Thanks go to the steering committee for the achievements made in making CAN a reality (a list can be found at the end of the book). I would also like to thank the team in Malawi, Rachel Plackett and her organising committee for furthering the objectives of CAN by organising the 2nd African Regional Conference on CBR. Special thanks go to all those organisations/agencies/companies and individuals who provided financial support to enable this book to become a reality.

Lastly, I hope that more people will register and become active members of CAN, and strengthen the spine of the network.

CHAPTER 2

CBR as Part of Community Development and Poverty Reduction

Peter Coleridge

SUMMARY

This chapter reviews the major shifts in thinking about disability, that have occurred over the past ten years or so. It examines how CBR fits in with these changes. The discussion considers the current debate about poverty, development and human rights. Collectively, there has been a huge shift in consciousness about disability, from individual need, to universal rights. It notes that the first step in tackling poverty is to give a voice and the opportunity of full participation, to those who are most affected by the poverty. Unless disabled people have a voice, they will continue to be marginalised, misunderstood and excluded from poverty reduction strategies. CBR is identified as primarily a process of community, as well as individual, development, and is therefore an essential part of poverty reduction strategies. The chapter concludes with some of the ways in which CBR can become more effective as part of the strategy to reduce poverty.
CBR AS PART OF COMMUNITY DEVELOPMENT

INTRODUCTION

The underlying theme of this chapter is to review the major shifts in thinking about disability that have occurred over the past ten years or so, and to examine how CBR fits in with the changes that have occurred. The chapter will address three main questions, namely, what is the current global strategy for reducing poverty? What role does CBR have in this strategy? How can we make that role more effective? As we will see, this debate is directly relevant to strategies for reducing poverty.

WHAT IS THE CURRENT GLOBAL STRATEGY FOR REDUCING POVERTY?

There are a number of key global initiatives, which set out the terms of the debate about development and poverty. I will focus on the two most relevant ones: The Millenium Development Goals (UN 2000), and the PRSP, the Poverty Reduction Strategy Paper approach (World Bank 1999).

The Millennium Development Goals have the following aims:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

These are ambitious, and it must be admitted, rather vague goals, but nobody could possibly disagree with them. We can make two points about these goals in the context of disability and community development. First, they need detailed, well-planned, participatory programmes if they are to be achieved; second, they cannot be achieved if some people are excluded, including and especially disabled people.

While they do not intend to exclude anyone, the reality, is that exclusion happens not primarily as a result of prejudice but as a result of ignorance of the reality of certain groups of people, and that is especially true of disabled people. Our main task in influencing such a grand plan, is to combat ignorance about the situation and the potential of disabled people.

A major mechanism for reaching these goals is the PRSP approach, a concept launched by the World Bank in 1999, and now a feature of the planning processes in many developing countries, including and especially ones in this region of Africa.

This approach is designed to create a process of participatory planning within countries, in contrast to the top-down, externally imposed planning of Structural Adjustment policies used by the IMF in the eighties and early nineties, which are seen to have created as many problems as they tried to solve.

The hallmark of the PRSP approach is participation by all stakeholders, including and especially poor people themselves. Participation of the poor is sought at all stages of the PRSP process: formulation, implementation, monitoring, and evaluation.

The adoption of the PRSP approach represents a momentous and historic shift in attitudes by the World Bank and IMF towards the true democratisation of development. It is a recognition that top-down, externally imposed ideas do not work, and that if change is to be lasting and sustainable, the ordinary people must have their say in what kind of change is required, and how it should be carried out; they should also be actively involved in the process of change.

However, there is a serious problem of ignorance when it comes to disabled people. The World Bank's Sourcebook (WB 1999) to the PRSP process is out of date as far as disabled people are concerned, and has
not reflected the huge shifts in thinking about disability, that have been made in the past ten years or so. The Sourcebook places disabled people, along with children, old people and the chronically sick, in the basket marked 'not able to be economically active, in need of special care and welfare.' Disabled people, in the eyes of the World Bank Sourcebook, are not participants in development; they are objects of charity.

