

CHAPTER THIRTEEN

ADVOCATING THE RIGHTS OF PEOPLE
WITH DISABILITIES IN CHINA:
A COMMUNITY-BASED REHABILITATION
APPROACH

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Abstract

The rights of people with disabilities (PwD) are grounded in a human rights framework based on the United Nations Charter and the Universal Declaration of Human Rights. People with disabilities are entitled to exercise their civil, political, social, economic and cultural rights on equal basis with others. This presentation will illustrate how community-based rehabilitation (CBR) approach serves as a strategy to promote the rights of PwD.

This paper aims to evaluate the successes and challenges of CBR in the earthquake zones in Sichuan, a province in western China which experienced a disastrous earthquake in May 2008. The WHO-CBR matrix, which suggests that health, education, livelihood, social and empowerment are the guiding outcomes of community rehabilitation, is adopted as the assessment tool. The findings suggest that financial difficulties and the ignorance of physical rehabilitation of service users are the major challenges. With the support of various non-political agencies, CBR is concluded as an effective strategy to promote the rights of PwD.

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Introduction

The rights of people with disabilities (hereafter referred to as PwD) are founded on a human rights framework based on the United Nations Charter and the Universal Declaration of Human Rights. PwD are entitled to exercise their civil, political, social, economic and cultural rights on equal basis with others. The United Nations Convention on the Rights of Persons with Disabilities (2008) is an international agreement drawn up by states with the involvement of PwD, which affirms that they have the same rights and dignity as everyone else. Some of the examples of human rights include the right to life (Article 10), access to justice (Article 13), liberty and security of the person (Article 14), protecting the integrity of the person (Article 17), living independently and being included in the community (Article 19), personal mobility (Article 20), education (Article 24), health (Article 25), habilitation and rehabilitation (Article 26), work and employment (Article 27), participation in political and public life (Article 29), and participation in cultural life, recreation, leisure and sport (Article 30). Parties to the Convention are required to promote, protect, and ensure the full enjoyment of human rights by PwD, and ensure that they enjoy full equality under the law.

In line with the principles of the United Nations Convention on the Rights of PwD, this paper aims to discuss the extent to which the rights of PwD in mainland China are satisfied. The author refers to Article 26 of the Convention, which affirms that:

1. "State Parties shall take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life. To that end, State Parties shall organise, strengthen and extend comprehensive habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social services, in such a way that these services and programmes:
 - a. Begin at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths;
 - b. Support participation and inclusion in the community and all aspects of society, are voluntary, and are available to persons with

disabilities as close as possible to their own communities, including in rural areas.

2. State Parties shall promote the development of initial and continuing training for professionals and staff working in habilitation and rehabilitation services.
3. State Parties shall promote the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation” (Article 26, Convention on the Rights of Persons with Disabilities).

Referring to the above principles, this paper focuses on the rights of people who were disabled by the earthquake in Sichuan, Western China, in 2008. An evaluative research on the effectiveness of the Resource Centre co-established by a Non-Governmental Organization in Hong Kong (hereafter refer to HKNGO) and a provincial hospital in Sichuan has just been completed. The Resource Centre initiated a range of service programmes of rehabilitation for people disabled by the earthquake with reference to the community-based rehabilitation (CBR) approach. The key directions of programme evaluation were: to what extent did people disabled by the earthquake have equal access of rights in the community following this CBR strategy? Could they be socially included in the community? What are the challenges of exercising the basic human rights for PwD in Sichuan?

Community-based Rehabilitation for People with Disabilities – WHO-CBR Matrix

The CBR intervention model based on the World Health Organization’s Community-Based Rehabilitation (WHO-CBR) matrix is adopted as the guiding framework of the research as elaborated below. The WHO-CBR matrix suggests that health, education, livelihood, social aspects and empowerment are core components guiding the areas of work and activities, and assisting service planners in screening for gaps in services. According to WHO, rehabilitation does not merely refer to physical recovery, but the creation of an environment of understanding and inclusion for PwD. Table 1 provides a summary of the five components of the CBR matrix.

Table 13.1: Components of the CBR matrix (as defined by WHO)

Major components	Relevant sub-components				
Health	Promotion	Prevention	Medical care	Rehabilitation	Assistive devices
Education	Early childhood	Primary	Secondary and higher	Non-formal	Life-long learning
Livelihood	Skills development	Self-employment	Financial services	Wage employment	Social protection
Social	Relationships, marriage and family	Personal assistance	Culture and arts	Recreation and leisure and sports	Access to justice
Empowerment	Communication	Social mobilization	Political participation	Self-help groups	Disabled people's organisations

(Source: <http://www.who.int/disabilities/cbr/matrix/en/>)

The ultimate goal of CBR is community integration, which refers to the opportunity to live in the community and be valued for one's uniqueness and abilities, like everyone else (Salzer, 2006). It is regarded as the right for all people. Community integration can be expressed in terms of

- physical integration – participation in activities, and use of goods and services in the community;
- social integration – interaction with community members and establishment of social networks;
- psychological integration – the sense of belonging, and community membership.

