabilitation
(CBR) Programme**



Sarvodaya Suwasetha Sewa Society Ltd.

Charity Registration No. ACT 9/87/12

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- 1. Title of Project:** Community Based Rehabilitation (CBR) Programme
- 2. Project Period:** 01-01-2016 to 31-12-2016 (One year)

3. Project Background and Problem Analysis

The Lanka Jathika Sarvodaya Shramadana Sangamaya (popularly known as Sarvodaya) was founded in 1958 by Dr. A.T. Ariyaratne to uplift the most marginalized communities in Sri Lanka. Sarvodaya works with people at grass-root level awakening them to be aware of their potential, motivating them to work together and share resources to address common needs to encourage self-reliance within the community as a whole.

The Sarvodaya Suwasetha Sewa Society Ltd. was founded in 1984 as a legally independent social service organization within Sarvodaya, with a vision of a nation that respects the rights of children, adolescents, youth, elders and disabled persons to lead a life with dignity. Suwasetha in its mission promotes and protects the rights of children, adolescents, youth and persons with disabilities affirming their entitlement to love, compassion and protection within a caring environment.

As defined by the UN convention “Persons with disabilities are those who have long-term physical, mental, intellectual or sensory changes (impairments) which in interaction with various environmental barriers, hinders their full and effective participation in society on an equal basis with others in their community.”

Due to the failure of Institution Based Rehabilitation (IBR) programmes resulting from lack of resources and the inability to serve a majority of the persons with disabilities within the society, the Community Based Rehabilitation (CBR) Programme was promoted by the UN (Specially UNICEF and WHO) as an alternative. In 1981 the Sri Lankan government launched Community Based Rehabilitation Programmes in certain areas of the country and Suwasetha followed suit by commencing its own programme in 1985 and subsequently since 2003 Suwasetha has worked in partnership with the national CBR programme in the two districts of Kalutara and Galle.

4. Purpose of the Project

Suwasetha's programmes and activities are targeted towards enabling the disabled. The prime objective is to empower and rehabilitate disabled persons to lead an independent and meaningful life at family and community levels.

According to government reports, around 8% of the Sri Lankan population are persons with disabilities. Enabling them and providing them with care and assistance to lead a meaningful life, demands the provision of facilities and services in the areas of health, education, rehabilitation, economic and social empowerment. The efforts of the government in providing

facilities and services channelled through the National Policy in concurrence with the departments of health, education, social services and vocational guidance are deemed to be not equal, uniform or adequate. Underprivileged communities located in remote areas with little access are denied even the basic facilities. Sarvodaya Suwasetha through the Community Based programmes has facilitated access to basic services to disabled persons and families in rural communities and has been instrumental in referring them to appropriate institutions and care providers at times to the extent of providing financial assistance to travel there. Yet much more needs to be done as Suwasetha has managed to work with only a minimum number of disabled persons due to financial constraints and envisages widening its beneficiary base in the coming year.

Suwasetha CBR programmes are implemented in the two districts of Kalutara and Galle. In Kalutara, they are in 14 Divisional Secretariat areas while in the Galle district they span across 19 Divisional Secretariat areas. Each Divisional Secretariat comprises of a number of Grama Niladhari (GN) divisions and the programme areas are selected from the GN divisions with the co-operation of the village officials. As per the National Policy that promotes CBR programmes with whom Suwasetha works in partnership, Suwasetha will seek the support of the village societies, the volunteers, the government officials and other relevant stakeholders.

In 2016 the target once again is to strengthen the CBR programme in its areas of operation to provide opportunities for enjoying a full and satisfying life and for contributing to national development their knowledge, experience, skills and capabilities as equal citizens of Sri Lanka.

Our programmes are designed on three basic thrusts:

1. To provide the partners of the CBR programmes with adequate knowledge, understanding and technology to implement the programmes successfully and effectively
2. To contribute to the CBR approach at village, divisional and district levels by providing strategies, principles and methods to improve the CBR system and the support system
3. To make positive interventions in mobilization, awareness, rehabilitation and accessibility

5. Project Details

5.1 Main Objectives

To enable and equip persons with disabilities, both children and adults, to enjoy a meaningful and independent life in the family and the community, integrating into society with confidence and dignity.

