

Running head: CBR PRACTICE AND EDUCATION



THE UNIVERSITY OF  
**SYDNEY**



WHO Collaborating Centre  
in Health Workforce  
Development in  
Rehabilitation and  
Long Term Care

**CBR Practice and Education, the Pacific Way  
Desk Review**

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## Executive Summary

This review was co-authored by the course directors from the CBR programs at Fiji National University (FNU) and Solomon Islands National University (SINU) and informed by close consultation with the network of CBR stakeholders in the Pacific including Disabled People's Organisations (DPOs), CBR educators and students, service providers, and government decision-makers.

Referring to this document as a desk review is deceiving. Authors expanded upon the original purpose of this desk review to present a historical/cultural analysis of CBR development across the region. The resulting desk review reflects the public face of CBR and explores the boundaries of practice at the national level (country-by-country). Tertiary CBR education programs at SINU and FNU map current educational programmes. At every juncture, the voice of people with disabilities was included in process consultation and reflection on the meaning of identified gaps and opportunities in the CBR system.

The rationale behind the expanded scope of the review was the perceived opportunity to increase utility of the document for stakeholders. A stakeholder desire to have a working document rather than a static report developed as an early theme. In response, we have attempted to integrate a toolbox of infographics and ideas that were developed by and for the community.

### Evolution of CBR

Community-based rehabilitation (CBR) began as a civil society response to a call for equity in primary health care for developing countries. CBR evolved out of network of policy, plans, organisations, and events motivated by the disability rights movement. CBR's narrow focus expanded as practice began to reinterpret health care and rehabilitation in the context of human rights. The medical model of disability was subsumed by a biopsychosocial model and taxonomy (i.e., International Classification of Function [ICF]). Long recognised as a strategy within general community development (see ILO Joint Position Paper, 2004)<sup>1</sup>, CBR promotes human rights through full inclusion and participation of persons with disabilities in every aspect of community life (e.g., educational, social, cultural, religious, economic and political contexts). In our contemporary context of sustainable development, CBR is experiencing a shift in labels away from rehabilitation and toward inclusive development. It is increasingly referred to as community-based inclusive development (CBID).

### Community-Based Inclusive Development (CBID): the next generation of CBR

The CBR framework has evolved as a global movement from its initial descriptive efforts in 1994 (ILO, UNESCO, & WHO) to the CBR Guidelines and Matrix in 2010. The guidelines appropriated the principles of the UNCRPD and applied them to a scope of practice spanning Health, Education, Livelihood, Social, and Empowerment domains. CBR adopted Community-based Inclusive Development (CBID) as a set of practices that empowered people with disabilities to be the authors of the social change they desired.

CBID is CBR strategy channelled through collective self-advocacy that builds community capacity for full inclusion of people with disabilities. CBID is the complement to traditional CBR, not it's antithesis. CBID is the service expression of the cross-cutting value that unifies CBR domains; *CBID is applied empowerment*. This project drew explicitly on empowerment as a cross cutting theme of CBR. CBR and CBID are used interchangeably within this report. Indeed, during stakeholder consultations, the terms were often transposed by participants.

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<sup>1</sup> [http://www.ilo.org/skills/pubs/WCMS\\_107938/lang-en/index.htm](http://www.ilo.org/skills/pubs/WCMS_107938/lang-en/index.htm)

### **CBR/CBID in the Pacific**

The evolution of CBR in the Pacific follows the arc of practice from a narrow scope of health and individual rehabilitation to the present guidelines and offers its own unique contribution to future development. **CBR the Pacific Way (CBR-PW)** is a popular practice and policy work-in-progress. The Pacific Regional Framework for CBR (2016-2021) promotes CBR-PW at the mission level with goals to (a) align all existing CBR/CBID practice with Pacific Way principles, and (b) strengthen the network of CBR-PW practice across the Pacific.

### **Mapping CBR in the Pacific**

This review presents a country-by-country mapping of CBR in the Pacific region. Mapping took place in three phases. First, we searched each website for data describing (a) origin stories and history; (b) values, missions, goals and objectives; (c) identified services, supports, resources; and (d) possible links to other CBR providers and supporting organisations. Where other organisations were identified, we identified their websites and repeated the process. Tertiary searches were based on impairment (e.g., deafness, diabetes), and services themes (e.g., inclusive sports) that emerged during our previous searches. Participants identified services, supports and resources in their country during stakeholder consultations. This provided additional direction for the online search. Searches continued for each country until the resources found fell beyond the scope of CBR. There is no possible assurance that the full scope of CBR has been mapped, but the internet search was exhaustive.

In the second phase of mapping, we coded service providers based on their targeted populations: (g) *General*; (v) *vision*; (h) *hearing*; (d) *development*; (b) *brain*; (p) *psychiatric*; (s) *spinal cord*; (c) *chronic disease*; (i) *social issues (e.g., domestic violence, aging)*. A second subjective judgement was made in coding based on how well aligned service providers with the CBR guidelines the described service entity appeared to be. *Bold, capital letters* represent what appear to be bona fide CBR programs. *Lower case letters* presented in brackets represent programs that may be more peripheral to the CBR practice and principles (N/A). Decisions about CBR alignment were based on words used, and services described. This coding strategy was repeated for each nation and the results are profiled in tables (country-by-country).

In the third phase of mapping, content was organised and described under two themes. The first theme includes value statements expressed as vision, mission, purpose, goals, and objectives. The use of these terms was not consistent across organisations, and so they are presented in a generalised way. This theme also includes a descriptive narrative about the organisation. The second theme describes the products on offer. This includes all service, events, partnerships – anything traded in the community.

A summary of all three stages of mapping is included together for each country (alphabetically ordered). An important aspect of this review was the exploration of CBR “the Pacific Way” which was developed through a series of 2 sub-regional CBR workshops for Micronesia/Melanesia (Fiji, October 2016), and Polynesia (Tonga, May, 2017) and one break-out session at the 5<sup>th</sup> Pacific Regional Conference on Disability (Samoa, February, 2017). Three interrelated topics were discussed in each: (a) the meaning of CBR-PW; (b) the DPO role and position in the local and regional CBR networks; and (c) an exploration of empowerment as a cross-cutting feature of CBR service and development.

The data from these sub-regional meetings were revisited in a week-long workshop event in Suva (hosted by FNU and our resident co-author) and the same in Honiara (hosted by SINU and our resident co-author) (July, 2017). These were multi-sectoral workshops with stakeholder participation

from relevant ministries; as well as CBR stakeholders from practitioners, educators, students, manager, advocate, and participant perspectives.

In the first phase of each one-day workshop, findings from the sub-regional meetings (mirror data) facilitated appreciative enquiry. Guided activities facilitated reflection and extended discussions to deepen understanding of what we were learning about CBR practice, education, governance and the engagement of DPOs in CBR. Discussions were integrated with activities that engaged multiple-perspective understanding about social networks and shared empowerment experiences (through story-telling). The completed CBR mapping featured in this desk review was reviewed by these groups and the participatory cycle of enquiry repeated.

In the second phase of these workshops, the focus shifted to field interviews with practitioners, managers, students, educators, participants and family members beyond the focus group. The primary objective of this phase of the workshop was to collect empowerment stories from people with disabilities who have relationships with local DPOs and CBR programmes. The purpose of these stories was to include the voice of people with disabilities in early development of the new CBR/CBID curriculum. In the next phase of this project, planned for 2018 - the authors intend to create training modules under the aegis of the World Health Organisation's Western Pacific Region Office (WPRO). These modules will centre around empowerment stories that can also include the story tellers as teachers, and hopefully recruit people with disabilities as students.

### **How to use the findings from this review**

This desk review describes the evolution of CBR and CBR education the Pacific Way (CBR-PW). It provides a socio-cultural and historical account of the involvement of Disabled People's Organisations (DPOs) in CBR-PW in the Pacific.

The desk review's utility as a tool for aligning pedagogy, practice, and governance in CBR is the measure of its worth to the community it serves.

- Pacific Island stakeholders are encouraged to use this document and expand their documentation, monitoring, and evaluation of CBR in their country.
- As CBR-The Pacific Way (CBR-PW) develops and evolves, Island nations can use this tool to share education, service, and governance strategies that work well and support the translation of these approaches to other countries.
- This document provides a starting point for gathering and documenting stories of CBR practice the Pacific Way. Stories hold the key for unpacking how education, service, governance, and DPO partnership are integrated through CBR. These stories must be gathered and shared to support integration of CBR in governance, education, and practice.
- The Pacific Disability Forum, in collaboration with the World Health Organisation's Regional Office for the Western Pacific Region can use this document to support future discussions on the development and implementation of CBR in the Pacific at subsequent Pacific sub-regional CBR meetings and planning forums.
- International development partners and donors can use this document to guide processes for implementing the Sustainable Development Goals (SDGs) and for disability inclusive development practices more generally.
- This document provides a starting point for stakeholders to recognise and advance CBR/CBID actions (education, service, governance) in the community and share their experiences internationally (e.g., through presentations at the CBR World Congress meetings).

### **Next Steps**

This review discusses 7 key themes that emerged from the desk review and consultative process.

These themes include:

1. The Pacific Way
2. The 'Wicked Problem' of CBR education in the Pacific
3. The Fuzzy Boundaries of CBR
4. Mapping CBR: A Dashboard for Monitoring Planning & Evidence
5. DPO: Moving from Periphery to the Centre of CBR Advocacy and Community-Based Education
6. Coconut Wireless
7. Empowerment Stories and CBR Education

A reflection on learnings from this review is provided in relation to each theme at the end of this report.

The next stage of the 2017 project work plan will draw upon these thematic areas to present stories of empowerment and CBR/CBID. Empowerment stories will capture the cross-cutting theme of CBR and the core values that unite practice, education and governance. These case stories can be further developed into training resources and create a bridge to CBR the Pacific Way (planned for 2018).

### Introduction

The original purpose of this desk review was to recognize gaps and reveal opportunities for the development of CBR *education, practice, and governance* in Solomon Islands and Fiji. Education is the focus of this project. The vision is to redesign tertiary CBR education programmes in the Pacific that will produce a viable workforce skilled in the practice innovations of the CBR Guidelines. Viability depends upon the responsiveness of educational programmes to regional, national, and community needs; and evidence that such innovations produce the promised outcomes. Realising these ends requires that *people with disabilities and their families* stand empowered at the centre of this systemic change to CBR education. An exploration of the gaps and opportunities in CBR can only be truly understood in their voice, through their stories, and with their full participation and inclusion in the products that follow. The desk review was conceived and executed with the community tenet, “nothing about us without us”, as the guiding principle of our actions.

This desk review was co-authored by the course directors from the CBR programs at Fiji National University (FNU) and Solomon Islands National University (SINU) and informed by close consultation with the network of CBR stakeholders in the Pacific including DPOs, CBR educators and students, service providers, and government decision-makers. Authors expanded upon the original purpose of this desk review to present a historical/cultural analysis of CBR development across the region. The resulting desk review reflects the public face of CBR and explores the boundaries of practice at the national level (country-by-country). Tertiary CBR education programs at SINU and FNU map current educational programmes. At every juncture, the voice of people with disabilities was included in process consultation and reflection on the meaning of identified gaps and opportunities in the CBR system.

The rationale behind the expanded scope of the review was the perceived opportunity to increase utility of the document for stakeholders. A stakeholder desire to have a working document rather than a static report developed as an early theme. In response, we have attempted to integrate a toolbox of infographics and ideas that were developed by and for the community. The desk review’s utility as a tool for aligning pedagogy, practice, and governance in CBR is the measure of its worth to the community it serves.

- Pacific Island stakeholders are encouraged to use this document and expand their documentation, monitoring, and evaluation of CBR in their country.
- As CBR-The Pacific Way (CBR-PW) develops and evolves, Island nations can use this tool to share education, service, and governance strategies that work well and support the translation of these approaches to other countries.
- This document provides a starting point for gathering and documenting stories of CBR practice the Pacific Way. Stories hold the key for unpacking how education, service, governance, and DPO partnership are integrated through CBR. These stories must be gathered and shared to support integration of CBR in governance, education, and practice.
- The Pacific Disability Forum, in collaboration with the World Health Organisation’s Regional Office for the Western Pacific Region can use this document to support future discussions on the development and implementation of CBR in the Pacific at subsequent Pacific sub-regional CBR meetings and planning forums.
- This document provides a starting point for stakeholders to recognise and advance CBR actions (education, service, governance) in the community and share their experiences internationally (e.g., through presentations at the CBR World Congress meetings).

## Methods

The desk review adapted a community action methodology developed by Villeneuve & Millington (2016; see Appendix A) that integrates social cultural activity theory, appreciative enquiry, and a model of community care and support. The core features of the review strategy include: (a) peer collaboration in project design and implementation; (b) scoping review of relevant literature, documents, and websites; (c) iterative cycles of workshop-based exploration of CBR systems and issues, distillation of themes and meaning, and documentation of shared learnings; (d) field interviews with CBR providers, advocates, persons with disabilities and their families; and (e) analysis.

### Peer Collaboration

The directors of the FNU and SINU programs were invited to collaborate on the project development and implementation. In this capacity they planned and coordinated research and training activities responsive to and valued by local interests. As co-authors of the desk review and ongoing research partners in planned publications, they act as local liaison and provide ultimate leadership in collaborative action to develop CBR-PW.

### Scoping Review & Context Mapping

Published research on CBR; grey literature primarily attached organisations, policy and strategic plans; and internet websites hosted by or involved with CBR-related interests were collected and synthesized into an overview of CBR history and current practice.

### Workshop Exercise and Feedback

DPO representatives from Micronesia, Melanesia, and Polynesia were engaged at 3 subregional CBR Forums and the 5<sup>th</sup> Pacific Regional Conference in Samoa. Workshop activities exploring issues of CBR experience/identity, empowerment, and monitoring were repeated for each group.,

CBR forum data provided the foundation for further refinement of themes in follow-up project-specific workshops in Suva and Honiara. Project dialog around prioritised directions and emerging opportunities was expanded to partnerships with tertiary educational programmes and DPO leaders in Fiji and Solomon Island workshops.

### Field Interviews

Programme directors organised field interviews with various stakeholders in CBR during the project – specific workshops hosted by FNU and SINU. Stakeholder interviews included DPO and CBR programme directors, students, advocates, persons with disabilities and their families.

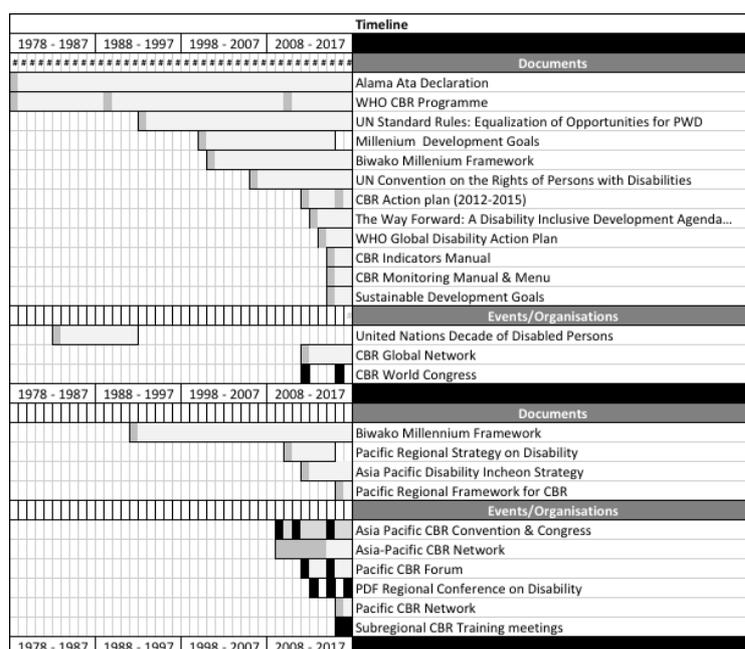
### Analysis

Curriculum mapping details objectives, resources, and pedagogical strategies employed at FNU and SINU. Analysis of curriculum reveals gaps and opportunities for expansion of CBR curriculum and identify roles for persons with disability as co-designers of curriculum resources and instructors in CBR education. Context Mapping tracks three timelines: (1) DPO development of empowerment and advocacy work in Fiji and Solomon Islands; (2) CBR governance and practice in Fiji and Solomon Islands; (3) CBR training development in Fiji and Solomon Islands. Stakeholder consultations supported the historical and contextual narrative for each timeline. Analysis of context maps reveals: (a) networks (or their potential) among DPO work on empowerment and advocacy; community based inclusive development efforts through CBR governance and practice; and training programs in CBR; (b) gaps and opportunities for CBR practice, training, and governance.

### Findings: CBR the Pacific Way

#### Evolution of CBR

Community-based rehabilitation (CBR) began as a civil society response to a call for equity in primary health care for developing countries. The Alma Ata Declaration of 1978 provided the impetus for a new approach that recognised health as a human right and understood health care as a community enterprise. Primary health care now included the promotion of nutrition, clean water, sanitation, education and family planning. Primary health care now had a role to play in community development as the foundation for health promotion, illness prevention, medical care and rehabilitation services. Under Alma Ata, the path to equity began with local ownership of primary health care systems and a grass roots approach to change.



CBR evolved out of network of policy, plans, organisations, and events motivated by the disability rights movement. CBR was intended as a fitting response to the call for social justice implied in Alma Ata. Early CBR was a community interpretation of clinical rehabilitation interventions. CBR’s narrow focus expanded as practice began to reinterpret health care and rehabilitation in the context of human rights. The medical model of disability was subsumed by a biopsychosocial model and taxonomy (i.e., International Classification of Function [ICF]). CBR recast the roles and power

relationships between the expert professional, client, family, and community to reflect person-centred and person-directed practice. CBR promoted human rights through full inclusion and participation of persons with disabilities in every aspect of community life (e.g., educational, social, cultural, religious, economic and political contexts). Along the way, Millennial and Sustainable Development Goals reinforced CBR’s connection to social justice and pointed the way forward.

#### Community-Based Inclusive Development (CBID): the next generation of CBR

CBR framework evolved from initial descriptive efforts in 1994 (ILO, UNESCO, & WHO) to the CBR Guidelines and Matrix in 2010. The guidelines appropriated the principles of the UNCPRD and applied them to a scope of practice spanning Health, Education, Livelihood, Social, and Empowerment domains. CBR adopted Community-based Inclusive Development (CBID) as a set of practices that empowered people with disabilities to be the authors of the social change they desired. CBID is CBR strategy channelled through collective self-advocacy that builds community capacity for full inclusion of people with disabilities. CBID is the complement to traditional CBR, not it’s antithesis. CBID is the service expression of the cross-cutting value that unifies CBR domains; *CBID is applied empowerment.*

#### CBR in the Pacific

The evolution of CBR in the Pacific follows the arc of practice from a narrow scope of health and individual rehabilitation to the present guidelines and offers its own unique contribution to future development. Traditional CBR was introduced early in the Pacific in the late 1980s and expanded

incrementally through the 90's. It was embraced by the Pacific Disability Forum (2002) in its mission to increase government support for, and quality of services to, people with disabilities. The 1<sup>st</sup> Asia-Pacific CBR Congress in 2009 endorsed its' regional promotion. Evolving practice was well-aligned with prioritisation of advocacy in the Pacific Regional Strategy on Disability (2009) and the aspirations of the 2010 Pacific Framework for the Rights of Persons with Disabilities to increase livelihood opportunities, mainstream disability rights in policy and service developments, and promote disability community leadership in building capacity for a more inclusive society. The 1<sup>st</sup> Pacific CBR Forum promoted the new CBR model through subregional training in 2012 and set the stage for the Pacific's initial CBR Action Plan, which introduced the concept of CBR 'The Pacific Way' (CBR-PW).

### **CBR: The Pacific Way (CBR-PW)**

CBR values drive the evolution of service models across the spectrum of needs and contexts. The regional expansion of CBR took on a Pacific-specific interpretation of practice that was defined in the 2<sup>nd</sup> Pacific CBR Forum (2015):

- Deeply held and cross cutting values of rights & empowerment;
- Belief in the need for government ownership, commitment, and leadership in National CBR;
- Expectations for strong and productive collaboration between government, service providers, and DPOs in the development and management of CBR programs;
- A collective worldview rooted in the core values of family, community and culture.

