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## USAID Okard ໂອກາດ

# Introduction to CBID



USAID Okard (ໂອກາດ) supports Disability Inclusive Development in Lao PDR

## Summary: USAID Okard Training and Capacity Building Approach CBID Demonstration Model

### I. USAID Okard Activity

USAID Okard Activity, a five-year project funded by the U.S. Agency for International Development (USAID), aims at improving and sustaining the independent living and functional ability of persons with disabilities and their household regardless of factors such as age, sex, gender expression and ethnicity. The Activity partners with the Lao government, civil society organizations and the private sector to develop and implement national disability inclusive policies so that no one is left behind.

USAID Okard promotes equal access to health and related rehabilitation, economic opportunities and social services in the Lao People's Democratic Republic and interventions will be targeted in Vientiane Capital and in the provinces of Xieng Khouang and Savannakhet.

To ensure long-term sustainability, USAID Okard uses **a systems-centered approach** by focusing on government ownership of disability inclusive policies and of rehabilitation services and mental health and psychosocial support (MHPSS). The project also applies **a person-centered approach** particularly through case management to address the individual needs of persons with disabilities and the communities that support them, and most importantly to assess and remove barriers for persons with disabilities to become self-sufficient and to achieve their optimal functional ability.

Persons with disabilities are often among society's most vulnerable and marginalized populations. Some of the major causes of disabilities in Laos are unexploded ordnance accidents (UXO), road traffic crashes and increasingly, non-communicable diseases such as Type 2 diabetes, stroke and stunting. Equal access to health and social services will foster inclusion of persons with disabilities in their communities and allow them to contribute more effectively to society on an equal basis with others.

The Activity works towards creating an environment in which persons with disabilities are empowered to actively participate in society, with the following outcomes anticipated:

- Improved access to health and rehabilitation services for persons with disabilities and their households.
- Strengthened health systems with rehabilitation and MHPSS included in the continuum of care
- More persons with disabilities and their households employed or self-employed.
- All stakeholders including persons with disabilities actively involved in creating and enabling a more supportive and inclusive environment for the sustainability of health and economic empowerment improvements

### 2. USAID Okard Overall Training and Capacity Building approach

World Education believes in working through local partners for sustainability, so the USAID Okard Activity will be implemented through sub-recipients from the Government of Lao PDR, INGOs and NPAs. In order to ensure quality and consistency across the project's interventions and to build capacity of the partners both technically and in terms of organizational development, World Education places great importance on training and capacity building, which will be operationalized through the Training Unit, headed by a Training and Capacity Building Coordinator and guided by the Technical Management Committee.

The training unit will oversee all training and capacity building development and implemented by USAID Okard, primarily in three main areas:

1. **Capacity building for GoL ministries, departments, and service providers** through technical assistance and mentoring as well as formal training so that institutional processes are created and staff developed to continue to deliver inclusive services beyond the life of the program.
2. **Targeted capacity building, training and mentoring (including organizational assessments and capacity building plans) for sub-recipients, including DPOs and NPAs** to strengthen the ability of organizations to manage sub-grants, navigate USAID regulations, manage their organization in a sustainable and accountable way, so they can sustain their fund raising to deliver disability inclusive services and provide effective advocacy on disability rights, laws, and policies that influence GoL policy implementation.
3. **Training and ongoing capacity building for the Community Based Inclusive Development (CBID) teams of QLA and ARMI** so they can effectively deliver quality case management and build awareness and engagement in communities for community action and mobilization towards more inclusive communities.

Measurable capacity-building is one of the core components of USAID Okard, and inputs by World Education and Humanity & Inclusion will take many forms. One approach is individual coaching, where a USAID Okard staff member who has the required expertise works closely with one or several members of an organization regularly over a longer period of time, to discuss a specific issue, either by phone, email or in person, or a combination of those methods. Other times, the training unit organizes formal trainings for all sub-recipients, for example USAID Regulations, Financial Management, Monitoring, Evaluation and Learning, and Gender Inclusive Development.

All USAID Okard trainings are participatory, reflective and allow as much time as possible for 'learning by doing' and practical application of skills and knowledge. The Training Unit and Technical Management Committee (TMC) carefully develop curriculum outlines and materials that reflect clear learning objectives and build on other trainings. In addition, USAID Okard recognize the importance of reflection, goal setting, and the long-term, regular follow up needed for effective capacity building, and the need for effective measurement of capacity building to demonstrate result

### 3. Community Based Inclusive Development (CBID)

One of the key features of the USAID Okard Activity is the **Community Based Inclusive Development (CBID)** Demonstration Model. Community Based Inclusive Development (CBID) is an approach that aims to build and promote an inclusive society by bringing about changes to the lives of persons with disabilities in local communities, working with and through persons with disabilities themselves, local groups and institutions. CBID strategy encourages inclusive, resilient and equitable communities where persons with disabilities are empowered to contribute to address the challenges they and their families face.

The CBID demonstration model is an evidence-based approach that includes two key components – case management and community mobilization. The CBID demonstration model districts in Xieng Khouang (Kham District) and Savannakhet (Xayphouthong District) will be conducted by civil society organizations Quality of Life Association (QLA) and Association for Rural Mobilisation and Improvement (ARMI) respectively, with the technical support of WEI and HI and overarching technical guidance by the USAID Okard Technical Management Committee (TMC).

The CBID teams of QLA and ARMI will directly support persons with disabilities to identify barriers to their economic self-sufficiency and optimal functioning, and work with families, communities, local authorities and relevant service providers, so they understand these barriers and interact together to remove barriers and meet these needs.

#### **4. Core competencies of a CBID Team**

To effectively implement the CBID demonstration, CBID team members (CBID facilitators, IGA officer and CBID team leader) need to have the appropriate knowledge, attitudes, skills and behaviors focused on five (5) core competencies:

1. Practice with professionalism
2. Practice in an ethical manner
3. use critical thinking and professional judgment
4. embrace and respect human diversity
5. advance rights of persons with disabilities

By acquiring and mastering the required range of knowledge, attitudes, skills and behaviors, over time as part of a continued learning process, the CBID team will be competent to engage in an ongoing, interactive process with persons with disabilities, their families, the community, local authorities and organizations on sustainable disability inclusion development.

##### **I. CBID team members practice with professionalism.**

- advocate and organize access to the needed services for the person with disabilities and their household that contribute to increased independent living, optimal functional ability and wellbeing;
- demonstrate a professional manner in behavior, appearance, and compassionate communication with persons with disabilities and their household members, and with community actors;

- engage in learning and reflection with team leaders and USAID Okard technical unit for continued professional development.

## **2. CBID team members practice in an ethical manner (see section below for more information)**

- have an obligation to conduct themselves ethically and to engage the household members in ethical decision-making.
- demonstrate empathy and effective compassionate communication when working with individuals with disabilities, families, local authorities, organizations, communities and colleagues.
- are knowledgeable about the rights of persons with disabilities, the value of disability inclusion and relevant disability policies and laws.
- Become knowledgeable about the individual circumstances of person with disabilities and their family and are sensitive to that person and family's cultures and values.
- Recognise the limitation of their skills and knowledge and make careful decisions about doing **no harm** to the person with disabilities and their families.

## **3. CBID team members use critical thinking and professional judgment.**

- Be curious, creative and innovative by using critical thinking to find meaningful solution to remove barriers to disability inclusion.
- Reflect on, apply and integrate knowledge and skills learned in USAID Okard training packages in day to day work, including personal experience and practical knowledge.

## **4. CBID team members embrace and respect human diversity.**

- understand and respect that disability is part of the human diversity and behave accordingly.
- appreciate that because of differences in functioning and appearance, persons with disabilities may experience shame, stigma, discrimination, marginalization, poverty, abuse and exploitation that result in psychosocial issues and isolation
- be aware of their own beliefs, attitudes and behaviors on disability to ensure they do not influence the work they complete with persons with disabilities, their families and the community.

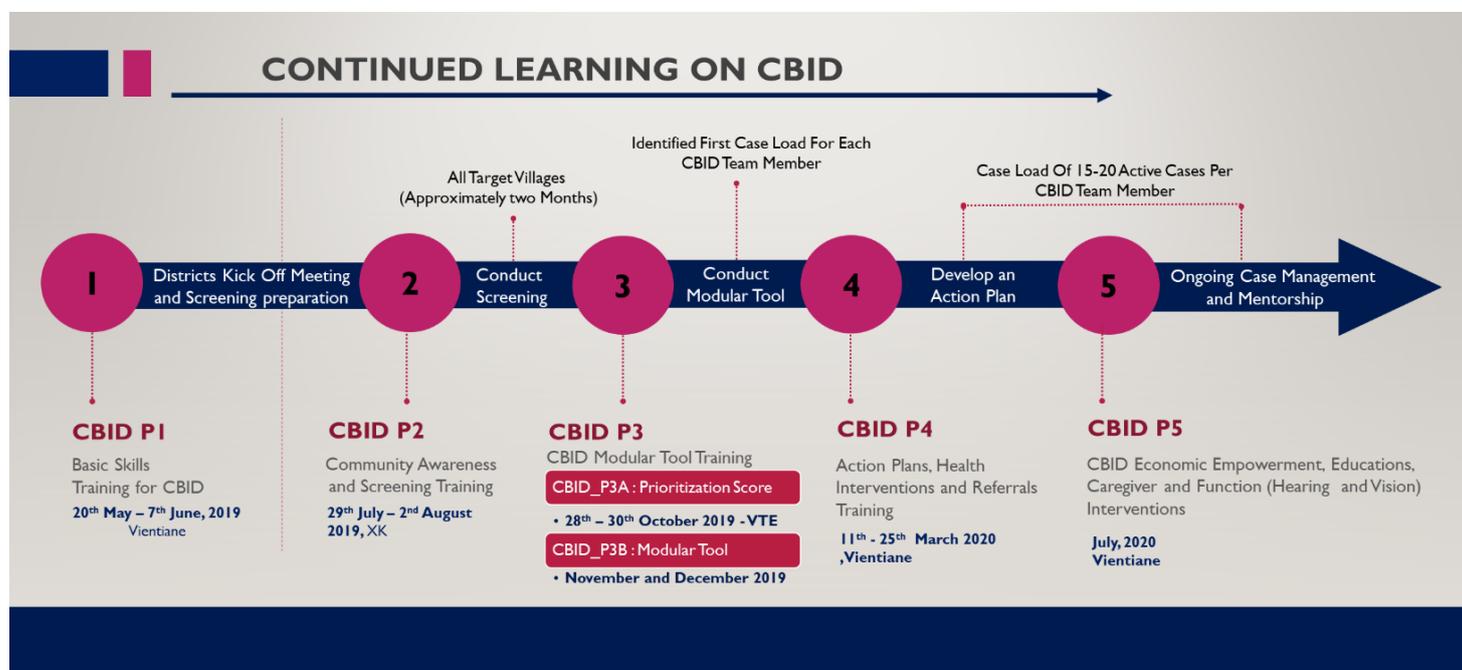
## **5. CBID team members advance rights of persons with disabilities**

- understand that each person with disabilities has the same basic human rights, such as freedom, safety, privacy, an adequate standard of living, health care, and education like others.