5.2 Sub-Objective

To promote right to education of mentally disabled children through provision of special education and prepare those who are capable to get into the mainstream inclusive education system

5.2.1 Activities

5.2.1.1. Awareness programmes – Inclusive education & challenges

In the year 2016, 2 staff members (Project Manager, field officers in charge of the area) with 2 specialist resource persons will conduct 04 training programmes (one day,30 participants) for in 60 pre-school and primary school teachers in the Kalutara District and 60 pre-school and primary school teachers in the Galle District inclusive education. A total of 120 teachers will be trained in strategies to be adopted to meet the special needs of children with disabilities, the use of educational materials for their education, preparation of educational materials and other challenges.

5.2.1.2. Special support to access education

Within one year CBR staff members will identify 5 deserving children with disabilities (3 from the Kalutara District and 2 from the Galle district), to receive special support of Rs. 5000/ to access education.

5.2.1.3. Assistive devices

Within one year CBR staff members will identify 05 deserving disabled children/persons (03 from the Kalutara District, and 02 from the Galle district), to receive special support of Rs. 15,000/ to equip them with assistive devices.

5.3 Sub-Objective

To enhance personal mobility skills through physiotherapy, community improvised mobility aids, devices and training.

5.3.1 Activities

5.3.1.1 Formation of support group

A group will be formed comprising Social service officers, Social Development and other government officials, volunteers, community workers and family members of persons with disabilities, both children and adult, and their knowledge and understanding on home training, referrals and integration will be enhanced.

5.3.1.2 Mother and child clinics

One-day Mother and Child clinics will be held for each 15 children with special needs providing physiotherapy and speech therapy and their mothers at a time, once a month, selected during field visits, to train mothers in caring for the children. 12 Clinics are conducted, 8 clinics in Galle

district and 4 clinics in Kalutara district. 180 children and 180 mothers will benefit from this training.

5.3.1.3 Home level training for persons with disabilities

CBR staff members, community members and volunteers in the Kalutara and Galle districts, will provide for 300 persons (150 each from Kalutara District and Galle District), adults and children, home training – including mobility training, daily life activities, communication and behavioural training, stimulation, use of equipment, education, vocational training in their family environment. Special attention will be paid to persons and children with disabilities who are not recipients of any services from government or other institutions.

5.4 Sub-Objective

To connect disabled persons with service providers of health, education, social services, and public administration

5.4.1 Activities

5.4.1.1 Referrals

A total of 25 Persons with disabilities (15 from the Kalutara District and 10 from the Galle District) including children who need special care, medical treatment, special clinics etc. will be identified through home visits and referred to appropriate service providers such as hospitals, medical clinics, other health and social services.

5.5 Sub-Objective

To provide family counselling to overcome fears, threats and risks in family relationships

5.5.1 Activities

5.5.1.1 Counselling

Field officers will be identifying persons who have been victims of traumatic experiences, domestic violence and family problems and refer them for counselling to the counsellor at the Divisional Secretariat for individual or group counselling.

5.6 Sub-Objective

To produce a better skilled workforce of differently-abled persons and promotes income generating activities to ensure economic security

5.6.1 Activities

5.6.1.1 Vocational training courses

The vocational Training unit of the Sarvodaya Suwasetha Vocational Training centre for women with disabilities offers 3 courses in computer (duration 2 years), dress making (duration 2 years) and use of Juki fast sewing machines (duration 6-8 months) designed according to the syllabus of the social services department. The department offers Rs. 75/per day to each

trainee and Suwasetha offers free food, accommodation and other requirements. Job opportunities for the girls who complete the course successfully are found by Suwasetha and the Social Services Department.