Why did the World Bank not get the message? Had it not been listening when it wrote the Sourcebook? This Sourcebook was written in 1999, and fortunately things have changed since then. In the last two years, the World Bank has gone through something of a revolution in disability. On the personal initiative of the World Bank President, James Wolferson, they appointed an extremely able disabled activist Judy Heumann, as principal adviser, and the Bank has now adopted a policy of mainstreaming disability in all its programmes. But when the Guide was written in 1999, this was not the case.

The fact that the World Bank got it so wrong about disability is indicative of a key factor we need to focus on. That is, disabled people tend to be trapped in a vicious circle of voicelessness. They were not until very recently, listened to in major organisations like the World Bank, so they got missed out of its discussions, and it got the wrong end of the stick.

In the same way, with some notable exceptions like Uganda and Malawi, disabled people are not generally included in PRSP discussions, and so disability gets missed out of country poverty reduction strategies.

**BEING POOR MEANS BEING VOICELESS**

The first point that we have to make about disabled people and poverty reduction, is that part of the definition of being poor is being voiceless. Once we do something about disabled people having a voice, we have already taken an important step in reducing their poverty.

This point was well understood by the disability movement in Africa, which lobbied the African Union to declare the African Decade of Disabled Persons in 1999. Their view was that the United Nations Decade of Disabled Persons (1983-1992), had achieved some successes, but mainly in the north. Disabled people in Africa had not really benefited, even though the eighties saw the formation of many Disabled People's Organisations (DPOs) in Africa, in particular, SAFOD (the Southern Africa Federation of Disabled People). It was SAFOD that was one of the driving forces behind the idea of an African Decade. They wanted expressly to address the issue of voicelessness of disabled people in poverty reduction planning.

We are now four years into the African Decade, and so far, only a few African countries have developed policies and launched programmes specifically targeted at disabled people. Malawi is one of them, and the fact that Malawi is hosting this conference is a further indication of its commitment. There clearly needs to be a great deal more effort by disabled people and their allies, like those involved in CBR, to get the voice of disabled people heard.

There is, as it happens, an important opportunity to increase the way in which the collective voice of disabled people is heard in the formulation of the UN Convention on the Rights of Persons with Disabilities, currently in progress. It was always argued in the past, that other UN conventions, such as the UN Covenant on Economic, Social and Cultural Rights and the UN Covenant on Civil and Political Rights, not to mention the Universal Declaration of Human Rights itself, automatically include the rights of disabled people, and that if we are talking about mainstreaming, then there is no need for a separate convention on the rights of disabled people. But this argument was finally defeated by experience: disabled people cannot be buried in the general category of 'vulnerable groups', because their situation is particular. And if they are so buried, we end up with the result demonstrated in the World Bank PRSP Sourcebook, where their situation is simply misunderstood.
THE GLOBAL DEBATE ABOUT DISABILITY

What has driven the need to formulate the UN Convention on the Rights of Persons with Disabilities is a sea change in the debate about disability globally. This debate can be characterised by the following shifts:

"Policy and programmes in favour of persons with disabilities are no longer viewed as a means to rehabilitate and adapt the disabled individual to society, but to adapt society to the needs of the disabled individual."

"The concept of rehabilitation has given way to the concept of creating an enabling environment; the concept of social assistance to the one of respect of a society for the rights of her minorities."

"More recently, the minority concept has been embedded into the more inclusive one of social diversity, of a society for all."

"Even though this revolution has occurred in minds and in policies, the profound changes it implies are often not understood. Obsolete concepts like "sheltered workshops" or "centres for the handicapped" still enjoy widespread public acceptance."

In other words, there has been a revolutionary shift in thinking from the individual medical model, in which the disabled person is required to fit in with the norms of an able-bodied society, to the social model, in which society must adapt to the needs and rights of disabled people.