CBR the Pacific Way (CBR-PW) is a popular practice and policy work-in-progress. The Pacific Regional Framework for CBR (2016-2021) promotes CBR-PW at the mission level with goals to (a) align all existing CBR practice with Pacific Way principles, and (b) strengthen the network of CBR-PW practice across the Pacific.

### **Disabled People's Organisations (DPOs) in The Pacific**

DPO guidelines identified 2 fundamental DPO functions (Deepak & Santos, 2013): (a) Building inclusive community capacity through (a) advocacy, (b) information sharing/awareness, and (c) lobbying; and building membership capacity through (a) resource acquisition and (b) direct, person-specific services (Deepak & Santos, 2013). These functions framed the development of the first Pacific DPOs. In Fiji and the Solomon Islands, DPOs became umbrella organisations that provided overarching support for all people with disabilities and organisational support for emerging impairment-specific DPOs (i.e., spinal cord, hearing, vision, and mental function). Disability-inclusive DPOs were established across Pacific nations over time. Growth in the DPO community led to the creation of the Pacific Disability Forum (PDF; 2004). The PDF acts as a regional umbrella DPO that provides support for Pacific-specific DPO development (e.g., training programs & events) and a collective voice on their behalf in the greater Asia-Pacific region and on the global stage.

<b>Pacific Disability Forum DPO Community</b>	
<p><u>Cook Island</u></p> <ul style="list-style-type: none"> <li>• Cook Island National Disability Council</li> <li>• CI Women &amp; Girls Disability Organisation</li> </ul> <p><u>FS Micronesia</u></p> <ul style="list-style-type: none"> <li>• Pohnpei Consumer Organisation</li> </ul> <p><u>Fiji</u></p> <ul style="list-style-type: none"> <li>• <b>Disabled People's Federation</b></li> <li>• Association of the Deaf</li> <li>• Psychiatric Survivors Association of Fiji</li> <li>• Spinal Injuries Association</li> <li>• United Blind Persons of Fiji</li> </ul> <p><u>Kiribati</u></p> <ul style="list-style-type: none"> <li>• Te Toa Matoa</li> </ul> <p><u>Marshall Islands</u></p> <ul style="list-style-type: none"> <li>• Republic of Marshall Islands Disabled Persons Organisation</li> </ul> <p><u>Nauru</u></p> <ul style="list-style-type: none"> <li>• Nauru Disabled People's Association</li> </ul> <p><u>New Caledonia</u></p> <ul style="list-style-type: none"> <li>• Collectif Handicap</li> </ul> <p><u>Niue</u></p> <ul style="list-style-type: none"> <li>• Niue Tolomaki Auloa</li> </ul>	<p><u>Palau</u></p> <ul style="list-style-type: none"> <li>• Omekesang Association</li> </ul> <p><u>Papua New Guinea</u></p> <ul style="list-style-type: none"> <li>• National Assembly of Disabled Persons</li> </ul> <p><u>Samoa</u></p> <ul style="list-style-type: none"> <li>• Nuana O Le Alofa</li> </ul> <p><u>Solomon Islands</u></p> <ul style="list-style-type: none"> <li>• <b>People with Disabilities of Solomon Islands</b></li> <li>• Solomon Islands Deaf Association</li> <li>• Solomon Islands Deaf and Mute Disability Organisation</li> </ul> <p><u>Tahiti</u></p> <ul style="list-style-type: none"> <li>• Huma Mera</li> </ul> <p><u>Tonga</u></p> <ul style="list-style-type: none"> <li>• Naunau 'o e 'Alamaite Tonga Association</li> </ul> <p><u>Tuvalu</u></p> <ul style="list-style-type: none"> <li>• Fusi Alofa Association Tuvalu</li> </ul> <p><u>Vanuatu</u></p> <ul style="list-style-type: none"> <li>• Disability Promotion &amp; Advocacy Association</li> </ul> <p><u>Wallis &amp; Futuna</u></p> <ul style="list-style-type: none"> <li>• Club Handisport de Futuna</li> </ul>

DPOs integrate advocacy and service in an organisation that was created for and led by people with disabilities. This generated an affiliation between CBR services and DPOs that only became stronger with the advent of the CBR Guidelines and Matrix. WPRO has sought to bring the DPOs into the centre of CBR development – and it would seem a natural fit. Workshop dialog on CBR leadership suggests that DPOs role in CBR networks are more peripheral than the ideal. A thematic analysis of language used and topics discussed on DPO websites suggested commonalities embraced with CBR, but no clear definition of their role as systems advocate for CBR development:

- The UNCRPD is the unifying framework that guides the development and spread of DPOs;
- Advocacy, Awareness, and Empowerment are pervasive program descriptors. They inform the actions of the DPO’s in their relationship with people and organisations;
- Training, information dissemination and networking are primary strategies for DPO advocacy;
- Co-management, case management, and referral are common DPO service topics;
- CBR Social domain is referenced strongly in DPO descriptions; Education and Livelihood less so, but still quite common.
- CBR Health context does not receive much direct attention in DPO descriptions, other than in reference to adaptive and therapeutic equipment.
- The language of CBID is apparent and aspirational as a direction for growth.
- CBR *the Pacific Way* (CBR-PW) has yet to establish a significant presence in the public face of the organisations.

**CBR Practice in the Pacific – CBR the Pacific Way (CBR-PW)**

CBR the Pacific way is an established meme among stakeholders. It is a topic openly discussed in various fora and a consistent theme in workshops. The concept of the Pacific Way provides ownership, and gives permission to pursue innovative practices that resonate with island culture. In discussions with practitioners in the Solomon Island, the term was not as popular as it was in Fiji. The Pidgin term “wantok” appeared to describe the character of CBR practice in very similar terms (i.e., the instrumental power and resource of very strong familial/village bonds among those who share language and origin). The CBR-PW is stronger as an identity than it is an empirical model. This

is a good first step and one that should not be diminished. CBR-PW as identity provides a unifying worldview for the Pacific and something of value to share in the CBR global community. CBR-PW is a vision in development.

The way forward for CBR-PW is built upon the foundation of current practice. An evaluation of the CBR Action Plan (2012-2014) in the Pacific (Parasyn, 2015) provided an objective snapshot of progress made thus far and recommendations for further development (see 2<sup>nd</sup> Pacific CBR Action Plan). The findings were generally positive. Parasyn found varying degrees of progress towards plan goals organised into Strong, Moderate, and Limited evidence for CBR in the Pacific.

**Strong** evidence was attributed to:

- Advocacy, lobbying and educating national government;
- Linking CBR values to existing policies and programmes;
- Capacity building for people with disabilities and DPOs;
- Engaging people with disabilities and families in all consultation;
- Establishing a national mechanism for DPO, government and service collaboration;
- Creating new CBR programs, strengthening established ones;
- Sharing knowledge within and outside of the region; and
- CBR training for people with disabilities.

**Moderate** evidence was attributed to:

- Increasing local collaborations, linkages, and referrals;
- Advancing CBR-PW knowledge and evidence;
- Outreach to women with disabilities for equity;
- Program decision-making for women with disabilities; and
- Ensuring adequate rehabilitation and education services for children with disabilities and their families.

**Limited** evidence was attributed to:

- Ensuring people with disabilities and their DPOs participate in monitoring & evaluation;
- Monitoring and Evaluation;
- Disseminating feedback from 1<sup>st</sup> World CBR Congress and other CBR initiatives; and
- Support utilisation of the CBR Guidelines training package.

The success of the Action Plan is due to the development of an increasingly effective network of partners with WPRO support. The emerging character of CBR-PW is apparent in the empowered role that people with disabilities and their families take in the co-creation of practice with DPOs; in national governments' increasing CBR engagement, commitment, and ownership; and in the strong emphasis on advocacy across the Pacific region. Increasing multisector collaboration has the potential to improve CBR service access. Expanding service applications across the matrix would broaden the scope of local practice and strengthen the CBR-PW connection with inclusive community development. There has been relative gain on all aspects of the strategic plan. More progress is needed around the issues of knowledge acquisition and implementation – as they are reflected in the present challenges facing monitoring, evaluation, and training.

The Action Plan has been extended and retains full support of the DPO community. But the Action Plan indicators are primarily instrumental. Actual outcomes are less tangible. We need a clear picture of the scope and depth of actual (and sustained) CBR service - particularly the landscape of practice and partnerships beyond the DPOs. An accurate accounting of the impact of CBR on the lives of the people with disabilities, their families and communities is contingent upon this vital communication from the field.

There is no systematic catalogue of CBR programs and their organisations in the Pacific. We could not find a centralised source for current, bona fide, and articulated data on CBR service in the Pacific

to inform the desk review of the current scope and state of CBR practice in the Pacific. The internet was the only readily available public source of information. For the purposes of this review and as a first effort in organising a detailed picture of CBR the Pacific Way, we proposed that mapping the internet profile of CBR-PW was a legitimate pursuit. There is a unique value to the information available on the internet. It is arguably a rough approximation of what is (or was) happening at the time of publication on social media and websites, which is an improvement on facts at hand. But equally important, it is the story of CBR the Pacific Way as told to the rest of the world. The following section synthesizes and maps the artefacts of CBR-PW. The reader will notice the emergence of CBID throughout the mapping below and see that the language of the medical and charity models of disability persist within CBR-PW practices.

### Mapping CBR-PW

Our methodology for mapping CBR began with the websites of the core community of DPOs under the umbrella of the Pacific Disability Forum. Mapping took place in three phases. First, we searched each website for data describing (a) origin stories and history; (b) values, missions, goals and objectives; (c) identified services, supports, resources; and (d) possible links to other CBR providers and supporting organisations. Where other organisations were identified, we identified their websites and repeated the process. Tertiary searches were based on impairment (deafness, diabetes), and services (inclusive sports) themes that emerged during our previous searches. During stakeholder consultations, participants identified services, supports and resources in their country, which provided additional direction for the online search. Searches continued for each country until the resources found fell beyond the scope of CBR. There is no possible assurance that the full scope of CBR has been mapped, but the internet search was exhaustive.

Functional Focus of Care and Support	CBR	N/A
General	<b>G</b>	(g)
Vision	<b>V</b>	(v)
Hearing	<b>H</b>	(h)
Development	<b>D</b>	(d)
Brain	<b>B</b>	(b)
Psychiatric	<b>P</b>	(p)
Spinal Cord	<b>S</b>	(s)
Chronic Disease	<b>C</b>	(c)
Social Issues	<b>I</b>	(i)
No Information	<b>?</b>	<b>?</b>

In the second phase of mapping, we coded the identified resources on offer (service, supports. etc.) based on targeted populations. We developed a legend of colours and corresponding letters that would be informative and accessible, if slightly arbitrary. *General (G)* services refer to care and support offered relevant to people with any impairment. *Vision (V)* refers to service and support for people with any visual impairment. *Hearing(H)* refer to service and support for people with any hearing impairment. *Development (D)* refers primarily to service or support designed for people with intellectual/learning/cognitive impairments (e.g. Down syndrome, autism, learning impairments). *Brain (B)* refers to services and supports for people who have experienced stroke or other acquired brain injuries. *Psychiatric (P)* refers to service or support for people with psychosocial impairments (e.g. depression, anxiety, schizophrenia). *Spinal Cord (S)* refers to care and support for people who have experienced any spinal cord injury or defect. *Chronic Disease (C)* refers to non-communicable diseases of a permanent and debilitating nature (e.g., diabetes and Parkinson’s). *Social Issues (I)* refers to care and support focusing on the needs of a demographic niche (e.g. women, aging) domestic violence and women’s issues in this exercise.

A second subjective judgement was made in coding based on how well aligned with the CBR guidelines the described service entity appeared to be. *Bold, capital letters* represent what appear to be bona fide CBR programs. *Lower case letters* presented in brackets represent programs that may be more peripheral to the CBR practice and principles (N/A). Decisions about CBR alignment were based on words used, and services described. Decisions are a reflection on how services and the organisation are presented rather than actual service delivery; they are subjective opinions based on limited information. This coding strategy was repeated for each nation and the results are profiled in tables (country-by-country).

In the third phase of mapping, content was organised and described under two themes. The first theme includes value statements expressed as vision, mission, purpose, goals, objectives etc. The use of these terms was not consistent across organisations, and so they are presented in a generalised way. This theme also includes a descriptive narrative about the organisation. The second theme describes the products on offer. This includes all service, events, partnerships – anything traded in the community.

A summary of all three stages of mapping is included together for each country (alphabetically ordered). The anchoring DPO’s head each table and are featured in bold text. Question marks indicate organisation/data mentioned, but never verified (through document analysis or stakeholder consultation).

### Cook Islands

Cook Islands	CBR Matrix																												
	Health				Education					Livelihood					Social					Empowerment									
	He.1	He.2	He.3	He.4	He.5	Ed.1	Ed.2	Ed.3	Ed.4	Ed.5	Li.1	Li.2	Li.3	Li.4	Li.5	So.1	So.2	So.3	So.4	So.5	Em.1	Em.2	Em.3	Em.4	Em.5				
<b>CI National Disability Council</b>																					G					G	G		
<b>CI Women &amp; Girls Disability Organisation</b>											I	I											I					I	I
Parkinsons Support Group																													C
Dementia Alzheimers Support Group																													C
Cookies Deaf Club																													H
Autism Cook Islands																													D
Creative Centre										(d)	(d)									(d)									
Te Kainga O Pa Taunga	(p)	(p)	(p)	(p)																(p)									(p)
Te Vaerua Community Rehabilitation Service			(c)	(c)	(c)																								

Cook Islands has a very strong connection to New Zealand in regards to health care. Cook Islanders often travel to New Zealand for care. This affords them access to resources not otherwise available or accessible, but also tends to separate the person requiring the service from their families during procedures or treatment (Washbourn et al., 2016). The Cook Islands are a popular retirement destination for New Zealanders who bring the attendant needs of an aging population. Distance is a challenge, and for the outer islands, population can be as well, i.e. not enough people for a sustainable program.

Functional Focus of Care and Support	CBR	N/A
General	G	(g)
Vision	V	(v)
Hearing	H	(h)
Development	D	(d)
Brain	B	(b)
Psychiatric	P	(p)
Spinal Cord	S	(s)
Chronic Disease	C	(c)
Social Issues	I	(i)
No Information	?	?

#### Cook Islands National Disability Council (CINDC/DPO)

Cook Islands National Disability Council (CINDC) was initiated (2001). The council works with support from the Ministry of Internal Affairs and Social Services (MIASS), which is responsible for developing social policies regarding elderly, people with disabilities, and their families; enforcing employer obligations to employees in the workplace, and welfare – among other issues. CINDC is the largest and oldest DPO in the Cook Islands. It is an umbrella organisation that supports disability groups, services providers, and self-help groups. The CINDC advocates on behalf of people with disabilities and their families, acts as a hub for disability/inclusion information dissemination, and sources training and funding opportunities for local use.

CINDC’s vision is based on Priority Area 4 of the Cook Islands National Sustainable Development Plan, Social Development: “A Cook Islands where all people who reside in our islands can enjoy opportunities to fulfil their potential, prosper and participate in the social, economic, political and cultural life of our communities and nation.” The CINDC mission is to “improve the situation of persons with disabilities in the Cook Islands, through the provision of practical services to our members as well as advocacy and collaboration with relevant stakeholders”. CINDC thus seeks to:

- Promote the Rights of People with Disabilities and Community Based Rehabilitation;
- Provide information and problem-solving advice for, and liaise with Service Providers and stakeholders;
- Raise awareness through media and ‘word of mouth’ works towards increased inclusion for People with Disabilities;
- Network with International stakeholders for access to new information and opportunities.

**Product.** CINDC primarily serves through supporting other NGO’s and community groups. They have developed service initiatives in the past., i.e., teaching functional sign language for businesses to improve capacity to serve and employ people with disabilities.

- **Disability Centres.** CINDC has helped to establish disability centres on Aitutaki, Atiu, Mangaia, Mauke, Penrhyn, and Pukapuka Islands. Local service offerings vary based on resource and need. CINDC has funded Caregiver training and employment. Service to elders is a focus. Centres have distributed wheelchairs (supported by Te Vaerua), provided massage therapy and training on laptops (Aitutaki), delivered “Meals on Wheels” (Atiu), and sponsored advocacy efforts (Mangaia Disability Action Plan; 2015). The new centre in Pukapuka (2016) offers a meeting place and recreation opportunities for elders and people with disabilities, while using office space rentals to generate sustaining income.
- **Self-help Clubs.** Disability/issue specific clubs have been developed around the Islands. There is little to no direct information about these clubs on line: (a) Cookies Deaf Club, (b) Parkinsons Support Group, (c) Cook Islands Dementia/Alzheimers Support Group (CINDC), and (d) Autism Cook Islands

### **CI Women and Girls Disability Organisation (CIWGDO/DPO)**

CIWGDO was established and registered as a DPO in 2013. It was established as an empowering response to the discrimination and other social barriers that women with disabilities face in their ‘double’ minority status. CIWGDO has roots in self-help groups and self-advocacy with a broader educational and vocational vision. CIWGDO has created a space where women and girls with disabilities have an equal opportunity to learn, grow, connect with others, and realise their full economic potential. The women and girls of CIWGDO are hoping to establish a pathway towards independent living and financial autonomy. With this background in mind, CIWGDO hopes that along with supporting and empowering women and girls, they may also help alter public and discriminatory mindsets.

CIWGDO supports females with any disability, aiding the individuals in “leading a meaningful and fulfilling life, that is deeply embedded within, and positively valued by, their community”. CIWGDO provides a comfortable environment that supports and empowers all women and girls with disabilities, in their relationships and through recreational, educational, social, spiritual, health, safety and wellness opportunities.

**Product.** Training programmes, employment, and entrepreneurial support. CIWGDO sponsored a sewing programme in collaboration with CI Tertiary Training Institute developed called “Sew Simple”. Members were trained training and engaged in the production of clothing for sale. One member with specialised skills in sign language gets support from the CIWGDO in developing self-employment.

### **Cook Islands Creative Centre (2001) (CICC/School)**

The Creative Centre was established in 2001 as a life skills programme, staffed by volunteers, that catered for adults with an intellectual impairment. Permanent staff were employed in 2002 when the Rarotonga Disability Committee developed service and obtained funding through NZAid and the Ministry of Health. The Cook Islands Creative Centre Trust was established in 2003 and the

educational program underwent further development. The Centre was registered as a Private School in 2008 under the Ministry of Education (MOE).

The mission of the Creative Centre is to “support and encourage members to develop their skills and personality as part of achieving their full potential”. Centre priorities include improving community participation; increasing realistic employment opportunities; creating links to education qualifications.

**Product.** South Pacific Educational Courses (SPEC) are on offer and customised for every individual, behaviourally planned, and complete with a NZQA certificate. CICC also offers educational day programmes with art, music, dance, Maori culture and history; social and inclusive community activities; and on-site attendant care.

### **Te Kainga O Pa Taunga Mental Health and Wellbeing Centre (Te Kainga)**

Te Kainga was established in 2004 as the only non-governmental organisation in the Cook Islands devoted exclusively to mental health and related services. Its founder and executive director is a registered psychiatric nurse working in consultation with the Chief of Public Health and the designated visiting psychiatrist (there is no psychiatrist living in the Cook Islands) to provide basic care on a wide range of mental health issues and for the full spectrum of diagnoses including depression, schizophrenia, anxiety, dementia, and substance abuse.

Te Kainga’s vision for Mental health is integrated into a fully funded ‘Holistic Health Programme’ (Mental, Physical, Social and Spiritual), accessible for all Cook Island citizens and as a result, minimize the stigma of Mental Illness. The Te Kainga mission is to deliver funded, effective Mental health services to support all those in need in the Cook Islands population and deliver regular awareness programmes with the aim of building the capacity for early diagnosis and treatment of cases through partnerships with all stakeholders, both national and regional

**Product.** Te Kainga provides community based care and support in a psychosocial rehabilitation model. There is a day program (three days a week) for mental health clients coming to Te Kainga for a range of services and activities (see below). Most of the art & craft produced by the programme are sold at the local market to help generate income for the centre. Agencies and organisations referring individuals to Te Kainga for services include the Ministry of Justice (MOJ; courts, probation and prison), Ministry of Health (MOH; Rarotonga Hospital, Cook Islands Public Health Services), the Ministry of Internal Affairs (MIASS), and other community agencies. Te Kainga also provides:

- Counselling & Therapy for Individuals, groups, family and care givers
- Care giver respite
- Psychiatric reviews, medication monitoring and referrals
- Drug & Alcohol assessments, Alcoholics Anonymous, Alanon
- Psychosocial rehabilitation, stress and anger management, Life skills training
- Music therapy, arts & crafts, life skills training
- Community Education, training programmes

### **Te Vaerua Community Rehabilitation Service (TVCRS)**

Te Vaerua was formally registered as a charitable, non-government organisation in 2007. TVCRS practice is based on a memorandum of understanding with the Ministry of Health (MOH) to provide a multidisciplinary community rehabilitation unit that will serve people with disabilities at hospital and home, and support caregivers and families and to ensure access to appropriate and affordable services, devices and other assistance for disability-related needs.