CBR field officers together with government officers and volunteers at divisional, village level will identify 10 persons with disabilities from the Kalutara, and Galle Districts to follow each vocational training course (computer, dressmaking and use of Juki speed machines) offered at the Suwasetha Vocational Training centre.

5.6.1.2 Micro-finance for self-employment

CBR staff officers will identify 5 persons (03 from Kalutara and 02 from Galle), for financial support of Rs15, 000/ per person for self-employment.

5.6.1.3 Capacity Building of CBR staff

Within the year five training programmes of 2 days duration(03 at Kalutara and 02 at Galle) for the CBR staff, using external resource persons will be held to improve the knowledge, and skills of officers to offer high quality services and to discuss and find solutions for the problems they encounter in their work. Rs. 15,000 / per programme.

5.6.1.4 Field trips

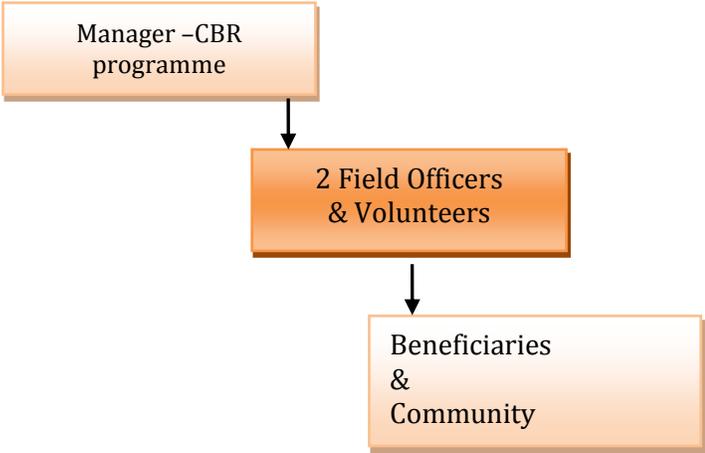
3 field trips to other organizations working with disabled persons will be organized for the CBR staff to gain an insight into their work, compare and exchange ideas and make new contacts useful for our activities and widen their horizons.

Summary of Activities and Beneficiaries:

Activities	Beneficiaries	
	Kalutara District	Galle District
4 awareness programmes	60 teachers	60 teachers
Special support to access education	03 children with disabilities	02 with disabilities
Providing assistive devices	03 children with disabilities	02 children with disabilities
12 Mother and child clinics	60 mothers & children	120 mothers & children
4 home level training for beneficiaries	150 beneficiaries	150 beneficiaries
Referrals	15 beneficiaries referred to appropriate clinics	10 beneficiaries referred to appropriate clinics
Counselling	A number of beneficiaries referred to	A number of beneficiaries referred to

	The divisional counselor 150	The divisional counselor 150
Vocational Training courses in computer, dress making & fast juki machines	30 beneficiaries	30 beneficiaries
Financial support for self-employment	03 beneficiaries	02 beneficiaries
Knowledge and skill development for CBR staff	Staff members 10	
Field trips for CBR staff	Staff members 10	

6. Project Implementation Methodology
Suwasetha CBR structure



As a partner to the National plan of the CBR Suwasetha together with the District level Steering Committee will plan/change, share responsibilities and resources, review progress, form and support a network of services for the CBR programmes.

At Divisional level Steering Committees of 30 government and non-government members comprising the Divisional Secretary, the Divisional Core Team, the Community Rehabilitation Committee the divisional officers from the departments of Health, Education, Social Services, elders, women’s affairs Agriculture, Samurdhi, as well as the Youth Council and, the child protection Authority will be established in all Divisional Secretariat areas in the districts of Kalutara and Galle. Managers of all divisional development and welfare sectors, organizations and institutions provide support to the steering committee at this level.

The steering committees at Divisional level will plan, share responsibilities and resources, review progress, form a network of services to be implemented under the CBR programme.