The achievement of community integration requires a joint effort of PwD and citizens in the community: if PwD are ready to lead a normal life in the community but citizens in the community reject them, or if citizens in the community accept PwD but the latter refuse to lead a communal life, community integration will certainly fail.

The WHO-CBR matrix assumes empowerment and capacity building in the five core components of life, as indicated in the table above. Simple descriptions of empowerment include: having a say and being listened to, self-empowering, having decision-making powers, having control or gaining further control, being free, independent, being capable of fighting

for one's rights, and being recognized and respected as equal citizens and human beings with significant contributions to the community (WHO, CBR Guideline). As to capacity building, various approaches have addressed this term in slightly different ways. One of the approaches is that it occurs at individual, organizational and community levels (Chaskin, 2001; Chinman *et al.*, 2005; Alfonso *et al.*, 2008). By informal social interaction or formal institutional mobilization within a community, the disadvantaged groups feel empowered and thus are able to overcome the grief and distress they have experienced. The goal is to focus on developing individual capacity and collective efficacy for recovery. By empowerment and capacity building, the rights of PwD are assumed to be fully exercised.

Aims of the Study and Relevant Questions

The research aims to study the extent to which the rights of PwD can be fully achieved in Sichuan, China. The entry point of study starts with the effectiveness of CBR in post-earthquake regions in Sichuan, by analysing the perspectives of the service users, cooperative partners and co-organizers. This would enable the researcher to be better able to answer the following core questions:

- Is CBR a relevant model for rehabilitation after great trauma in a region (in this study, the post-earthquake period)? In what ways it is relevant?
- What are the lessons learnt during the practice of CBR? What are the major challenges of practising CBR in China?
- In what ways does CBR contribute to an enhancement of equal opportunities among disadvantaged groups and help to achieve community integration?

Setting the Scene

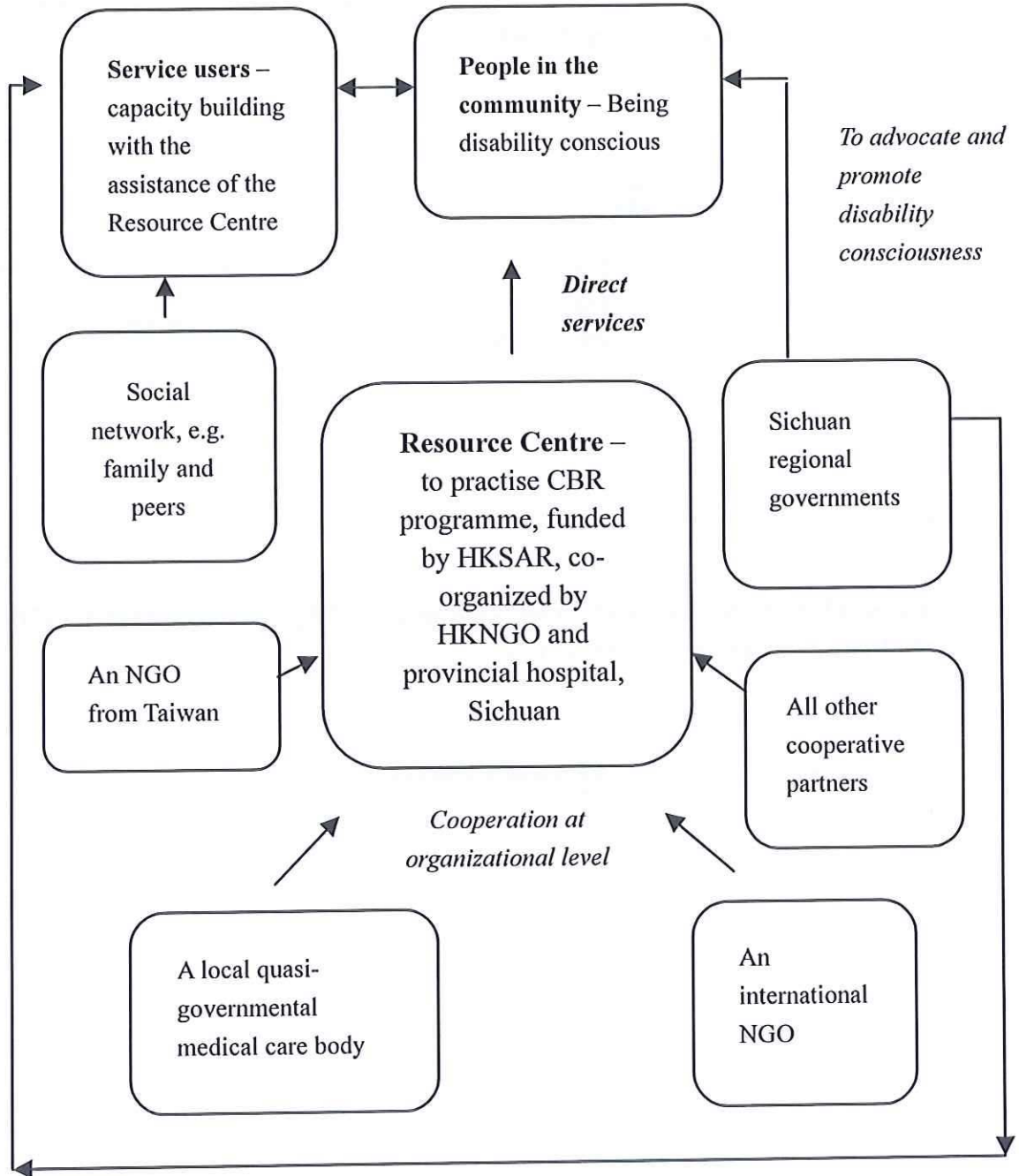
Sichuan, a province in Western China, experienced a disastrous earthquake on 12 May 2008. According to the Ministry of Civil Affairs of the People's Republic of China, up to 18 September 2008, 69,227 people were killed, 374,643 were injured and 17,824 were missing. Support from the Hong Kong Special Administrative Region, Sichuan Provincial People's Government, the HKNGO and a provincial hospital in Sichuan allowed a