TVCRS ascribes to the community values of ‘Ko te iti tangata te mea maata’ (people are the most important thing). This saying reminds the community of its obligation to care for its members, and admonishes the individual to share the burdens of others. Although TVCRS service is specifically health oriented, rehabilitation is instrumental to broader social objectives (strengthen families, empower citizens, support people to stay in their communities, and provide opportunities for people with disabilities to give back to their communities). TVCRS was further characterised in a recent study by three community-based themes (Washbourn et al., 2016):

- **Available:** Multidisciplinary and cooperatively implemented rehabilitation is local, visible, practical, and strategic.
- **Heartful:** Rehabilitation is fundamentally about relationships before technical intervention, and generous in scope of service.
- **Hopeful:** Strategic rehabilitation relieves family burden and supplants burden with an awareness of optimistic possibilities.

The TVCRS mission is to provide health service to people who require therapy or rehabilitation within the community to maximise their potential for integration and quality of life.

**Product.** Physiotherapy focused service in a traditional community rehabilitation model. TVCRS goal is to bring treatment home (rather than split family up during the medical treatment in NZ). Services include therapy, adaptive equipment for improved function (wheel chairs, toilet frames, etc.), and awareness raising to increase visibility of service and decrease the impact of negative attitudes towards disability and low expectations for improvement. Model is still expert driven, and relatively contained within the expertise of the PT.

### Federated States of Micronesia

Federated States of Micronesia	CBR Matrix																								
	Health					Education					Livelihood					Social					Empowerment				
	He.1	He.2	He.3	He.4	He.5	Ed.1	Ed.2	Ed.3	Ed.4	Ed.5	Li.1	Li.2	Li.3	Li.4	Li.5	So.1	So.2	So.3	So.4	So.5	Em.1	Em.2	Em.3	Em.4	Em.5
Pohnpei Consumer Organisation											G					G					G	G	G	G	G
Pohnpei Women with Disabilities																I									
CWC Diabetes Prevention	(c)	(c)																							
Kosrae Diabetes Today Coalition	(c)	(c)																							
Pohnpei Lipaiere	(c)	(c)																							
Diabetes Prevention & Control Programs (DHSA)	(c)	(c)	(c)																						
Developmental Disabilities (DE)	?																								
Special Education Program (DE)							(d)	(d)																	

A national policy draft (2006) provided a platform for DPO and CBR development with the following policy objectives:

- *Develop* of self-help organizations, a national disability awareness program, disability coordinating councils, and women’s offices and advisory councils;
- *Increase* awareness of existing early intervention, detection and education programs for children with disabilities;
- *Strengthen* the transitioning of students and adults with disabilities between home, early childhood education, school, college and work;
- *Include* people with disabilities in equal employment opportunity policies;
- *Promote* employment of people with disabilities with employers and public;
- *Develop* vocational training and income generating programs for people with disabilities;
- *Strengthen* government accessibility and transportation policy;
- *Expand* disability prevalence research to inform the provision of assistive devices and rehabilitation services;

Functional Focus of Care and Support	CBR	N/A
General	G	(g)
Vision	V	(v)
Hearing	H	(h)
Development	D	(d)
Brain	B	(b)
Psychiatric	P	(p)
Spinal Cord	S	(s)
Chronic Disease	C	(c)
Social Issues	I	(i)
No Information	?	?

- *Improve* access to public and community information for people with disabilities;
- *Strengthen* social security programs, policies and legislation for people with disabilities; and monitor the implementation and impact of the national disability policy on a biennial basis.

The four states of the Federated States of Micronesia (FSM; Chuuk, Kosrae, Pohnpei, & Yap) came together in a national commitment to CBR in 2014, following a regional training workshop sponsored by the Ministry of Health and Social Affairs in collaboration with WHO, PDF, and PIFS.

### **Pohnpei Consumer Organisation (PCO/DPO)**

CBR development efforts have been led by the Pohnpei Consumer Group – a cross disability, singular and long standing self-help group in the FSM. PCO was originally founded in 2002, became an active DPO in 2009 and registered as an NGO in 2010. PCO works to develop capacity in four branch offices, in Colonia (Yap), Kolonia (Pohnpei), Tofol (Kasrae), and Weno (Chuuk). It is a cross-disability advocacy group, lobbying and campaigning on behalf of people with disabilities. It is a registered non-government organisation (NGO) with constitution, elected board, secure office facilities. Parents and family are a strong presence in PCO. The majority of its leaders are people with disabilities. PCO working in partnership with Departments of Education, Department of Health and Social Affairs, PDF, Disability Rights Fund and APIDS.

The PCO intends to protect and promote the human, civil and legal rights of individuals with disabilities through the provision of information and advocacy. Pohnpei Consumer Organization supports people and Disabled People's Organizations through all four sister States of Micronesia (Kosrae, Pohnpei, Chuuk and Yap) to: (a) develop a responsive organisation with requisite resources and stability to articulate and pursue the needs and concerns of persons with disabilities; (b) increase awareness-raising activities on the rights and issues of persons with disability; (c) increase the knowledge and skills of women and girls with disabilities to be local and national leaders; and (d) promote public and employer awareness on employment of persons with disabilities.

**Product.** PCO has pursued these objectives through:

- *Advocacy.* PCO influenced the development of National Policy, ratification of the CRPD and establishment of the National Coordinating Council.
- *Disability Inclusive Disaster Toolkit.* Reduce high mortality rates of people with disabilities associated with natural disaster including procedural and capacity development (e.g., accessible shelters).
- *Implement National Disability Survey* to more fully understand, serve, and advocate for the everyday needs and challenges of people with disabilities and their families.
- *Liaison with the Governor's Office* to create and fill the position of Disability Officer, and advance interagency collaboration in the development of vocational and employment programs e.g. fishing, farming, handicrafts, etc.
- *Wheelchair-accessible transportation* to appointments.
- *Disseminate awareness information* on proper and disabling terminology through the website.
- *Train DPO leaders* and people with disabilities on their rights and increase disability awareness in the public.
- *Outreach to people with disabilities and their families,* develop membership capacity through training in advocacy and human rights, program management and reporting, sign language, income generation and handicrafts.

### **Pohnpei Women with Disabilities (DPO)**

Discrimination and violence against women has been cited as one of the most prevalent human rights problems in Micronesia (2015). PCO called women together in 2010 to establish Pohnpei Women with Disabilities to address the special issues and challenges faced by women with disabilities. The organisation provided training and support for gender-rights advocacy and

leadership training for women and girls with disabilities. Originally this organisation was set up as a free standing DPO with legal status as an NGO. Discussions since 2012 have suggested the possibility of merging the women's DPO objectives with the PCO.

#### **Chuuk Women's Council (CWC) Diabetes Prevention Community Effort**

CWC was chartered in 1980 to advance women in the community using a community empowerment approach. The CWC has been involved in similar inclusive practice from this perspective since its inception. It first became involved in disability-relevant health issues in 2002 with the Diabetes Prevention Community Effort project.

The Diabetes prevention project was designed to raise awareness of the importance of diet, weight exercise in preventing diabetes through educational outreach and support for community recreational and sports programs to improve the health and well-being of individuals, families and communities.

**Product.** The project promotes home gardening, sustainable harvesting of marine food resources, and developing the capacity of families and communities to plan and prepare nutritious meals. CWC has since expanded into other health related issues, including sexually transmitted disease, tuberculosis, breast and cervical cancer (Aitaoto, Tssark, & Braun, 2009)

#### **Kosrae Diabetes Today Coalition (NGO; circa2001)**

As with the programs in Chuuk, Pohnpei, and a failed program in Yap, the Kosrae Diabetes Today Coalition was the product of a training and support program provided by Pacific Diabetes Today Resource Center (PDTRC) in response to the rapid rise and prevalence of Diabetes across FSM (Aitoto, Braun, Ichiho, Kuhau, 2005). A year after training, the Kosrae DTC became independently chartered as a Non-Government Organization. The coalition strives to increase diabetes awareness and prevent the onset of diabetes and its complications in Kosrae.

**Product.** Kosrae DTC promotes physical activity through education and advocacy. Focus has been on developing the capacity for physical activity within local communities by working with community leaders to improve street lights and sidewalks, equip villages with physical activity equipment; sponsoring sports events; and lobbying the government to integrate exercise time and activities into the workday (see Aitaoto, Tssark, & Braun, 2009)

#### **Pohnpei Lipaiere (Diabetes Today project)**

PDTRC had a hand in establishing Diabetes awareness programs in all 4 states. Pohnpei Lipaiere apparently runs a program comparable to that in Kosrae.

#### **FSM Department of Health and Social Affairs Diabetes Prevention & Control Programs**

Incidence of diabetes in FSM went from 0% to 19.5% of the population in 50 years (Aitaoto, Braun, Ichiho, Kuhau, 2005). The FSM DHSA Prevention and Control Program has been core-capacity funded (through the CDC) program since 1994 to address and coordinate national efforts to reduce the impact of diabetes and chronic diseases.

**Product.** The Department of Health and Social Affairs has been an instrumental resource supporting all other efforts with:

- Education clearinghouse for developing and disseminating diabetes related information for people and healthcare providers. Topics include providing information on nutrition and diet and the adverse effects of some lifestyles and of consuming foods high in saturated fats. Materials include pastoral videos created within the culture and language of FMS.

- Public awareness events and campaigns about the seriousness of diabetes and its complications;
- Education about good nutrition. youth about good nutrition through school curricula
- Collaboration with other health and educational programs to promote diabetes awareness.
- Collaborations with other community groups (and sponsors) such as Teacher-Child Parent Program (UNICEF) to advance good nutrition habits, design a Micronesian school & hospital menus based on healthy local food; and
- Health screening clinics at certain times of the week which focus on diet and physical activity, during which patients' susceptibility to diabetes and other chronic diseases and referrals to health care providers are discussed, health screening for chronic disease factors including hypertension, obesity, diabetes, etc. Referrals are made to medical care and rehabilitation if appropriate (AAHD, 2012).

### **FSM Department of Education Special Education and Developmental Disabilities Programs**

The Division of Education was established within the Department of Social Services in the FMS National Government in 1979. In 1986, the Department of Social Services was converted into the Department of Human Resources in 1986, and education became a department in 1992. Developmental Disabilities Program is identified under the FSM ED, but there is no on-line information regarding its related policy or function.

- *Special Education Program*. This program is informed by the IDEA Act (PL 101-476) which guarantees free and appropriate public education for children with disabilities in the least restrictive environment, with participative engagement of parents and teachers. The program is responsible planning, implementation, and evaluation of education plans (birth to age 21) and providing support for families. Special Education Programs are established within the State Departments of Education of each of the four states.
- *Developmental Disabilities Program*. This program is listed under the Department of Education, however, no online description of services or resources was found.

Fiji

Fiji	CBR Matrix																									
	Health					Education					Livelihood					Social					Empowerment					
	He.1	He.2	He.3	He.4	He.5	Ed.1	Ed.2	Ed.3	Ed.4	Ed.5	Li.1	Li.2	Li.3	Li.4	Li.5	So.1	So.2	So.3	So.4	So.5	Em.1	Em.2	Em.3	Em.4	Em.5	
Fiji Disabled People's Association												G	G									G	G	G	G	G
Fiji Association of the Deaf												H	H												H	H
Spinal Injuries Association				S								S	S												S	S
United Blind Persons of Fiji										V		V	V												V	V
Psychiatric Survivors Association of Fiji												P	P												P	P
Western Disabled People's Association																			G						G	G
Fiji Alliance for Mental Health																									P	
Counterstroke Fiji																				(b)					(b)	
Fiji Paralympic Committee	G																		G							
Gospel School for Deaf		(h)	(h)																							
USP Disability Resource Center				G					G																G	
Fiji Women's Crisis Centre																									(i)	(i)

Fiji disability services began in 1960s providing for the educational and support needs of children with poliomyelitis. Pioneer organisations (i.e., Fiji Crippled Children Society, Society for the Blind and the Fiji Red Cross Society) expanded early special education efforts to include children with hearing, vision and intellectual impairments. These NGOs and charitable organizations expanded the scope of service through special schools, community-based rehabilitation programs, advocacy groups and vocational training institutions through the 1970's. In the 1980's governmental support for these efforts began to target underserved rural populations.

Functional Focus of Care and Support	CBR	N/A
General	G	(g)
Vision	V	(v)
Hearing	H	(h)
Development	D	(d)
Brain	B	(b)
Psychiatric	P	(p)
Spinal Cord	S	(s)
Chronic Disease	C	(c)
Social Issues	I	(i)
No Information	?	?

Fiji's DPOs evolved from social groups that organised around shared interests in sports, music and other activities in the 1970s. Strong leadership created a network among these special interest disability groups that became, in time, a community of highly collaborative formal organisations with a shared purpose.

CBR began in Fiji in the 1990s in response to the problematic issues of rural health - where professional rehabilitation services (i.e., physiotherapy, occupational therapy, and speech therapy) were not readily available. Community Rehabilitation Assistants were early CBR practitioners working through the Ministry of Health. CRAs position began with a narrow mandate for early detection and prevention and to provide curative service with children. This was later expanded to include adults in the community within the medical subdivisions in which they serve.

The relationship between DPOs and with CBR services has been in transition as well. DPOs have been moving from background to the fore as CBR practice moves from medical focus to the principled CBR guidelines as it also seeks to meet the needs of Fijians in this broader scope of service and support.

**FIJI Disabled People's Association (FDPA; DPO)**

The FDPA was founded in 1984, incorporated in 2000, and energised in 2004 when the government constructed dedicated offices for the organisation within an existing training complex for people with disabilities in Suva. Today, the FDPA has an operational presence throughout the nation with 12 branches outside of its urban centre in Suva – inclusive of Sigatoka, Nadi, Tavua, Ra, Koravou, Goma, Rukuruku, Labasa, Bua, Dreketi, Savusavu, and Rewa. FDPA has implemented the Biwako Millennium Framework and leveraged support through international volunteers, small donor country grants and PDF funds and training to fulfil its role as DPO leadership and umbrella DPO for associate member (Fiji Paralympic Committee) and affiliate DPOs (Fiji Association for the Deaf; Psychiatric Survivors Association; Spinal Injury Association; United Blind Persons of Fiji).

FDPA believes that all human beings regardless of their differences have an equal and an inalienable right to health, education, employment, housing, transport, accessibility and all other opportunities available to the general population. They promote the principle that people with disabilities must have a strong voice in decision making at all levels, and are guided by their commitment to the right of people with disabilities to enjoy life, be respected at all times and belief that persons with a disability are:

- Entitled to fully access health, educational and transport services as available to the public.
- Ensured to have an equal representation by having a strong voice in the decision-making process.
- Entitled to live in and be part of the community.
- Ensured to be provided with the appropriate training to be empowered and participate fully in their communities.

FDPA shares a vision of a barrier free, rights based society in which human rights and citizen participation, capabilities and diversity of all people with disabilities are identified, developed and respected. Its purpose, or mission is to facilitate this vision to be a leading disability advocate who strives for a barrier free and rights based society.

**Product.** The FDPA works primarily in partnership with regional, national, and local organisations. Supporting the work and development of associate DPOs in Fiji is the key objective. The FDPA often works through associate, affiliate, and local service/support organisations on projects that advance inclusive development such as the development of Disability-inclusive Disaster Risk Management Toolkit, collaboration with women's organisations in advancing empowerment, rights, and freedom from violence for women with disabilities; advocating for disability rights and inclusion in legislation and policy; representing Fiji in regional and international initiatives.

#### **Fiji Association of the Deaf (FAD/DPO)**

FAD was established in 2002 as a self-help group run by, and for, the deaf community. FAD's Mission is to provide people who are deaf with equal opportunities so that they can live as equal members in the society. FAD supports its member's efforts to gain independence and the ability to advocate for their own needs. FAD was formed in 2002 and is the only Deaf association in Fiji. Fiji Association of the Deaf has two Associations under its umbrella Central/ Eastern Association of the Deaf and Western Association of the Deaf. FAD provides training and workshops for its members and hosts events such as the National Deaf games to bring Deaf Pacific Islanders play, develop deaf identity and share deaf culture. FAD has also participated on the IDEA team and its efforts to create employment opportunities.

#### **Spinal Injuries Association (SIA/DPO)**

SIA was founded in the mid 1980s, and registered in 1993. It is a special interest DPO dedicated to advancing the inclusion and participation of people with spinal cord injuries in all aspects of Fiji society. The SIA envisions persons with spinal injury living in a barrier-free society, playing a participatory role in all levels of society and contributing to national development.

**Product.** The SIA improves the lives of persons living with physical impairment in Fiji through services including provision of mobility equipment and employment. SIA has always been active in advocacy, but recently SIA has had an increasing focus on service delivery; and has become the main provider of mobility devices for people with a mobility disability living in the community in Fiji. They have refined skills and procedure through a volunteer training program offered by Fiji National University. SIA now takes an active role in assessment, prescription, fitting and follow up mobility devices, and screening donated contributions for quality and type. SIA also offers home visits to monitor and adjust equipment to appropriate use. Employment projects have focused on creating employment

opportunities for deaf women in a cleaning service program (IDEAClean) and through IDEAClean and self-employment selling handicrafts through the SIA Market stall in Suva. Outreach to youth with spinal cord injury has included advocacy, mentoring and social forums for disabled youth to bringing them together, share a common culture and language, and expand their network of support.

#### **United Blind Persons of Fiji (UBPF/DPO)**

The UBPF is a special interest DPO founded in 1993, to address the issues and needs of people who are blind or visually impaired. Its mission is to advocate on behalf of blind and vision impaired persons in Fiji in all areas and at all levels of society. Its overall objectives are to identify, inform, counsel, and refer blind and vision impaired persons and their families to appropriate services; develop and implement ongoing programs of public awareness and blindness prevention; identify and facilitate the provisions of appropriate services that are currently not available to blind and vision impaired persons; affiliate with and support the effort of national, regional and international disability organizations as well as other appropriate bodies whose vision and activities help improve the quality of life of persons with disabilities.

**Product.** Early efforts have focused on outreach and educating people who are blind as to the importance of the CRPD as a tool for rights advocacy and awareness-building. They have used mass media outlets such as radio and print, and teaching events such as the Annual White Cane Awareness Campaign to build awareness and capacity in the blind community. They have used detailed stories and in-depth interviews which describe the CRPD and the rights based approach in depth; and conducted outreach visits to previously unreached populations of up to 400 blind and visually-impaired persons on six islands (Ovalau, Gau, Wakaya, Nairai, Naigani and Moturiki). Training on accessible computers is available to support further studies. UBPF is also part of the IDEA team and its efforts to create employment opportunities.

#### **Psychiatric Survivors Association of Fiji (PSAF/DPO)**

PSAF was established in 2004 as a special interest DPO run by and dedicated to the issues and goals of persons with psychiatric impairments. The mission of the PSAF is to provide a service that (a) delivers individual support; (b) promotes human rights; and (c) provides protection and enhancement of these rights through friendship, peer support, advocacy, mental health promotion, community education, campaigning and policy work. Services led by and for psychiatric survivors in a safe environment where people can discuss issues and concerns and receive advocacy and advice.