But although this revolutionary shift in thinking has taken place in the minds of those who attend conferences like the Malawi conference, it takes a long time for such a revolution to have a practical impact on services and opportunities.

WHO IS INVOLVED IN THE GLOBAL DISABILITY DEBATE?

It is important to chart the way ideas are shared and how they develop. It is therefore worth spending a moment to outline the actors in the whole drama. Who is involved in the debate about disability, and who is involved in the debate about CBR?

Four broad but distinct groups can be identified:
1. DPOs
2. People in and around CBR programmes
3. Rehabilitation institutions and professionals
4. Specific efforts to assist landmine and war victims

These have been in the past and continue to be to some extent, fairly separate entities, with their own ideas and agenda. But there are encouraging signs that they realise that they have a common purpose. They all have their valuable contribution to make to the debate about disability and development, and they are increasingly listening to each other.

There is of course a fifth group made up of the UN, donor governments, donor agencies, the World Bank and so on, who collectively are a lot more powerful than any of the other four.

DPOs used to be rather dismissive of CBR, seeing it as a continuation of the old individual medical model in a different form. But they are now beginning to realise that CBR programmes can be an important way for disabled people to attain their rights by increasing community knowledge of their needs and aspirations.

CBR practitioners used to regard DPOs as all right, if they kept to their side of the tracks, which was advocacy, and did not interfere in actual programmes. But increasingly, CBR practitioners recognise that disabled people must not only have a voice, but be full participants in the planning of their programmes, and this means joining forces with DPOs, supporting them, and making them allies in their CBR programmes.

Rehabilitation institutions and professionals used to be dismissive of both DPOs and CBR, but they too, are beginning to realise that isolated institutions do not work if they are not connected to families and communities, and if disabled people do not have a say in their own
rehabilitation. Leonard Cheshire International (LCI), for example, used to be entirely institution based, but now 80% of those it serves in its programmes, are outside institutions.

The Ottawa treaty to ban landmines was passed in 1994. This was brought about not by governments waking up to their responsibility, but by NGOs joining forces to make the case against landmines. Their point was that these remain in the ground long after hostilities have ended, and kill or maim thousands of innocent people for many years. On these grounds alone, mines should be banned.

The Ottawa treaty was a landmark victory for the power of NGOs to influence international policy. They found their voice, and it was heard. While that treaty is about landmines and not about disabled people, it does mention the need for attention to be paid to people disabled by mines and war, and this one clause has brought both major funding and another whole body of enthusiastic allies to the disability scene. Agencies involved with war and mine victims tended to be dominated by the individual medical model, but they are getting more drawn into the global shift in consciousness on disability. Most of these organisations now do not differentiate between war injured and other disabled people in the services they offer, and are becoming increasingly aware of the need to move beyond medical rehabilitation to the quality of life of disabled people after rehabilitation. This leads them to think about rights, and specifically about economic empowerment.

The fifth group, the UN and international donors, has already been touched upon in the example of the World Bank. Because they control funding, they are extremely powerful, and must remain the principal target of lobbying and advocacy, by the other four groups in the disability debate.

Of course, the picture is not all rosy. Competing and conflicting agendas remain to some extent, between these groups. Like the World Bank in 1999, some do not always get the message. But on the whole, the general trend is positive.

More than 20 years earlier, in 1981, the World Congress of RI was held in Winnipeg, Canada. At that Congress all the disabled people present left the main conference chamber in protest at the fact that it was the professionals who were speaking on their behalf. So they left the main conference chamber and set up their own Congress in an adjacent hall. This was the beginning of Disabled People's International (DPI).

It was the issue of voice and voicelessness again: disabled people can have all the rehabilitation in the world, but unless they also have a voice and can be in charge of their own development, they are still excluded from mainstream society and treated as second class citizens.