Resource Centre to be set up in February 2009. The Resource Centre aims to provide consultation for clinical rehabilitation and training in self-management and livelihood skills to people disabled by the earthquake. The ultimate goal is the empowerment, capacity building and community integration of PwD.

The Resource Centre has established quite a number of partnerships with other local institutions/NGOs. The partnership is basically in a form of co-organizing activities and sharing the venue of activities with local NGOs and governmental organizations. The idea of partnership is based on the premise that by sharing resources with other institutions, once the Resource Centre needs to leave the community (perhaps as a result of the lack of project funding), these local NGOs and governmental organizations will be able to continue with the development of local capacity. This is a way to aggregate material resources on an associational level for establishing and strengthening individual capacity. The partnership also enables the HKNGO to localize its services effectively as a result of the cultural transfer of local partners.

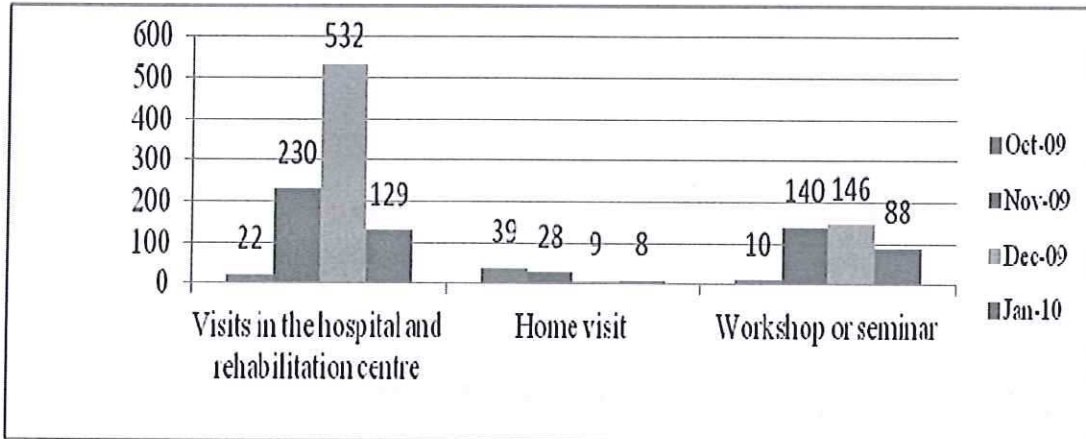
The following diagram summarizes the role of the Resource Centre in the practice of CBR in earthquake regions, and highlights the relationship between the Resource Centre and different organisations.

