

Impact of a community-based inclusive development model in Laos

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ABSTRACT

A community-based inclusive development (CBID) model in Laos implemented services related to health, rehabilitation and assistive technology (AT), livelihoods and social and behavioral change in the community towards persons with disabilities in two districts. An evaluation was undertaken at the end of the project to investigate the impact of the CBID model on access to services and community participation for persons with disabilities compared to those without disabilities. A mixed methods study was undertaken. Improved outcomes in health and rehabilitation including the use of assistive products were identified. Income generation activities significantly contributed to improved finances of the families. Improved knowledge, attitudes, and practices towards disability in the community were identified. Sustainability of changes in the community and improved outcomes for persons with disabilities is critical. Strategies are needed to ensure continued support and ownership of the local governments and communities. Background: The USAID Okard Activity aims to improve the independent living and functional ability of persons with disabilities in Lao PDR. Phase I of the Activity was implemented between October 2018 and September 2023. A key component of the Activity is a Community-Based Inclusive Development (CBID) demonstration model implemented in two target districts - Kham District in Xieng Khouang Province and Xayphouthong District in Savannakhet Province in Phase I. The key interventions provided through the CBID model included health, rehabilitation and assistive technology (AT), livelihoods and social and behavioral change in the community towards persons with disabilities. At the end of Phase I, an evaluation was undertaken to investigate the impact of the CBID model on access to services and community participation for persons with disabilities compared to those without disabilities. Further, whether there was any change in community knowledge, attitudes and practices with respect to disability was assessed. Methods: A mixed methods study was undertaken using quantitative and qualitative data collection methods. Of the total 720 participants in both districts, 180 cases (people with disabilities) and 180 controls (people without disabilities) from each district were recruited for the quantitative survey. Qualitative data was collected using 20 focus group discussions with key government officials, community members with and without disabilities, village leaders, and CBID staff in each district. Results: Access to health, and rehabilitation including assistive products reportedly improved for persons with disabilities through the CBID demonstration model. However, systemic challenges related to limited-service availability, distance and transport still need to be addressed. Improved household income and productivity of persons with disabilities were achieved following the income generation activities implemented through the CBID project. These outcomes were speculated to have influenced the shift towards positive attitudes towards persons with disabilities in the communities. Persons with disabilities are increasingly participating in community activities. However, persons with mobility, sensory, psychosocial and intellectual disabilities still experienced limited community participation. Improved knowledge, attitudes, and practices towards disability in the community were identified. Conclusion: People with disabilities experienced improved outcomes on access to services and participation in the community following interventions from the CBID demonstration model. Sustainability of changes in the community and improved outcomes for persons with disabilities is critical. Strategies are needed to ensure continued support and ownership of the local governments and communities.