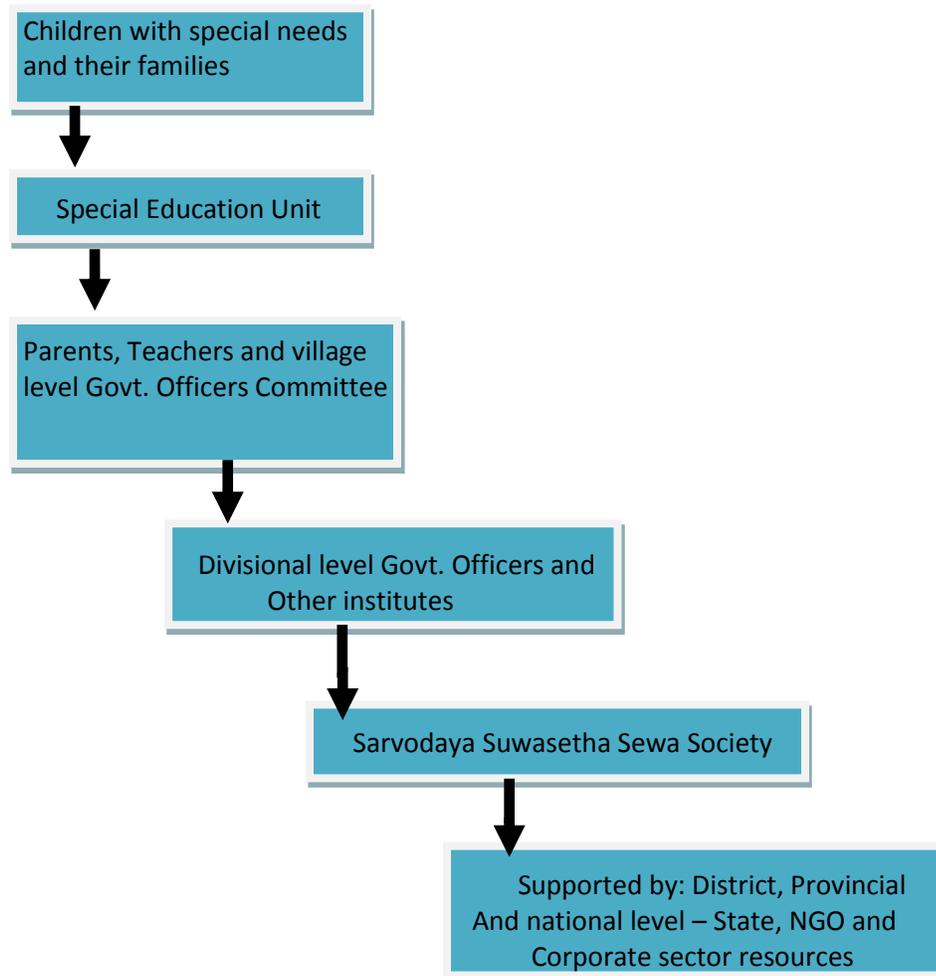
At village level the Rural Rehabilitation Committee is formed including Social Service officers, the Grama Niladhari, Family Health Officer, Development officer, village committees such as Elder's committee, women's committee, Samurdhi Society, village leaders, volunteers, members from families of persons with disabilities and community members. Other community based organizations support the village rehabilitation committee.

The Rural Rehabilitation committee selects community volunteers and identify the situation of the persons with disabilities and their families, existing resources, decide on the best approach to suit the local needs, assess needs, and carry out interventions within the home environment of the persons with disabilities. Interventions are done in three forms via home level training, referrals and social action.

There are a number of government officers from different ministries at divisional level attached to the CBR programme. Sarvodaya Suwasetha staff forms network with these officers to implement the CBR programme of attending to the needs of beneficiaries in the areas of health. Education, rehabilitation, social development and economic empowerment. The Suwasetha CBR officers share the duties and responsibilities of performing these functions with the Divisional Secretariat officers. With an increased beneficiary base the number of Sarvodaya Suwasetha field officers will be increased to 3 per district totalling up to 6 field officers in all. We will be recruiting a programme coordinator to prepare reports, monitor progress, and evaluate the programme. In addition a Physiotherapist will be joining the CBR team to plan and improve the home level training programme and other physiotherapy needs of beneficiaries.