Things are now changing. At the 20th RI congress this year in Oslo, both professionals and disabled people from DPI and other advocacy groups met together in complete harmony, with an agenda that was mainly about rights. Most of the speakers were disabled people. This was strikingly indicative of how far we have all come, in recognising that there is indeed only one main agenda in disability, and that is about rights and how to make them a reality.

This is why CBR is so important, and why it has a role to play in poverty alleviation directly.

**WHAT ROLE DOES CBR HAVE IN THE STRATEGY TO REDUCE POVERTY?**

**Development is about rights**

The general development debate is now mainly rights based. It is recognised that poverty is not simply a lack of money; it is a denial of fundamental rights to the decent things of life: health, education, dignity, choice, opportunity. To be poor means that one is denied these fundamental rights. If everybody had all these rights there would be no poverty, even though there would still be disparities of wealth. The debate is therefore, about both rights and the realisation of rights through equal access to services and opportunities.
The commonly accepted definition of CBR now, is that it is a strategy within community development for the equalisation of opportunities for people with disabilities. This is the key to its role and its importance in the debate about development and poverty.

The question for CBR, is whether it can contribute to the overall development of a community, not just to improvement in the function of individual disabled people.

The reason why the welfare approach to disability is so wrong, is that it does not recognise the crucial importance of both individual development and community development. If someone is the object of charity, they are stuck in an imposed role from which they cannot escape. Disabled people, like everyone else, need choice and opportunity. That is what development is: to grow, to be enriched by experience, to see and take opportunities, to blossom.

This is true of both the individual and also the community. Like individuals, communities are not static, but dynamic, in a constant state of change and flux. They can blossom, and they can wither. There is no such thing as an island community, locked into some idyllic form of cosy human society. Communities develop through the interplay between internal and external influences.

The issue of disability is a very important element in the way communities grow and develop. If persons with disabilities are included, communities are immeasurably enriched. If they are excluded, communities are impoverished.

CBR AS COMMUNITY DEVELOPMENT

An external evaluation of one CBR programme illustrates this point. This programme is not in Africa, but in Palestine. The reason I have chosen it, is because the general situation in Palestine is as unpromising for community development as it could be. It is a situation where fundamental rights are denied to an entire population, where a whole people are being systematically disempowered politically. But underneath this dreadful situation people are trying to get on with their lives and build a community.

The national CBR programme has been an important element in that process of building a community. It has made a demonstrable difference not only to the lives of individual disabled people, but also to the lives of their communities. It is a powerful demonstration that, even if the overall situation is extremely discouraging, the impact of a CBR programme can be enormously heartening, well beyond the issue of disability itself.

The evaluation was done by an external academic body from Norway, (Eide 2001). It looked at the impact of the programme on three levels:

- the individual disabled person
- his/her family, and
- the community in which they live

At the individual level, the evaluation found that there had been, overall, a change from passivity, dependence, sometimes abuse and neglect, to a situation where the disabled person is enabled to utilise his/her potential and to contribute to the family and community.

At the family level, the programme has meant improved family relations and a considerable improvement for many women, who tend to be the primary carers. For women especially, it has led to a way out of isolation, and the release of human resources within the community, especially for the care of disabled children.

On the community level, there are strong indications that significant changes have occurred: disability issues that were previously neglected have come to the forefront, kindergartens and schools have become more receptive to children with disabilities, disabled people are accepted as participants in community life, both socially and politically, and communities have indeed acquired a deeper understanding of what community building means.
The point about these findings, is that once disabled people are fully included, the entire community is enriched.

In my own experience, when disabled children are included in regular schools, if this is done well, the atmosphere in the whole school changes. The inclusion of disabled people opens up a different kind of understanding, not just about disability but about human life.

**HOW CAN WE MAKE THAT ROLE MORE EFFECTIVE?**

**What are the terms of the debate?**

CBR has now been around under that name since 1976, when the three magic words "Community Based Rehabilitation" were first coined by WHO. But of course families and communities in Africa had been practising the concept in some form for centuries. What started in 1976 was a debate about how to make rehabilitation more effective, especially in poor rural communities with few resources. Over the nearly thirty years since then, the debate about its effectiveness has raged to and fro, and continues to this day. Some people involved in this debate go as far as to say that if CBR cannot provide better evidence of being an effective approach, policymakers and funding agencies might no longer be interested, and CBR will fade out.