Figure 13.1: Cooperation of different parties for the practice of CBR



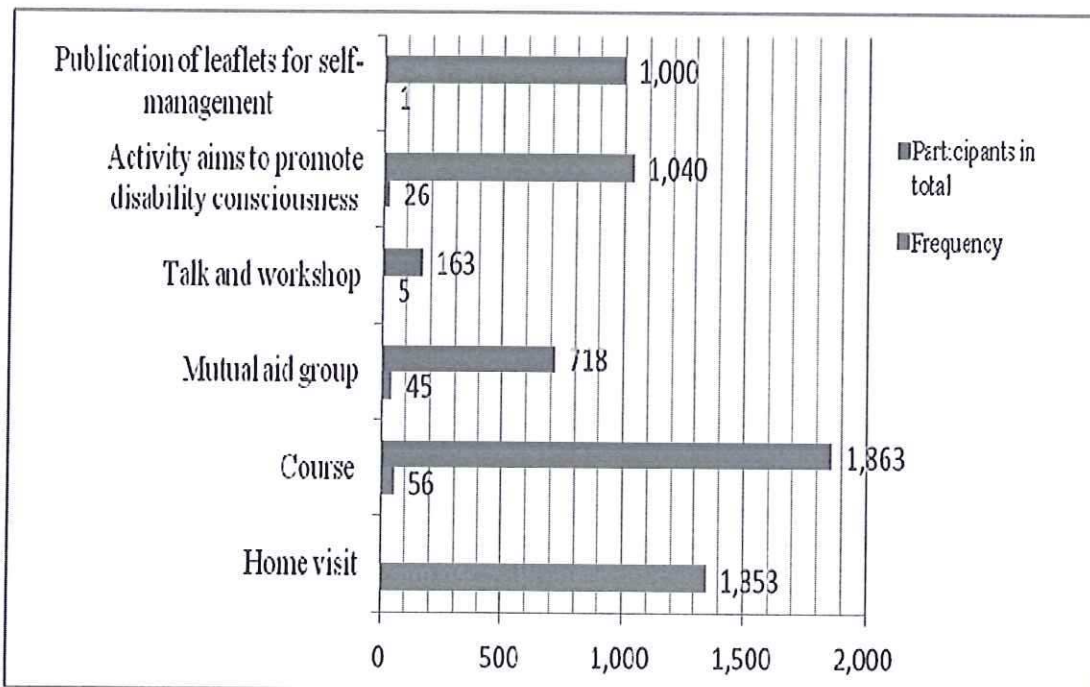
To design and implement health-related and rehabilitation policies

Table 13.2: Number of Individuals benefiting from Rehabilitation Therapy Services rendered by members of the Resource Centre (October 2009 to January 2010)



(Source: HKNGO)

Table 13.3: Activities and Programs initiated by the Resource Centre (February 2010 to March 2011)¹



(Source: HKNGO)

After months of establishing a collaborative network with local institutions, the Resource Centre started its intervention programmes in May 2008 (with funds raised by the Society). In early 2009, the Centre had further launched its rehabilitation therapy and community building services in five communities that had been heavily struck by the Sichuan earthquake. These initiatives aimed to achieve integration of disadvantaged groups to bring about an inclusive and socially cohesive community ultimately. The services offered by the Resource Centre are summarized in Tables 2 and 3.

Research Design

This paper focuses on the qualitative part of the research. Qualitative methods help to find out the meanings, contributions and challenges of the intervention programme from different parties in greater detail. Qualitative methods are the best research methods to achieve answers to the list of questions raised above. These methods provide a rich source of data which emerge from the daily life experiences of the service users. The researcher intended to assess effectiveness, which includes achievements and challenges of service users and cooperative parties of community rehabilitation in post-earthquake Sichuan. Such information is beyond the scope of a survey in which the respondent is asked, for example, to tick yes or no, agree or disagree, or rate a statement on a 1- to 5-point scale. Above all, the researcher needed rich sources of information to assess the effectiveness of the CBR model and expect to derive finer details from the interviewees. The researcher conducted semi-structured interviews with three categories of persons, viz., service users, collaborative partners and co-organizers.

(a) Service Users

In each community, the researcher conducted several case studies which comprised semi-structured interviews and home visits, for people who were disabled by the earthquake in 2008. These interviewees were service users of the Resource Centre. The research team had spent a total of nine months to observe and keep a track record of the interviewees and the regions. Interviews with service users were scheduled over three different periods – August 2010, January 2011 and May 2011. A total of 15 case studies in four regions were conducted. These regions were Dujiangyang

(4 cases), Mianyang (4 cases), Chenjiaba (3 cases) and Deyang (4 cases). The case studies aimed to tap the actual needs of the service users, their abilities and capacities, their perception of disability and their willingness to participate in a community. Table 4 illustrates the details of case studies.