## 5. Continued Learning on CBID

During the first months of the implementation, CBID team will receive several intensive training packages organized and provided by the USAID Okard Training Unit. These training packages are designed to gradually build core competencies. Each training package is designed to provide a set of knowledge, skills, attitudes and behaviors that support the CBID facilitator to be able to mobilize community actors on disability inclusion and to implement the case management steps.

In between training packages, the CBID facilitators and IGA officer will be working in the community gradually applying knowledge, practicing skills and reflecting on their progress under the supervision of team leaders. Below are the planned training packages for the first year of implementation and how they interact with the first few steps of case management and community mobilization:



The participant handbooks developed for each package were used in the CBID trainings for QLA and ARMI teams during the USAID Okard Activity. They are available in print on request from World Education (Chief of Party: Bernard Franck [bernard\\_franck@la.worlded.org](mailto:bernard_franck@la.worlded.org)) or on the World Education website <https://laos.worlded.org/our-resources/>.

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## Introduction

This handbook provides basic information to introduce the Community Based Inclusive Development (CBID) demonstration model as per the training goal and learning objectives described in the curriculum outline below. This second CBID training module (part of package I) starts to introduce key terms that are important to understand the CBID approach.

You will find a glossary of terminology that will define the meaning of key words or phrases below, so they are understood clearly and consistently by everyone. Whenever you see these terms in the handbook refer to the glossary to assist you in understanding the meaning.

Terms/ ຄຳສັບ	Definition English	ນິຍາມພາສາລາວ
<p><b>Assistive Products (AP)</b></p> <p>ອຸປະກອນອຳນວຍຄວາມສະດວກ</p>	<p>Any external product (including devices, equipment instruments or software), especially produced or generally available with the primary purpose to maintain or improve an individual's functioning and independence in daily life, and thereby promote their well-being.</p> <p>Assistive products are also used to prevent impairments and secondary health conditions. A person with a disability may benefit from one or multiple assistive products, depending on the type and severity of their disability.</p>	<p>ຜະລິດຕະພັນພາຍນອກໃດໜຶ່ງ (ລວມທັງ ເຄື່ອງມື, ອຸປະກອນ ຫລື ຊອບແວ) ທີ່ຜະລິດຂຶ້ນໂດຍສະເພາະ ຫລື ມີຢູ່ທົ່ວໄປ ໂດຍມີເປົ້າໝາຍຫຼັກ ໃນການຮັກສາ ຫລື ປັບປຸງການເຮັດໜ້າທີ່ການ ແລະ ການດຳລົງຊີວິດແບບອິດສະຫຼະ ຂອງຄົນທີ່ມີຄວາມພິການ ແລະ ສິ່ງເສີມການເປັນຢູ່ທີ່ດີຂອງພວກເຂົາ.</p> <p>ອຸປະກອນອຳນວຍຄວາມສະດວກຍັງນຳໃຊ້ເພື່ອປ້ອງກັນຄວາມບົກຜ່ອງ ແລະ ເງື່ອນໄຂສຸຂະພາບ ແຊກຊ້ອນຂຶ້ນສອງ. ຄົນທີ່ມີຄວາມພິການອາດໄດ້ຮັບປະໂຫຍດ ຈາກອຸປະກອນ ອຳນວຍຄວາມສະດວກໜຶ່ງ ຫລື ຫລາຍເຄື່ອງຂຶ້ນຢູ່ກັບປະເພດ ແລະ ຄວາມຮຸນແຮງດ້ານຄວາມພິການຂອງພວກເຂົາ.</p>
<p><b>Case Management</b></p> <p>ການຄຸ້ມຄອງຜູ້ໄດ້ຮັບຜົນປະໂຫຍດ</p>	<p>Case management is a personalized and family centered process that aims to improve and sustain the independent living and functional ability of persons with disabilities through coordinated support to them and their household (such as sharing resources or referring to relevant provider).</p>	<p>ການຄຸ້ມຄອງຜູ້ໄດ້ຮັບຜົນປະໂຫຍດ ແມ່ນຂະບວນການທີ່ເອົາຄົນ ແລະ ຄອບຄົວເປັນໃຈກາງເຊິ່ງແນໃສ່ປັບປຸງ ແລະ ຮັກສາຄວາມສາມາດໃນການເຮັດໜ້າທີ່ການ ແລະ ການດຳລົງຊີວິດແບບອິດສະຫຼະ ຂອງຄົນທີ່ມີຄວາມພິການຜ່ານການສະໜັບສະໜູນພວກເຂົາ ແລະ ຄອບຄົວ (ເຊັ່ນ: ການແບ່ງປັນຊັບພະຍາກອນ ຫລື ການນຳສົ່ງໄປຍັງຜູ້ສະໜອງທີ່ກ່ຽວຂ້ອງ).</p>

<p><b>Community Based Inclusive Development (CBID)</b> ການພັດທະນາແບບມີສ່ວນຮ່ວມຂັ້ນຊຸມຊົນ</p>	<p>CBID is an approach that enables ‘disability inclusive development’ by enhancing optimal functioning and changes to the lives of persons with disabilities at a community level, working with and through persons with disabilities themselves, local groups and institutions, and respects the general principles of the UNCRPD.</p>	<p>CBID ແມ່ນວິທີການທີ່ເປີດທາງໃຫ້ແກ່ການພັດທະນາແບບມີສ່ວນຮ່ວມຂອງຄົນທີ່ມີຄວາມພິການໂດຍການສົ່ງເສີມການເຮັດໜ້າທີ່ການ ແລະ ການປ່ຽນແປງຕໍ່ຊີວິດຂອງຄົນທີ່ມີຄວາມພິການຢ່າງເຕັມສ່ວນໃນຂັ້ນຊຸມຊົນໂດຍການເຮັດວຽກກັບ ແລະ ຜ່ານຄົນທີ່ມີຄວາມພິການ, ກຸ່ມຄົນໃນທ້ອງຖິ່ນ ແລະ ສະຖາບັນຕ່າງໆ ພ້ອມທັງເຄົາລົບຫຼັກການທົ່ວໄປຂອງສົນທິສັນຍາສາກົນ ວ່າດ້ວຍສິດທິຂອງຄົນທີ່ມີຄວາມພິການ.</p>
<p><b>Community Based Rehabilitation (CBR)</b> ການຝຶກຊ່ຽວຜູ້ໜ້າທີ່ການຂັ້ນຊຸມຊົນ</p>	<p>Access to rehabilitation and related assistive products as part of primary health care at the community level for people with health conditions that causes difficulties in functioning, led by community health workers under the Ministry of Health.</p>	<p>ການເຂົ້າເຖິງການຝຶກຊ່ຽວຜູ້ໜ້າທີ່ການ ແລະ ອຸປະກອນອຳນວຍຄວາມສະດວກທີ່ກ່ຽວຂ້ອງ ເຊິ່ງເປັນສ່ວນໜຶ່ງຂອງການປິ່ນປົວຂັ້ນຕົ້ນໃນຂັ້ນຊຸມຊົນຂອງ ຄົນທີ່ມີເງື່ອນໄຂສຸຂະພາບເຊິ່ງເປັນສາເຫດໃຫ້ມີຄວາມຫຍຸ້ງຍາກໃນການເຮັດໜ້າທີ່ການ, ການປະຕິບັດໜ້າທີ່ແມ່ນນຳ ພາ ໂດຍພະນັກງານສາທາລະນະສຸກຊຸມຊົນພາຍໃຕ້ກະຊວງສາທາລະນະສຸກ.</p>
<p><b>Community Disability Advocacy Champions</b> ກຸ່ມຄົນຕົວແບບດ້ານຄວາມພິການໃນຊຸມຊົນ</p>	<p>A person with disability (or their relative e.g. caregiver who has the capacity and willingness to represent the voice and views of themselves and others to share the real-life experience of people with disabilities with other people without disabilities, especially decision makers.</p>	<p>ຄົນທີ່ມີຄວາມພິການ (ຫລື ຜູ້ນຳຂອງພວກເຂົາ ເຊັ່ນ: ຜູ້ເບິ່ງແຍງ) ໃນຊຸມຊົນທີ່ມີຄວາມສາມາດ ແລະ ເຕັມໃຈທີ່ຈະເປັນຕົວແທນທາງດ້ານ ແນວຄວາມຄິດຂອງພວກເຂົາ ແລະ ຄົນອື່ນ ແລະ ເປັນກະບອກສຽງ ເພື່ອແບ່ງປັນປະສົບການຈິງຂອງຄົນທີ່ມີຄວາມພິການກັບຄົນອື່ນ ໂດຍສະເພາະຜູ້ມີອຳນາດໃນການຕັດສິນໃຈ.</p>
<p><b>Community engagement</b></p>	<p>A process of working collaboratively with stakeholders within communities and with persons with disabilities</p>	<p>ຂະບວນການຂອງການເຮັດວຽກຮ່ວມກັບພາກສ່ວນທີ່ກ່ຽວຂ້ອງພາຍໃນຊຸມຊົນ ແລະ ກັບຄົນທີ່ມີຄວາມພິການເອງ</p>