**Product.** There are regular meetings and information and counselling for members and their families; a specialised advocacy service to include both individual advocacy and advocacy on issues and concerns that affect all survivors; work with other advocacy organisations in Fiji to inform and advise them of the role of the PSA, assist to educate and inform other advocacy groups; participate in public forums and community visits and meetings throughout Fiji to promote knowledge, understanding and acceptance of mental illness; access the mainstream media when appropriate and wherever possible; develop resources and expertise of members in areas of advocacy, policy and mental health promotion in order to enhance the capacity of the Fijian mental health sector to respond to and address issues arising for psychiatric survivors. PSAF offers education on CRPD; Home visitation; Community Awareness-mental health awareness; and employment creation services (part of IDEA team) for people with psychiatric impairments.

#### **Western Disabled People's Association (WDPA; western branch FDPA).**

Established in 1973, served people with physical impairments in the western area including those with spinal cord injuries, head injuries, spina bifida and multiple sclerosis. This DPO is referenced in on line history, but may have since been absorbed into the FDPA.

### **Fiji Alliance for Mental Health (FAMH)**

Fiji Alliance for Mental Health (FAMH), a non-profit mental health organization which was formed in 2011, to promote mental health awareness in Fiji and improve the delivery of mental health services. Fiji Alliance for Mental Health is the peak NGO in Fiji for advocacy, education and de-stigmatisation.

### **Counterstroke Fiji**

Counterstroke Fiji was established in 1988 as a national health support organisation advocating and providing support for people who have experienced a stroke and their families. It is Fiji's leading advocate for stroke survivors, their families and carers.

Counterstroke is dedicated to improving the quality of life of those who have experienced a stroke. The mission is to prevent and reduce stroke through education and awareness; save lives through empowerment and practical support; and reduce suffering by providing support for stroke persons and their carers.

**Product.** Counterstroke develops service and resource based on close consultation with key stakeholders in the stroke community (persons who have experienced a stroke, their carers and families) who are also prominent members and leaders of the organisation. Services include:

- *Research and Advice.* Collect and disseminate statistical and other information on the characteristics and incidence of stroke in Fiji among health and community professionals and other stakeholders.
- *Education and awareness.* Develop materials for delivery through appropriate media to educate and raise awareness on the causes, contributing factors, effects and rehabilitation of stroke.
- *Outreach.* Identify and develop mechanisms for the transfer of information and materials on the prevention and rehabilitation of stroke in Fiji.

### **Fiji Paralympic Committee (FPC)**

Fiji Paralympic Committee is a non-profit organisation that supports the preparation and competition of athletes with disabilities locally, nationally, and in the international arena. FPC was established in 1990 as the Fiji Sports Association for the Disabled. The name was changed to its current form in 2008 as a condition of being recognised by the National Paralympic committee.

The Fiji Paralympic Committee is a national organisation that coordinates and implements local and overseas sporting activities for its affiliates to enhance the quality of life of people with disabilities through exposure and international contacts enabling them to live as equal and fully participating members of society. FPC envisions a world where all people with disabilities are able to participate in the sports they choose, at a level and in a role they choose. The FPC mission is to increase the opportunities, activities and programs for children and adults with a disability to fully participate in sports through the implementation of the Pacific Sports Ability program at a grassroots level and a regional, national and international competition level. This is pursued through four objectives to:

- provide support to special education centre so that they deliver a quality sports program appropriate to the abilities of its students;
- provide support to Disabled Persons Organisations (DPOs) and National Sport Federations (NSFs) deliver quality inclusive sport programs;
- contribute to individual and community benefits; and FPC has the skills, resources and systems in place to manage programs and provide support services to affiliates; and
- target children and adults both enrolled in and outside of Fiji's seventeen special education centres, and people with a disability in Fiji's main urban area and some rural areas.

FPC recognises the DPOs of Fiji as a partner and include them their efforts to support, train and advocate in the community. Advocacy and empowerment are value themes that drive the organisation to promote participation of women and girls with disabilities in all sporting activities and levels, and to promote integration of athletes with disabilities into existing mainstream sporting competitions and activities run by school and National Sport bodies.

**Product.** There are two basic sports programs in FPC the Duavata and Matua Sports Programs. Duavata Sports is FPC's community education and advocacy program. Duavata means 'one-together', capturing the core value of bringing persons with disabilities together in community with other people with disabilities and with the Fijian community in the broader sense. The goal of Duavata Sports is to use sport as a tool to raise community awareness about the role of sport in improving the quality of life of persons with disabilities and advocate for their right to become fully participating members of society. Matua Sports is FPC's school sport program. 'Matua' means 'mature' and captures the core value of sports for healthy growth and development. The four Matua Sports programs are Early Childhood Sports, Junior Sports, Sports Integration, and Matua Sports Ambassadors.

### **Gospel School for the Deaf (GSD/School)**

The GSD was established 1999 to promote the full and productive integration of persons who are deaf into the community. The school offers primary education, including pre-school and kindergarten through to Class 8. The curriculum at the Gospel School for the Deaf is a language-based, integrated approach to education. All subjects (maths, science, social studies, health, literacy, bible, etc.) are integrated into a thematic unit topic. Once students pass their Fiji Eighth Year Examinations, they progress to mainstream high school classes supported by sign language interpreters. Ancillary programmes are offered to support the primary mission including sign language classes for parents and other friends of the Deaf, early intervention, deafness awareness and information campaigns.

### **USP Disability Resource Centre (DRC, 2013)**

The University of South Pacific USP Disability Resource Centre (DRC) works collaboratively with the faculties, sections, departments at the University as well as external stakeholders to ensure that both students and staff with special needs fulfil their potential in an inclusive environment.

The DRC provides support services to students with disabilities whilst studying at the University of the South Pacific including: Advice, coordination of meetings with key USP staff, Awareness & advocacy initiatives, Volunteer peer (buddy) support, Assistive technology & software e.g. Braille Sense U2, Jaws, NVDA, Read & Write Gold, audio-recorded notes; evaluation of need for environmental accommodations, counselling refer, provision of sign language interpreters and basic sign language classes, outreach through newsletters, partnership in university programs, and regional scholarships for students with disabilities (new initiative 2017).

### **Women's Crisis Centre (Res; 1984).**

FWCC was established in 1984 with pioneering work to document, analyse and support the development community response to problems of violence against women in Fiji. The FWCC also participates in works in international networks of women working against violence and share its expertise with regional to combat violence against women in the Pacific.

The Centre's strategies are based on the conviction that violence against women is a fundamental human rights and development issue. The Centre's work addresses all forms of violence against women including rape, beating, sexual harassment and abuse of children.

**Product.** The Fiji Women’s Crisis Centre (FWCC) provides crisis counselling and legal, medical and other practical support services for women and children who are sufferers and survivors of violence. The FWCC is also offers public advocacy and community education on gender violence. FWCC’s lead in a national research project on domestic violence in Fiji that was funded by national government and international organisations. The FWCC has branch offices in Nadi, Ba and Labasa.

### Kiribati

Kiribati	CBR Matrix																								
	Health					Education					Livelihood					Social					Empowerment				
	He.1	He.2	He.3	He.4	He.5	Ed.1	Ed.2	Ed.3	Ed.4	Ed.5	Li.1	Li.2	Li.3	Li.4	Li.5	So.1	So.2	So.3	So.4	So.5	Em.1	Em.2	Em.3	Em.4	Em.5
Te Toa Mataoa																									
Aia Maea Ainen Kiribati										(i)							(i)					(i)			(i)
Kirabati Diabetic Foot Clinic	(c)	(c)	(c)	(c)	(c)																				
Wira Tangira					(g)																				(g)
Te Meeria Mental Health				(p)															(p)						
Kiribati School and Centre for Children with Special Needs						(g)	(g)	(g)		(g)															

Kiribati established a national CBR programme in 2013 with WHO support. They further strengthened their commitment in a 2014 subregional CBR workshop where they further delineated their CBR programme management processes and identified CBR training needs. (WHO 2014)

#### Te Toa Mataoa (DPO)

Te Toa Mataoa grew out of a social group that was created by and for people with disabilities in 1981. The group started in their homes and later the Red Cross provided transportation and a place to meet. The group was established formally in 1999 and took on the name Te Toa Mataoa, which means “Strong Giant”. Te Toa Mataoa was registered as an NGO in 2010 and now serves Kiribati nationally as a DPO.

Functional Focus of Care and Support	CBR	N/A
General	G	(g)
Vision	V	(v)
Hearing	H	(h)
Development	D	(d)
Brain	B	(b)
Psychiatric	P	(p)
Spinal Cord	S	(s)
Chronic Disease	C	(c)
Social Issues	I	(i)
No Information	?	?

The strong giant metaphor symbolises deeply held vision and values that are written into its constitution: “We consider ourselves, persons with disabilities, giants with strong minds, wills and strengths to live our lives to the optimum. Although, we were born disabled or became disabled in our lives, we will not let our disabilities to be a limiting/inhibiting or a deciding factor to achieve great accomplishments either on a personal or community level. In unity, if there is a will to reach that goal, there are no limits”. The name is meant to project a positive and empowering image to encourage fellow persons with disabilities to utilize their knowledge, skills and talents to build independent and fulfilling lives. Te Toa Mataoa objectives are to:

- Act as the consumer organisation for all people with disabilities and actively represent their views;
- Ensure that people with disabilities enjoy the rights set out in the United Nations Convention on the Rights of Persons with Disabilities (CRPD);
- Alleviate poverty and suffering experienced by people with disabilities in Kiribati by whatever means possible;
- Advise Government at all levels to implement policies and programs to assist people with disabilities, and advise and assist Government in that implementation; and
- Give information and advice to people with disabilities and their families regarding Government, Community and Private disability services which would assist them to overcome the negative effects of disability on their lives

**Product.** The signature service is awareness-raising and advocacy for disability rights (as established in the UNCRPD) and advancing positive community attitudes towards people with disabilities

through singing and dramatic presentations. In 2015 Te Toa Matoi received funding to increase knowledge and support for developing disability-inclusive disaster planning. Te Toa Matoi would like to work with Inclusive Education and Kiribati Institute of Technology for people with disabilities to access adult education, especially learning English, sign language and computer skills.

#### **Aia Maea Ainen Kiribati (AMAK)**

The Te Toa Matoi women's group joined Aia Maea Ainen Kiribati (AMAK), the umbrella organisation for women's issues in 2011. AMAK builds for women's empowerment and education by providing life skills training, leadership, and financial management training. Women from Te Toa Matoi are included in these training activities and are regarded as valuable members of the organisation.

#### **Kiribati Diabetic Foot Clinic (KDFC)**

The Diabetic Foot Clinic opened at Tungaru Central Hospital in 2017 with support from Motivation Australia, and Tungaru Rehabilitation Services, and volunteer staff. To reduce the number of amputations. Services include wound assessment, treatment of foot ulcers, client education in care and prevention, and orthotics and footwear for wound prevention. They are affiliated with Te Toa Matoi and have a constitution and board.

#### **Wira Tangira (WT; Wheels of Love)**

Wira Tangira (The Wheels of Love; 2011) was established as a peer support group for people who use wheelchairs. The organisation was a product of a Te Toa Matoi collaboration with Motivation Australia (a registered charity and member of ACFID). It advances access to assistive technology for mobility.

#### **Te Meeria Mental Health (TMMH)**

Te Meeria is I-Kiribati for frangipani. It is the name given to a mental health community outreach program that began in the psychiatric hospital in South Tarawa, Kiribati in 2014. It strives to create a community mental health service, with home visiting service, and introduce participative leisure activities such as table tennis in the "Smash Down Barriers". Te Meeria has actively advocated for review of the Kiribati Mental Health Act, and strives to address other mental health issues, specifically involving youth substance abuse and addiction.

#### **Kiribati School and Centre for Children with Special Needs (KSCCSN/School)**

The Kiribati School for the Disabled was established in 1991 as Red Cross school to serve all primary and early childhood aged students with disabilities. Its mission is to enable I-Kiribati children with disabilities to reach their full potential. A parent's support group was formed in 2000 to save the school from closure due to financial problems. This led to the development of a governing school committee and independence from the Red Cross Society. The name was changed at some point. The government of Kiribati provided funding to support the school in a second financial difficulty in 2005-2006. Financial support also came from AusAid and a coalition of international support organisations. A constitution was drafted (circa 2011) and was seeking registration under the Kiribati Ministry of Education. Training for teaching students with visual, hearing, and intellectual impairments was provided through short courses and conferences in Australia, New Zealand, and Japan. Early childhood teacher training (Certificate III) has been provided in Fiji.

**Product.** Preschool (ages 3-6), primary, and Junior Secondary School serving all children with disabilities with specialised divisions for students with visual, hearing, physical, intellectual, multiple and severe impairments. Classes are also offered to Adults with disabilities. The school offers assistive technology and training including Braille machines and Non-visual Desktop Access for computers; subsidised meals; and transportation.

Marshall Islands

Marshall Islands	CBR Matrix																									
	Health					Education					Livelihood					Social					Empowerment					
	He.1	He.2	He.3	He.4	He.5	Ed.1	Ed.2	Ed.3	Ed.4	Ed.5	Li.1	Li.2	Li.3	Li.4	Li.5	So.1	So.2	So.3	So.4	So.5	Em.1	Em.2	Em.3	Em.4	Em.5	
RMI Disabled Persons Organisation																					(g)				(g)	(g)
Pacific Partnership for Deaf-Blind Technical Assistance						(vh)	(vh)	(vh)								(vh)										
Women United Together MI		(i)				(i)					(i)						(i)			(i)				(i)		
MoHS Diabetes Wellness, Control and Prevention	(c)	(c)																								

**Republic of Marshall Islands Disabled Persons Organisation (DPO)**

The first national DPO in the Marshall Islands was established through a partnership with Pohnpei Consumer Organisation and the Pacific Disability Forum. Development began in 2014 with a grant from the Disability Rights Fund. People with disabilities were recruited with cooperation from local atoll governments and communities to participate in national CRPD advocacy training workshops, develop leadership, mission, structure and plan. The Marshall Islands DPO is a cross-disability advocacy organisation

Advocate for the rights of people with disabilities and raise awareness of the CRPD within the Ministry of Health Education and Internal Affairs, The Marshall Islands Disability Task Force, and national women’s organisations.

Functional Focus of Care and Support	CBR	N/A
General	G	(g)
Vision	V	(v)
Hearing	H	(h)
Development	D	(d)
Brain	B	(b)
Psychiatric	P	(p)
Spinal Cord	S	(s)
Chronic Disease	C	(c)
Social Issues	I	(i)
No Information	?	?

**Product.** The MIDPO raises awareness through social events, such as celebration of the “International Day of Persons with Disability, with keynote speeches given by the Minister of education to “encourage a better understanding of people affected by a disability, along with helping to make people more aware of the rights, dignity and welfare of disabled people.” (see U.S. embassy website report, 2015)

**Pacific Partnership for Deaf-Blind Technical Assistance Services**

A partnership between the University of Hawaii Center on Disability Studies Pacific Outreach Initiative and the Marshall Islands, as well as the Pacific Nations of Samoa, Federated States of Micronesia, and the Commonwealth of the Northern Mariana Islands has been established to provide free services and technical assistances to families of, or agencies and schools serving, children and youth with deaf-blindness, from birth to age 21.

**Product.** The physical service entity is based in Hawaii and made available through the website ([www.pdb.hawaii.edu](http://www.pdb.hawaii.edu)). Technical assistance includes in-home and school based consultations, family support, networking, in-services, state-wide trainings, and referrals for specialised care and treatment. The project website provides educational resources and links for parents and professionals.

**Women United Together Marshal Islands (WUTMI)**

The WUTMI mission is to promote the causes and lives of women and their families. Activities include sponsoring women conferences, seminars and workshops; providing technical support in governance, program and project development; assessing prevalence in issues like voter awareness and domestic violence; sponsoring awareness raising workshops around cultural, education, environmental, and health issues; and providing counselling in issues of personal interest, such as early childhood developmental guidance for teen mothers, substance abuse, and domestic violence. WUTMI also sponsors projects like:

- *Parents as Teachers*. Enhances school readiness in early childhood children and increases parent competence through strong parent-child relationship and early detection of potential learning problems;
- *Violence Against Women*. Community and government education to raise awareness and influence the development of important response protocols;
- *Gender Equality in Leadership*. Sponsors research on voter knowledge and behaviour, national conferences to advance women leaders and focus attention on civic education needs in the Marshall Islands, and the development of a media campaigns and school curriculum that are responsive to gender issues and equity;
- *Women in Leadership Media Campaign*. Researching traditional women’s leadership roles and conducting media campaigns based on that research;
- *Sustainable Livelihood Project*. Creating income generating opportunities for outer island women by purchasing, distributing, and selling Marshallese handicrafts in Majuro and Honolulu;
- *Substance Abuse Prevention Project (Bobrae Project)*. Reduce problems caused by substance abuse and drinking and to implement strategic prevention activities in communities and villages throughout the Marshall Islands; and
- *Food and Agriculture Organization*. Eradicate extreme poverty and hunger, achieve universal primary education, promote gender equality and empower women, reduce child mortality, improve maternal health, combat HIV/AIDS, malaria and other diseases, ensure environmental sustainability, and work on a global partnership for development.

Although not readily identified as a CBR program, it holds the social justice values of CBR and CBID, includes disability issues in an inclusive narrative, and would appear to be the target partner for the national DPO.

**Ministry of Health Services: Diabetes Wellness, Control and Prevention Programs**

Limited information is available on line, but wellness and prevention services are available through the Ministry of Health, primarily based on evidence-based interventions emerging from research (See Davis, 2008; “Defeating Diabetes: Lessons from the Marshall Islands”).

**Nauru**

Nauru	CBR Matrix																								
	Health					Education					Livelihood					Social					Empowerment				
	He.1	He.2	He.3	He.4	He.5	Ed.1	Ed.2	Ed.3	Ed.4	Ed.5	Li.1	Li.2	Li.3	Li.4	Li.5	So.1	So.2	So.3	So.4	So.5	Em.1	Em.2	Em.3	Em.4	Em.5
Nauru Disabled Peoples Association																					(g)	(g)	(g)	(g)	(g)
Nauru Disabled Sports Association																					?				
Able Disable Parents & Friends Association																									?
Women's Disable Group																									?
Able Disable Centre											?	?	?												

**Nauru Disabled Peoples Association (NDPA)**

People with disabilities who shared an interest in sports and motivated by a desire to participate in Regional sports events created the first DPO in Nauru in 1988. The NPDA was successful in its’ early self-advocacy efforts with members competing in several international events. The organisation was otherwise limited in its energies and scope. The NDPA President living in Fiji and from the mid-1990s until 2011, the NDPA was largely inactive. This changed in 2011 when regional leadership in the PIFS and PDF came to Nauru to facilitate the development of a National disability policy. The NDPA wrote a new constitution, was reinvigorated with purpose, and became the singular, engaged, national, and cross-disability DPO for Nauru.

Functional Focus of Care and Support	CBR	N/A
General	G	(g)
Vision	V	(v)
Hearing	H	(h)
Development	D	(d)
Brain	B	(b)
Psychiatric	P	(p)
Spinal Cord	S	(s)
Chronic Disease	C	(c)
Social Issues	I	(i)
No Information	?	?

The new national disability policy underscored this change with a shift in expectations for NDPA to lead advocacy efforts for a rights-based and barrier-free society, aligned with the UNCRPD (See Nauru’s Sustainable Development Strategy [2005-2025]). NDPA has high level political support, from the President and Minister for Health and Education. NDPA is an umbrella organisation covering 7 proposed areas of programmatic interest: Sports, Women’s Group, Education, Rehabilitation, Sheltered Workshop, Community Education and Parents Group.

**Product.** Just Talking is a group support program that enlists volunteers to visit people with disabilities in their homes and hospitals to share experiences. Just Talking actively engages in lobbying for inclusive changes in legislation and improvement of disability benefits; and advocating for inclusive change in society, (e.g. Public Accessibility to buildings and transportation, Employment opportunities, Disability pensions and allowance). The following groups were referenced on line as partners and resources, but definitive content could not be found: (a) Nauru Disabled Sports Association, (b) Able Disable Parents and Friends Association, (c) Women’s Disable Group, (d) Able Disable Centre.