Table 13.4: A Summary of Data Collection Methods

Types of population	Methods of data collection	Sampling/ number of interviews	Period of data collection
Service user	Case study – home visit and semi-structured interviews	15 case studies in four regions	August 2010 – May 2011
Collaborative partner	Semi-structured interviews	3	October 2011
Co-organizer of the Resource Centre	Semi-structured interview	1	October 2011

(b) Collaborative Partners

The researcher interviewed three collaborative partners in Sichuan in October 2011. The aim was to receive their points of view towards the cooperation of the Resource Centre, the effectiveness of CBR from an organizational level and the challenges of the implementation of CBR in post-earthquake Sichuan. These interviewees represented different backgrounds of partners – a native Sichuan medical care officer, a Hong Kong social worker from an international NGO, and a Taiwanese programme manager from a NGO based in Taiwan.

(c) Co-organizer of the Resource Centre

The Resource Centre is a product of coordination between an HKNGO and a provincial hospital of Sichuan. By interviewing one of the heads of the local hospital, the researcher was able to grasp the perspective with which the organisers of the Resource Centre assess the effectiveness of the entire programme and cooperation.

Methods of Data Analysis

The researcher was accompanied by at least one native Sichuan speaker for each single interview in case it was hard to capture the exact wording of the interviewee.² The researcher jotted down detailed notes during every interview. Straight after each interview, the researcher summarized the major points that had been derived. The researcher also recorded (in MP3 format) every interview for a clearer record. Over the data analysis process, the researcher referred to the MP3 record for an accurate analysis and write-up. Since the interviews were conducted in Mandarin and/or Sichuan dialects, the researcher paid extra attention to the translation into English when writing up the report.

Research Findings

This part discusses three major perspectives of community rehabilitation in post-earthquake regions. These perspectives come from service users, collaborative partners and co-organiser.

I. Assessment of CBR by Service Users

In the following part, the researcher will illustrate the effectiveness of the CBR programme initiated by the Resource Centre by assessing whether the needs of the service users were satisfied by the programme.

(a) Meeting the Financial Need – The Development of Livelihood

Some courses which aimed to empower service users to help them to make a living eventually on their own were launched by the Resource Centre. One of the representative examples is handicraft production. The majority of women in Sichuan are very good at handicraft, ranging from cross-stitch, knitting, sewing and even shoe making. Yet, rather than making a living in times of financial difficulty – which is one of the critical sources of distress – they simply do it for nothing.

Through participating in these courses, local women were able to sell their products to the market at a sensible labour cost. These courses lasted from Monday to Friday for two months, and were open to women who were disabled by the earthquake. Participants learned some sophisticated skills to produce their own handicrafts during the workshops. These handicrafts

were sold in the market. Mrs. Zhang is one of the participants of the workshop and she managed to make a good lump sum out of her own products:

I love attending these workshops. I managed to make a living out of these products. You know what? I have earned RMB 2,600 since attending these workshops in the past two months. I will be attending the workshop again tomorrow. (Mrs. Zhang, aged 66)

During the home visit in May 2011, the researcher found that she was ready to produce more handicrafts for sale. Rather than leaving her products in the corner of her flat, she managed to transfer her skills and talents to make a living. This not only helped her to overcome the distress brought about by the loss of her home, physical functioning and mobility, but also empowered her by utilizing her skills to become more financially independent, leading to her finding a more meaningful identity.

(b) Meeting the Need for Rehabilitation Therapy – Physical Rehabilitation

The Resource Centre has initiated 1,353 home visits, 56 courses, 5 talks and workshops, and published 1,000 leaflets for self-management from February 2010 to January 2012. These talks, workshops and courses were rehabilitation-oriented, aiming to strengthen service users' physical capacity and self-management competence for attaining a better life in the future. The researcher has witnessed some impressive recoveries. For example, Mrs. Hau, aged 47, walked very awkwardly the first time the researcher met her. After active training organized by the Resource Centre on a weekly basis – the Resource Centre organized some training courses, taught by physiotherapists – she now manages to walk normally. Mrs. Hau found the physical rehabilitation training programme “very effective”. These physical rehabilitation programmes must be on-going to satisfy the pressing needs in post-earthquake communities.

(c) Meeting the Need for Searching for Personal Identity – The Adjustment to Daily Routine

Service users are trained to shop for daily necessities. They are trained to lead a normal life such as shopping in the supermarket. This would certainly help them to integrate into society on a daily life basis.

Sometimes, help is not as direct as it appears. For example, Mrs. Hau, aged 47, had injured her hips during the earthquake. She was depressed and could not work for more than 18 months. She received home visits from local practitioners and gradually became more psychologically and physically healthy. In April 2011, she got a full time job – as a chef in a kindergarten. She said, “I’ve found my life much more fulfilling”.

(d) Meeting the Need for Emotional Comfort – Mutual Support Group

The Resource Centre initiated 45 mutual aid groups with a total of 718 participants. In regions that were severely damaged by the earthquake, mutual help was particularly invaluable in that resources of all kinds could be accumulated over the process. The nature of mutual aid groups varies depending on the situation of that particular community and the characteristics of the population.