<p><b>and mobilization</b> ການສົ່ງເສີມ ແລະ ການເຮັດວຽກຮ່ວມ ກັບຊຸມຊົນ</p>	<p>themselves to identify priorities, resources, needs and effective solutions to promote effective participation and change to address issues that affect the wellbeing of the whole community</p>	<p>ເພື່ອກຳນົດບຸລິມະສິດ, ຊັບພະຍາກອນ, ຄວາມຕ້ອງການ ແລະ ວິທີການແກ້ໄຂ ບັນຫາທີ່ມີປະສິດທິພາບໃນການ ສົ່ງເສີມການມີສ່ວນຮ່ວມ ແລະ ການ ປ່ຽນແປງເພື່ອແກ້ໄຂບັນຫາທີ່ກະທົບຕໍ່ ການເປັນຢູ່ທີ່ດີ ຂອງຄົນໃນຊຸມຊົນ.</p>
<p><b>Disability</b> ຄວາມພິການ</p>	<p>Disability is an evolving concept. Disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others. (UNCRPD)</p>	<p>ຄວາມພິການຄື ແນວຄວາມຄິດທີ່ມີ ການພັດທະນາຂຶ້ນໃໝ່ເລື້ອຍໆ. ຄວາມພິການເປັນຜົນມາຈາກຄວາມ ສຳພັນລະຫວ່າງຄົນທີ່ມີຄວາມບົກຜ່ອງ ກັບ ສິ່ງກົດຂວາງດ້ານສິ່ງແວດລ້ອມ ແລະ ທັດສະນະຄະຕິທີ່ຂັດຂວາງການມີ ສ່ວນຮ່ວມໃນສັງຄົມບົນພື້ນຖານ ຄວາມສະເໝີພາບກັບຄົນອື່ນຢ່າງມີ ປະສິດທິພາບ ແລະ ເຕັມສ່ວນ. (UNCRPD)</p>
<p><b>Disability Inclusive Development (DID)</b> ການພັດທະນາແບບ ມີສ່ວນຮ່ວມຂອງຄົນ ທີ່ມີຄວາມພິການ</p>	<p>Disability-inclusive development sets out to achieve equality of human rights for people with disabilities as well as full participation in, and access to, all aspects of society. It is an approach that aims to build and promote an inclusive society in which all people with disabilities enjoy human rights and reach their full potential.</p>	<p>ການພັດທະນາແບບມີສ່ວນຮ່ວມຂອງ ຄົນທີ່ມີຄວາມພິການວາງອອກເພື່ອໃຫ້ ບັນລຸຄວາມສະເໝີພາບດ້ານສິດທິ ມະນຸດສຳລັບຄົນທີ່ມີຄວາມພິການ ເຊັ່ນດຽວກັບການມີສ່ວນຮ່ວມຢ່າງ ເຕັມທີ່ ແລະ ການເຂົ້າເຖິງໃນ ທຸກຮູບ ແບບຂອງສັງຄົມ. ມັນແມ່ນວິທີການທີ່ ແນໃສ່ສ້າງ ແລະ ສົ່ງເສີມການມີສ່ວນ ຮ່ວມທາງດ້ານສັງຄົມເຊິ່ງຄົນທີ່ມີ ຄວາມພິການສາມາດໄດ້ຮັບສິດທິ ມະນຸດ ແລະ ບັນລຸສັກກະຍະພາບຂອງ ພວກເຂົາໄດ້ຢ່າງເຕັມທີ່.</p>
<p><b>Empowerment</b> ການສ້າງຄວາມ ເຂັ້ມແຂງ</p>	<p>The process of becoming stronger and more confident (and sustain), especially in controlling one's life and claiming one's rights.</p>	<p>ຂະບວນການສ້າງຄວາມເຂັ້ມແຂງ ແລະ ສ້າງຄວາມໝັ້ນໃຈເພີ່ມຂຶ້ນ ໂດຍ ສະເພາະແມ່ນການຄວບຄຸມຊີວິດ ແລະ ການອ້າງສິດຂອງຕົນເອງ.</p>
<p><b>Equalization of opportunities</b> ຄວາມສະເໝີພາບ ດ້ານໂອກາດ</p>	<p>The process through which the various systems of society and the environment, such as services, activities, information, and documentation, are made available to</p>	<p>ຂະບວນການ ທີ່ຜ່ານລະບົບຂອງ ສັງຄົມແລະ ສິ່ງແວດລ້ອມຕ່າງໆ ເຊັ່ນ: ການບໍລິການ, ກິດຈະກຳ, ຂໍ້ມູນ ແລະ ການປະກອບເອກະສານແລ້ວ ທຸກຄົນ</p>

	all, particularly to persons with disabilities.	ສາມາດເຂົ້າເຖິງໄດ້ ໂດຍສະເພາະຄົນທີ່ມີຄວາມພິການ.
<b>Family Centered Approach</b> ວິທີການເອົາຄອບຄົວເປັນໃຈກາງ	The family centered approach is a way of working with those families that include a person with disability, in order to enhance their capacity to achieve optimal functioning as a family unit and for the person with disability, whilst building resilience and ownership towards supporting the person with disability. This approach generally leads to improved satisfaction and quality of life for the person with disability and the whole family.	ວິທີການເອົາຄອບຄົວເປັນໃຈກາງແມ່ນແນວທາງຂອງການເຮັດວຽກກັບຄອບຄົວທີ່ລວມເອົາຄົນທີ່ມີຄວາມພິການເຂົ້ານຳ ເພື່ອສົ່ງເສີມຄວາມສາມາດຂອງພວກເຂົາໃຫ້ບັນລຸການເຮັດໜ້າທີ່ການ ຢ່າງເຕັມທີ່ ໃນຖານະຫົວໜ່ວຍຄອບຄົວ ແລະ ສຳລັບຄົນທີ່ມີຄວາມພິການ ພ້ອມກັນກັບ ການສ້າງຄວາມສາມາດໃນການກັບມາດຳລົງຊີວິດ ແລະ ຄວາມເປັນເຈົ້າການຕໍ່ການສະໜັບສະໜູນຄົນທີ່ມີຄວາມພິການ. ໂດຍທົ່ວໄປແລ້ວ ວິທີການດັ່ງກ່າວນີ້ສາມາດນຳໄປສູ່ຄວາມເຝິງພໍໃຈ ແລະ ຍົກລະດັບຄຸນນະພາບຊີວິດຂອງຄົນທີ່ມີຄວາມພິການ ແລະ ຄອບຄົວຂອງພວກເຂົາໄດ້.
<b>Functioning</b> ການເຮັດໜ້າທີ່ການ	Functioning is the ability to take care of your-self, do activities of daily living and participate in household, work and social life as much you want and with no or little restriction.	ໜ້າທີ່ການໝາຍເຖິງຄວາມສາມາດຂອງບຸກຄົນ ໃນການເບິ່ງແຍງຕົວເອງ, ເຮັດກິດຈະກຳຕ່າງໆ ໃນຊີວິດປະຈຳວັນ ແລະ ມີ ສ່ວນຮ່ວມໃນຄອບຄົວ, ວຽກງານ ແລະ ກິດຈະກຳສັງຄົມຕ່າງໆ ໄດ້ຫຼາຍເທົ່າທີ່ຜູ້ກ່ຽວຕ້ອງການ ໂດຍທີ່ມີຂໍ້ຈຳກັດພຽງເລັກນ້ອຍ ຫຼື ບໍ່ມີຂໍ້ຈຳກັດໃດໆເລີຍ.
<b>Health conditions</b> ເງື່ອນໄຂສຸຂະພາບ	The term health condition is an umbrella term for disease (acute or chronic), disorder, injury, or trauma. A health condition may also include other circumstances such as pregnancy, ageing, stress (ICF)	ສັບເງື່ອນໄຂສຸຂະພາບແມ່ນຄຳສັບລວມສຳລັບພະຍາດ ( ກະທັນຫັນ ຫລື ຊຳເຮື້ອ), ຄວາມຜິດປົກກະຕິ, ການບາດເຈັບ ຫລື ການກະທົບ. ເງື່ອນໄຂສຸຂະພາບອາດລວມທັງສະຖານະການອື່ນໆ ເຊັ່ນ: ການຖືພາ, ພະຍາດເຖົ້າແກ່ ແລະ ພາວະຄວາມຕຶງຄຽດ (ICF)