**New Caledonia**

New Caledonia	CBR Matrix																								
	Health					Education					Livelihood					Social					Empowerment				
	He.1	He.2	He.3	He.4	He.5	Ed.1	Ed.2	Ed.3	Ed.4	Ed.5	Li.1	Li.2	Li.3	Li.4	Li.5	So.1	So.2	So.3	So.4	So.5	Em.1	Em.2	Em.3	Em.4	Em.5
UNCRPD																									
Collectif Handicap											G	G									G	G	G	G	G
Assoc. of Elderly Care	(i)															(i)	(i)			(i)					
Association NC des Handicapes																		(g)	(g)						
French Association Against Myopathy																									C
Assoc. of Parents & Friends of Disabled of Lifou									(g)																
Assoc. Parents of Disabled Children of NC																									G
Assoc. of Parkinsonians of NC																									C
Association for Deafness																									C
Assoc. Adolescence/Adult Children	(g)	(g)							(g)							(g)	(g)								
Assoc. Child & Adolescents w/Disabilities									G							G	G	G	G	G	G	G			
Assoc. Solidarité Handicapés										(g)	(g)														
Assoc. Valentin HAÛY for the Blind									(v)																(v)
Communicate Support of the Deaf									(h)																
Enable South Pacific																									
Flower of Life				(g)																(g)					
France Alzheimer NC			(c)						(c)																(c)
HALTE																		(g)							
HIPPOCAMPE																(b)									(b)
The Robinsons																								(g)	
Me TED																									
TIVAAN NAGAT																					(g)	(g)			

**Collectif Handicap**

Collectif Handicap was created in 2004. It is an umbrella organisation for a collective of associations representing different services, target populations and locations. Collectif aspires to:

- provide a privileged voice in the dialog of public authorities on all general, ethical and legal questions concerning the people with disabilities and dependency;
- support the implementation of the existing legal framework;
- represent the associations of people with disabilities and dependents, members of the Collectif Handicap, the Disability Council and any other commission or structure;
- carry out an informed, vigilant and forward-looking mission on disability policy;
- promote and defend the rights of persons with disabilities or dependencies;

Functional Focus of Care and Support	CBR	N/A
General	G	(g)
Vision	V	(v)
Hearing	H	(h)
Development	D	(d)
Brain	B	(b)
Psychiatric	P	(p)
Spinal Cord	S	(s)
Chronic Disease	C	(c)
Social Issues	I	(i)
No Information	?	?

- implement the ideals of self-directed autonomy and client directed choice in life decisions, and full social participation in all aspects of community (including culture, sport, education and the labour market).

**Product.** Collectif Handicap assumes a central role in the development and dissemination of information that it uses to advance the inclusive development of society. It produces policy reports of interest to the government (e.g. Autism and work) and sponsor awareness raising and educational events on topical issues (e.g. International Day of Disability; “love, intimacy, sexuality of people with disabilities”), and engages in strategic planning for collective advocacy. In 2005, Collectif developed a Charter of Disability in New Caledonia. In 2007, it mobilised disability groups to raise awareness in public opinion and policy decision makers, for equity in public policy for all people with disabilities. In 2009, Collectif was instrumental in getting congress to pass legislation regarding dependence aid, and public obligation to employ workers with disabilities. The Collectif website provides information on navigating support systems relevant to home, school, employment, and public transportation. Collectif acts as a bridge between organisations and levels. It disseminates information, facilitates communication, and provides mediation between the 3 provinces of New Caledonia and between institutions - especially the Council of Handicap and Dependence and the Pacific Disability Forum.

Employment is an important focus of advocacy efforts. Having successfully lobbied for policy incentives for hiring people with disabilities, Collectif offers employer consultations on and resources for finding, hiring, and supporting workers with disabilities. Collectif offers complementary service to job seekers in collecting and circulating CVs in the job marketing, making Collectif a hub for employment information and opportunity. Collectif offers Workshops on professional integration of people with disabilities into the workforce, and inclusive education for youth with disabilities.

The associations under the umbrella are numerous, varied and networked through Collectif. Translating from the French, we provide a proximate description of services identified on the home website.

- **Association of Elderly Care.** Created in 1975 to help those over 60 years of age to overcome financial problems and to escape isolation. It provides a social meeting place; workshops (sewing, handicrafts, and theatre); and physical activity (gymnastics, aquagym, Tahitian dancing, Qi-Qong), and singing.
- **Association Calédonienne des Handicapés.** Created in 1979 to promote cultural, recreational and sports activities that can provide material and moral support to people with disabilities. The association manages institutions that serve children, adolescent and adults who are not mobile to facilitate their adaptation and integration into social life. Institution includes a nursing home for adults from 18-65 with reduced mobility. Transportation for travel, work, study, appointments, and leisure activities are provided.
- **French Association Against Myopathy.** Created 1998 to support people with neuromuscular and genetic diseases. The Association facilitates sharing between families to stop isolation and encourage peer support.
- **Association of Parents and Friends of the Disabled of Lifou.** Created in 2010 as a life coaching service serving children, adults and the aged with disabilities or loss of autonomy. A new Service of Specialized Education and Home Care and offers educational and pedagogical support to children and young people with disabilities aged between 5 and 26 years. The association is also working on a day care project.
- **Association of Parents of Disabled Children of New Caledonia (APEHNC).** Created in 1996 by parents with a child with multiple or cerebro-motor impairments. The association disseminates information on the impact of multiple impairments and the needs it generates in the person and surroundings.

- **Association of Parkinsonians of New Caledonia.** Providing support for people with Parkinson's.
- **Association for Deafness.** The aim of the association is to raise public awareness of the problems of deafness, to defend the interests of children, adolescents and adults with hearing disabilities, and to foster their personal development and social and professional integration.
- **Association for the Safeguarding of Adolescence and Adult Children.** Created in 1958 to meet the needs of protection, care, education and socialization of vulnerable groups. The Association offers residential and socio-educational support for children, adolescents and women; provides support for safe family and school inclusion.
- **Association for the Support of Children and Adolescents with Disabilities.** Associate tasked to defend the interests of children, adolescents and adults; foster their development and social, academic and professional integration; facilitate access to leisure, sports and cultural activities, raise public awareness; work with organisations to assert the rights of the disabled person; and provide families with moral and material support, develop a spirit of listening and solidarity. Activities and resources include: organisation of avocational activities and funding of integration into leisure centres or holiday camps, sports clubs, cultural or artistic activities.
- **Association Solidarité Handicapés.** The association's mission is to combat the social isolation of people with disabilities and to help them integrate socially and professionally. Services and resources include day-care centres with occupational activities (sheltered work activity) or vocational placement in internship for men and women with disabilities aged between 18 and 60 years.
- **Association Valentin HAÛY for the Blind.** Created in 1979 to assist blind and visually impaired people in their administrative procedures, remove them from their isolation and involve them in various activities; unite and support people and works that care for blind and visually impaired people; and study, propagate and apply strategies that contribute to the social and cultural integration of blind people. The association offers Technical and psychological support for administrative procedures of all kinds, counselling, meetings, Braille lessons, and gym activity.
- **Communication, Culture and Dynamisation for the Support of the Deaf.** Created in 1999, the association works for the promotion of sign language. It trains professionals who work in schools, with a view to better social, cultural and professional integration.
- **Enable South Pacific.** Enable South Pacific is dedicated to helping people with functional impairment of the upper limbs adjust to the use orthotic devices. These devices and process of adjustment are mainly intended for children as the process focuses on "playful and creative approach to design that engages the child and improves acceptance and self-image.
- **Flower of Life.** The association provides personal assistance in daily living for children, adults and elderly people with disabilities to preserve personal autonomy.
- **France Alzheimer NC.** The Association provides peer support for families caring for a person with Alzheimer's; promotes positive public awareness of Alzheimer's, and trains care providers (professional, family, volunteer). Training is personalised to the unique needs of the individual.
- **HALTE.** The Halte Association (Handicap-Arts-Literature-Theater-Exhibition) was founded in 2009. Its mission is to discover and facilitate access to the world of culture (concerts, shows, festivals, exhibitions) to its members with a disability through supported outings in various public venues.
- **HIPPOCAMPE Dignity, Autonomy, Inclusion of Psychotic Persons and Support to Families.** The Association provides peer support for families, friends, and people with psychiatric illnesses with a view to promoting the person's autonomy and integration into community.

- **The Robinsons.** The Association provides information, support, and service to include people with disabilities in society; raise public awareness and promote positive attitudes; and advocate for better disability management.
- **Me TED** (Association of Families Affected by AUTISM and Other Invasive Developmental Disorders). The association focuses on training for professionals, specialist teachers or regular class teachers, school psychologists, speech therapists, doctors, caregivers and parents on Autism issues and treatment. The association offers courses in: Autism Awareness, Educational strategies for visual communication, Applied Behaviour Analysis and evolving evidence-based topics.
- **TIVAAN NAGAT** is an association for the defense and support of people with disabilities located in the northern province of Pouébo.

Niue

Niue	CBR Matrix																								
	Health				Education					Livelihood				Social			Empowerment								
	He.1	He.2	He.3	He.4	He.5	Ed.1	Ed.2	Ed.3	Ed.4	Ed.5	Li.1	Li.2	Li.3	Li.4	Li.5	So.1	So.2	So.3	So.4	So.5	Em.1	Em.2	Em.3	Em.4	Em.5
Niue Tolomaki Auloa Association																					G	G	G	G	G
Spectrum Care			(d)					(d)			(d)	(d)	(d)			(d)					(d)	(d)			

**Niue Tolomaki Auloa Association (NTAA; DPO)**

NTAA began in 2012 and develop into the singular, national, cross-disability DPO in 2015 with the support of PDF. They have developed a working relationship with PDF, government, schools, and civil society organisations to improve the lives of people with disabilities in Niue. NTAA advocates for disability policy and raising awareness. They sponsor and partner in events (e.g. International Day of Persons with Disabilities celebrations with Niue Primary School; island beautification project; workshops with Spectrum Care, MIUE Ministry of Social Services, and NZ High Commission representative sin Niue) that strengthen ties and create shared goals.

Functional Focus of Care and Support	CBR	N/A
General	G	(g)
Vision	V	(v)
Hearing	H	(h)
Development	D	(d)
Brain	B	(b)
Psychiatric	P	(p)
Spinal Cord	S	(s)
Chronic Disease	C	(c)
Social Issues	I	(i)
No Information	?	?

**Spectrum Care**

Spectrum Care represents a reimagining of community-based care that emerged from a former institution/hospital based model in 1994. Spectrum Care is an independent charitable trust that provides 24 hour support for residential care and respite support for people with severe intellectual impairments and their families in Auckland Waikato, and the Bay of Plenty - and expanded service to the greater Auckland region.

Management operates on an Outcomes philosophy that promotes a person-centred service focused on what the person wants, and organising resources and efforts in achieving same. The vision is for “people with disabilities living great lives” achieved through value driven service. Service values include:

- *Person centred practice:* Responsive, individualised services and support
- *Innovation:* Pioneering new and better ways to reach outcomes
- *Commitment and passion:* Creating and maintaining a high-performance culture, where we are passionate about what we do
- *Partnership:* Working successfully together and valuing with all contributions.
- *Excellence:* Leading the way

Through this service model Spectrum Care strives to empower individual lifestyle choices; Create opportunities to maximise personal development, participation and inclusion in the community; provide a healthy, safe and caring environment; in a programme that is continuously improving.

**Product.** Spectrum Care offers full spectrum service through home, transition and aspiration support initiatives.

- *Home support:* individualised support across the life span for person and family including accommodating complex needs, behavioural support, and respite for family carers. Focus is on building life skills, goal achievement, and developing social networks in support of independent daily living, education, and community integration.
- *Transition support:* creating options and empowered choice for high or ‘very high’ need school-leavers (as identified and funded by the Ministry of Education); person centered transition planning including employment (work experience, individual employment, access to tertiary education and develop work skills) and valued social roles (volunteer work, social cultural events and recreation), access to vocational programmes, and increased participation in community; access to funding for housing and transportation; and advocacy and engagement during transition.
- *Aspirations support:* develop life skills in communication, advocacy, education, personal development, making friends, interpreting social interaction, and preparing for employment (prevocational and supported employment).

Employment is a prominently identified outcome that is further supported through the Spectrum Care Business Enterprise program. A School Holiday programme of activities provides opportunities for socialisation and celebration for children with intellectual impairments – and a vehicle for raising public awareness.

**Palau**

Palau	CBR Matrix																								
	Health					Education					Livelihood					Social					Empowerment				
	He.1	He.2	He.3	He.4	He.5	Ed.1	Ed.2	Ed.3	Ed.4	Ed.5	Li.1	Li.2	Li.3	Li.4	Li.5	So.1	So.2	So.3	So.4	So.5	Em.1	Em.2	Em.3	Em.4	Em.5
Omekesang Association																					G	G	G	G	G
Palau Parents Empowered																					D	D			D
Ulkerreuil a Klengar	(c)	(c)																						(i)	

**Omekesang Association (DPO)**

OMEKESANG began in the 1990s as a low profile, informal group. The organisation was revitalised through collaborative work with the PDF to establish it as an active DPO in Palau. It became an NGO in 2011 on the heels of its early partnership with MCCA, MOH, MOE, and PDF and PIFS in drafting Palau National Policy on Disability (2010). Early activities focused on establishing governance, raising funds, prioritising plans and establishing this new identity.

OMEKESANG vision is to see that Persons with disabilities are equally valued members of their community empowered with opportunities and choices to quality lifestyle free from barriers and discrimination in all aspects of life. In service of this vision it is the OMEKESANG mission to: Create an inclusive society for all people regardless of disability; Promote disability awareness in the Republic of Palau, and Protect and advocate for the needs and legal rights of persons with disabilities. Specifically, the purpose of this DPO is to

- create an inclusive society for all people regardless of physical and/or mental deficiency;
- promote disability awareness in the Republic of Palau and to advocate for the rights and needs of people with disabilities;
- lobby for passages of laws that addresses the needs and concerns of people with disabilities;
- improve our society’s views of people with disabilities towards full inclusion in all aspects of social, spiritual, cultural, educational, political, and economical life;
- encourage all people with disabilities to become more active in their cause;

Functional Focus of Care and Support	CBR	N/A
General	G	(g)
Vision	V	(v)
Hearing	H	(h)
Development	D	(d)
Brain	B	(b)
Psychiatric	P	(p)
Spinal Cord	S	(s)
Chronic Disease	C	(c)
Social Issues	I	(i)
No Information	?	?

- promote the development of support systems for children with special health care needs and their parents, and for adults with disabilities; and
- create a common bond between parents, consumers, and service providers.

**Product.** OMEKESAN contributes mostly through partnership and collaboration with national and regional organisations and ministries. The organisations has been engaged in awareness raising and capacity building through training (empowerment workshops developed with PDF; circa 2013), hosting informational forums for persons with disabilities, families, carers and community; hosting events aligned with the International Day of Persons with Disabilities and partnering with special issue groups and ministries to raise awareness on specialised topics (e.g., Cancer, Mental Health, AIDS, Diabetes, Human Rights, and Training for Women with Disabilities). Capacity building through partnership has also focused on policy development (see National Disability Coordinating Council; NDCC)

#### **Palau Parents Empowered (PPE)**

Palau Parents Empowered (PPE) is Community Parent Resource Center serving and supporting families of children and youth with disabilities ages 0 to 26. PPE is funded by the Office of Special Education Program, U.S. Department of Education. They partner with OMEKESAN Association and the Belau Head Start Program, as well as the Ministries of Education (Special Education) and Health (Family Health Unit).

PPE services are designed to enable parents and other family members to better meet and understand the needs of their child or youth with disabilities. The goal is to prepare children with disabilities to lead productive, independent lives, to the fullest extent possible. PPE's seeks to empower and build the capacity of parents in Palau through strategies that will inform, train and support parents of children and youth with disabilities. Their mission is to train parents to fully understand the nature of their children's disabilities and enable them to become effective advocates for their children.

#### **Ulkerreuil a Klengar (UAK)**

UAK focuses on promotion of health and through informational projects. The organisation has advanced topics such as diabetes prevention and diet, tobacco control, tuberculosis and lung disease awareness, breast feeding and infant health. UAK has also partnered in policy advocacy specifically establishing maternity leave for new mothers.



Callan Services for people with disabilities began in 1991, with the establishment of the first Callan Special Education Resource Centre (SERC) in Wewak. Now, 19 SERCs provide education services for children with disabilities across Papua New Guinea including Aitape, Alotau, Buka, Daru, Gerehu (in Port Moresby), Goroka, Kavieng, Kimbe, Kiunga, Lorengau, Madang, Mendi, Mingendi, Morobe, Mt Hagen, Rabaul, Vanimo, Wabag and Wewak. The resource centres are coordinated through the Callan Services National Unit to ensure program quality and sustainability. The scope of Callan Services expanded in the process, and the CSNU now represents the largest provider of health and community based rehabilitation services for people with disabilities in PNG, including the inclusive education program provided through the SERCs. Callan's scope expanded in the process, and its current mission is to build an inclusive society where people with disabilities are welcomed and can participate in education, work & community life.

**Product.** Callan serves its mission through awareness raising of disability issues; preventative education; screening & testing for early identification of impairment, especially in remote locations; referrals for medical treatment; provision of sight, hearing & mobility aids; assistance with integration into mainstream schooling; and access to vocational training & employment. Outreach to schools, towns and villages focus on awareness of disability issues, specifically eye and ear impairments and preventative care, and the role of support in including people with physical and learning impairment in work, education and community life. Textbooks and lesson materials are transcribed into Braille for students with visual impairment; teachers are provided guidance in teaching strategies that enable integration of visually impaired students in regular classrooms. Clinics regularly screen for any impairment and make appropriate referrals. Local mental health programs offer community-based support. Child protection services are integrated through the Callan program.

CSNU builds capacity amongst teachers, Community Based Rehabilitation/Health workers through the Callan Studies National Institute. Resources include: workshops, Certificate courses, an Applied Diploma in Special Education, a Bachelor and Master's Program in Special Education. Teachers, health workers and other community based workers are trained in basic screening for ear and eye difficulties, prevention education and referral for further health care, and the provision of spectacles through Callan Optical Service.

### **Association for the Blind**

The purpose of the agency is to promote training with the development of quality services so that people with special needs generally and particularly the children, are given opportunity to live life to the full. Callan Services enters into partnerships with Catholic Dioceses to establish projects such as the integration of individuals within the Education System, Catholic Health Services systems and Diocesan pastoral care services. The national network established across PNG opens opportunities for mutual support and sharing in training, specialist services, development, quality assurance monitoring and at times equipment and material resources. In some instances with the support of the local diocese, projects have been established in connection with government institutions such as hospitals. Training support has been given to personnel provided by other Churches and independent agencies.

### **PNG Blind Union**

The PNG Blind Union was inactive due to a lack of funding and support. It was recently revived (2014) to provide health prevention awareness and service advocacy. Early efforts to re-establish themselves focused on fund raising and the acquisition of accessible equipment (software and computers) and furniture. PNG Blind Union is a local office of the World Blind Union which speaks to governments and international bodies on issues of vision and blindness globally, and locally through its members. In 2016, PNGADP funded a strategic consultation workshop for PNG Blind Union to

create a strategic plan which would link PNG Blind Union to the World Blind Union and provide a national road map for making all services more inclusive to the blind.

### **National Disability Resource and Advocacy Centre (NDRAG)**

NDRAC is a non-profit organization established to raise disability rights issues and to strengthen the voice of approximately one (1) million people with disabilities in Papua New Guinea. The core focus of NDRAC is to:

- Coordinate, advocate and promote awareness on disability issues: disability as a mainstream development issue, act as lead UNCRPD awareness-raising service and resource provider;
- Enhance networking and partnership building to support the disability movement in Papua New Guinea: Promoting and strengthen all partnership at all levels;
- Support people with disabilities to build their confidence and skills: Increase self-confidence, self-esteem and encourage participation of persons with disabilities in political and social life;
- Act as a focal point for disability-relevant information: act as an information focal point and dissemination centre for disability rights information in PNG and South Pacific

National Disability Resource and Advocacy Centre contributes to the development of Self-Help Organisations (SHOs) by providing training, opportunities for participation in events and transport.