One of the most representative mutual aid groups was the *Tai Chi* Group in Chenjiaba, which started in late 2010. During each practice session, participants spent one hour on *Tai Chi* practice and another hour on emotional sharing. The researcher noticed that the shared experiences over the earthquake and the opportunity to share feelings helped service users to overcome grief and distress. One of the participants, Mr. Lo, commented on the *Tai Chi* Group:

Via the Tai Chi classes and the subsequent sharing sessions, I feel far more relieved. In the past (between the earthquake and the time he was approached by the Resource Centre), I suppressed my grief down in the bottom of my heart. But after attending the sharing sessions which followed the Tai Chi classes, I found a platform on which we, people being disabled by the earthquake, can share our experiences and feelings. It's good that we all share similar feelings and experiences. (Mr. Lo, aged 59)

A similar situation was expressed by Mr. Wang, aged 70. According to him, the sharing session after each *Tai Chi* class helped him to strengthen his psychological wellbeing very effectively:

Some people were disabled (during the earthquake) and some people lost their relatives. We all felt pessimistic. When people of these types hang out together, we found encouragement. (Mr. Wang)

Mr. Wang's words imply empowerment in a collective sense: *via* mutual encouragement and sharing, they feel empowered and emotionally strengthened. These are the sources of energy to get through grief and distress.

Initially, local practitioners arranged the *Tai Chi* meetings, but now two active participants take the lead to coordinate the meetings. According to a local practitioner, the Resource Centre aims to leave these two participants to serve as leaders of the *Tai Chi* Group in the future. So far, these mutual aid groups are successful in the sense that the leadership has been established, and participants are able to make the best of the group each time.

The researcher is not trying to say that mutual aid groups completely replace the functions of family or other social ties. Rather, it is suggested that associational membership initiated by the Resource Centre provides an alternative way to seek emotional support. Some service users have established and maintained very good relationships with their spouse and family in the pre-and post-earthquake period, and familial relationships have helped them to withstand frustrations in times of trauma. For example, Mrs. Zhu was the only family member injured during the earthquake. With the intensive emotional and material support provided by her husband, parents and sisters who live next door, she is better able to focus on her craftwork – this has helped her to become more emotionally relieved.

II. Assessment of CBR by Collaborative Partners and Co-Organizer

Based on the semi-structured interviews with three collaborative partners, the researcher found that they all assessed the cooperation in a very positive way and ascertained that they would *recommend* HKNGO to other organizations for cooperation in the future if necessary. Whereas the local quasi-governmental body highly appreciated HKNGO for clarifying the concept of community rehabilitation and the service models that were to be delivered to the disaster regions, the interviewees from an NGO of Taiwan and an international organization appreciated the way HKNGO had integrated resources in the post-earthquake regions, the commitment of staff members at different levels and the benefits derived from knowledge exchange during the cooperation.

The co-organizer of the Resource Centre, the provincial hospital in Sichuan, was also very pleased with the cooperation from the HKNGO. The localisation of the CBR model in Sichuan post-earthquake regions, the exchange of management style and expertise between the two parties, and the clarification of the concept of community rehabilitation are the great achievements attained during the cooperation. Table 5 summarizes the perspectives of the collaborative partners and co-organizer of the Resource Centre.

Table 13.5: A Summary of Experiences of Service Providers

Types of population	Problems of practising CBR with the Resource Centre	Achievements of the programme
<i>Cooperative partners</i>		
Local quasi-governmental medical care body	<ul style="list-style-type: none"> ◆ Ignorance of the concept rehabilitation had led to mis-implementation of policies, e.g., which institution should be responsible for rehabilitation? ◆ PwD are ignorant of the idea of rehabilitation 	<ul style="list-style-type: none"> ◆ Clarification of the idea of “community rehabilitation” to local population ◆ People of different regions are able to receive services though those living in urban areas are better able to receive services than those in rural areas ◆ Being able to identify what types of services to be delivered ◆ Key to success: cooperation of different organizations in society
An international NGO	<ul style="list-style-type: none"> ◆ To build up trust with service users ◆ Immature health policies and the deprivation of material resources for rehabilitation ◆ To incorporate the skills of social work from the West into the Chinese culture ◆ Social workers in China are relatively young and therefore they are not experienced enough to identify the essence of a problem ◆ Running out of manpower, i.e., social workers and rehabilitation experts 	<ul style="list-style-type: none"> ◆ Marginalization of PwD in the society is rare ◆ Resources from different sectors of the society were successfully integrated via the Resource Centre ◆ Key to success: staff members of the Resource Centre have rich experiences in community rehabilitation. They sharply and wisely identified the services to be delivered ◆ Being willing to facilitate exchange in expertise and culture between Sichuan and Hong Kong