<p><b>Impairment</b> ຄວາມບົກຜ່ອງ</p>	<p>Impairments are problems in body function or structure such as a significant deviation or loss. (ICF) Impairments can be grouped in physical, sensory (vision, hearing, speech), intellectual and mental, resulting from a health condition.</p>	<p>ຄວາມບົກຜ່ອງແມ່ນບັນຫາໃນການເຮັດໜ້າທີ່ການຂອງຮ່າງກາຍ ຫລື ໂຄງສ້າງ ເຊັ່ນ: ການຜິດໄປຈາກຮູບແບບເດີມ ຫລື ການສູນເສຍພາກສ່ວນສໍາຄັນຂອງຮ່າງກາຍ (ICF). ຄວາມບົກຜ່ອງສາມາດຈັດເຂົ້າໃນກຸ່ມທາງດ້ານຮ່າງກາຍ, ຄວາມຮັບຮູ້ (ການເບິ່ງເຫັນ, ການໄດ້ຍິນ ແລະ ການປາກເວົ້າ), ສະຕິປັນຍາ ແລະ ສະພາບຈິດເນື່ອງມາຈາກເງື່ອນໄຂສຸຂະພາບ.</p>
<p><b>Inclusive Development</b> ການພັດທະນາແບບສ່ວນຮ່ວມ</p>	<p>Inclusive Development occurs when the entire community, including people with a disability, benefit equally from an equitable development process. Inclusive development encourages awareness of and participation by all marginalized groups; it specifically respects the diversity that disability brings and appreciates that it is an everyday part of the human experience.</p>	<p>ການພັດທະນາແບບມີສ່ວນຮ່ວມເກີດຂຶ້ນເມື່ອຊຸມຊົນທັງໝົດ ລວມທັງຄົນທີ່ມີຄວາມພິການ, ໄດ້ຮັບຜົນປະໂຫຍດຢ່າງເທົ່າທຽມກັນຈາກຂະບວນການພັດທະນາທີ່ເທົ່າທຽມກັນ. ການພັດທະນາແບບມີສ່ວນຮ່ວມສິ່ງເສີມຄວາມຮັບຮູ້ ແລະ ການມີສ່ວນຮ່ວມຂອງ ກຸ່ມຄົນທີ່ຢູ່ໃນສະພາບທີ່ດ້ອຍໂອກາດ, ເຊິ່ງກວມເອົາການເຄົາລົບຄວາມຫລາກຫລາຍ ທີ່ຄົນທີ່ມີຄວາມພິການເປັນພາກສ່ວນໜຶ່ງ ແລະ ຍົກຍ້ອງວ່າ ມັນເປັນສ່ວນໜຶ່ງຂອງປະສົບການຂອງມະນຸດໃນທຸກໆມື້.</p>
<p><b>Mental Health and Psychosocial support (MHPSS)</b> ການຊ່ວຍເຫລືອດ້ານສຸຂະພາບຈິດ ແລະ ຈິດຕະສັງຄົມ</p>	<p>The term ‘psychosocial’ means the inter-connection between psychological (thoughts, emotions, or behaviors) and social factors (culture, economic status, relationships etc.), and that each continually interacts with and influences the other and may affect mental health and wellbeing.</p> <p>Mental health and psychosocial support (MHPSS) is support that aims to protect or promote mental health and well-being.</p>	<p>ຄຳວ່າ ຈິດຕະສັງຄົມ ໝາຍເຖິງ ການເຊື່ອມໂຍງລະຫວ່າງປັດໄຈທາງດ້ານຈິດຕະສັງຄົມ, ແນວຄວາມຄິດ, ອາລົມ ຫລື ພຶດຕິກຳ ແລະ ປັດໄຈທາງສັງຄົມ (ວັດທະນາທຳ, ສະພາບທາງເສດຖະກິດ, ຄວາມສຳພັນ ແລະ ອື່ນໆ) ກັບ ການປະສານສົມທົບຢ່າງຕໍ່ເນື່ອງກັບ ແລະ ການໂນ້ມນ້າວຄົນອື່ນ ແລະ ອາດມີຜົນກະທົບດ້ານສຸຂະພາບຈິດ ແລະ ການເປັນຢູ່ທີ່ດີ.</p> <p>ການຊ່ວຍເຫລືອດ້ານສຸຂະພາບຈິດ ແລະ ຈິດຕະສັງຄົມ (MHPSS) ແມ່ນການສະໜັບສະໜູນທີ່ແນໃສ່ປົກປ້ອງ</p>

		ຫລື ສິ່ງເສີມ ສຸຂະພາບຈິດ ແລະ ການເປັນຢູ່ທີ່ດີ
<b>Participation</b> ການມີສ່ວນຮ່ວມ	Decision making and engagement in meaningful activities of daily life such household responsibilities, childcare, education, work, social interaction and community development activities.	ອຳນາດໃນການຕັດສິນໃຈ ແລະ ການມີສ່ວນຮ່ວມໃນກິດຈະກຳປະຈຳວັນທີ່ມີຄວາມໝາຍ ເຊັ່ນ: ຄວາມຮັບຜິດຊອບຂອງຄອບຄົວ, ການເບິ່ງແຍງລ້ຽງດູແລເດັກ, ການສຶກສາ, ວຽກງານ, ຄວາມສຳພັນທາງສັງຄົມ ກິດຈະກຳການພັດທະນາຊຸມຊົນ.
<b>Persons with disabilities</b> ຄົນທີ່ມີຄວາມພິການ	Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.  Disability is part of human diversity and persons with disabilities have the same rights than anybody else to access services and enjoy opportunities.	ຄົນທີ່ມີຄວາມພິການ ໝາຍເຖິງຄົນທີ່ມີຄວາມບົກຜ່ອງ ໄລຍະຍາວ ທາງດ້ານຮ່າງກາຍ, ສະພາບຈິດ, ສະຕິປັນຍາ ຫຼື ປະສາດສຳພັດ ເຊິ່ງ ເມື່ອປະກອບກັບສິ່ງກົດຂວາງຕ່າງໆແລ້ວ ອາດຈະ ປົດກັນ ການມີສ່ວນຮ່ວມຢ່າງເຕັມສ່ວນ ແລະ ມີປະສິດທິພາບ ຂອງພວກເຂົາໃນສັງຄົມ ບົນພື້ນຖານຄວາມສະເໝີພາບກັບຜູ້ອື່ນ
<b>Persons with difficulties with functioning</b> ຄົນທີ່ມີຄວາມຫຍຸ້ງຍາກທາງດ້ານ ຫນ້າທີ່ການ	Persons that have difficulties in one of more of the following functional areas due to a health condition: <ul style="list-style-type: none"> <li>• moving around (mobility)</li> <li>• doing activities of daily living e.g. self-care (washing, dressing, etc.) and household responsibilities (cooking, cleaning, childcare, etc.)</li> <li>• communicating and understanding others (cognition)</li> <li>• interacting with others and maintaining relationships</li> <li>• participating in daily life in their community</li> </ul> Here are some examples: <ul style="list-style-type: none"> <li>• A person that has a broken bone in the arm from falling down that has difficulties dressing.</li> <li>• A person that is ageing and has difficulty communicating with others as the person struggles to hear them talking.</li> </ul>	ຄົນທີ່ມີຄວາມຫຍຸ້ງຍາກທາງດ້ານ ຫນ້າທີ່ການ ແມ່ນບຸກຄົນທີ່ ມີຄວາມຫຍຸ້ງຍາກ ດ້ານຫນຶ່ງ ຫຼື ຫຼາຍດ້ານ ຂອງຫນ້າທີ່ການດັ່ງຕໍ່ໄປນີ້: <ul style="list-style-type: none"> <li>• ການເຄື່ອນໄຫວໄປມາ</li> <li>• ການເຮັດກິດຈະກຳປະຈຳວັນ ຕົວຢ່າງ ການເບິ່ງແຍງຕົນເອງ (ອາບນ້ຳ ນຸ່ງເຄື່ອງ) ແລະ ຄວາມຮັບຜິດຊອບອື່ນໆໃນຄົວເຮືອນ ເຊັ່ນ ການເຮັດກິນ, ອະນາໄມເຮືອນ, ລ້ຽງລູກ ແລະ ອື່ນໆ.</li> <li>• ການສື່ສານ ແລະ ເຂົ້າອີກເຂົ້າໃຈ ຄົນອື່ນ (ຄວາມສາມາດໃນການຮັບຮູ້)</li> <li>• ການສາມສຳພັນກັບຄົນອື່ນ ແລະ ຮັກສາສາຍສຳພັນ</li> <li>• ການເຂົ້າຮ່ວມກິດຈະກຳປະຈຳວັນ ໃນຊຸມຊົນ</li> </ul>

	<ul style="list-style-type: none"> <li>• A person who feels anxious and stressed so finds it difficult to interact with others and join social events in the village</li> <li>• A person with difficulties breathing due to disease so finds it difficult to move around as gets out of breath and tired</li> </ul>	<p>ຕົວຢ່າງ:</p> <ul style="list-style-type: none"> <li>• ຄົນທີ່ກະດູກແຂນຫັກຍ້ອນລາວລື້ມ ຈະມີຄວາມຫຍຸ້ງຍາກໃນການນຸ່ງເຄື່ອງ</li> <li>• ຄົນທີ່ມີອາຍຸສູງ ຫຼື ເຖົ້າແກ່ແລ້ວ ຈະມີຄວາມຫຍຸ້ງຍາກໃນການສື່ສານກັບຄົນອື່ນ ຍ້ອນລາວ ບໍ່ສາມາດໄດ້ຍິນຄົນອື່ນເວົ້າ ດີປານໃດ</li> <li>• ຄົນທີ່ມີຄວາມວິຕົກ ກັງວົນ ຫຼື ຄິດຫຼາຍ ຈະມີຄວາມຫຍຸ້ງຍາກໃນການພົວພັນກັບຜູ້ອື່ນ ຫຼື ເຂົ້າຮ່ວມໃນງານກິດຈະກຳສັງຄົມຕ່າງໆ</li> <li>• ຄົນທີ່ມີຄວາມຫຍຸ້ງຍາກໃນການຫາຍໃຈຍ້ອນພະຍາດບາງຊະນິດ ຈະມີຄວາມຫຍຸ້ງຍາກໃນການເຄື່ອນໄຫວໄປມາຫຼາຍ ເພາະຈະຫອບ ແລະ ເມື່ອຍ</li> </ul>
<p><b>Rehabilitation</b> ການຝຶນຜູ້ໜ້າທີ່ການ</p>	<p><b>Rehabilitation</b> is a set of <b>interventions</b> designed to reduce disability and optimize functioning in <b>individuals with health conditions</b> in interaction with their environment.</p>	<p>ການຝຶນຜູ້ໜ້າທີ່ການ ແມ່ນຊຸດກິດຈະກຳຫລັກ ອອກແບບມາເພື່ອຫລຸດຜ່ອນຄວາມພິການ ແລະ ສົ່ງເສີມການເຮັດໜ້າທີ່ການຢ່າງເຕັມທີ່ຂອງຄົນທີ່ມີເງື່ອນໄຂສຸຂະພາບໃນການປະສານສົມທົບກັບສິ່ງແວດລ້ອມຂອງພວກເຂົາ.</p>
<p><b>Resilience</b> ການກັບມາດຳລົງຊີວິດ</p>	<p>Resilience is our ability to adapt and bounce back when things don't go as planned. It is a process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress.</p>	<p>ການກັບມາດຳລົງຊີວິດ ແມ່ນຄວາມສາມາດໃນການປັບຕົວ ແລະ ການກັບສູ່ສະພາບຂອງພວກເຮົາ ເມື່ອສິ່ງຕ່າງໆ ບໍ່ເປັນໄປຕາມແຜນ. ມັນຄືຂະບວນການປັບຕົວທີ່ດີໃນການປະເຊີນໜ້າກັບຄວາມຫລາກຫລາຍ, ການກະທົບ, ເຫດການເສົ້າໂສກ, ໄພຂົ່ມຂູ່ ຫລື ແຫລ່ງຄວາມຕຶງຄຽດຮຸນແຮງ.</p>
<p><b>UN Convention on the Rights of People with</b></p>	<p>The UNCRPD is a convention developed by the United Nations as a human rights instrument to <u>promote, protect and ensure</u> the full and equal</p>	<p>UNCRPD ແມ່ນສົນທິສັນຍາທີ່ຝັດທະນາໂດຍ ສະຫະປະຊາຊາດໃນຖານະທີ່ເປັນເຄື່ອງມືສິດທິມະນຸດເພື່ອ</p>