### **Madang Creative Self Help Centre (CSHC)**

CHSC was established in 1978 to provide needed support services beyond those typically received through local hospitals. It is a non-profit NGO disability service organization that provides education and rehabilitation services to enable people with disability to exercise equal rights and full participation within Madang Province. The overall goal of CSHC is to increase the number of people living with impairments who participate fully according to their choice and their ability. CSHC believes that people with disabilities should be the drivers of any intervention that is working towards a more inclusive society and accordingly follows a rights-based approach to service designed to:

- improve access to quality education and rehabilitation services for persons with disabilities;
- reduce attitudinal, environmental and institutional barriers to PWDs fully participating in society;
- ensure that people with disabilities are at the centre of interventions affecting their own lives;
- promote the development and implementation of policies that support people with disabilities.

**Product.** CSHC offers a variety of educational services including Centre- and home-based and vocational training for students with disabilities. Teacher training to improve student learning is also available. Disability awareness training for parents, carers and the wider community addresses issues of disability rights, attitudes towards disability, and other barriers to independent living and full community inclusion. CSHC provides capacity building support for DPO, increasing staff knowledge and skills and disseminating information about disability and service needs acquired through monitoring. CSHC also offers direct community based rehabilitation services through therapy modalities (i.e. physio-, occupational, and music therapies) and IT resources to support staff learning, communication and reporting.

### **St John Papua New Guinea**

Established in 1957. St. John Papua New Guinea provides the emergency ambulance service for the Government of PNG, and provide an array of additional services including event first aid and health services, education and first aid kits.



The Government of Samoa launched the Samoa National Policy for Persons with Disabilities in February 2011. The mission is to create a rights-based, inclusive and barrier free society which advocates for and empowers people with disabilities. The seven core outcome areas are:

- Advocacy and awareness
- Early detection and intervention
- Independent living and economic development
- Provision of support, health services and assistive devices
- Education (training, sports, recreation)
- Access (information, transport, built environment)
- Women with disabilities

The action plan includes the creation of the position of Senior Disability Officer to lead a Disability Unit in the Ministry of Women, Community and Social Development. This role will become the national focal point for Government and a framework that directs the DPO.

### **The Samoa Disability Program (SDP)**

SDP is coordinated by the government through the Ministry of Women, Community and Social Development (MWCSD). The MWCSD is the national Focal Point for Persons with Disabilities whereas the Disability Unit is its implementing program unit. Its key role is to coordinate and implement the National Policy for Persons with Disability and lead mainstreaming disability issues into national plans, legislations and plans. The Disability Unit is a comprehensive programme with a development goal of human rights based, inclusive and barrier free society which advocates for and empowers people with disabilities and aligns with Samoan government commitment to the UNCRPD. NGOs associated with the SDP program and its outcomes include: Nuana O Le Alofa (the national, cross disability DPO), Samoa Blind Association, Aoga Fiamalama, Loto Taumafai Society, and the Secretary National Council of Churches.

Samoa Disability Program envisions equality and quality life for all persons with disabilities. The mission is for stakeholders to work together to create human rights based, inclusive and barrier free society which advocates for and empowers people with disabilities. Outcomes identified in the agreement between AusAID and the Government of Samoa have been:

- Government of Samoa policy and programs increasingly compliant with CRPD
- Deeper community awareness and support for the rights of women, men, boys and girls with disability and their increased social inclusion
- Increased accessibility of services (mainstream and disability-specific)
- Increased participation by women and men with disability in livelihoods and employment

**Product.** Services offered directly through the SDP including: (a) Samoa Integrated Mobility Device Services (SIMDES), which provides home visits, follow up on wheelchairs and walkers, QA checks of equipment in use, training mobility skills, transfer skills, health and well-being; and (b) the Diabetic Foot Care Clinic which provides client education regarding wound care, orthotic off-loading (to protect the wound from weight bearing during healing) and referral to health, rehabilitation and medical.

### **Nuana O Le Alofa (NOLA; DPO)**

NOLA was established in 2001 to advocate for the rights of people with disabilities and to work together to improve the situation of all people with disabilities in Samoa. The current goals and objectives of NOLA are for:

- People with disabilities to be able to gain an income through employment or income generating activities to
  - provide vocational training for people with disabilities
  - provide training opportunities in other areas identified by people with disabilities

- People with disabilities to participate in decision making at all levels
  - advocate for and assist in the development of disability-friendly legislation and policies
- People with disabilities to access buildings, services and equipment to
  - increase the number of buildings that are accessible
  - increase the availability of assistive devices
  - encourage participation of NOLA members in rural communities in all NOLA & other national events
- NOLA to implement quality organisational governance and management with a committed and active membership to
  - increase the proportion of NOLA members trained in leadership skills
  - improve communication within the organisation and with the community
  - achieve financial sustainability

### **Loto Taumafai Society**

Loto Taumafai was established in 1981 as an organisation committed to provide education for people with disabilities and/or special needs. It has an Executive Board and relies on funds and donor agencies for financial support. Loto Taumafai aims to provide education and quality services that maximise opportunities for people with disabilities to reach their full potential in Samoa. The organisation facilitates the inclusion of people with special needs, and at individual, community and national level. The LTS mission is to provide access to inclusive, equitable and quality education and support services for all people with disabilities in Samoa.

**Product.** Services are provided through a school for children and young people with disabilities, a vocational training centre and a community based rehabilitation team.

- Education. Includes high quality special needs education and support services provided for students who are deaf or who have a physical impairment
- Early intervention support services. The Loto Taumafai Early Intervention Program is a Community Based Rehabilitation Program which focuses on young children with disabilities. The program supports children with a disability and their family with: (a) Therapy (physical and occupational therapy), (b) Language and communication support (specializing in Samoan sign language); (c) Family support and education; and (d) Advocacy
- Vocational Training & Services
- Dance & Theatre

### **SENESE Inclusive Education Services**

SENESE was established in 1992 as an inclusive education organisation focusing on the inclusion of children with disabilities into mainstream schools (ages 0-18). It's aim is to establish and strengthen a national model of inclusive education for children with disabilities (to age 18) and families, that facilitates cooperation between educational and health organisations. SENESE pursues an inclusive high-quality learning environment for all students. Senese mission is to establish and strengthen a national model of Inclusive Education for children and families that facilitates cooperation between SENESE and other educational and health organisations, teachers, parents and students.

### **Aoga Fiamalamalama**

Aoga Fiamalamalama was started in 1979 by a group of parents who advocated for inclusion of their children with special needs into primary school programs. The parents formed a group operating out of their homes that later became an established NGO with a traditional office space. Core buildings and new construction were subsidised by local and regional funds. Partnerships have developed through these internal and external connections with the local and overseas.

Aoga Fiamalamalama's mission is to promote the physical, educational, economic and social welfare of persons with an intellectual impairment. To this end, it: (a) supports the development of the total person in a caring environment with Christian values and free from discrimination; collaborates with parents to promote child welfare; informs parents of available resources, raises awareness and inclusion of persons with intellectual impairment in the family and the wider community. The parental role of participation is active and engaged in person-driven planning for all aspects of organisational support -thereby empowering family and persons with disability to pursue their potential and make informed decisions.

### **Samoa Spinal Network**

Samoa Spinal Network began in 2011, following early discussions among a group of people with spinal cord injuries, several volunteers and health professionals from Altus Trust in New Zealand who were intent on organising needed services. Samoa Spinal Network has worked to explore why critical health problems of people with spinal cord injuries develop after they are discharged from medical care and return home, and how this can be prevented for a better quality of life for these patients. The goal of the Network is to facilitate the best possible life opportunities for Samoans with spinal cord injuries. Samoa Spinal Network offers patient and care-giver/family education, acquisition of assistive devices to ensure independence, improving homes accessibility for easy management and mobility; and guidance, support and encouragement in resolving challenges throughout life.

### **Special Olympics**

SOS is a non-profit organization dedicated to empowering individuals with intellectual impairments to become physically fit, productive and respected members of society through sports training and competition. SOS provides a year-round schedule for sports as well as offers children and adults with intellectual impairments year-round training and competition in Olympic type sports through the Australian Sports Commission and works with a range of Samoan sports organisations and NOLA.

### **Samoa Blind Association**

Formerly known as PREB (Prevention Rehabilitation and Education for Blind Persons), SBPA is a long running organisation that provides support for persons who are visually impaired by securing funds to provide academic assistance and access to rehabilitation facilities.

### **Goshen Trust Samoa Mental Health Services**

Goshen Trust Mental Health Services is a non-profit NGO established in 2009. It was the vision of a local leader (Savea Tutogi Soi) who wanted Samoans living with chronic mental illness to be able to move towards wellness. The Hebrew term "Goshen", which means "a new beginning", was chosen for the name. The goal of Goshen Trust is to help mental health consumers, and their families and friends, gain access to love, care and support needed to help them be emotionally, mentally and spiritually well and stay well. Goshen Trust works out of the Mental Health Unit at Tupua Tamasese Hospital where they provide residential treatment facilities, Community support to families, and training in mental health care to community members.

Solomon Islands

Solomon Islands	CBR Matrix																								
	Health					Education					Livelihood					Social					Empowerment				
	He.1	He.2	He.3	He.4	He.5	Ed.1	Ed.2	Ed.3	Ed.4	Ed.5	Li.1	Li.2	Li.3	Li.4	Li.5	So.1	So.2	So.3	So.4	So.5	Em.1	Em.2	Em.3	Em.4	Em.5
PWD Solomon Islands																					G	G	G	G	G
SI Deaf Association																									
SI Deaf & Mute Disability Organisation																					?	?	?	?	?
Community Based Rehabilitation Unit (MHMS)	G				G																				
Bethesda Disability Training & Support Centre								G			G	G													
San Isidro Training Centre								(h)			(h)	(h)													

People with Disabilities Solomon Islands (PWDSI)

The nature and the name of the national, cross-disciplinary DPO in the Solomon Islands has evolved greatly since its origins in the 1980s as the Crippled Society of the Solomon Islands. This version was run by people without disabilities and provided access to sports activities for people with disability. When people with disabilities assumed leadership the organisation’s name changed to the Disabled People Rehabilitation Association and it was registered as a charity (1993). Service focus shifted to personal capacity development for children with intellectual impairments via special education programs. Service scope expanded to include children with hearing and vision impairments and the name was changed to Disabled Persons Association of Solomon Islands (1994). It assumed its current name, People with Disabilities Solomon Islands (PWDSI), during reorganisation in 2007. In 2009, PWDSI became a full member of the Pacific Disability Forum. Setting the tone for its new rights-based spirit, the first major in-country capacity development activity for PWDSI members was Human Rights Training on the Convention on the Rights of People with Disabilities.

Functional Focus of Care and Support	CBR	N/A
General	G	(g)
Vision	V	(v)
Hearing	H	(h)
Development	D	(d)
Brain	B	(b)
Psychiatric	P	(p)
Spinal Cord	S	(s)
Chronic Disease	C	(c)
Social Issues	I	(i)
No Information	?	?

PWDSI envisions Solomon Islands society that is inclusive, culture sensitive, gender equitable and rights-based and promotes the protection of people with disabilities. An inclusive society is one where people with disabilities have equal access to opportunities and enjoy same rights as others in all aspects of life. Its mission is to facilitate, co-ordinate, support and promote the equalization of opportunities for people with disabilities by strengthening advocacy programs training; through its members and collaborating with relevant stakeholders towards an inclusive, barrier-free and rights based society. Current Objectives as identified in the 2015-2020 Plan include:

- Promote and advocate for rights of people with disabilities, including the rights of children and women with disabilities
- Promote and advocate for the ratification and implementation of the Convention on the Rights of Persons with Disabilities (CRPD), National Disability Legislation and the Persons’ with Disability (equal opportunities, protection of rights and full participation) Bill 2006.
- Advocate and promote implementation of the Solomon Islands National Disability Inclusive Development Policy 2013- 2018 strategy, consistent with the Pacific Regional Strategy on Disability (PRSD)
- Communicate to the public about the roles and activities of PWDSI
- Strengthen the governance & management of PWDSI
- Promote cooperation and partnership with the national government, regional and international agencies for disability inclusive policies and programs
- Enhance gender equality and youth participation
- Strengthen skills in collecting information about disability issues, monitoring project progress and assessing results
- Promote and advocate for research on disability issues and emerging issues on national level

- Ensure financial stability and transparency of PWDSI
- Promote, develop and strengthen the development of self-help groups at provincial levels. This may be achieved through effective and efficient advocacy programs and networking.

**Product.** PWDSI provides a variety of resources including:

- Self Help Groups. PWDSI has facilitated the establishment of provincial self-help groups (SHGs) in seven provinces: Temotu, Malaita (2 groups), Makira/Ulawa, Guadalcanal, Isabel, Central and Western. SHGs are raising awareness about the rights of people with disabilities in their respective communities and villages. PWDSI represents all people with disabilities in Solomon Islands.
- PWDSI hosted research (2012) on social and cultural context of disability and culturally appropriate solutions to disadvantage.
- Advocacy skills and awareness-raising in relation to the rights of children with disabilities in the Solomon Islands to attend school.
- Partner with NGO and Self Help groups on CBR related projects. As with project with Enable Development and Motivation Australia (2011) to teach practical skills to wheelchair users and organise wheelchair basketball program.

### **Special Development Centre (SDC)**

Another organization that has provided education (ECE and primary level) for children with a disability in SI is the Special Development Centre (SDC) under the Red cross of Solomon Islands as the governing body.

### **The Deaf and Mute Disability Organisation (DMDO/DPO)**

Established in 2014/15, to serve this specific population as a DPO.

### **Ministry of Health and Medical Services / Community Based Rehabilitation Unit**

CBR unit within the Ministry of Health and Medical Services (MHMS) is the de facto focal point for disability in the Solomon Island Government, but this is an informal expectation peripheral to CBR's core role as technical service provider. The CBR Unit is staffed by a small number of field worker who seek to identify people with disabilities in the various communities. They keep a registry and refer people with disabilities to services where possible.

**Product.** The CBR unit runs wheelchair services and works with NGO (Motivation Australia). They coordinate training (e.g. wheelchair training, wheelchair management workshops, peer group training); mobility device evaluation, service, repair, and support resources; and initiatives that improve access to mobility devices (e.g., rural outreach, "Wheelchairs for Kids"). CBR has also worked with MHMS in improving water, sanitation, and bathrooms in the homes of people with disabilities.

### **Bethesda Disability Training and Support Centre**

The Centre was established in 2009. Bethesda has been established to help people with disabilities (PWDs) in developing and growing towards their potential. Bethesda has developed a number of training areas including health, literacy, life skills, sewing, poultry, carpentry and agriculture – which are run throughout the year in 20-week terms. The Centre also provides training to family members and support workers in caring for/working with people with disabilities, especially in gaining independence in vocational and life skills, and networking/collaborating with other agencies and organisations

### **San Isidro Training Centre**

The Centre was established in 2007. San Isidro Training Centre is located in Guadalcanal Solomon Islands and cares for 54 young men and women with hearing and speaking impairment. These young people come from far flung villages in the Solomon Islands. Their age range is from 12 - 42 years old and almost all of them have never received any form of basic education. At San Isidro they receive practical skills training, basic literacy and numeracy, sign language and Christian formation. San Isidro's vision is to change social attitude towards people with disabilities, in allowing them the same dignity and right to a decent living as anyone.

**Product.** The San Isidro Training Centre is an institution that teaches life skills, English, Maths, Christian Education, Arts, Agriculture, Woodwork as well as building and carpentry to students who are deaf, dumb or mute. Medium to Long term training for deaf youth. The San Isidro Centre located at Aruligo outside Honiara, educates disabled young people from the ages of 14 and over, over a duration of three years. Courses offered are English, Maths, Business, Sign Language, Agriculture, Life Skills, Carpentry, Woodwork, and Practical Trade and Skills. The centre's mission is to advocate for basic human rights for people with disabilities, the right to education and an opportunity to build their skills and self-esteem to enable a life of dignity and well-being. The centre empowers the disabled through training of basic academic and skilled subjects, of which they were deprived because of their disabilities. The Centre also addresses gender balance and the right to be heard and contribute positively to society. The handicapped are also given the opportunity to live in a community of boys and girls with common attribute.

**Tahiti**

Tahiti	CBR Matrix																								
	Health					Education					Livelihood					Social					Empowerment				
	He.1	He.2	He.3	He.4	He.5	Ed.1	Ed.2	Ed.3	Ed.4	Ed.5	Li.1	Li.2	Li.3	Li.4	Li.5	So.1	So.2	So.3	So.4	So.5	Em.1	Em.2	Em.3	Em.4	Em.5
Huma Mero Association											G	G									G	G	G		
Te Niu o te Huma											(g)	(g)	(g)			G			G		G				
Turu Ma Association											(g)	(g)	(g)												
APRP											(g)	(g)	(g)												
Huma Tahiti Iti Association											(p)		(p)								(p)				
Village Rima Here Assoc											(g)					(g)									
Fare Heimanava Assoc																									
	N/A																								

**Huma Mero Association (DPO)**

Huma Mero was established in 1984 by a people with disabilities and their friends to provide better care and support. It was formally registered in 2016. The Association’s primary objective is to advance the social and professional integration of people with physical disabilities. Huma Mero oversees two centers for this purpose: (a) Specialized Day Care Center (CAS) with on-site care and activities workshop; and a Vocational centre that offers training in sculpture, gardening, masonry, carpentry, and ironworks.

Functional Focus of Care and Support	CBR	N/A
General	G	(g)
Vision	V	(v)
Hearing	H	(h)
Development	D	(d)
Brain	B	(b)
Psychiatric	P	(p)
Spinal Cord	S	(s)
Chronic Disease	C	(c)
Social Issues	I	(i)
No Information	?	?

**Te Niu o te Huma (“The Federation”)**

The Te Niu o te Huma federation was established in 2009 as a union of associations working in the field of disability, that collaborate in service and on line to better serve the full range of people with disabilities in Tahiti. Interests develop objectives in communication and information dissemination, advocacy and support in accessing services, defence of the rights of children with disabilities, domestic accessibility, inclusive education, employment, and collaboration with ministries and stakeholder organisations, including the representative bodies for people with disabilities. It acts as a type of umbrella group.

**Product.** The Federation Umbrella organisation provides counselling for families of children with learning or intellectual impairments regarding problems encountered at school, and at their request advocacy interventions regarding treatment, access to programs and resources, transportation, etc. Oversees the screening and identification process for eligibility and governance policy and procedure in special education organisations. Services and resources has focused on:

- Job search, training and internship. Collects, organises, and redirects requests for job searches and internship requests from job seekers and business and industry concerning the disability sector. Sign language training and Language Completion courses, staff training etc.
- Adaptive Driving. Offers training, vehicles and pursues inclusive testing procedures with the Directorate of Transport.
- Collaboration with Federation Associates. In 2014 the association consisted of 16 associations and a dozen active members. The federation is an important point of dissemination of information and a relay for both associations and public authorities:
- External events and awareness raising. Community events (e.g., October Fair) and fund raisers.
- The Federation website. The website is a hub for information, service and referral that reaches the entirety of the Polynesian populations.
- The physical premises of the association are open to the public. The manager informs the users and receives their grievances (regarding integration, schooling, training, accessibility of buildings etc.) and hosts a meeting place and library.

### **Turu Ma Association**

Turu Ma Association promotes social and professional integration of adults between 19 and 50 years of age with minor motor, hearing or mental impairments. The association is dedicated to represent them in advocacy, defend their best interests and provide them with optimal training through the two *service centers*.

- *Côte Mer: the Educational and Occupational Center.* The educational center located on the sea side mainly accommodates people with a mild or moderate mental handicap as well as motor impairments. Several manual activities are offered: embroidery on fabrics, painting, crafts. The handicapped can also learn the faa'apu work and participate in the gardening work done in partnership with a few companies.
- *Mountain side (Te Haa o tew Orai): The Professional Center.* The center serves people with physical, auditory and mild disabilities to open opportunities for paid work. Workers engage in various vocational programs on offer (e.g., sculpture, wood, embroidery, bodywork, gardening). They can be hired and paid under contracts (Internships for Handicapped Workers) as well.

### **APRP**

Workshops for the Professional Reintegration of Persons with Disabilities. At the end of a period of rehabilitation, the APRP accompanies the person towards a job in competitive or sheltered employment, and/or helps them to develop new skills through training. The activities of the APRP are organized around five (sheltered) workshops: Reprography (photocopy, binding); Digitization and Indexing; Light assembly; Packaging (thermo-welding, shrink-wrap, bending); and Reclamation/recycling (Waste Electrical and Electronic Equipment). All works are carried out is scalable from individual to company contracts.

