



COMPREHENSIVE REHABILITATION SERVICES FOR THE DISABLED THROUGH CBR- THE COMMUNITY BASED MODEL .

KEYWORDS

Community Based Rehabilitation, People with Disability, Utilization

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ABSTRACT

The paper examines the role and impact of Community Based Rehabilitation (CBR) on Persons' with Disabilities (PWD). People with disabilities (PWD) include those who have long-term physical, mental, intellectual or sensory impairments resulting from any physical or mental health conditions which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others. Meaning, objectives and benefits of CBR were discussed, challenges of effective CBR for PWD. Recommendations were made on how to effectively utilize CBR for the benefits of PWD.

INTRODUCTION

Disability is an umbrella term for impairments, activity limitations, and participation restrictions, denoting the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors) (WHO 2011; WHO 2001). People with disabilities (PWD) therefore include those who have long-term physical, mental, intellectual or sensory impairments resulting from any physical or mental health conditions which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others (UN 2008). This view of disability is therefore an expansion beyond the traditional view, which focused on impairments only.

The World Disability Report estimates that there are over one billion people with disabilities in the world, of whom between 110-150 million experience very significant difficulties (WHO 2011). This corresponds to about 15% of the world's population, and is higher than previous World Health Organization's (WHO) estimates. These figures therefore suggest an increase in the prevalence of disability, potentially due to population ageing and the rise in chronic conditions. However, the data underlying these estimates is sparse making it difficult to gauge trends over time or their causes. It is widely reported that PWD are excluded from education, health, and employment and other aspects of society and that this can potentially lead to or exacerbate poverty (WHO 2011). This exclusion is contrary to the essence of the United Nations (UN) Convention on the Rights of Persons with Disabilities, which is an international human rights instrument of the UN intended to protect the rights and dignities of PWD (UN 2008). This Convention calls upon all countries to respect and ensure the equal rights and participation of all PWD to education, health care, employment and inclusion in all aspects of society. The text was adopted by the UN General Assembly in 2006, and came into force in 2008. By April 2012, it had 153 signatories and 112 parties. Effective interventions therefore need to be identified that will enhance participation in society by PWD and thereby enforce the convention.

The UN Convention states that comprehensive rehabilitation services including health, employment, education and social services are needed 'to enable PWD to attain and maintain maximum independence, full physical, mental, social and

vocational ability, and full inclusion and participation in all aspects of life' (UN 2008). A range of interventions can be made available to PWD, extending from purely medical (e.g. hospital treatments) to exclusively social (e.g. inclusion in family events). Comprehensive rehabilitation services may be preferred to isolated interventions, given the recommendation of the UN convention and the wide range of needs of PWD to enable participation.

Community-based rehabilitation (CBR) is the strategy endorsed by WHO (WHO 2010a) for general community development for the rehabilitation, poverty reduction, equalization of opportunities, and social inclusion of all PWD. The concept was firstly introduced in an unpublished WHO report in 1976 (WHO 1976; Finkenflugel 2004) as a promising strategy to provide rehabilitation for people with disability in developing countries and part of the broader goal of reach 'Health for All by the year 2000' (WHO 1978). Since the first training manual published in 1980 (Helander 1980) and updated in 1989 (Helander 1989), the concept has evolved to become a multi-sectoral strategy. CBR is implemented through the combined efforts of PWD themselves, their families and communities, and the relevant governmental and non-governmental health, educational, vocational, social and other services. CBR is delivered within the community using predominantly local resources.

The CBR matrix (WHO 2010a) provides a basic framework for CBR programmes. It highlights the need to target rehabilitation at different aspects of life including the five key components: health, education, livelihood, social, and empowerment. Each component consists in five elements where the different activities are classified. A CBR programme is formed by one or more activities in one or more of the five components. Thus, a CBR programme is not expected to implement every component of the CBR matrix, and not all PWD require assistance in each component of the matrix. However, a CBR programme should be developed in partnership with PWD to best meet local needs, priorities and resources.