<p><b>Disabilities (UNCPRD)</b> ສິນທິສັນຍາສາກົນ ວ່າດ້ວຍສິດທິຂອງ ຄົນທີ່ມີຄວາມພິການ</p>	<p>enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.</p>	<p>ສິ່ງເສີມ, ປົກປ້ອງ ແລະ ຮັບປະກັນວ່າ ຄົນທີ່ມີຄວາມພິການທຸກຄົນມີສິດທິ ມະນຸດ ແລະ ອິດສະຫລະພາບຂັ້ນ ພື້ນຖານຢ່າງເທົ່າທຽມກັນ ແລະ ເຕັມທິ ແລະ ສິ່ງເສີມຄວາມເຄົາລົບໃຫ້ ກຽດສັກສີຂອງພວກເຂົາ.</p>
<p><b>Vulnerable population</b> ປະຊາກອນທີ່ຢູ່ໃນ ສະພາບທີ່ມີຄວາມ ສ່ຽງ</p>	<p>Any <b>group</b> or sector of society that is at higher risk of being subjected to discriminatory practices, violence, natural or environmental disasters, or economic hardship than other <b>groups</b></p>	<p>ກຸ່ມ ຫລື ຂະແໜງງານໃດໜຶ່ງຂອງ ສັງຄົມທີ່ມີຄວາມສ່ຽງສູງທີ່ຈະຖືກ ເລືອກປະຕິບັດ, ໄດ້ຮັບຄວາມຮຸນແຮງ, ຖືກໄພພິພິດ ຫລື ໄພທຳມະຊາດ ຫລື ມີຄວາມລຳບາກທາງດ້ານເສດຖະກິດ ຫລາຍກວ່າ ກຸ່ມອື່ນ.</p>
<p><b>Wellbeing</b> ການເປັນຢູ່ທີ່ດີ</p>	<p>An individual's perception of their position and satisfaction with life in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards, and concerns.</p>	<p>ຄວາມຮັບຮູ້ຂອງຄົນທີ່ມີຄວາມພິການ ກ່ຽວກັບຈຸດຍືນ ແລະ ຄວາມເພິ່ງພໍໃຈ ກັບຊີວິດຂອງພວກເຂົາໃນສະພາບການ ທາງວັດທະນາທຳ, ລະບົບການໃຫ້ ຄຸນຄ່າທີ່ພວກເຂົາ ດຳລົງຊີວິດຢູ່, ແລະ ກ່ຽວຂ້ອງກັບເປົ້າໝາຍ, ຄວາມຄາດ ຫວັງ, ມາດຕະຖານ ແລະ ຄວາມ ກັງວົນຂອງພວກເຂົາ.</p>

## Curriculum Outline

**Training Topic: Introduction to Community Based Inclusive Development (CBID)**

**Training Code: CBID-PIB**

<b>Target Group/ Participants:</b> CBID facilitators, IGA officer and CBID team leaders and QLA and ARMI Management team in implementing the CBID demonstration model.
<b>Duration:</b> 1 Day
<b>Location:</b> STELLA, Vientiane Laos
<b>Dates and Times:</b> 23 <sup>rd</sup> MAY 2019

### Training Goal/s

By the end of the training, participants will be able to recall and explain what is Community Based Inclusive Development (CBID), case management and community mobilization as part of the USAID Okard CBID demonstration model, and why, disability inclusion needs to be addressed at both community actors' level through community mobilization, and at persons with disabilities level through case management in order to achieve effective participation in society on an equal basis with others.

### Learning Objectives

#### **Learning Objective 1: What is Community Based Inclusive Development (CBID)?**

By the end of session, participants will be able to:

- Remember and explain the general concept of CBID and how it is related to the rights of persons with disabilities (UNCRPD).
- Name the 5 pillars of the CBR matrix, compare the differences between CBR and CBID and describe how multiple pillars within the CBR matrix are needed to achieve effective participation in society on an equal basis with others i.e. disability inclusion.
- Recall the key components of the USAID Okard CBID demonstration model.

#### **Learning Objective 2: What is Case management?**

By the end of session, participants will be able to:

- Describe the concept of case management, including the three main strategies of case management, as used in the USAID Okard CBID demonstration model

- Explain why some people with difficulties in functioning due to health condition(s) can benefit from case management to achieve effective participation in society on an equal basis with others.
- Recall the sequence of the 7 steps of case management and outline the roles of the CBID team members for each of the steps.
- Describe the specific activities related to the interventions (Step 5 of case management).

### **Learning Objective 3: What is Community mobilization for disability inclusion?**

By the end of session, participants will be able to:

- Describe what is community engagement and mobilization and why it is important
- Discuss the essential role of awareness and responsible and informed engagement with stakeholders to achieve effective and sustainable community mobilization toward disability inclusion.
- Describe the 5 potential actions to be done by CBID Facilitators for community awareness and mobilization and the related objectives of these activities.
- Recognize the important role of community disability role model when implementing community awareness and mobilization activities on disability inclusion

## WHAT IS COMMUNITY BASED INCLUSIVE DEVELOPMENT (CBID) ?

**CBID** is an approach that enables ‘**disability inclusive development**’ by enhancing changes to the lives of persons with disabilities at community level, working with and through persons with disabilities themselves, local groups and institutions.



CBID strategy encourages inclusive, resilient and equitable communities where persons with disabilities are empowered to contribute to address the challenges they and their families face.

**CBID** respects the general principles of the UNCRPD (Article 3)<sup>1</sup> and is defined as: “A strategy within general community development for the equalization of opportunities, poverty reduction and social inclusion of all persons with disabilities... implemented through the combined efforts of persons with disabilities themselves, their families, organizations and communities, and the relevant government and non-governmental organizations in health, education, vocational, social and other services.” (modified from ILO, UNESCO & WHO, 2004).



(Source: APDRJ)

<sup>1</sup> (1) Respect for inherent dignity, individual autonomy including the freedom to make one’s own choices, and independence of persons; (2) Non-discrimination; (3) Full and effective participation and inclusion in society; (4) Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity; (5) Equality of opportunity; (6) Accessibility; (7) Equality between men and women; (8) Respect for evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

**CBID** recognizes that building strong inclusive communities requires a focus on equitable access to good quality services, and on civic participation aimed at supporting persons with disabilities, their families and organizations to have the ability and confidence to fully participate in the social, economic and political life of their communities.



**The primary aim of CBID** is to ensure that persons with disabilities as well as other community members are empowered and enabled to promote inclusion and increase community participation. CBID seeks to enable persons with disabilities and their household to express their needs as well as understand the community's concerns and priorities.

Community members including persons with disabilities are encouraged and empowered to define, plan and implement tangible activities related to their own future with the focus being on them organizing themselves to solve their own problems. All members of the community are part of this process including women and men, older women and men, girls and boys with disabilities.

## Community Based Inclusive Development (CBID) and Community Based Rehabilitation (CBR) - What Is the Difference?

The emergence of Community Based Inclusive Development (CBID) has its roots in Community Based Rehabilitation (CBR). CBR, together with the strengthening of Primary Health Care, has been advocated for many years by the World Health Organization (WHO) as the core strategy for improvement of the quality of life of persons with disabilities through **the provision of rehabilitation within the community.**

Enhanced by the adoption of the United Nations Convention for the Rights of Persons with Disabilities (UNCRPD), CBR started to evolve a multi-sectoral strategy and has gone beyond rehabilitation which holistically aims to increase participation and inclusion of persons with disabilities in all aspects of lives.

**The term CBID**, thus, was created as an expansion of CBR framework that involves the concept of community inclusion and “no-one must be left behind” along the dimensions of Health, Education, Livelihood, Social and Empowerment at the community level.

**CBR** - the core strategy for improvement of the quality of life of persons with disabilities through the provision of rehabilitation within the community.