### **Huma Tahiti Iti Association**

The Huma Tahiti Iti association was founded in 1988 and formally recognised in 1995. Its objects are to identify and serve persons with disabilities in need of support for their inclusion in the community; defend the interests and rights of persons with disabilities in the community, its institutions and services.

**Product.** In 1993, the association created the "UEUE TE AROHA" Center, a sheltered work and sheltered work facility for adults with disabilities. Offerings range from day activities to technical apprenticeships in specifically in wood sculpture and mother-of-pearl engraving for jewellery and decorative items.

**Village Rima Here Association**

The Association was established in 1985 as a self-help organisation for adults (20-45) with mental/psychiatric impairments. It aspires to be a welcoming and caring space and seeks to: Raise public awareness of health and mental health issues; care for the acquisition of autonomy of life and socialization; and develop social, family and vocational integration. The Association has a training centre with 3 accessible classrooms, one air conditioned and set up for computer science. Supervised workshops are offered in a variety of topics (e.g., beekeeping, kitchen, garden maintenance, Furniture in cardboard, sewing, computing, crafts, ironwork, carpentry, and horticulture. The Association also manages a sheltered workshop and retail store where manufactured products are sold.

**Fare Heimanava Association (Papa Nui Center)**

The Heimanava center closed in 2014 due to Ministerial cut backs in funding. The Association now manages only the Papa Nui Educational Center. Opened in August 2009, this center welcomes youth aged between 6 and 20 with Trisomy 21 and/or a mild mental handicap with no behavioural problems. The mission of the institution is to welcome and accompany children, adolescents and young adults with disabilities.

**Tonga**

Tonga	CBR Matrix																								
	Health					Education					Livelihood					Social					Empowerment				
	He.1	He.2	He.3	He.4	He.5	Ed.1	Ed.2	Ed.3	Ed.4	Ed.5	Li.1	Li.2	Li.3	Li.4	Li.5	So.1	So.2	So.3	So.4	So.5	Em.1	Em.2	Em.3	Em.4	Em.5
Naunau 'o e 'Alamaite Tonga Association (NATA)																					G	G	G		G
Tonga National Disability Congress										G															G
Sports Program (NATA)	(g)																		(g)						
Ofa Tui Amanakai Centre for Special Education (NATA)		D		D		D	D									D	D	D	D						
Hearing & Speech Unit (Red Cross; NATA)						H	H																		
Alonga Centre (Red Cross; NATA)			(g)		(g)											(g)									
Mango Tree Respite Centre			(c)	(c)	(c)						(c)	(c)				(c)									

There are two national cross-disability DPOs – Naunau ‘o e Alamaite Tonga Association (NATA) and the Tonga National Disability Congress (TNDC). NATA and TNDC are central, registered, urban-based non-profit organisations founded and managed by people with disabilities to advocate for the rights of people with disabilities and to collectively work to improve Tonga and their lives.

**Naunau ‘o e Alamaite Tonga Association (NATA; DPO)**

NATA was established in 2003 to: Empower people with disabilities; raise disability awareness in the community and address disabling attitudes; promote people with disabilities as contributors to the community development; improve health care and access for people with disabilities; advocate for equitable access to education and employment opportunities for people with disabilities; Improve accessibility of to all public venues, transportation, education institutions, social/recreation centers and churches, and national media; and lobby the government for funding of programs that support the

Functional Focus of Care and Support	CBR	N/A
General	G	(g)
Vision	V	(v)
Hearing	H	(h)
Development	D	(d)
Brain	B	(b)
Psychiatric	P	(p)
Spinal Cord	S	(s)
Chronic Disease	C	(c)
Social Issues	I	(i)
No Information	?	?

people with disabilities. NATA collaborates with, and coordinates the activities of, ministries and a variety of support organisations to provide service in the contexts of, sports, education, residential and work. The organisation partners and the description of their contributions follow.

### **Disability Sports Program (DSP/NATA)**

The Disability Sports program brings NATA together with other associations to provide events and support the training of elite athletes with disabilities for National and International competitions.

### **Ofa Tui Amanakai Centre for Special Education (OTACSE/NATA)**

NATA is actively engaged in advancing special education and movement to mainstream education as framed in Ministry of Education's Special Education Policy. The centre was established in 1968 and continues to have three major programs running to help support people living with disability in Tonga.

- Primary school. Education with a strong emphasis on life skills and vocational tasks
- Home visitation Program. Daily treatment, advice and support to people with disabilities and their families aimed at increasing effective activity in independent living. Participants receive physical and speech therapy, training in hygiene and community involvement, and family support in caring.
- Early Intervention Program. Working with and teaching parents needed skills to maximise child development in the early years.

### **Hearing & Speech Unit (HSU/NATA)**

The Hearing and Speech Impaired Unit was established to provide children with hearing and speech impairments with the specific education they require to function fully within the community. Education focuses on regionally developed sign language to facilitate student communicate with teachers, each other, families, and the wider community. The sign language used in Tonga is used throughout Australia , New Zealand , and the Pacific Nations.

### **'Alonga Centre (AC/NATA)**

The Alonga Centre was founded in 1977 as a residential facility for adults with disabilities. It provides an accessible and prejudice free environment that allows its residents greater access to services and functions provided for people with disability in Tonga. There are plans to re-establish the Centre as a Vocational Training Centre for people with disability.

### **Tonga National Disability Congress (TNDC/DPO)**

The origins of TNDC date back to 1978 with a private project called "Disabled People Independent Living" and an early project to encourage people with disabilities to accrue money in savings accounts. It was formally established in 2006 with the aim "to strengthen the human rights of people with disabilities through abridgement all aspects of life as, physically, mentally, emotionally, socially and spiritually." TNDC also aims to work towards the equalization of opportunity and to promote the participation of persons with disabilities in their development and the development of the nation. TNDC has developed the Disability's College of Education For All and in 2015 established an agreement in principle with Lo'au University and the Department to register the College under the Department of Education Board of Accreditation. The College offers vocationally relevant courses in wood technology, food technology, automotive, home improvement, fishing, and agriculture.

### **Mango Tree Respite Centre**

The Mango Tree Respite Centre opened in 2005 as a Christian ministry for Children with disabilities and their families. The centre emphasises children born with cerebral palsy. The Mango Tree Respite Centre seeks to help provide care for these and other handicapped children and their families through four services:

- Respite Care: Providing comfortable and hygienic respite care to people with disabilities as well as their families.
- Vocational and Educational Service: Providing vocational training and educational service to help people with disabilities and their families to overcome or minimize the obstacles.
- Rehabilitative Home Visit Service: Offering rehabilitative and minor health care for people with disabilities and their families, paying special attention to the difficulties caused by a disability.
- Provision of Wheelchairs and Making Aids: Providing wheelchairs and creating aids and home modifications that will enable people with disabilities to live with self-esteem.

**Tuvalu**

Tuvalu	CBR Matrix																								
	Health					Education					Livelihood					Social					Empowerment				
	He.1	He.2	He.3	He.4	He.5	Ed.1	Ed.2	Ed.3	Ed.4	Ed.5	Li.1	Li.2	Li.3	Li.4	Li.5	So.1	So.2	So.3	So.4	So.5	Em.1	Em.2	Em.3	Em.4	Em.5
Fusi Alofa Association Tuvalu																G					G	G	G	G	G

**Fusi Alofa Association (FAA) Tuvalu**

Prior to 2009, people with disabilities had their needs assessed and addressed by the Tuvalu Red Cross Society. In 2009, people with disabilities came together to organise a DPO form which they could represent their own interests. The FAA began in 2010, and was registers as an NGO 2012 with a mission to be the leading advocate on all disability-related issues, and to play the leading role in promoting a receptive and an inclusive environment in Tuvalu. It is now the only umbrella DPO in Tuvalu. The FAA works closely with the Red Cross Society, Department of Community Affairs (Social Welfare), Secretariat of the Pacific Community/Regional Rights Resource Team (SPC/RRRT), and other local and regional organisations to:

- assist Persons with Disability by enhancing knowledge and awareness of people in Tuvalu regarding issues of disability;
- provide services needed by Persons with Disability through volunteer initiatives;
- advocate the Government of Tuvalu to increase its support by providing financial support to Persons with Disability;
- create opportunities for Persons with Disability to be able to participate in international forums to voice their own concerns; and
- provide support for Persons with Disability in various ways; for instance, seeking donors to assist with walking aids.

Thus, Persons with Disability can be able to live in a more independent and barrier free environment. FAA is exploring partnerships (e.g., Tuvalu Family Health Association) and issues of interest to people with disabilities (e.g., AIDS awareness) for development. FAA has conducted trainings in partnership with government, such as a week-long ‘Start Your Business’ training that was funded by the New Zealand High Commission Head of Mission Fund.

Functional Focus of Care and Support	CBR	N/A
General	G	(g)
Vision	V	(v)
Hearing	H	(h)
Development	D	(d)
Brain	B	(b)
Psychiatric	P	(p)
Spinal Cord	S	(s)
Chronic Disease	C	(c)
Social Issues	I	(i)
No Information	?	?

Vanuatu

Vanuatu	CBR Matrix																																		
	Health					Education					Livelihood					Social					Empowerment														
	He.1	He.2	He.3	He.4	He.5	Ed.1	Ed.2	Ed.3	Ed.4	Ed.5	Li.1	Li.2	Li.3	Li.4	Li.5	So.1	So.2	So.3	So.4	So.5	Em.1	Em.2	Em.3	Em.4	Em.5										
Disability Promotion & Advocacy Association (DPAA)																										G	G	G	G	G					
Vanuatu Society for People with Disability (VSPD)																																			
CBR Program (VSPD/ CBR)				G	G																														
Early Intervention (VSPD)									G																										
Disability Advocacy (VSPD)																																			
Vanuatu Civil Society Disability Network																																			

**Disability Promotion and Advocacy Association (DPAA; DPO)**

The DPAA is singular, national, and cross disciplinary DPO in Vanuatu. DPA was established in 1999 to advocate for rights and promote abilities of persons with disabilities in Vanuatu. It was registered as a charitable organisation in 2002 with the Financial Services Commission. The DPA advances the rights of people with disabilities through development of its affiliate members and through a positive and proactive working partnership with the Vanuatu Government of Vanuatu – assuring that disability issues are recognised and addressed on local, national and regional agendas.

Functional Focus of Care and Support	CBR	N/A
General	G	(g)
Vision	V	(v)
Hearing	H	(h)
Development	D	(d)
Brain	B	(b)
Psychiatric	P	(p)
Spinal Cord	S	(s)
Chronic Disease	C	(c)
Social Issues	I	(i)
No Information	?	?

DPAA works locally with volunteers across the provinces to set up local member organizations. These self-help groups consist of people with disabilities who raise awareness of, and advocate for, full community inclusion for people with disabilities in the places where they live. DPA supports this work by bringing volunteers together regularly to share and learn from their collective experience, and by sourcing funding from donors to support local group activities.

DPAA works nationally to influence policy. Through their efforts, they have worked Government of Vanuatu towards ratification of the UNCRPD. This government partnership has also produced the National Disability Policy and Plan of Action 2008 – 2015, and the national Inclusive Education Policy in 2012.

**Product.** Inclusive disaster preparedness training given to the Community Based Rehabilitation group with representatives across the provinces.

**Vanuatu Society for People with Disability (VSPD)**

VSPD was initiated in 1986 by a small group of parents and friends of people with disabilities, under aegis of the Red Cross. Volunteers organised social activities and supplied wheelchairs. Permanent residence was donated by the government in 1987. The group expanded in numbers and became the Vanuatu Society of Disabled People in 1991, with support from the Christian Blind Mission. Staff received CBR training and a CBR outreach program was launched. By 2001 there were CBR fieldworkers in all provinces. Support contracted with the loss of funding in 2011, but continued. The CBR program has been recently revitalised, and the scope of support expands with private donations and international donors. The current name was adopted in 2016.

**Product.** VSPD works through three coordinated programmes:

- **CBR Program.** The CBR program provides: (a) at-home rehabilitation services for people with disabilities including assessment, physical therapy and speech therapy; (b) the distribution and fitting of mobility assistance devices including walkers, crutches, frames and wheelchairs for our clients; and training for parents, caregivers and community members on how to best provide care and support for persons with a disability. Service is provided

through traveling field workers who make regular visits to the surrounding islands for continued support.

- *Early Intervention Pikinini Group (2009)*. To improve developmental skills of infants and toddlers. It is open to all children with a disability, and includes activities, games, and parental support to improve developmental skills. Attendance to the Pikinini group includes children across a range of ages with a range of difficulties, including intellectual impairment, physical impairment, language disorder, hearing impairment, and vision impairment. It is run through various community centres for improved clients access and stronger community ties. Transportation is provided.
- *Disability Advocacy*. The VSDP carries out community awareness programs and workshops relating to disability and events promoting the rights of people with disabilities in the community and in the workplace. VSDP works closely with the Vanuatu government to ensure it is fulfilling its commitment to uphold the United Nations Convention on the Rights of Persons with Disabilities, ratified in 2006. VSDP is also an active member of the Vanuatu Civil Society Disability Network, a group of local and international NGOs who work in disability advocacy.

#### **Vanuatu Civil Society Disability Network**

The network facilitates collaboration and joint action between its members. It aims to advocate decision makers.

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#### **Wallis & Futuna**

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No Data available on Review.

### Professional Education & Training in the Pacific

Educational Initiatives	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Fiji					CRA ??																							
Papua New Guinea																												
Solomon Islands			5 day workshop		MHMS Training 1994													DipCBR Pilot 2006				DipCBR 2010						
Dream of Inclusion																												
CBR Training Manual (Light for the World)																												
INCLUDE																												
CBR Field Worker Manual Scoping Report																												

The development of CBR-PW training is a key finding enmeshed in the challenge of the idiosyncratic nature of programmes, the contemporary schism between old and new models, and the fluid nature of CBR evolution into CBID. There are two CBR education programs situated within tertiary education institutes: (a) Solomon Islands National University (SINU) and (b) Fiji National University (FNU). Both propose to lead in advocating CBR through education, both have expressed an interest in the CBID aspect and both recognize the unique contribution of CBR the Pacific Way.

CBR worker knowledge varies widely, as does the requisite knowledge for varied roles within CBR. The gap between traditional CBR as Health intervention and the CBID influenced model of the CBR Guidelines presents a problem for practitioner training, albeit a temporary one. Practitioners trained in the former are prepared to work in the latter. Programs that attempt to teach both run the risk of confusing students with models that seem to be at odds.

The solution, and challenge, is a synthesis of practice and a realignment of curricula. Currently, there are 3 established CBR education programmes in the Pacific Region: FNU (Certificate Disability and CBR); SINU (Diploma CBR); and Callan Studies National Institute (Certificate of CBR). Audit recommendations following recent curriculum reviews suggest that a CBR-PW Guide could provide the framework for the curriculum development that these educational programmes will ultimately face in the coming years. Such a Guide should recognise and make explicit four key partners in CBR (1) practice, (2) education, (3) governance, and (4) DPOs as key to synthesizing and realigning curricula for the future.

#### Solomon Islands National University (SINU): DipCBR

The Ministry of Health and Medical Services (MHMS) introduced CBR to the Solomon Islands (circa 1990) as a traditional health/rehabilitation model. Preparing field workers started with a 5-day intensive workshop. The workshop was replaced by MHMS training 6 weeks of theory in a series of workshops, followed by actual application in the field, and closing with workshop synthesis with additional theory. MHMS training ran from 1994 – 1996. The Solomon Islands National Disability Survey (2005) recognised the need for long term CBR training design in response to identified needs in the SI disability community. A pilot certificate for a diploma in CBR (DipCBR) was launched in 2006, the full course was proposed in 2009. The first cohort was recruited for the 2011 session, followed by cohorts 2 (2013) and 3(2015).

The DipCBR was designed by Occupational Therapists for individual (building personal capacity) rehabilitation interventions. Foundational course work in Biology, Human Movement, Medical conditions set the stage for professional role and function develop in; physical, occupational and speech therapy in year 1. Year 2 shifts emphasis from body function to methods of intervention and applications in the field. CBR is directly addressed as a model in the foundational year, and peripherally addressed in units of study on social determinants of health; health promotion, and community development.

DipCBR’s targeted development for the MHMS has limited the opportunities of program graduates. Posts within the MHMS are limited and even when open, can remain unfilled. Meanwhile, pressure is building to increase sector-specific content (e.g., education & livelihood) to meet other identified

community needs. This has resulted in an untenable situation where need for trained CBR workers is growing in the Solomon Islands and regionally, and yet some diploma graduates remain unemployed. The SINU staff desires to develop a capacity-based curriculum that reflects the twin tracks of CBR and serves a broader range of ministries, NGOs, and other community organisations. However, they have not had the opportunity and resources to do so. A recent review of the DipCBR suggested a range of short and long term steps for CBR curriculum development (Llewelyn & Lewis-Gargett, 2015).

Short term	Long Term
<ul style="list-style-type: none"> <li>◇ Expand year 2 content (2016) to include CBR guidelines;</li> <li>◇ Align Diploma forms to CBR guidelines;</li> <li>◇ Use case studies describing CBR; partnerships with people with disabilities;</li> <li>◇ Include people with disabilities as teachers in case study work;</li> <li>◇ CBR training for people with disabilities.</li> </ul>	<ul style="list-style-type: none"> <li>◇ Revise curriculum revision to align with CBR Guidelines;</li> <li>◇ Recruit staff and students with disabilities, family members and carers to train as field workers;</li> <li>◇ Address DipCBR graduates’ employment issues with the MHMS;</li> <li>◇ Acquire school-level promotional materials for DipCBR program awareness within the university, the field, and SI.</li> </ul>

**Fiji National University**

The origins of CBR training in Fiji began with an NGO sponsored course that was appropriated by the Ministry of Health in 1996. Physiotherapists, Occupational and Speech Therapists provided training for Community Rehabilitation Assistants (CRA). NGOs developed a certificate programme that graduated 24 local Fijians between 2006-2011. The MOH, Cerebral Palsy Alliance Australia and the Fiji School of Medicine at FNU collaborated in the expansion of the certificate training to 1 year for the purpose of training CRAs. The first intake was in 2010 (29 students). This became the Certificate in Disability and Community Based Rehabilitation course at FNU.

The certificate program at FNU is housed in the college of Medicine, Nursing, and Health Sciences, in the School of Health Sciences. Education and learning emphasize CBR and CBID goals of:

- reducing the impact of different impairments;
- advancing disability awareness and community education to create enabling environments for people with disabilities;
- enabling self-determination in living one’s life; and
- Using available services to reduce impact of disability and maintain health and well-being.

The introductory class focuses on the community role and assessment practices. There is a course each for physical and intellectual impairments. CP is the singular focus in one course, as the most prevalent childhood health condition in Fiji. Social Communication and Inclusion courses reflect the twin tracks of CBR with CBID and individual-focused themes respectively.

Although designed specifically to create qualified CRA workers for the MOH, certified graduates did not all find employment under the MOH. Those who are employed have extremely limited opportunities for professional development and continuing education. This is particularly problematic where their mission in the field has expanded beyond the training topics (e.g., working with adults, and more emphasis on prevention [Llewelyn, 2014]).

### CBR Training Manuals

There have been global efforts to build unity around the training of CBR, even in the face of the twin-track issues that presently challenge the field. Two manuals stand out as core resources and possible exemplars for development. They take different perspectives on practice and, considered together, inform the path forward for programs such as those offered in SINU and FNU.

***Dream of Inclusion.*** A different approach to Training Manual, the modules are built around case studies that address salient issues in CBR, rather than focusing on the construction of CBR, and roles and functions; or specific targeting groups. The structure of this book is based on the CBR Guidelines and color-keyed to the 5 domains of the matrix. The structure provides a standardized format for 27 Modules embedded in a narrative with roots in real experience in CBR from identified CBR initiatives in participating countries. The work design tends towards social learning, small groups and plenary. Authors invite adapting to local settings and enriching with new knowledge. There are 4 identified target groups: Basic vs Advanced; Field vs. Management.