The CBR guidelines were launched in October 2010 to provide further direction on how CBR programmes should be developed and implemented (WHO 2010a). Although CBR is currently implemented in over 90 countries, in reality only 2% of PWD are estimated to have access even to basic health and rehabilitation services (Meikle 2002). The scaling up of CBR is

therefore urgently needed, but there is also a need for a stronger evidence base on the efficacy and effectiveness of CBR programs (Finkenflugel 2005; Hartley 2009; WHO 2011) to support the expansion in coverage of CBR.5 The Campbell Collaboration | www.campbellcollaboration.org

1.3 HOW THE INTERVENTION MIGHT WORK

A health condition may lead to an impairment, which could restrict full participation in aspects of society, thus resulting in disability. Providing CBR may reduce some of the consequences of the impairment, by facilitating participation by PWD in the domains of health, education, livelihood, social activities, and empowerment. CBR could therefore range from providing assistive devices in the community to increase mobility, to coordinating with local schools to ensure inclusion of children with disability, offering vocational rehabilitation to increase wage employment, family counselling to improve relationships, and the establishment of self-help groups to improve political participation. The outcomes of CBR will therefore vary depending on the targets of specific programmes, but could include improving social participation, clinical outcome and quality of life among PWD.

Studies show that when resources available in the community are tapped into and used for the integration of the persons with disability into the community it is beneficial to them, regardless of the degree of handicap condition. Comprehensive rehabilitation services may be preferred to isolated interventions, given the recommendations of the UN convention and the wide range of needs of PWD to enable participation in the UN stated stipulated comprehensive rehabilitation services which includes health, employment, education and social services which are needed to enable PWD to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life' (UN, 2008). A range of interventions can be made available to PWD, extending from purely medical (e.g. hospital treatments) to exclusively social (e.g. inclusion in family events).

The response of the societies to the provision of services such as education, health, transport, employment, and rehabilitation for persons with disabilities varies depending on the level of development and enlightenment.

The life pattern of the PWD in developed countries, is that of a productive member of the society, satisfaction based on acceptance through positive attitude towards them (Agarwal & Sharma, 2002) while those in developing nations such as Nigeria are yet to find a place in the mainstream of social life, away from the usual occupation of begging, due to low school enrolment coupled with ignorance of what they can contribute to the society. Accessibility to services by persons with disabilities continues to be a major challenge in all parts of the world, but especially in developing countries. Policies have been adapted to safeguard and improve their lives, and programmes develop for purpose of integrating PWD into useful member of the community such as Community Based Rehabilitation (CBR). In spite of legislative measures being put in place in developing countries so as to give opportunities to persons with special needs including those with physical disabilities to have full participation and equal opportunities especially in the field of health, education and employment, is still a distant dream because the social and physical environment is still designed without considering the special need persons especially the physically challenged. Physical obstacles and social barriers prevent these people from participating in community and social life.

Community Based Rehabilitation (CBR)

Community Based Rehabilitation (CBR) is a philosophy of the empowerment of the people with disability with the active efforts of the local communities. CBR is a strategy within general community development for rehabilitation, equalization of opportunities and social inclusion of all children and adults with disabilities. WHO provides a general definition of CBR as the measures taken at the community level to use and build on the resources of the community, including disabled persons themselves, their families, and their community as a whole (Report of WHO Expert Committee on Disability, 1981, in Dalal, 2006). The basic concept of CBR is on decentralising responsibility and resources, both human and financial, to community level organizations. CBR is implemented through the combined efforts of people with physical disabilities themselves, their families and communities, and the appropriate health, education, vocational and social services. According to WHO (2014) CBR focuses on enhancing the quality of life for people with disabilities and their families; meeting basic needs; and ensuring inclusion and participation. It is a multi-sectoral strategy that empowers persons with disabilities to access and benefit from education, employment, health, livelihood and social services. A CBR programme is developed by one or more activities in one or more of the five components education, employment, health, livelihood and social services although the programme is not expected to implement every component at a specific implementation of the CBR matrix, and not all PWD will need assistance in each component of the matrix but, however, a CBR programme should be developed in partnership with PWD to best meet local needs, priorities and resources (lemmi, Kumar, Blanchet, Hartley, Murthy, Patel, Weber, Wormald & Kuper, 2012). CBR models are based on a collaborative relationship between the Health Professional, Community Based Workers and the broader community. CBR aims at providing equalization of opportunities by addressing emotional issues affecting the individual. This is especially true in situations where physical damage was accompanied or followed by emotional trauma.