	<b>CBR</b>	<b>CBID</b>
<b>Key focus</b>	<p>Access to rehabilitation and related assistive products as part of the primary healthcare at the community level for people with health conditions (congenital disorder, acute and chronic disease, injury and trauma) that causes difficulties in functioning.</p> <p>Health promotion and prevention, early identification of needs and early intervention, continuum of care and equal access to services.</p>	<p>Holistic community level interventions to promote participation and inclusion for persons with disabilities in all aspects of lives utilizing a multi sectoral approach not only rehabilitation but also community inclusion and psychosocial support at the community level (See diagram below)</p>
<b>Led by who?</b>	<p>Community health workers under the Ministry of Health</p>	<p>Involve many different stakeholders and Ministries involved in health, education, livelihood, social services and empowerment of persons with disabilities components</p>

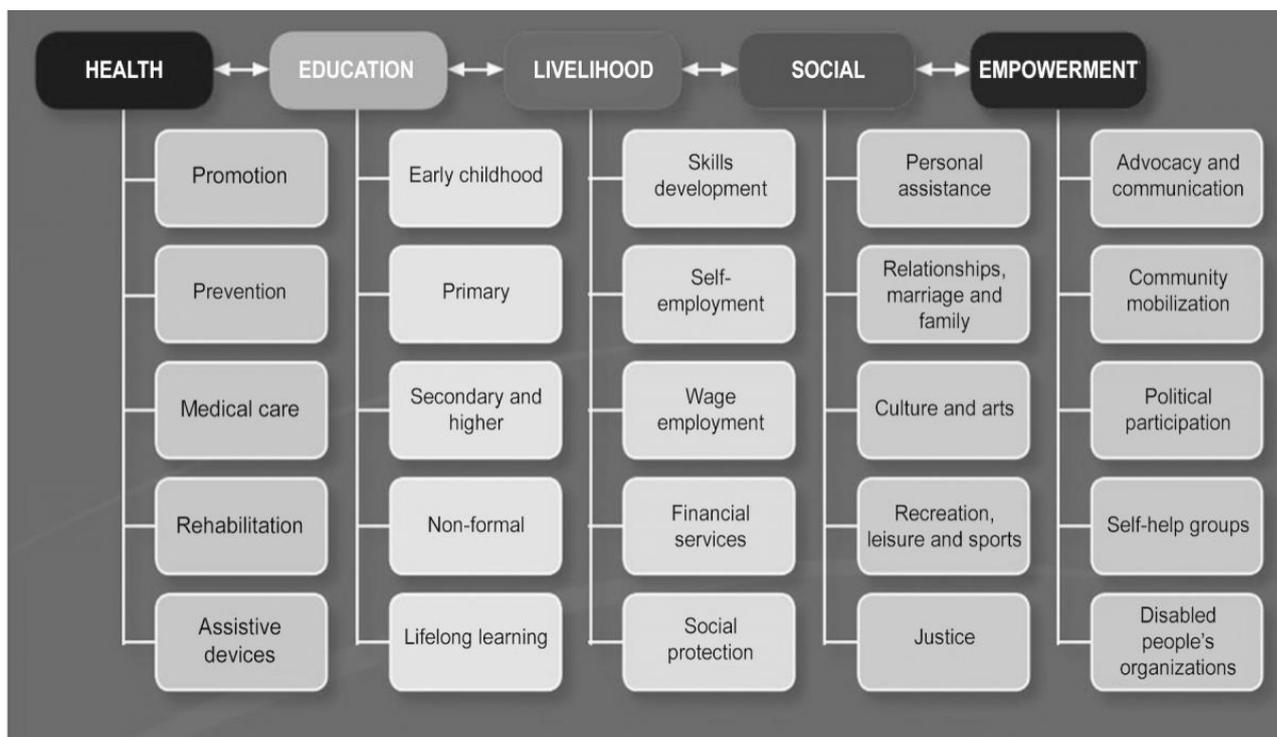


Table 1: CBID and CBR- what is the difference?

## Overview: What is the USAID Okard CBID Demonstration Model?

The CBID demonstration model is an evidence-based approach that intends to prove and measure that effective changes in inclusion of persons with disabilities can happen at community level when disability inclusion is addressed at two levels:

### “System-Centered Level” And “Person-Centered Level”



**The system-centered level** effectively engages local government officials, service providers and community actors to implement national disability inclusion policies and strategies.



**The person-centered level** identifies and addresses through case management, the barriers faced by persons with disabilities to achieve optimal functional ability, independent living and wellbeing.

- **Non-Profit Associations (NPA)** are catalyst for disability inclusion and play the role of interface between government authorities', communities and service providers, and persons with disabilities and their family by implementing case management and by actively engaging the entire community to understand and interact together to address the barriers for disability inclusion.

CBID Facilitators from NPAs implement activities that contribute to address the needs for health and related rehabilitation, for psychosocial support, for livelihoods, and for social inclusion of persons with disabilities, with a focus on individuals, families, and communities.

**Two CBID teams are established to pilot the demonstration model.**



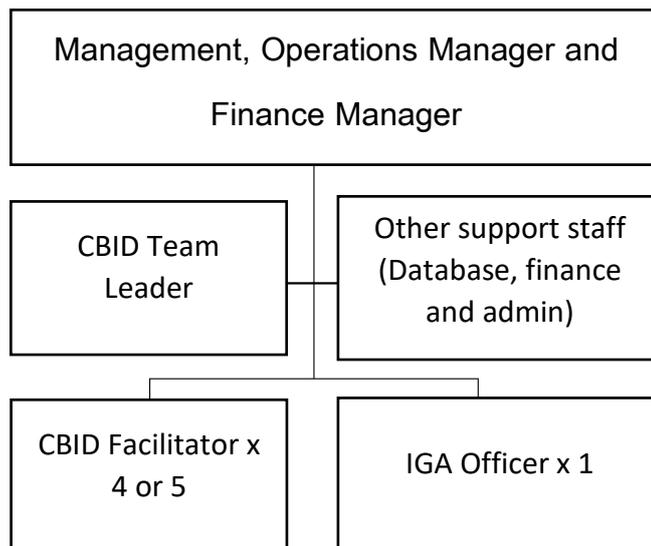
Quality of Life Association (QLA) implements one CBID demonstration model in Kham District, Xieng Khouang province



Association for Rural Mobilization and Improvement (ARMI) implements one CBID demonstration model in Xayphouthong District, Savannakhet province.

**CBID teams include** a CBID team leader, four (4) CBID facilitators and one Income Generation Activity (IGA) officer whom will be trained and receive on-going technical mentorship by the USAID Okard Technical team to effectively implement the CBID demonstration model in the target villages of the districts.

Each CBID facilitator will be provided a digital tablet i.e. their CBID toolkit- that comprises of a package of tools, education and awareness materials and technical resources to assist them to properly implement CBID community mobilization activities and case management.





## How will we know if the community has become more inclusive of persons with disabilities?



Before the CBID demonstration model starts a **baseline assessment** will be conducted by an external research team collecting data from a sample of households and community members to help GoL, USAID Okard and CBID teams understand the situation of persons with disabilities and their households.

The baseline assessment will measure what is the level of functional ability and participation by persons with disabilities in the target districts, what are the barriers that limit optimal functioning and restrict participation, and what is the knowledge, attitude and practices of community members towards disability inclusion.

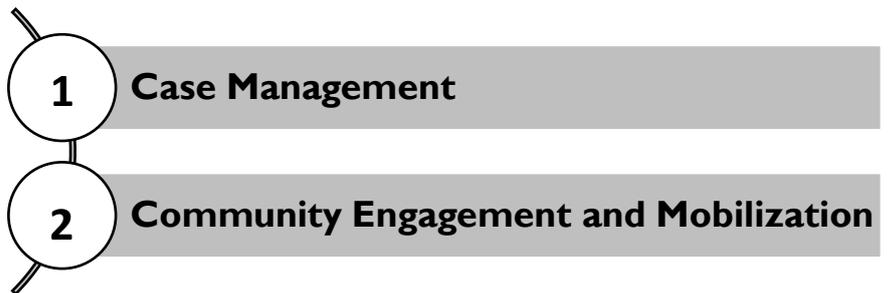
Towards the end of the CBID demonstration model activities supported by USAID Okard (end of 2022), an **end-line assessment** will be conducted by the same external research team to measure changes in functional ability and participation for persons with disabilities, and knowledge, attitude and practices of the community in comparison to baseline data.

## How does the CBID demonstration model connect with GoL policies and systems?

The implementation of the CBID demonstration model will test, at community level, some of the activities developed in the Lao Disability Law and related National Disability Policy, Strategy and Action Plan, and the National Rehabilitation Medicine Strategy and Action Plan (2018-2025). The data collected will be generate evidence of tangible change and provide feedback and recommendations to strengthen government systems and future decision making in relation to the GoL disability inclusive strategies.

## Key components of CBID demonstration model

CBID Demonstration Model comprises of two main components:



### I. What is Case management

In the context of USAID Okard CBID demonstration model, **CASE MANAGEMENT** is defined as a personalized and family centered process that aims to improve and sustain the independent living and functional ability of persons with disabilities through support to them and their household.

**Case management** will assess and analyze the unmet needs of persons with disabilities and plan interventions to meet these needs; provide (or refers them to) services and monitor their outcome on independent living, function and overall wellbeing. Through a referral system, case management will also seek and advocate for adequate service provision on behalf of the individual and their household.