The Sarvodaya Suwasetha programme will adopt the above methodology to offer high quality services through the CBR programme. The services will directly benefit 500 disabled persons from two districts, who are rehabilitated individually according to an individual plan, providing home level training in health, education, assistive devices, vocational skills, livelihood, to improve their quality of life and affirm their rights by increasing participation and inclusion in mainstream of development. In addition services will be provided to increase the knowledge and capacity of 1290 government officers' teachers and volunteers. 300 persons with minor disabilities and their family members will benefit indirectly and their increased knowledge will help to minimize negative societal attitudes towards the disabled. Disseminating knowledge to 990 government officers will indirectly benefit 13243 persons with disabilities in the two districts of Kalutara and Galle through improved quality services delivered by the government officers.

7. Project Approach summary



8. Importance of the project for the overall implementation of the strategic plan

The strategic plan 2015-2020 of Sarvodaya Suwasetha Sewa Society visualizes a nation that respects the rights of children, adolescents, youth, elders and disabled persons to live a life with dignity. In view of this vision ensuring the rights of persons with disabilities becomes a vital component of the strategic plan.

Persons with disabilities are a painfully marginalised segment of Sri Lankan society. A study done by the Ministry of Social services in 2003 points out that they are the poorest of poor, being unable themselves to engage in any form of income generating activity and adversely affecting the capacity of the family earnings as they have to give him/her constant care. Further, the care initiatives offered by the government through its national plan leaves much to

be desired in the implementation process due to a range of constraints in planning, capacity building of officers, lack of motivation and effective management. At all times the percentages who are cared for remains low and rehabilitation of the disabled and providing opportunities to them to enjoy their rights in the spirit of social justice is essential as this segment of society is recorded as comprising 8% of the population.

9. Experience gained from the previous project

This is the 30th year of Sarvodaya Suwasetha service delivery to persons with disabilities in the Kalutara and Galle districts. In the course of our work through the years we have cared for over 51,000 beneficiaries offering them a range of services.

We have learned much about CBR programmes and we have evolved new strategies to meet the challenges we faced in our work. Our programme has been recognised by the WHO as the best CBR programme in South East Asia. Our programme has also been included in the WHO hand book for CBR programmes. With a wealth of experience behind us we look forward to the year 2016 to promote and protect the rights of persons with disabilities to make their lives more meaningful.

The last year of work in the CBR programme has revealed a number of constraints that affect the effective implementation of the project.

Mobility issues prevent a considerable number of disabled from obtaining the services they are entitled to. Our public transport system does not cater to disabled persons and they are forced to use three wheelers for transport but the fare remains prohibitive for the poverty trapped families.

The dire poverty the persons with disabilities and their families in rural areas specially are trapped in, impose additional limitations on their already isolated lives. There is a deep need for leisure and social activities as they are denied opportunities in the main stream. It also needs equipment although the village volunteers could organize suitable activities. Together with mobility issues it has been recorded that 35% never go out and most have never attended a wedding, community activities or festivals.

Inclusive education lacks quality as the disabled who get into the mainstream need more attention and teacher time. The knowledge and skills of the teachers is often inadequate to meet the special needs. The use of sign language is minimal and the hearing-impaired persons become isolated. Despite awareness programmes and training at workshops even the pre-school teachers are not adequately equipped to meet the special needs of disabled children in real life situations.

Lack of motivation for vocational training or honing of innate skills due to the immediate need to eke out a living is another trend that is prevailing among the disabled.

The biggest challenge arises from the societal attitudes within the community. There is a great need to educate the society in general and awaken their kinds to the unjustness of treating the disabled discriminately or as charity without accepting them as equal human beings who have a right to their life and enjoying equal rights. The society needs to be changed positively to take responsibility by harnessing civil society groups and community as direct partners.