Personally, I believe that such a proposition is based on the wrong premise, because it seems to be comparing CBR with other forms of individual rehabilitation such as institution based. But CBR cannot be equated with other forms of rehabilitation because it is not simply about the rehabilitation of individual disabled people. It is first and foremost about inclusion, breaking barriers, and changing attitudes. In other words, it is about community development, as well as individual development. If a particular CBR programme is not about community development in this sense, then it has missed the point, and may indeed be no improvement on the institutional model.

So the question is not whether there is any evidence that CBR works, or does not work. We have enough evidence to say that it can be an effective agent for change in communities in relation to disability and wider issues. It can change the lives of individual disabled people, of their families and especially mothers, and of their immediate communities.

I do not think that CBR is seriously in danger of losing donor commitment. What are the alternatives? No one has thought of a better way to reach especially rural communities. I do not think anyone is seriously suggesting that we scrap CBR and go back to a reliance only on institution-based rehabilitation, which in Africa anyway was always completely inadequate to cover the numbers of disabled people requiring services.

The question is not whether CBR is effective. It is, when the concept is properly grasped, how it can be more effective as a vehicle for community development, for rights, and therefore for the reduction of poverty.

How CBR can be more effective as a vehicle for community development is the subject of this book, which will consider CBR under the following headings:

**CBR AS PART OF SOCIAL, CULTURAL AND POLITICAL DEVELOPMENT**

The issue is representation. The question is: how can CBR contribute to the representation of disabled people in their local communities, socially, culturally and politically? The major reason for disabled people's poverty, lack of rights, and disempowerment, and the major reason for ignorance and prejudice towards them, is voicelessness, which means lack of representation.

This is where an alliance between CBR programmes and DPOs is so important. They must be mutually reinforcing.
CBR AS PART OF COMMUNITY DEVELOPMENT

CBR AS PART OF (COMMUNITY) HEALTH DEVELOPMENT

It has been noted, that among most of those who work full time in the disability sector, whilst the thinking has shifted dramatically from the individual medical model to the social model, this shift has not yet become evident in general services. This is especially true of health services.

The problem is that we all tend to perceive the world through the spectacles of our professional training. Doctors have been trained to cure people, so they see permanent impairment as a failure. Hospitals all over the world still treat patients as statistical items. The message to patients is: 'The doctor knows best. Keep quiet and take the medicine.' Some doctors still see themselves as in charge not only of people's health, but also of the quality of their lives. There is a keen debate now in Europe, about whether doctors should have the final say in when to turn off a life-support machine of someone they deem no longer to have an adequate quality of life. There is an assumption, that if someone cannot communicate, their quality of life is not worth preserving.

So there is still a long way to go to change attitudes in the medical profession about disability.

Nevertheless, CBR programmes must build alliances with the health services. Prevention of impairments is an extremely important part of CBR, and health services are vital to prevention. Operations for glaucoma, cataracts, club feet, cleft palettes, and contractures are vital, and more cost effective in the long run, from a strictly economic point of view, than allowing these impairments to remain untreated. Proper peri-natal care is essential to reduce the incidence of, for example, cerebral palsy. The number of spinally injured people in Africa who survive more than a few months, is very low. Better medical care, and simple knowledge transmitted to families and communities about preventing pressure sores and internal infections, would enable them to live almost normal life spans.

Of course, we need both the medical provision and the community work. Both are vital. But in our enthusiasm for community development, we do well to remember the importance of what doctors can offer.

CBR AS ECONOMIC EMPOWERMENT

As already noted, to place disabled people in a basket marked, 'not able to be a economically productive' is a grave misunderstanding of disabled people's needs, hopes and aspirations, and a violation of their right to development.