#### ▪ Case Management Strategies:

Optimal functioning for persons with disabilities is often a pre-condition for social inclusion. The primary goal of case management is therefore to achieve optimal functional ability and wellbeing of persons with disabilities, Case management aims at enabling persons with disabilities and their household to find their own solutions to remove barrier to inclusion and to build resilience. Referral to and/or coordinating access to high quality services is also part of case management. For that CBID is using the following strategies<sup>2</sup>:

1. **Strengthening the problem solving, and coping capacities of individuals and their households;**
2. **Enhancing the individual and household's ability to interact with and participate in their communities, with respect for each individual's values and goals;**
3. **Linking people with systems that provide them with resources, services, and opportunities**

<sup>2</sup> NASW, Social Work Case Management

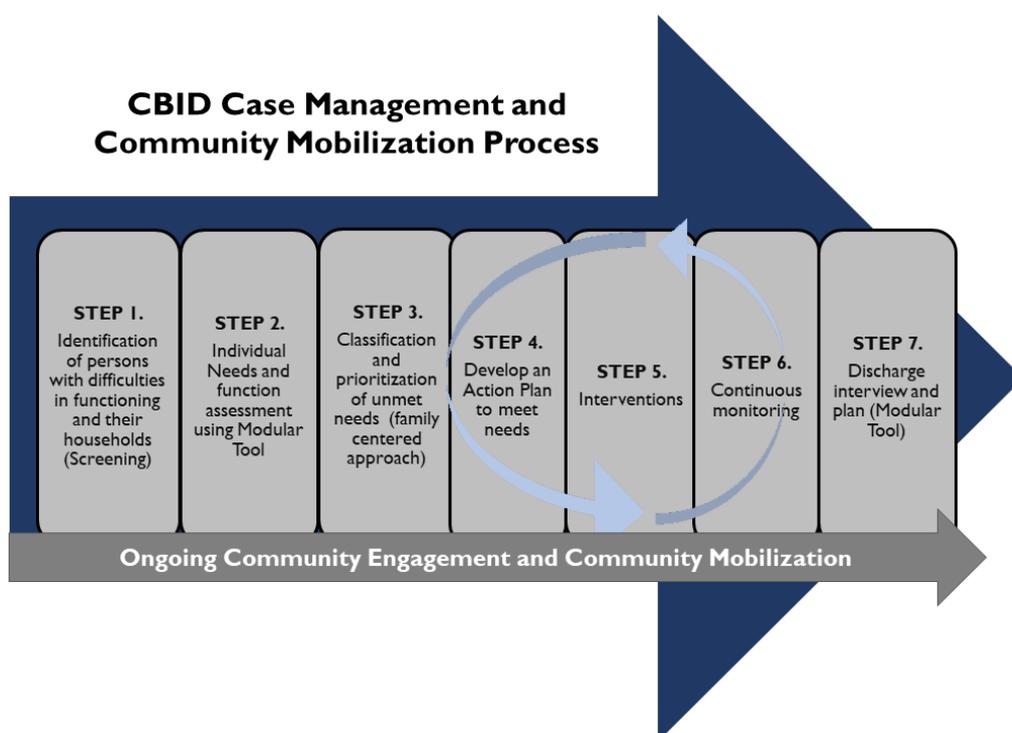
CBID facilitators will support persons with disabilities and their household to assess their needs and to develop family centered action plans. Based on the needs and values of the person with disabilities and their household, objectives are then formulated, and interventions selected to achieve specific outcome in health (medical, rehabilitation and assistive products, and mental health psychosocial support), economic, educational, vocational and social services.

During regular home visits, CBID facilitators and team leaders accompany the person with disabilities and household to provide direct interventions and connect them to relevant services providers and to monitor progress. The case management implemented by CBID Facilitators has a start and an end, this must be clearly explained to the family at the beginning of the intervention. The work of CBID facilitators will be closely monitored and supervised by CBID team leaders.

▪ **What are the seven (7) case management steps?**

The CBID case management process includes **seven (7)** steps:

- Step 1: Identification of persons with difficulties in functioning and their households
- Step 2: Individual Needs Assessment
- Step 3: Classification and prioritization of unmet needs
- Step 4: Develop an action plan
- Step 5 Interventions
- Step 6: Continuous monitoring
- Step7: Discharge interview and plan



**Table 2** provides an overview of each step; what is the objective and a brief description of what will happen during each step.

<b>Case Management Step</b>	<b>What is the objective of this step?</b>	<b>What will happen during this step?</b>
<b>Step 1 Identification of persons with difficulties in functioning and their households (screening)</b>	To identify a priority list of persons with difficulties in functioning and their households that need assessing for case management. This is called <b>‘community screening’</b> .	In Step 1, the CBID team screens the population from each village to identify persons with difficulties in functioning and collects information to create a list of people and their households that will be prioritized for future individual needs assessment (step 2).
<b>Step 2. Individual Needs and function assessment Using modular tool</b>	To <b>understand the situation of the person related to functioning</b> and identify the individual specific needs of persons with difficulties in functioning and their household.  This is called the <b>‘individual needs assessment’</b> and will be completed using the <b>‘CBID Modular Tool’</b>	In step 2, CBID facilitators use the list of people collected in step 1 and select approximately 20 people (per CBID team member) to visit at home and conduct a comprehensive interview using the CBID modular tool.  The CBID modular tool uses questions about education, health, function and assistive products, mental health, caregiving, accessing and utilizing health services, economic participation, and wellbeing to understand the needs of the person with difficulties in functioning and their household.  The interview will be conducted over 2-3 home visits. At the end of the interview, the CBID modular tool will automatically generate results- ‘priority red flags’ that indicate the main needs and confirm that they are persons with disabilities.
<b>Step 3. Classification and prioritization of unmet needs (family centered approach)</b>	To <b>analyze the results of the ‘individual needs assessment’</b> (Step 2) of persons with disabilities and their household and prioritize the most important needs to be addressed.	The CBID facilitator meets with the CBID team leader and discusses the results of the modular tool to write a draft action plan for the person with disabilities and their household.  Then the CBID facilitator visits the person with disabilities and their household to discuss the draft action plan and ask further questions using <b>‘pre-action checklists’</b> to determine the priorities of the family and reach consensus on what specific interventions meet their needs.

		The results of the discussion will be used to finalize the household action plan in Step 4.
<b>Step 4. Develop an action plan to meet needs</b>	To develop an <b>'action plan'</b> with goals, objectives and interventions using information from the 'individual needs assessment' results (Step 2) and the priorities identified by the person with disabilities and their household (Step 3)	<p>The CBID facilitator uses the information collected and decisions made in step 3 to finalize the action plan with the person with disabilities and their household.</p> <p>Discussion includes getting consensus on objectives, interventions, resources and responsibilities of family members. Dependent on the complexity of the case, steps 3 and 4 maybe combined in one home visit or conducted separately over 2 home visits.</p> <p>The action plan is digitized using the tablet and connected to the USAID Okard database, and the CBID facilitator provides a paper version for the family.</p>
<b>Step 5. Interventions</b>	To <b>implement the interventions</b> as defined in the action plan to work towards achieving the objectives and goal.	<p>On average, CBID facilitators and the IGA officer conduct home visits to a household with a person with disabilities twice a month to:</p> <ul style="list-style-type: none"> <li>• Providing direct support and mentorship to the person with disabilities and their household based on the interventions in the action plan (this may include AGM, ATEC, assistive devices, supervise home-based rehabilitation exercise, health literacy, basic counselling, etc.)</li> <li>• Provide direct support and mentorship to the caregiver based on the interventions in the action plan (this may include health, basic counselling, health literacy and caregiving skills)</li> <li>• Use the referral directory to refer person with disabilities and the caregiver to services when appropriate (health, rehabilitation, MHPSS, education, TVET, SFE, etc.)</li> <li>• Mobilize peer to peer support and disability role model when appropriate</li> <li>• Engage with service providers to provide quality and timely services</li> <li>• Mobilize the community to support the person with disabilities and their household</li> </ul>

<p><b>Step 6.</b></p> <p><b>Continuous monitoring</b></p>	<p>To <b>mentor the person with disabilities</b> and the household members, and to <b>monitor the implementation of the action plan</b> to ensure progress is being made to achieve the goals and objectives</p>	<p>CBID facilitators play an active role in regularly mentoring the person with disabilities and the household members to ensure effective implementation of the action plan.</p> <p>During home visits CBID facilitators check the progress of interventions using the checklist of actions from the ‘household action plan’</p> <p>CBID facilitators monitor referral(s) to services and other organizations to ensure support is effectively provided.</p> <p>CBID facilitators follow up the outcome of referrals and ensure that recommended actions prescribed by the service providers are implemented by persons with disabilities and their household.</p>
<p><b>Step 7.</b></p> <p><b>Discharge interview and plan</b></p>	<p>To evaluate the progress made by the person with disabilities and their household by conducting a <b>‘discharge interview’</b> and organize a <b>‘discharge plan’</b></p>	<p>CBID facilitators will conduct a ‘discharge interview’ using the CBID modular tool to evaluate the persons needs after the interventions. This will be completed according to a specific timeframe (18 months for AGM and maximum 6 months for all other interventions).</p> <p>Most of the modules from the CBID modular tool will be repeated and the responses compared with results from the initial modular tool (step 2) to measure changes.</p> <p>Based on the achievement of objectives and results of the action plan and the results of the second modular tool, the CBID facilitator will use a checklist to create a discharge plan and compile information that needs to be provided to the family to maintain the progress made</p>

Table 2: Overview of CBID case management steps

## What types of interventions will be provided in case management step 5?

CBID facilitators need to develop an **'ACTION PLAN'** with goals, objectives and interventions using information from the 'individual needs assessment' results (Step 2) and the priorities of the person with disabilities and their household (Step 3). After the household members and CBID facilitators agree on the 2-3 priorities to be addressed (during step 3 case management), the goals for each intervention will be set.