10. State Policies relevant to the Project

The main policy relevant to the project is the strategy of Community Based Rehabilitation adopted by the National Policy. The CBR strategy is for community-based inclusive development, according to the Convention on rights of persons with disabilities, and respect for diversity and humanity, equity and non-discrimination as stated in the Universal Declaration of Human Rights. It is an attempt to provide full and effective participation and inclusion in mainstream society for persons with disabilities.

The Ministry of Social Services is at the helm with the National Council for disabled supported by all government ministries especially the ministry of health, education, Tertiary and Vocational education, women and child Development. The CBR programme builds on available resources to encourage persons with disabilities, their families and communities to take control of them. The programme is flexible as it is needs based approach and envisages a situation where 80% of the needs being met at home and community level.

The implementation of these policies is discussed in detail under the heading methodology adopted.

11. Goal analysis:

Project objective	Indicators	Source of verification	
<p>Empowered and rehabilitated disabled persons ready to lead an independent life at family and community level</p> <p>Parents care givers, and children/persons with disabilities are aware and advocate their rights</p>	<p>60% of persons with disabilities improved through individual rehabilitation programmes</p> <p>60 to 70% indirect beneficiaries rehabilitated</p> <p>A number of beneficiaries communicate and inquire into the process of rehabilitation and services available to them.</p>	<p>Volunteer records (divisional level)</p> <p>Progress and progress review meetings at District and Divisional level</p> <p>Steering Committee meetings</p> <p>Volunteers' Reports at Divisional level on health, education, livelihood, social development and empowerment.</p>	
Expected results	Indicators	Sources of verification	Activities
	What are the indicators verifying that the result has been achieved	From where will the information regarding each indicator be collected	What are the core strategies/main activities leading to the expected result
A child/adult with improved mobility skills able to handle his daily needs despite limitations	1200 home visits by field officers within a year has improved the mobility skills and day to day living skills of 300 beneficiaries	Volunteer reports	Home level training introduced at field visits and monitored and continued by volunteers
A child/adult with a supportive family environment	Number of complaints against neglect of family members	Volunteer reports Progress reports of field officers	Awareness programmes for PWDS and their families conducted individually at home visits
A child/adult with developed skills	30 beneficiaries completed the vocational training course	Volunteer reports Reports from instructors who train them	Participation in skill training workshops and vocational training

<p>A child/adult economically independent</p>	<p>30 beneficiaries receive certificates after training at Sarvodaya Suwasetha vocational training unit A number of direct and indirect beneficiaries are referred to employers and obtain employment</p>	<p>Certificates offered by training course directors Increased abilities reported by field officers Progress records</p>	<p>Participation in training courses and other training initiatives</p>
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12. Geographical area and target group:

The project will be implemented within the geographical boundaries of the Kalutara and Galle districts. The beneficiaries will be identified in Grama Niladhari divisions within each divisional secretariat area, covered under the Government National CBR programme partnered by Sarvodaya Suwasetha.

The target group will comprise persons with disabilities in hearing, visual, mobility, intellectual, psychiatric and disabilities arising from epilepsy and other causes, victims of war with injury and disabilities resident within the afore mentioned geographical area.

13. Stakeholder analysis:

Primarily, the CBR project will have the different government officers such as the Grama Niladhari, Social Service department officers, at village, divisional and District levels as stakeholders attached to the project. They will be directly involved in activities related to the implementation of the project, monitoring its course through the steering committee and progress and progress review meetings.

The NGO sector which provides resources necessary to improve mobility as in the case of the Jaipur foot project, the Deaf council that assists the hearing impaired, Special schools for deaf and blind, etc. will form another segment of the stake holder group,

The government care providers of the health sector, midwives, public health officers, medical officer of health, district medical officer etc. will share their knowledge and expertise to increase awareness, advice and provide necessary treatment to persons with disabilities involved in the programme.

The private sector stake holders such as the garment sector help the livelihood programme by offering training opportunities as well as job opportunities after training, yet the involvement of stake holders in this area will be widened in 2016 to make a substantial impact on livelihood training and employment opportunities.