To quote from Disability and Poverty Reduction Strategies, a discussion paper written by the ILO in 2002:

"The majority of people with disabilities are potentially autonomous. Adequate support measures are sufficient to neutralise the impairment so that it does not constitute a disability. If the mobility problems of a physically disabled person are resolved by adequate transport and accessibility, there will in principle be no difference between this person and any other non-disabled person. The same holds true for a person with communication problems. Consequently, this person, in principle, does not need any social assistance or protection. He/she only needs the guarantee that opportunities are equal. The logic of the approach to disability has completely changed."

It is important to consider the cost of NOT enabling disabled people to be economically active. The presence of a disabled person in a family affects the whole family, especially of course, if it is the main breadwinner who is disabled. If they are not economically active, the whole family suffers the consequences. In countries with comprehensive welfare systems, this means handing out welfare, but these countries recognise that that approach is unsustainable. It is far cheaper to get disabled people into employment, than to hand out welfare, even if that means spending money on modifying the workplace.
To quote the ILO paper again:

"The objective should be to reduce poverty of persons with disabilities by "unlocking their economic potential", and not by handing out welfare. Costs in terms of accessibility, technical devices, and workplace accommodations are to be seen as investments and not as unproductive social welfare expenditure."

We must, in addition, focus on the principle of decent work, which is the watchword of the ILO. Disabled people do not need any old job. They have the same need for personal fulfilment through creative and constructive work as everybody else. They should not be confined to menial and stereotyped tasks like basket making. They should have the same opportunities as others to develop their talents, and to pursue careers which are both demanding and enriching.

So the question addressed in this book, which needs to be taken up in discussions, is: how can these principles of equal opportunities and decent work be made a reality? They are accepted in principle, but they are very rarely a reality.

**CBR AS PART OF EDUCATION AND TRAINING DEVELOPMENT**

Of course economic empowerment is directly linked to education and training. To quote the ILO discussion paper again:

"Exclusions are linked together, accumulate and get worse. How could a disabled child that did not go to school because there was no adequate transport, no accessible school building, no place in the classroom adjusted to their needs, no special schools, no training and jobs for special teachers, no inclusive education, no special education service at the ministry of education, a child that later in life did not get any vocational training because they did not get a sufficient basic education - how could anyone imagine that this child, once grown up, would get a job? He or she has accumulated too much exclusion."

This is probably the hardest part of the process of community development to address, in relation to disabled people. In African schools, where there are sometimes one hundred children in a classroom without desks, let alone textbooks, what hope is there for including disabled children?

However, the overall gloomy picture need not be a reason for not starting somewhere. Parents of mobility impaired children need to insist on their children being admitted and find creative solutions to mobility problems and transport, such as the use of donkeys. CBR is fundamentally a problem solving approach, solving individual problems for a wider communal gain. If an individual head teacher is convinced about inclusion, he or she will do it. Conviction comes through demonstration.

So the suggestion is not to wait for the entire Ministry of Education to make inclusive education a policy. We can start doing it piecemeal where it is possible and demonstrate that it can be done, and then use that experience to lobby for policy reform.

Lobbying is important. Education for All is the global objective and slogan. All means all, not just the lucky ones who can make it to school and back again. PRSP programmes place a great deal of emphasis on education. As a well-known leader has recently said, 'There are only three things which really matter in a country's development: Education, education, and education.'

CBR practitioners and DPOs need to work hard on this. They need to get familiar with the PRSP process and to claim their space at the table. Instead complaining, the need of the hour is to participate, to be proactive, to become informed and knowledgeable, and to get involved.

**CBR AND HIV/AIDS**

In many countries in Africa, many more people are affected by HIV/AIDS than by disability. There is much to learn in both directions. CBR programmes need to be fully visible in the whole HIV/AIDS effort. HIV/AIDS programmes can learn from CBR about how to train
community workers, and CBR programmes can learn from HIV/AIDS programmes about their preventive processes. AIDS awareness needs to be included in CBR programmes. CBR programmes need to pay particular attention to the education of deaf people in AIDS awareness, who do not naturally pick things up from the radio or other aural sources.