	<ul style="list-style-type: none"> ♦ Running out of appropriate health policies, i.e., the government has relied too much on NGOs and this would threaten the sustainability of rehabilitation in Sichuan 	
An NGO from Taiwan	<ul style="list-style-type: none"> ♦ Not enough support from the Sichuan government ♦ Lack of integration of resources and coordination 	<ul style="list-style-type: none"> ♦ To learn the working style of Hong Kong ♦ Service users have a sense of being in the community ♦ Key to success: CBR is practised professionally by HKNGO ♦ Support from HKSAR government
Co-organizer		
One of the heads of the provincial hospital, Sichuan	<ul style="list-style-type: none"> ♦ To promote the concept community rehabilitation to the population and the region in general ♦ Shortage of resources especially in rural areas 	<ul style="list-style-type: none"> ♦ The hospital gets to know the international standard via the cooperation with Hong Kong ♦ Being successful to localise community rehabilitation in Sichuan ♦ Exchanging management skills and expertise ♦ Key to success: wisdom and active participation of leadership of the two teams; committed working staff members who have a sense of being professional

Discussion

Overall, the Resource Centre and the CBR programme implemented in Sichuan were successful. The researcher observed that the Resource Centre succeeded in launching intervention strategies (e.g., self-help and mutual support, self-management and home visits) and programmes (e.g., barrier-free programmes, rehabilitation therapies and training on living skills) on its own, without going through many bureaucratic barriers. *Via* case studies, it is recognized that the needs of some service users (i.e., rehabilitation, financial sufficiency, searching for personal identity and

emotional comfort) were met. This demonstrates a success in launching strategies and programmes at the community level.

Based on the semi-structured interviews with collaborative partners, the researcher found that they all assessed the cooperation in a very positive way. Whereas the interviewee from a quasi-governmental medical care body thanked HKNGO for clarifying the concept of community rehabilitation and the service models that were to be delivered to the disaster regions, the other two NGOs appreciated the way the Resource Centre had integrated resources in the post-earthquake regions, the commitment of staff members at different levels and the benefits derived from knowledge exchange during the cooperation.

Community integration is the fruit of joint efforts of PwD, citizens in the community and the ongoing support of the institutions. The researcher observed that there were some barrier-free facilities in certain schools in the communities. For example, in a school in Dujiangyan, the construction of some school buildings emphasized barrier-free consciousness. This is not only a pioneering step to promote the awareness of the rights of disability, but also provides the infrastructure for empowering the capacity of PwD. However, according to the researcher more policy advocacies and disability-friendly infrastructure are needed to help service users overcome their grievances.

Beyond the Concurrent CBR Programmes – An Assessment of the Achievement of Human Rights for PwD in Sichuan

The success of the CBR programme as indicated in the research implies the attainment of human rights of PwD in the post-earthquake communities, i.e., PwD receiving the CBR services are able to integrate, rather than being marginalised, into the society as they receive opportunities to learn, to make a living, and to lead a socially active life. Conventional recovery models assume rehabilitation prior to livelihood but it can also go the other way round. The ideal way is to transfer the skills and talents of service users to make a living. Mrs. Zhang in Dujiangyan and Mrs. Hau in Mianyang are successful examples. *Via* making a living by handicrafts and re-entering the mainstream job market, they have demonstrated confidence and a sense of meaningful engagement

in life. Neither are they marginalized in the educational sector and job market nor have they experienced deprivation from being unable to participate in society.

Nevertheless, the researcher has to admit that it would be too optimistic to assume an absolute success of the CBR programme in post-earthquake Sichuan, and thus the full access to the rights of PwD (especially the right to be integrated into the society) as indicated in the United Nations Convention on the Rights of Persons with Disabilities. The argument is two-fold: the limitations of the evaluative research, and the institutional difficulties to implement CBR in post-earthquake communities.

In terms of the limitations of the research, the researcher has to address one core insufficiency: the neglect of the views of general citizens in each community. As discussed, community integration is a collaborative effort of PwD, citizens in the community and institutional (especially governmental in the context of China) support. But the research so far has basically captured two distinctive perspectives, i.e., the improvement of life of PwD (to be more specific, those who had received the services) and the insufficient support from governmental institutions. The question arises: how about the views of citizens in the communities? Regrettably, their views are yet to be captured and the researcher believes that the next agenda is to listen to the views of citizens in general.

The researcher would argue that the success of the Resource Centre as indicated in the case studies might be a stand-alone success as there were a lot of difficulties in implementing CBR on an institutional level. The researcher will discuss this from four dimensions, i.e., the cognitive understanding of community rehabilitation, the lack of involvement of provincial government, the unequal distribution of resources between rural and urban areas, and the sustainability of the implementation of community rehabilitation.