14. Monitoring system and Evaluation:

Monitoring and evaluation is an important and vital factor in the implementation of a CBR programme 'Monitoring and Evaluation is essential to identify strengths and weaknesses of the project and to make the necessary changes to overcome shortcomings.

Individual files will be maintained and delivered to children/adult with disabilities. The problems, special concerns and progress will be discussed once in three months with family members, government officers and CBR staff. Each file maintains personal data, assessment of needs, the rehabilitation plan, and reports on home visits and progress. Information will be collected and recorded by field officers, field co-ordinator, and project managers.

The volunteers who are the care givers at the most basic level will be reporting monthly at volunteer meetings and the beneficiaries' home level care will be monitored through these reports.

There is no uniform format adopted at present but in 2016 steps will be taken to evolve a common format for monitoring progress, leaving space for special needs to be taken into account and recorded.

Further monitoring will be done by the steering committees at the village, divisional and district levels at progress meetings held at divisional and district levels' evaluation will be done at the progress review meetings of the steering committees at divisional and district levels.

Monitoring of progress and evaluation will be done at village level at village committee meetings and necessary steps will be taken to remedy shortcomings.

All the above mentioned information collected through the field officers will be incorporated into the Annual progress report prepared by the project manager and delivered to donor agencies within one completion of the project. The annual progress report will be based on actual outcomes/results of the CBR project and will consist of progress and results, constraints and solutions, and the sustainability of the activities at village level.

All monitoring and evaluating activities in the field at different levels will be supervised by the Programme Manager and the Programme coordinator will be responsible for collating all information, data, reports and evaluations.

Apart from the internal mechanisms of monitoring, student researchers such as medical students monitor and evaluate the project and their reports will be available to the CBR personnel.

15. Analysis of organisational structure and implementation procedures:

The organisational structure is disabled centred and will flow from village level persons with disabilities and their families, the volunteers and the community to divisional level and to district level government officers, CBR personnel and other stake holders. It is a bottom up structure and an attempt to make the community aware of the need for social responsibility for inclusion of persons with disabilities on the part of the government, the NGOs, CBOs , private sector ,professional groups, religious and political groups, disability organisations , to hold an equal stake by collaborating on CBR,

The implementation programmes too will be a joint effort and the CBR personnel will make every effort to broad base the stakeholder group. It needs an enlightened caring society to make effective initiatives and a considerable time and commitment will be needed to fully awaken the community and the mainstream society.

16. Risks Analysis and action taken to mitigate the risks:

Expected results	Internal risks (within the project)	External risks (outside the project)
Strengthened implementation of Principles and strategies of CBR programme	Problems of motivating personnel effectively due to negative attitudes Actions taken: Awareness and counselling, Help drawn from government sector in health and education	
Rehabilitation and affirmation of rights of disabled persons	Difficulties in assimilating knowledge among persons with disabilities and families due to low educational levels Actions taken: Referrals to government support systems	Poverty cycle Actions taken: Vocational training, finance, self-employment
Advocators of their entitlement to rights	Mobility issues limiting attendance at workshops and clinics Actions taken: Home visits	Lack of disabled friendly public transport Actions taken: Economic support to access available or alternative transport
Confident income earners with a successful livelihood	Lack of adequate training opportunities Actions taken: Referrals to government managed and NGO trainings	Lack of acceptance of disabled workforce within the mainstream society Actions taken: Connect the disabled community with regular bodies in the village
A community, and main stream society with a supportive mind-set , enhanced knowledge and understanding	Societal constraints	Traditional beliefs and negativity Actions taken: Awareness raising on rights and counselling

17. Sustainability analysis:

The CBR programme revolves round the efficacy of the community and the volunteer group and a strengthened society. The sustainability of the programme depends on the effective delivery of services by all stake holders involved in the programme. Experience gained in implementation and the changes made to improve delivery of services will ensure the sustainability of the CBR programme.

Government is more involved and community is more aware on disabled rights, support systems and referral systems now, which enables them to be able to continue this at a community level.

18. Budget (Please refer Annexure)