In situations of this nature, the rehabilitation process often involves counselling with a qualified therapist as well as physical retraining. The patient may engage in therapy on a one-on-one basis with the therapist, or be part of a group therapy arrangement that allows him or her to interact with other people facing similar challenges.

Peters (2003) noted that advocates of special education have suggested the adoption of CBR, because in this type of rehabilitation programme the family is the primary trainer while the community as a whole can be mobilized for support, as an alternative to formal schooling.

Objectives of Community Based Rehabilitation

Some of the objectives of CBR according to Dutch Coalition on Disability and Development (2007) are:

- CBR programmes try to include persons with disabilities in mainstream services and activities, rather than developing separate facilities for them. These programmes facilitate equal opportunities for access to education, employment, health care, etc. This may require special efforts being made by the government, the community, or the CBR programme, but the primary objective is that persons with disabilities should participate in society in the same way as everybody else does.
- CBR does not use a campaigning or a short-term project approach. Many persons with disabilities have needs which will exist for life, e.g. for a wheelchair or other aid. Long-term services are therefore needed. CBR programmes should work on the sustainability of these services by capacity

building, local fund raising and the use of low-cost, appropriate technology.

- CBR is typically oriented towards achieving optimal functioning, quality of life, and community integration. As would be expected, CBR does not typically address early impairment or disability in the acute stages of injury or illness, but assists people whose impairments and disabilities require long term rehabilitation and care (Kuipers & Doig, 2010). Other benefits of CBR identified by Frame Project (2012) Ensure possibility the work of disabilities persons and enhance their mental and physical abilities and reach to usual services and equal opportunities and Contribute positively to the development of their communities.

- Enabled communities to promote the rights of disabilities persons and

protect it by changing the communities themselves to remove barriers and obstacles that disrupt participation.

Benefits of CBR

CBR reduces barriers for participation of the physically-challenged in different activities, without neglecting the goals of the components of health, education, livelihood, social and empowerment. CBR has many benefits particularly in remote and rural practice settings. For communities, CBR increases the accessibility of rehabilitation and therapy services for clients and these models increase the services available to people living in rural and remote areas and allow clients to stay in their communities when receiving therapy services (National Rural and Remote Support Services (NRRSS), 2014). CBR programmes are considered fundamental in improving the wellbeing of people with disabilities, and for fostering their participation in the community and society at large (Cornielje, 2009; Sharma, 2007), and the most cost-effective approach to improve the wellbeing of people with disabilities, in comparison with care in hospitals or rehabilitation centres (Mitchell, 1999).

It socially integrates PWD and community because it is a programme developed based on the need of the community. For example: Assessing changes in community attitude towards the disabled and mobilizing community resources to support and help them. According to NRRSS,

(2014) the community development orientation of CBR built on community capacity on both the individual and community level. At the individual level, CBR models facilitate the training and employment of Community Based Workers, increasing the skills, income, and employability of local community members. At a community level the collaborative relationship between communities and health services empowers communities and develops leadership. It increases the service coverage area for the clinician that can be achieved and also reduces the frequency of travel to communities, and as a consequence saves time and money. Khanzada and Kamran (2012) identifies benefits of CBR as

- CBR is a multi-disciplinary program that creates positive attitudes and provides functional rehabilitation services, i.e., physical therapy, occupational therapy, psychology, mobility training, special education which also creates micro and macro income generation program for the people with disability and makes them independent members in the society.
- Community-based rehabilitation also transfers knowledge about disabilities and skills in rehabilitation to the disabled and is cheaper than the institute based rehabilitation and therefore, has the potential to reach all disabled people, not

just a selected few that also train disabled to cope, directly from their environment: How they will live in society? How will they use the resources that are locally available?