The suggestion for CBR programmes is to get involved in AIDS, to join the AIDS debate, and to network with AIDS programmes.

RESEARCH ON CBR AS PART OF COMMUNITY DEVELOPMENT

A common complaint in the discussion about CBR is that there is a poor record of proper scientific articles about CBR, giving objective evidence for its successes and failures. Too often, a CBR programme is donor driven, and reporting tends to be geared to the donor's expectations, and for that reason uncritical. There is a powerful need for reflective writing about CBR by the people engaged in it, in which they reflect candidly on their successes and failures, and open the donor's eyes to the process as well as the product.

The process is indeed more important than the product, and the process has to start by people involved in CBR being open-minded, objective and self-critical. One of the best ways to get constructive criticism into a CBR programme is by involving disabled people in its evaluation and review. This can be both formal and informal. Linkages with DPOs for conducting or joining a formal evaluation, collection of informal views of individual disabled people, encouraging local CBR committees to include disabled people, who can bring a fresh perspective, can be of help.

This kind of documentation will then be of far more use to researchers looking for objective evidence, and will lead to a better standard of scientific writing about CBR. It is encouraging to see that steps are already being taken in parts of Africa, to encourage such writing, for example by CBR Africa Network (CAN) in running writing workshops for people involved in CBR programmes.

The challenge is to make reflective writing, which is both objective and self-critical, an integral and essential part of each programme. Reporting should not become simply a chore and an afterthought just to keep donors happy. Disabled people should be made an integral part of the evaluative and research process.

There is also an urgent need for people involved in CBR to network. It is very easy for people to work in isolation. But reading and contributing articles to professional journals, attending conferences, using the internet to discuss and spread ideas, are all enormously important, and room for these activities needs to be factored into programme budgets.

CONCLUSION

We have considered the current debate about poverty and development, and seen that it is focused on rights.

We have noted that the first step in tackling poverty, is to give a voice and full participation in change to those who are most affected by poverty.

We have seen that unless disabled people have a voice, they will continue to be marginalised, misunderstood and excluded from poverty reduction strategies.

We have noted the different stakeholders on the disability scene, and seen that collectively, there has been a huge shift in consciousness and attitudes about disability, from individual need to universal rights.

We have identified that CBR is primarily a process of community, as well as individual, development, and is therefore, an essential part of poverty reduction strategies.

And, we have identified some of the ways and areas in which CBR can become more effective as part of the strategy to reduce poverty.

It is easy to be discouraged in our day-to-day work, when we feel that so much is loaded against us, especially in Africa. But, by looking at how
ideas have changed, we can take heart and find, that looking back, much has been achieved. Individuals can make a difference; NGOs can make a difference; world bodies do (eventually) listen; policy can be changed.

We can make a difference, and we are making a difference. We have to keep faith, and never be tempted to give up. As Edmund Burke said: "For evil to triumph it is sufficient for good men to do nothing."

Walt Whitman, an American poet who was well ahead of his time in an understanding of where true wisdom lies, wrote:

The earth does not argue,  
Is not pathetic, has no arrangements,  
Does not scream, haste, persuade,  
threaten, promise,  
Makes no discriminations, has no conceivable failures,  
Closes nothing, refuses nothing,  
shuts none out.

Walt Whitman: 'A song of the rolling earth.'

There is the world, and there is the earth. The earth is what God created. The world is what man has done with it. It is the earth which makes no discriminations, has no conceivable failures, closes nothing, refuses nothing, shuts none out. And we need to go back to the earth to find our way in how we construct our world.

Let us listen to the earth, the rolling earth, the deep rich soil of Africa, and hear its message of no discriminations, no conceivable failures; which closes nothing, refuses nothing, and which shuts none out.

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