First, the cognitive understanding of the concept of community rehabilitation is still immature in Sichuan. The concept of community rehabilitation is very fresh to many service users and even the post-earthquake government healthcare units. Although the Resource Centre has made tremendous efforts to localise and implement community rehabilitation, there needs to be more promotion of this concept initiated by the healthcare units. The establishment of rehabilitation units in the

hospital is also essential. Without the precise recognition of the significance of community rehabilitation, the effect of community integration among PwD is limited.

Second, perhaps as a result of the ignorance of the concept of community rehabilitation, there is a lack of appropriate and efficient health policies to cater for people who were disabled by the earthquake. The collaborative partners of the Resource Centre told the researcher that there is a lack of integration of resources in the disaster regions, and the regional government seems to rely very much on the NGOs. But it would be much more effective if the work of the NGOs could be accompanied by government policies – the state apparatus is always more effective than an NGO to solve a big problem like the reconstruction of a post-earthquake region. Leadership and management style determine the results of CBR.

Third, the accessibility of resources and information between urban and rural areas in Sichuan differs – people in urban areas have easier access to resources than those in rural areas, which are remote and loosely scattered. It is difficult to practise CBR in rural areas and thus frontline practitioners need to make extra efforts (e.g., time for transportation and strategy adjustments for implementing CBR) to take care of each identified service user. The *Tai Chi* Group in Chenjiaba is a distinctive model of practising CBR in the rural area. But the unequal distribution of resources between rural and urban areas implies the potentially unequal access to the basic rights of PwD in these two areas.

Fourth, the issue of sustainability of CBR practised in the post-disaster regions is always questionable. For any reason, once an NGO retreats from the service area the medication and services received by service users will be halted. For example, Mrs. Xiang in Mianyang had been receiving regular medical services (once or twice a month) from a voluntary association but unfortunately it shut down in early 2011. Now, she fails to turn to anybody for help (partly because she cannot afford to go to the clinic), but keeps consuming painkillers. The insufficiency of medical consultation would certainly worsen her physical situation.

So this leads to an inevitable question: once the Resource Centre withdraws as a result of lack of funding, for example, how can community development be sustained, and who will carry out the development? The researcher believes that decentralization and collaboration with other local

institutions/NGOs can be a way out. Indeed, such strategy has been practised in some communities already. For example, the Resource Centre in Dujiangyan has established diversified collaborative partnerships with some local institutions. This helps to leave the responsibilities to locality in the future in view of the withdrawal of the Resource Centre.

Another issue that relates to sustainability is manpower and responsibility. There are two issues here. First, will there be sufficient staff members who are persistent enough to get involved in CBR thereafter? Second, in relation to the previous paragraph, which unit should be responsible for CBR thereafter? Would that be the responsibility of regional government, the quasi-governmental healthcare body or NGOs? So far, as suggested by collaborative partners, the government relies on NGOs but would that be a sustainable solution in Sichuan post-earthquake areas or in China in general? Perhaps a collaboration of these different types of institutions is essential – whereas local government would be responsible for policy making which provides a general direction to frontline practitioners such as medical staff members and therapists, NGOs would use their expertise in community rehabilitation so that bureaucratic barriers could be bypassed and rehabilitation could genuinely be practised at the community level with the assistance of NGOs.

Conclusion

In summary, although the CBR programme delivered by the Resource Centre succeeded to bring about positive impacts to people disabled by the earthquake in Sichuan, the researcher can only draw the conclusion to the extent that the Resource Centre enabled the achievement of human rights of PwD in some areas of life, such as the right to life (Article 10), health (Article 25) and work and employment (Article 27). The researcher is yet to draw the conclusion on whether the service users could live independently and be included in the community (Article 19), as the research has yet to investigate the perspectives of the citizens in the communities.

This paper also suggests that the achievement of human rights for PwD needs institutional support, especially by those at the governmental level (be they central, provincial or regional). So far, the researcher has recognized that community rehabilitation, which eventually leads to the

achievement of rights of PwD, is primarily practised by NGOs, which may encounter the problem of sustainability. Although a quasi-governmental body has participated, much more effort is needed in this direction. In China, where policies are designed and delivered in a top-down approach, without the solid support from the government, it would be ineffective to practise community rehabilitation and eventually to realize the rights of PwD. Community rehabilitation services delivered by NGOs might then be reduced to a charitable level and the services could only be received by a small group of relatively fortunate clients. The rights of PwD in Sichuan need further achievement.

Notes

¹ The intervention is ongoing until January 2012 and the researcher managed to receive data provided by the Resource Centre dated in March 2011.

² Sometimes the researcher found it difficult listening to colloquial Sichuan dialects. This was particularly the case when the researcher interviewed elderly people in rural areas.

Further Reading

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