Challenges of CBR

Successful implementation of CBR is faced with different challenge some such as:

Infrastructure

The development of a separate infrastructure only for CBR will be too costly and it would take too long for it to take off. There is challenge in committing new resources into the community, coordinating and incorporating it into the existing community infrastructure and hence the inclusion of CBR into existing development structures. The situation in Nigeria is such that the provision of infrastructure for rehabilitation is not readily available and where they are available they are dilapidated or inadequate for the users of such infrastructures.

Gender Discrimination

A major challenge of CBR programme is how to respond to sexual issues due to gender discrimination faced by women especially in developing countries where women are seen as good for majorly home keeping, warming of their partner's bed and raising children. What access do disabled women have to antenatal care and information? To what extent are they included in HIV programmes? How best, can they be included? The answer provided to the questions will go a long way in enabling women have access to the programme. Although disability leads to segregation of both men and women, women with disabilities face certain unique disadvantages, such as difficulties in performing traditional gender roles, participating in community life, and accessing rehabilitation services which are dominated by male service providers (Thomas, 2001).

Sustainability

Sustainability of the CBR remains a challenge because of problem of funding required for implementation as well as inconsistency in government policy from time to time in Nigeria. Most of the responsibilities for sustainability of CBR, depends on the institutions of disabled peoples' organizations (DPOs). However, these organizations are fragile with low self-esteem and lack the wider community support due to the self-concept members of such organizations have about themselves. There is need to emphasize capacity building of these organizations through training in leadership, small enterprise development, organization and management,

communication and advocacy skills and linkage with other established organizations. The organization and management of good CBR Programs is complex and difficult, in countries where people often have no tradition of formal management and handling funds.

Problem of Collaboration and networking

There is problem collaboration, sharing and networking among various bodies charged with the responsibilities of providing CBR because bureaucracy on the part of those involved in providing rehabilitation services, the effect is that plans to expand CBR so as to be able to meet the needs of PWD effectively and implement new ideas that will bring about attaining set objectives of the programme is hampered. Progress can be accomplished with capacity building, funding proper project designing that will be required for emerging projects while reassessment of the work already done is also important.

High level of illiteracy

Highly educated workers don't like to go into the field and may find it hard to communicate well with persons with disability who are often uneducated or undereducated. Illiteracy is common among people with disabilities. This affects members' ability to conceptualize their own issues and leads to a feeling of worthlessness. Front-line CBR is a low-profile job, which gives no additional social status to people already having higher education. These factors influence the kind, level (Geert, 2001).

Inadequate and Inappropriate training of personnel

Inadequate training of personnel in CBR provides the biggest challenge in providing family/community-oriented services. CBR content and methodology need to be strengthened in the education of all disciplines of extension workers. There is need for intensive advocacy and influencing of curricula development at the central levels and provision of training opportunities, for those working at the community levels.

Conclusion

Adequate attention and resources should be allocated making CBR operate more effectively which can be used to the advantage of PWD and their families. It must be noted that participation of PWD in the process of planning the programme will go a long way in determining successful implementation of the programme, adequate awareness should be created on the role that is expected to be played by stakeholder in cause of carrying out the programme.

Recommendations

- It is important that PWD should remain within their own communities where there can easily get necessary support to develop their potentials based on the need of the community;
- The process of decision-making should involve PWD at all levels, both in general community affairs and in matters that particularly concern them as people with disabilities since they are the ones that will benefit from the CBR programme;
- Assistance should be given to PWD from the community member without resorting to begging
- They should be encouraged to participate actively in the general social and economic development of society, and their needs should be included in national planning.
- They should also have adequate opportunity to contribute to national development.

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