Modules	Basic Field	Advanced Field	Basic Management	Advanced Management
Health	1, 4		2,3	
Education	5, 6, 7, 8			
Livelihood	9, 10, 11			
Social	12, 13, 14, 15, 16	17, 18		
Empowerment		22, 23	19, 20, 21	
Management			24, 25	26, 27

***Light for the World.*** Training began in 2011 in Africa. The authors, LIGHT FOR THE WORLD, represent a European confederation of national development NGOs committed to saving eyesight, improving the quality of life and advocating for the rights of persons with disabilities in the underprivileged regions of our world. The manual builds upon basic CBR skills manuals (i.e., “Training in the Community for People with Disabilities [WHO]) with a focus on complementary organisational skills. Training was meant to be adaptable to local use. Curriculum may be taught in its entirety or by the unit or module. Objectives are identified as skill, knowledge, and attitudes.

### Discussion: Synthesis & Reflection

A participatory interventionist methodology developed by Villeneuve and Millington was adapted to this desk review protocol to facilitate the synthesis of multiple stakeholder perspectives on the role of education in advancing innovation, excellence, and evidence in CBR-PW. We engaged diverse groups of stakeholders in an appreciative enquiry into their community to uncover embedded knowledge and reflect it back into the community as mirror data. Repetition of this process encourages shared learning and leads to CBR development through community action. It is an organic process that retains the primary stakeholders at the centre of the generative discussion, its synthesis, and the conclusions drawn.

The exploration of CBR “the Pacific Way” was developed through a series of 2 sub-regional CBR forums for Micronesia/Melanesia (Fiji, October 2016), and Polynesia (Tonga, May, 2017) and one break out session at the 5<sup>th</sup> Pacific Regional Conference on Disability (Samoa, February, 2017). Three interrelated topics were discussed in each: (a) the meaning of CBR-PW; (b) the DPO role and position in the local and regional CBR networks; and (c) an exploration of empowerment as a cross-cutting feature of CBR service and development.

The data from these sub-regional meetings were revisited in a week-long workshop event in Suva (hosted by FNU and our resident co-author) and the same in Honiara (hosted by SINU and our resident co-author) (July, 2017). These were multi-sectoral workshops with stakeholder participation from relevant ministries; as well as CBR stakeholders from practitioners, educators, students, manager, advocate, and participant perspectives.

In the first phase of each one-day workshop, findings from the sub-regional meetings (mirror data) facilitated appreciative enquiry. Guided activities facilitated reflection and extended discussions to deepen understanding of what we were learning about CBR practice, education, governance and the engagement of DPOs in CBR. Discussions were integrated with activities that engaged multiple-perspective understanding about social networks and shared empowerment experiences (through story telling). The completed CBR mapping featured in this Desk review was reviewed by these groups and the participatory cycle of enquiry repeated.

In the second phase of these workshops, the focus shifted to field interviews with practitioners, managers, students, educators, participants and family members beyond the focus group. The primary objective of this phase of the workshop was to collect empowerment stories from people with disabilities who have relationships with local DPOs and CBR programmes. The purpose of these stories was to include the voice of people with disabilities in early development of the new CBR curriculum. We intend to create training modules around the stories that can also include the story tellers as teachers, and hopefully recruit people with disabilities as students.

The act of engaging in the collection of stories with our diverse group of stakeholders had the additional value of taking our continuing discussion into the field – into lived experience. In Fiji, we pursued stories at the PDF central office, to the home of a family in an urban neighbourhood, and to family homes in villages in the interior. We were led by the story teller in each instance to the place and its people. In the Solomon Islands the workshop took the form of an extended training on the process of collecting empowerment stories. The original workshop attendees who were students, teachers, or practitioners of CBR organised story sharing activities (with invited story tellers) on the SINU campus and developed a protocol for engaging the story teller in a group setting. The group visited a family in a rural village as well. Student experiences were discussed in post-interview reflection. Field visits to CBR service providers and an employer who actively supports workers with disabilities were conducted without the workshop group, but in anticipation of stories that may be collected by them in the future. This *in situ* work informed the desk review reflection, providing context for themes that were developing.

Recordings and notes from the workshop have been reviewed and primary themes extracted. What follows is a synthesis of all desk review information organised by key emergent themes. The central points of discussion have been around the changing nature of CBR-PW, the role of tertiary education and their resources in supporting this positive change, and the complex challenges that must be resolved or transcended to bring education and practice together in an inclusive vision for the future.

### **The Pacific Way**

“The Pacific Way” was the first and most powerful theme to present itself in this enquiry. So much so that it quickly became an anchor for the project’s mission. The centrality of family empowerment emerged as a key to understanding what is meant by the Pacific Way. Family figures in the definitions of CBR-PW much as family figures in CBR generically. However, the two uses do not describe the same phenomenon. The Pacific “family” is extended well beyond blood to a powerful network of strong social bonds and obligations, deep cultural meanings, and the span of history. The

community is inseparable from the person. Stakeholder consultation emerged a description of CBR-PW along the following dimensions: a) ownership; b) orientation; c) actions; and d) outcomes:

**Ownership:** Participants described that “CBR-PW is developed and grown by us.”

- We use our own resources
- We involve local people
- We adapt CBR practice to our local culture
- This requires us to partner with others, share information, lobby government

**Orientation:** Participants described CBR as driven by a family oriented and community-driven philosophy to remove barriers to everyday participation in family and community life.

**Actions:** CBR actions included working together to look after the population who live together in communal culture. CBR actions involve families, church and youth groups.

**Outcomes:** Aspirations for CBR outcomes included ensuring that Pacific Island people have

- Accessible homes and communities
- Opportunities to participate in community activities
- Roles in the community
- Access to services they need, where they need it (e.g., homes, schools, communities)

As we spoke about empowerment in the workshops, participants from diverse stakeholder perspectives were unanimous in concluding that CBR-PW starts with the family (social empowerment) at the centre, and works outward to empowering persons with a disability (personal empowerment) and self-help groups (collective empowerment). In the empowerment model presented, family was identified as “first community”. In the Pacific workshops, family became community with no clear demarcation between the two. In the Pacific, this sense of family is the fulcrum around which CBR services and interests are balanced. That is an essential difference that leads to a reframing of CBR gaps and opportunities, problems and their solutions.

### **The ‘Wicked Problem’ of CBR education in the Pacific**

A ‘wicked problem’ is a term of art that refers to a complex and intractable problem that appears impossible to resolve. Such is the case in CBR education. The history of CBR in the Pacific describes an identified need and a long-standing practice. Tertiary CBR education programs are also well established. But the model of CBR has changed and the curriculum in both programmes are motivated to adapt accordingly and aspire to fulfil the workforce needs in an expanding definition of service and support.

The wicked problem is this:

- There is a palpable need for the full range of services under the CBR matrix, but no clear articulation of current profile of need, what service should look like to fill these needs, or priority in their resolution.
- Tertiary Community Rehabilitation Assistant (CRA) education programmes are based on traditional CBR in the context of health, training in a foundation of physiotherapy that does not lead to employment – because there are no positions. There are no CRA or CBR worker positions to be filled. The positions that do exist are static in number and turn-over is rare. Thus, graduates have little to no hope of finding employment in CBR. FNU has not matriculated a class in 2 years. In SINU, the story told was that a gap of years between graduation and employment was the norm.

A problematic logic model is grinding CBR progress to a halt. Community need drives practice. Practice drives knowledge and skills. Knowledge and skills drive evidence. Evidence drives funding.

Funding a working system changes need. Governance, practice, and evidence must be systemically aligned to inform and direct tertiary education towards best practice.

The solution to such a wicked problem is to intervene at multiple levels in an orchestrated fashion and reverse the spiral of loss. This desk review is limited to the educational perspective of this problem. We are focusing, as per our remit, on aligning tertiary education in CBR with the matrix and the needs of community. However, CBR education thus conceived is, or should be, networked in partnership with practice and governance – a community of practice with a shared mission and collective action. Before we can plan to change curriculum, we must consider systemic change that will make tertiary education viable. Thus, leaders in CBR education should be tasked to:

- Work in partnership with the key government officials who have appointed responsibility for disability and CBR to consider a workforce development strategy. Including DPO-University partnership as key policy advocates for CBR workforce would build on existing advocacy efforts of DPOs in lobbying government and strengthen emerging DPO-University partnerships.
- Identify the need for CBR-PW and a strategy for upscaling service through existing systems.
- Define the optimal, best practice CBR-PW / CBID scheme for achieving priority objectives, and profile the skill sets required to sustain outcomes.
- Identify those aspects of the required knowledge skills and abilities which are best taught in a tertiary program
- Design the target CBR job that operationalises these Knowledge Skills and Abilities (KSAs) as feasible and sustainable in the communities where they are needed.
- Design best pedagogical practices in teaching the KSAs with local culture and environs in mind.

### **The Fuzzy Boundaries of CBR**

The CBR mapping exercise demonstrated how tentative our understanding of the whole of CBR really is. Accessing a country-specific profile of CBR practice should be a straightforward process. That the profile received should be current and descriptive is a given. We can see focused efforts on specific disability issues, but its piecemeal progress is likely based on the availability of money rather than a considered weighing of resources against need. As the CBR matrix expands the contexts of practice, it becomes difficult to find the edges. There is no way to discern if CBR offerings *are* CBR in principle or only CBR in appearance. Programs that do not use the language of CBR may be more aligned with CBR/CBID principles than those who do. Some programs sit on the periphery and serve a good purpose in doing so. The Guidelines provide a means to identify and evaluate CBR service going forwards. Moving DPOs to the centre of CBR mapping will provide clarity. Tertiary education becomes a valuable partner in this effort as an expert consultant on mapping, and a beneficiary of the data for curriculum development. Government, in collaboration with DPOs and universities, has an important responsibility to develop opportunities for CBR practice and CBR workforce. This review provides a helpful starting point in clarifying CBR service in the Pacific.

### **Mapping CBR: A Dashboard for Monitoring Planning & Evidence**

DPO leadership saw the potential for developing the CBR mapping project into a living document that could provide an organising dashboard for monitoring (colour coded based on performance indicators) and an easy graphic representation of data for national planning purposes (identifying gaps in service, describing coverage of the matrix) and regional comparisons. This level of specificity would help create better evidence and stronger arguments to attract funding. During the workshops, there was a high level of engagement in reflecting on the CBR mapping. Participants viewed the mapping by country as a constructive starting point for gauging CBR development, gaps, and opportunities. Being able to look across countries to draw on developments and successes in some Pacific countries could inform those with less developed practice. Similarly, understanding the extant CBR services across the Pacific provides clues for workforce development through training.

SINU and FNU can use this mapping to reflect on their curriculum and capacity development efforts as they have an expressed intent to train workers who can return to their home countries to engage in CBR service. DPO participants similarly found utility in the CBR mapping because they could use it to assess their current engagement across the CBR domains. It was suggested that adding a simple monitoring framework to this mapping could provide an effective evaluation tool to monitor DPO engagement in CBR service, recognise opportunities for collaboration (with service, government, education) on specific topics, and to evaluate the impact of CBR on the everyday experiences of people with disability (across the CBR domains).

### **DPO: Moving from Periphery to the Centre of CBR Advocacy and Community-Based Education**

DPOs do not consistently perceive themselves as the fully integrated and supportive central hub of a CBR network, but the way forward for them is in that direction. NGO's, WHO – Western Pacific Region Office, and government all see DPOs as the nexus of CBR development. The DPOs have the mission and the will. What is missing is empowerment, a plan and the funding to support CBR development through the network of DPOs. To be able to facilitate the development of new local initiatives in CBR or to enrich and expand existing CBR programs, the DPO must first be the hub of information. Disseminating information outward is already a strength. Advocacy would be better served by ongoing feedback loops.

Currently (and historically), DPOs generally focus on awareness raising and disseminating information. This remains a crucial role and needs to evolve with the CBR matrix. CBR's provide services. This also remains crucial. CBR service, at the core of the CBR hub, should be the laboratory for best practice, and the point of contact for partnership with education. What DPOs can develop is their capacity to encourage and support innovative and best CBR practices in other organisations – to expand the umbrella to all and advocate quality.

At the centre, and in partnership with tertiary educators, DPO's fulfill their rightful place as empowered advocates for person-directed practice, backed by an evolving body of evidence. Ministries with a stake and interest in scaling up best practice can better explore their capacity to support when a continuous stream of data demonstrates the outcomes and impact of government investment.

### **Coconut Wireless**

One of the biggest challenges to CBR service and education is outreach in the islands. Populations are dispersed and remote. Even short distances over bad roads can diminish capacity for sustaining good practice. There is an underutilised resource embedded in the concept of the Pacific Way called the "Coconut Wireless" that should be explored for its potential to facilitate professional communication and support CBR efforts in both practice and education. The Coconut Wireless is how local news travels through a community's social networks. During the workshop we experienced several moments where the coconut wireless brought important voices to the meetings, and facilitated our entrance into the villages (with the blessing of the village Chief).

As CBR-PW finds itself in tertiary educational programmes, it would be well advised to reflect on the role this cultural resource can play in raising awareness, needs assessment, recruitment, resource management, developing self-help groups, research, etc. It is a resource and a necessity, and it should flow both ways. "Never about us without us" is equally true for those living on tide time or at the end of a foot path. In planning, the voice that is not heard is not counted.

### **Empowerment Stories and CBR Education**

The primary objective of the weeklong workshops was to collect empowerment stories from people with disabilities and their families. The ultimate aim is to create training modules from these case

stories that can be used as the foundation of curriculum development in CBR. We also had in mind that the experience of collecting stories could also be a part of pedagogical practice. For a service to be truly person/family centred and directed, these same people should be your teachers. The empowerment stories (to be made available by December 2017 and further developed into training modules in 2018) are an excellent product, but there is something special about the first-person account, in the homes, schools, workplaces, and celebrations that provide the context of their lives. The workshop at SINU was particularly relevant in illustrating this point. We devised, as a group, the process of interviewing. We debriefed and problem-solved, adjusted, and in the end had a fairly workable process. Along the way, CBR and physiotherapy support was seen not as a means to improved function, but a means to school and a future. Empowerment stories are a powerful teaching tool. Leaving the classroom and engaging your education in the community is transformative. Further illustration of this came during our experiences visiting the Mangroves with a CBID worker following the workshop at FNU.

Empowerment stories are also a powerful tool of needs assessment, monitoring, evaluation, and advocacy in CBR practice. They should be embedded in all aspects of the CBR system that we have discussed. Empowerment stories capture the cross-cutting theme of CBR and the core values that unite practice, education, and governance. They are the key to resolving the wicked problem of CBR in the Pacific and the bridge to CBR the Pacific Way.

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## Appendix A

### Conceptual Framework for Community Action Methodology

Villeneuve & Millington (2016)

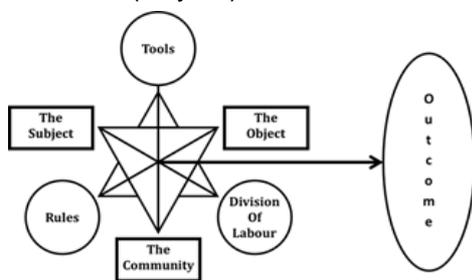
The proposed methodology promotes sustainable, scalable, and inclusive CBR practice/education across the Pacific region. It has been field tested, developed, and empirically supported within an on-going program of applied research. The model was developed by Michelle Villeneuve and Michael Millington and based on a synthesis of their field experience in collaborative practice and community inclusion respectively. Four foundational constructs comprise the participatory approach: (a) Inclusive Community of Practice; (b) Sociocultural Activity Theory; (c) Developmental Work Research and Appreciative Inquiry; and (d) Participatory Action Research.

#### **Inclusive Community of Practice: Social support for collaboration and sustainable change**

We encourage and support the development of an inclusive learning community around the shared goal of improving practice systems (Koliba & Gajda, 2009; Wesley & Buysse, 2001). Social knowledge is situated in everyday community experience; all stakeholders are recognised as experts of their unique and personal perspective. Social learning is advanced through: stakeholder sharing of their personal expertise; inclusion in the critical reflections of the group (Buysse, Sparkman, & Wesley, 2003, p. 267); influence on ensuing decisions and plans; and participation in collective activity. The shared identity, trust, and value that arise out of collaborative social learning creates a durable community of practice where the social support for sustainable change resides.

#### **Sociocultural Activity Theory (SCAT): Framework for analysis**

SCAT is used to analyse the complex relationships between practice (e.g., CBR service) and outcomes as a human activity system (Cole & Engeström, 1993; Engeström, 2000). Human activity is: (a) relational, where individuals (subjects) collaborate to resolve a shared problem - which is the focus of their learning (object) – through a mediating agency (tool) to achieve a desired outcome; (Daniels, 2001); and (b) embedded in a sociocultural milieu of rules, peoples, and structures that shape collaborative work (Engeström, 2000). SCAT provides a framework to support critical reflection on (a) the desired goals or outcomes; (b) what is being worked on in relation to the goal; (c) the tools, methods, or approaches used; (d) the community of others who are involved; (e) the rules, routines, and professional conduct that support or constrain practice; and (f) the way in which work is divided



(Leadbetter, 2008; Villeneuve, 2012).

#### **Developmental Work Research/Appreciative inquiry (DWR/AI): Group process for planning and team building**

DWR is an interventionist methodology used to develop practice by engaging stakeholder groups in expansive learning (Villeneuve & Shulha, 2012). Expansive learning occurs when diverse stakeholders are disposed to use each other’s knowledge to improve practice (Engeström, 2008). The DWR facilitator draws upon practitioner narratives from lived experience as the laboratory for shared learning. Extended group engagement with DWR and SCAT produces a contextual map of current work practices. SCAT strengthens the process by incorporating contextual analysis of the social, political, cultural, and historical influences on practice. The contextual map becomes “mirror data” to be thoroughly analyzed through facilitated key stakeholder discussions. Villeneuve & Shulha (2012) adopted AI as a generative learning strategy to enhance stakeholder engagement and discussion of outcomes in DWR. In AI, participants are encouraged to recognize successes, imagine what is possible, and draw on collective strengths as the basis for program improvement (Preskill & Catsambas, 2006). AI is based on the principles of positive psychology and grounded in team-building strategy (Cooperrider et al., 2003). While contextual mapping with SCAT reveals dilemmas or incongruence in practice, AI structures facilitated discussions to deepen collective understanding as a basis for resolving tensions for program improvement. Together, DWR and AI enhance social learning, facilitate constructive planning processes, and strengthen the bonds of community.

**Participatory Action Research (PAR): Nexus of social learning and systems change**

PAR is the integration of community action (implementing a plan) with community-based research to understand and improve the effectiveness of implementation. PAR is founded on the principle that those who experience a phenomenon are the most qualified to investigate it. As practitioners informed by local knowledge of a phenomenon, action researchers engage in cycles of observation, reflection, and action to make systematic improvements in practice. PAR is specifically designed to seek collaborative solutions to problems involving people, tasks, and procedures.

**Application in Present Project**

This participatory project has, as its premise, the assumption that solutions are already within organisations, teams, individuals and communities. The conceptual framework will facilitate development of four project deliverables.

**(1) Contextual Mapping**

The Framework will support contextual mapping of the CBR course objectives at SINU and FNU (a) across CBR domains (Health, Education, Social, Livelihood, and Empowerment); (b) within two evidence-informed international CBR training resources; and in regards to good practice pedagogical strategies applicable to the Pacific Islands. Mapping will also cover governance and the integration of Sustainable Development Goals in current course designs (document analysis/desk review).

Facilitated discussions with key stakeholders at Pacific Regional Meetings will engage participants in systematic reflection on findings from the contextual mapping to recognise gaps and reveal opportunities for the development of CBR education, practice and governance in Solomon Islands and Fiji.

**(2) Case Study Development**

The Framework will support DPOs and CBR stakeholders (including teaching staff from SINU and FNU) to build local case studies that profile the social, education, livelihood, and empowerment dimensions of CBR in the Pacific. Case studies will reveal gaps and opportunities for local coordination/integration of CBR with other service sectors and policy development across all domains of CBR.

**(3) Training Module**

Facilitated workshops with DPOs and university teaching staff at SINU and FNU will draw on findings of both the curriculum mapping and local case studies to promote expansive learning for the development of CBR curricula. This will be realised through the development of a training module, co-created, featuring, and instructed by people with disabilities and their families to bring their perspectives to the fore in CBR in health, education, livelihood, social, and empowerment contexts for use in the university level CBR programs in the Pacific.

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