The CBID demonstration model will provide interventions in 7 different areas:

Intervention Area	Types of Interventions
<b>Education</b>	<ul style="list-style-type: none"> <li>• Engagement &amp; support with the family</li> <li>• Engagement and advocacy with Education Services (DESB, school and VEDC)</li> <li>• Engagement &amp; advocacy with the community</li> <li>• Referral to other services that support inclusive education</li> </ul>
<b>Health</b>	<ul style="list-style-type: none"> <li>• Referral to Community health center, district hospital, provincial hospital and other specialist services (possibly at central level) for medical treatment</li> <li>• Medical treatment for UXO related medical issues (emergency and ongoing treatment)</li> </ul>
<b>Function and Assistive Products</b>	<ul style="list-style-type: none"> <li>• Provision of Assistive Products for mobility, self-care, activities of daily living, vision, hearing, communication</li> <li>• Adjusting accessibility of the home environment</li> <li>• Follow-up of home-based rehabilitation exercises as prescribed by rehabilitation staff</li> <li>• Referral to specialist services</li> </ul>
<b>Mental Health and Psychosocial Support (MHPSS)</b>	<ul style="list-style-type: none"> <li>• Referral and MHPSS treatment from MHPSS specialist and provincial hospital doctors and nurses</li> <li>• Psychosocial support and basic counselling from CBID facilitators</li> <li>• Referral support from peer to peer counselling</li> <li>• Referral to Self-Help Groups (SHGs) or social clubs</li> </ul>
<b>Caregiver</b>	<ul style="list-style-type: none"> <li>• Referral to Community health center, district hospital, provincial hospital and other specialist services (possibly at central level) for medical treatment</li> <li>• Referral and MHPSS treatment from MHPSS specialist and provincial hospital doctors and nurses</li> <li>• Psychosocial support and basic counselling from CBID facilitators</li> <li>• Referral support from peer to peer counselling</li> <li>• Referral to Self-Help Groups (SHGs) or social clubs</li> </ul>
<b>Access to Healthcare</b>	<ul style="list-style-type: none"> <li>• Provision of health literacy coaching</li> <li>• Planning treatment options and how to access healthcare</li> <li>• Mobilizing local health providers to provide services</li> </ul>

<b>Economic Participation</b>	<b>Access to enterprise development:</b> <ul style="list-style-type: none"><li>• AGM (Adapted Graduation Model)- 18 months (livestock raising, agriculture, small business)</li><li>• ATEC (Asset to Enterprise Coaching)- 6 months</li><li>• SFE (Skills for Employment)<ul style="list-style-type: none"><li>○ job readiness training</li><li>○ referral to TVET institution</li><li>○ access to apprenticeship opportunities</li></ul></li></ul>
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## 2. What is community engagement and mobilization?

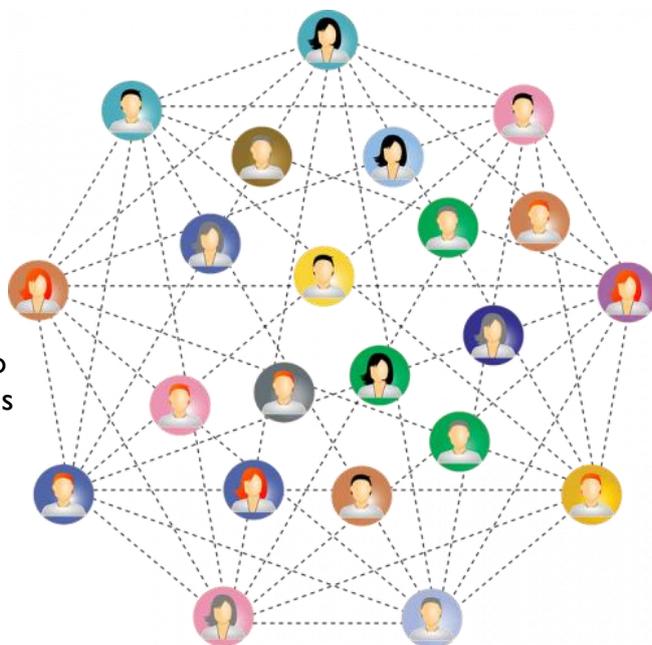
**'Community engagement and mobilization'** is a process of working collaboratively with stakeholders within communities and with persons with disabilities themselves to identify priorities, resources, needs and effective solutions to promote effective participation and change to address issues that affect the wellbeing of the whole community.

Even if persons with disabilities achieve their optimal functioning (as a result of case management) often other barriers exist that restrict their effective participation and wellbeing - community and institutional perceptions, beliefs and negative attitudes and behaviors that lead to stigma and discrimination of persons with disabilities and their household.

**To achieve social participation like others, persons with disabilities have to live in a conducive and enabling environment. For that CBID facilitators need to play an active and continuous role in 'community engagement and mobilization' to address and change community actors' beliefs, attitudes and practices.**

Engagement with stakeholders at a micro level is defined as the 'practice of interacting with and influencing stakeholders in partnership with persons with disabilities for the overall benefit of the targeted CBID beneficiaries and the CBID demonstration model goals.'

Considering the third strategy of case management - to successfully **'link people with systems that provide them with resources, services, and opportunities'** the CBID team need to understand the stakeholders they will need to link with, develop a trusting relationship, regularly share information and engage with them to influence and achieve change towards community based inclusive development.

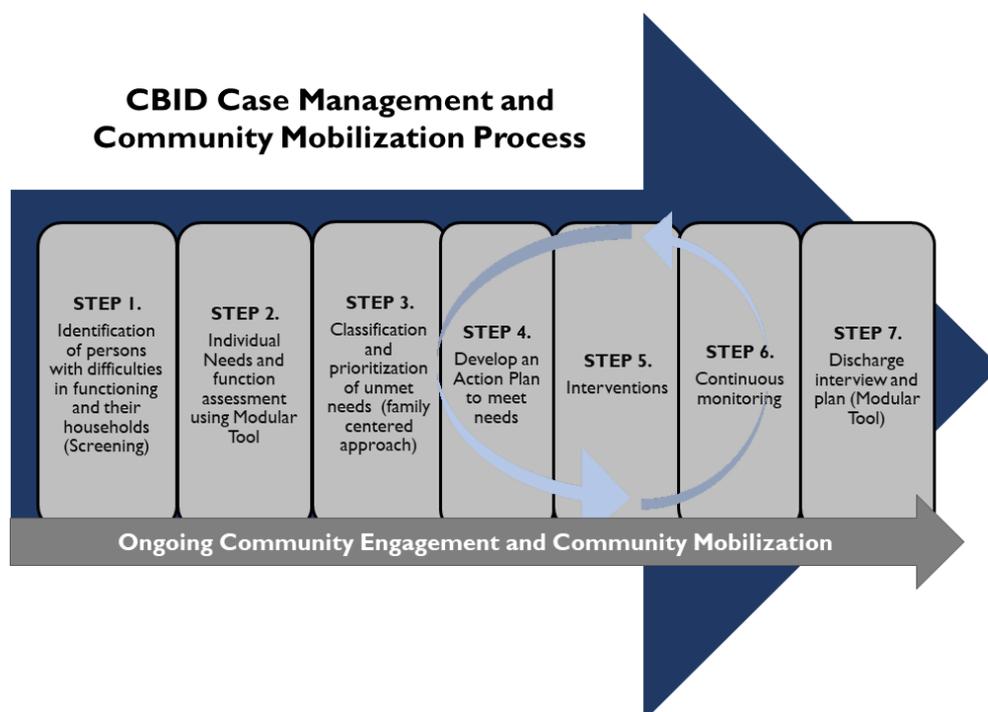


## Who are the stakeholders in CBID?

- Persons with disabilities and their household
- Caregivers within the household
- Community members
- Disability role model
- Head of Village committee
- Village unit representatives (LWU, LYU, Elderly Unit, VMU, VEDC, Village Security Unit) (and monks from temple)
- Health service facilities (Central, Provincial and District Hospitals, Rehabilitation Departments and Units, PRCs, Community Health Centers) and service providers (doctors, nurses, rehabilitation staff, village health volunteers)
- Education facilities (PESS, DESB, Schools and TVET institutions) and staff (principals and teachers at schools, lecturers at TVET)
- Ministry of Labor and Social Welfare (NCDE, PLSW, DLSW)
- Ministry of Agriculture
- NPAs and INGO working in target provinces and districts
- Lao Disabled People's Association (LDPA) Vientiane and other Disabled People's Organizations (DPOs)
- Local businesses



The successful implementation of CBID demonstration model will depend on how stakeholders understand and contribute to CBID activities. Their needs, expectations, perceptions, agendas and concerns can influence the CBID demonstration model, shape what success looks like, and impact the outcomes that can be achieved. **Successful stakeholder engagement is therefore a vital requirement for the CBID demonstration model.**



## Community awareness and mobilization activities for disability inclusion

Simultaneously to CBID case management, CBID facilitators will regularly mobilize community actors to engage them in taking effective actions towards disability inclusion. Community engagement and mobilization activities will be implemented alongside all stages of the case management steps.

Activities will utilize techniques of social and behavior change communication (SBCC) and with the support from USAID Okard SBCC coordinator, the CBID team will be able to increase awareness on human diversity, stimulate interest and respect, increase knowledge on daily challenges faced by persons with disabilities, increase motivation for tangible actions and changes on disability inclusive development.

### Activities will include:

- Establish a dialogue among and between different community members and persons with disabilities on disability inclusive development;
- Support data collection to identify persons with disabilities (and their needs) living in communities
- Create a safe space for persons with disabilities and their household to share experiences and express their needs and concerns with the community;
- Stimulate sustained social and behavior change by increasing awareness, knowledge, and motivation on appropriate practices;
- Support the community and local organizations to work with persons with disabilities to identify solutions and create opportunities for inclusion, mobilize people and resources through changes in knowledge, attitudes and practices.



During these community mobilization sessions CBID facilitators will animate activities that:

- Promote practices that enhance equality, respect, appreciation and value human diversity;
- Stimulate the community to recognize and address barriers to participation;
- Promote participation of all individuals and communities;
- Support the community to gain skills and develop structures that enable participation for all;
- Share good practices in order to learn from each other and show how a community working together can be effective.

### **Disability Role Model**

Including people with disabilities in these processes is crucial. Therefore, CBID facilitators will activate and engage community disability role model on disability inclusive development to be part of the process of community awareness raising and mobilization.

A community disability role model is a person with disability (or their relative e.g. caregiver) in a community who has the capacity and willingness to represent the voice and views of themselves and others to share the real lived experience of people with disabilities with other people, especially decision makers.

