CBID IN THE REHABILITATION AND INCLUSION OF PEOPLE WITH DISABILITIES IN BANYO
Available data show that the Adamawa region located in the northern part of Cameroon is bordered by the Centre and East regions to the south, the Northwest and West regions to the southwest, Nigeria to the west, the Central African Republic (CAR) to the east, and the North Region to the north. It has a surface area of 63,701 Km² and is made up of highlands. The region is made of 5 administrative divisions and an estimated population of 1,274,328 inhabitants unevenly distributed with Vina and Mayo Banyo divisions with the highest population density of 396,478 inhabitants and 233,313 inhabitants respectively, as compared to the Faro, Deo and Djerem divisions. The gender structure of the population shows that women are more numerous (50.37%) than men (49.63%), both in rural and urban areas.
Considering a 15% disability prevalence rate, there are over 190,000 people with different forms of disability. Even though there is a growing presence of INGOs, the concept of disability inclusive development is relatively new among OPDs and regional authorities and awareness of disability rights is weak. This offers an opportunity for action.

From existing data on organizations of persons with disabilities (OPDs) available at the Ministry of Social Affairs and at the Regional Delegation of Social Affairs in the Adamawa Region, there are about twenty OPDs in the Region. The majority of these are heavily dependent on state assistance and their members are among the poor. The situation is worse in urban areas where it is difficult to access land and loans due to several systemic barriers. This situation offers a dynamic opportunity for Community Based Inclusive Development (CBID) as a sustainable approach to improving the wellbeing of persons with disabilities.

**CBC Health Services** has a recognizable presence in the Adamawa region, precisely in the Mayo Banyo and Djerem divisions where it provides quality health care to all who need it as well as community-based rehabilitation and rights advocacy. CBC Health Services infrastructure in the region include 5 (one hospital, four health centres) health

**INTRODUCTION**

In 2019, CBCHS started a paradigm shift from CBR to CBID and decided to start a CBID initiative in Mayo Banyo as a sustainable approach to the rehabilitation and empowerment of persons with disabilities and those at risk. The aim was to complement ongoing medical and public health interventions running from Banyo Baptist Hospital.

Starting with two field workers and a community volunteer, the strategy has been to identify with the cultures and practices of the people and act as a community organizer and facilitating community development by identifying and linking those living in the margins of society to opportunities. This included women, children, people with disabilities and the elderly thereby, emphasizing that, CBID is not about people with disabilities but rather all disenfranchised groups, including people with disabilities.

The relevance of this approach is evident in the case of the Banyo Council

**CBID in the Banyo Council**

Within the framework of the 2004 Decentralization Law in Cameroon, local government units are being empowered to steer development. Decree No: 2010/0243/PM of 26 February 2010 devolves to local councils the authority and resources to grant aid and relief to destitute and needy people in their municipalities. However, councils do not always consider people with various impairments in their definition of destitute people and in cases where consideration is given, no proper need assessment is done to inform the aid of relief to be provided. This observation is a reflection of barriers including: limited knowledge on disability rights, weak understanding of inclusive development, lack of tools for identification and assessment of disabilities, limited data on the prevalence of disabilities and the absence of policies and guidelines fostering disability inclusion.
The law on decentralization combined with the 2010 Law on the promotion and protection of the rights of persons with Disabilities in Cameroon formed the basis for advocacy. The situation of disability, its implications on community development and possible strategies to improve meaningful participation of disenfranchised groups were presented to the Mayor. The field worker offered to volunteer his time working with the council to breach the gap between available development opportunities and the marginalized groups in the Banyo Municipality. He started with supporting the Mayor in his tree planting campaign by taking advantage of his visit to several communities to mobilize support for tree planting. This move fostered his relationship with the Mayor and improved the council’s resolve to foster inclusion, an entry point for collaboration was in the area of health, specifically mental health. The 3rd Deputy Mayor of the Banyo Council who is in charge of health was assigned to work with the field worker in identifying and assessing the needs of persons with disabilities in the Banyo municipality. This led to the Council taking full responsibility in the commemoration of the 2020 World Mental Health day in Banyo.

During the celebration that took place at the council premises, the 3rd Deputy Mayor representing the Mayor appreciated the CBC Health Services through the Community Mental Health (CMH) project for meeting the mental health needs of over 1300 patients many of whom are from Banyo. She also disclosed that the council has decided to pay for the treatment cost of needy people with mental disorders from the municipality as a way of ensuring mental health for all as was the theme of the celebration.
To broaden their collaboration with CBCHS, the Council requested for a formal MoU which was formalized in December of 2020 and covers the following priorities:

- Adoption of policies to foster inclusion;
- Developing a database of persons with disabilities that will inform the type of interventions to be undertaken to improve their quality of life.
- Developing a system to support needy persons with disabilities to be able to access quality health care including assistive devices.
- Improving quality of education for children with disabilities by putting in place a scholarship fund to ensure their specific needs are met.
- Promoting accessible environments and built-up structures.

This approach gained traction and earned the support of the local elites and leaders thereby leading to the following outcomes:

**OUTCOMES**

- Upon request from the Banyo Council, partnership focused on CBID was formalized. The partnership offered Banyo council an opportunity to put in place systems to foster the rehabilitation, empowerment and inclusion of persons with disabilities and other marginalized groups in all aspects of community development in Banyo.
- Allocation of a budget for rehabilitation of persons with mental disabilities by the Mayo Darle Field Council of Churches (made up of 53 churches) and the designation of Disability Focal Persons in their churches (who upon their request have been trained) to identify persons with disabilities. In this regard, they have developed monthly identification and church attendance forms (see annexed) which are used by the focal persons to report on participation of people with disabilities. So far they have identified 203 people with disabilities and supported the treatment of 63. The Tokorowa Baptist Church, Allat has stood out and has been contributing and paying for the treatment of Hamatoko Ousmanou who had serious psychosis and according to the Secretary of the church “was like a wild animal and living in the bush”.
- Increased awareness of disability rights among community members has improved their contributions towards the rehabilitation and inclusion of all marginalized groups in community development efforts. Thus, many have taken the commitment to act as liaisons in identifying and referring persons with disabilities in their communities and linking them up with the field worker.
- Creation of a functional organizations of persons with disabilities in Banyo is increasing the participation of men and women with disabilities in advocacy for inclusion and community development opportunities.
The following lessons were learned from this case:

**LESSONS LEARNT**

- Identifying with a people’s culture and practices and presenting CBID not as a new concept centred around disabilities but rather as a better way of doing development can increase acceptance and build support for CBID. In our experience, the field worker quickly identified with the culture of the people, and acted as an enabler and facilitator of development while promoting the use of principles underpinning CBID such as, but not limited to: Non-discrimination; full and effective participation and inclusion in society; respect for difference and acceptance of persons with disabilities as part of human diversity and humanity; equality of opportunity; accessibility; and equality between men and women.

- CBID is best appreciated when presented not with a narrow focus on disability but rather a broad consideration to all groups that make up a community including disadvantaged groups.

**CONCLUSION**

The CBID experience in Banyo has offered huge opportunities for advancing sustainable community development and learning for both field workers, organizations of persons with disabilities (OPDs), the council and other development authorities as well as the wider community. Current efforts are directed at building the capacities and providing tools for CBID to both OPDs and the Banyo council. For OPDs, this means building capacities in the areas of: group dynamics, assertiveness, advocacy and disability rights. For the Banyo Council and other mainstream development actors, it means building capacities in disability inclusive development, human rights putting in place systems for ensuring participatory development.
CBC Health Services Mental Health Supervisor explaining mental disorders to Banyo Council Dignitaries

Banyo Council and CBC Officials flanked by persons with disabilities on World Mental Health Day