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Concept of CBR

- It is a **strategy, coordinated approach** and not a mystique/magic
- It is not a **substitute** but **complimentary to institutional approach.**
- It is a **way of thinking** and not a dogma.
- It is a **concept, an ideology** and a **decentralized approach** to rehabilitation service delivery.

- To understand CBR, it is essential to define and explain the three terms:

1. Community

2. Based

3. Rehabilitation

2.1. Community

- 1.1 E. Helander's (1992) Definition :
- "A community consists of **people living together** in some form of social organization and cohesion.
- Its members share in **varying degrees political, economic, social and cultural characteristics, as well as interests and aspirations, including health.**

CBR Working Group (1997) Definition

- “In the CBR context, community means a group of people with common interests who interact with each other on a regular basis; and/or a geographical, social or government administrative unit”.

CAHD (Approaches to Handicap in Development) Definition (2001)

- Douglas Krefting, author of “Understanding Community (CAHD)” considers
- Community as “People, their families and the organizations that influence their daily lives.”

Cont...

- A community is a sub-set of society but larger than a family.
- It constitutes a group of people, living together in social association, harmony and understanding.
- The existence, involvement, co-operation, interest and participation of the members of community influences survival, progress, development and welfare of the individual, directly or indirectly.

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- This group of individuals generally has a common goal, common causes and develops a sense of belonging.
- They share their views on their political, cultural, economical and social ideology with each other.

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- Community, in general, comprises of family members, neighbors, friends, co-workers, reference groups or opinion leaders, local administrative authorities, local transport authorities, postman, school teacher, village headman, local revenue officials, nearby shopkeeper, local development agencies, local welfare agencies, and other such people or officials.

2.2. Based

- The term “based” signifies that **rehabilitation and integration of the disadvantaged individuals is the responsibility of the family and community.**
- It is essential that community realizes that all the human beings are of **equal worth and are entitled to equal rights, privileges and responsibilities.**

2.3. Rehabilitation

- Rehabilitation is to “return or restore to previous state or condition”.
- Rehabilitation signifies restoring any individual to social, functional, economic status he/he enjoyed before the onslaught of impairment.
- It refers to all the measures, which need to be taken to bring the individual to her/his functional capabilities which he possessed before his impairment.

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- Habilitation refers to a process aimed at helping people with disabilities to attain, keep or improve skills and functioning for daily living; its services include physical, occupational, and speech-language therapy, various treatments related to pain management, and audiology and other services that are offered in both hospital and outpatient locations.

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- Rehabilitation refers to **regaining skills, abilities, or knowledge** that may have been lost or compromised as a result of acquiring a disability or due to a change in one's disability or circumstances.
- Habilitation and Rehabilitation “**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.**”

ILO's Definition

- “Rehabilitation involves the combined and coordinated use of **medical, social, educational and vocational measures** for training or retraining the individual to the highest possible level of functional ability”.
- Rehabilitation in this wider sense involves a number of **separate disciplines and different services: medical, social, and educational.**

Sight Savers International's Definition

- “Rehabilitation is a **need-based, goal oriented, time limited** process of providing with the **knowledge and skills required**, together with the requisite special equipment and training in the use of that equipment, within an individually appropriate time frame, thus empowering him to change his life and to participate actively in his family and community to the fullest extent possible”.

E. Helander's Definition

- “Rehabilitation includes all measures aimed at reducing the impact of disability for an individual, enabling him or her to achieve independence, social integration, a better quality of life and self-actualization”.
- Rehabilitation thus includes not only the training of persons with disabilities but also intervention in the general systems of society, adaptations of the environment and protection of human rights.

“Rehabilitation” (Kumar, 1997);

- **Early detection, diagnosis and intervention.**
- **Medical rehabilitation** i.e. cure of curable disability and lessening the disability to the extent possible
- **Social, psychological and other types of counselling and assistance.**
- **Training in self-care activities** including mobility, communication and daily living skills with special provisions as needed,

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- Provision of technical, mobility and other devices.
- Specialized education services.
- Vocational rehabilitation services including vocational guidance, vocational training, open placement and self employment etc.
- Providing all the available concessions, benefits, guidance and counselling.
- Follow up.

Definition of CBR

- When the term CBR is imparting training and providing services to the individual in community itself with the active participation of the family and the community leading to comprehensive rehabilitation.

WHO Definition of CBR

- CBR as part of the “Health for All” campaign.
- It entails acceptance of two important principles that:
 1. It is more important to bring about even **small improvements** among the entire population than to provide the **highest standard of care** for a privileged few;
 2. **Non-professionals, with limited training, could provide crucial services.**

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- It defined CBR as:
- “CBR involves measures taken at the community level to use and build on the resources of the community, including the impaired, disabled and the handicapped persons themselves, their families and their community as a whole”.

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- The WHO model of CBR has had a “impairment” bias, focusing largely on the transference of basic rehabilitation technique to community level workers, disabled people and their families.
- Over time, definition of CBR have shifted away from an impairment based focus towards “community development.” (Chalker & Wirz, 1999)

WHO, ILO and UNESCO Position Paper on CBR(1994)

- “CBR is a strategy within community development for the **rehabilitation, equalization of opportunities and social integration of all people with disabilities.**
- CBR is implemented through the combined efforts of **people with disabilities themselves, their families and communities, and the appropriate health education, vocational and social services.”**

Modification of the Definition

- CBR from being strictly seen as the umbrella of primary health services and moves towards encompassing other sectors of community services.

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- CBR should be:
- cost effective, low cost, individual need-based and result oriented.
- result into the complete integration of the individual into community.

Helander's Description

- “CBR is a strategy for enhancing the **quality of life of disabled people** by improving service delivery, by providing more **equitable opportunities** and by promoting and protecting their human rights”.

SPASTN Definition :

- The Southern Region Seminar on CBR convened by the Spastics Society of Tamil Nadu (SPASTN) evolved a definition on CBR:
- “CBR is a process to bring about a transformation in the community (change in attitude, knowledge and skills), to enable the community members to have a clear understanding of disability services (medical, preventive, psychological, economic, socio-cultural, educational etc.) and to improve the overall quality of life of persons with disabilities.”

Community Based Rehabilitation Development and Training Centre (CBRDTC)

- **Change community behaviors** (attitudes, knowledge and skills)
- **Improve community understanding** about disability issues (socioeconomics, socio-cultural, medical, psychological etc.)
- To be involved in **disability prevention activities**
- To provide a **positive environment** (physical, psychological, sociocultural, economic etc.)
- To improve the **quality of life of persons with disabilities”**.

CBRDTC understands CBR with three pillars

1. Members of the **local community** with an understanding of disability issues with positive attitudes towards persons with disabilities;
2. **Volunteers and others** who have specific knowledge of skills in CBR and also have positive attitudes.
3. **Individuals and organizations outside the local community** who have knowledge and skills in CBR, resources for CBR, along with positive attitudes.

CBR Forum Explanation

- Thus the universal mission of CBR
 - ❖ To enhance the activities of daily life of the persons with disabilities
 - ❖ To create awareness and to achieve barrier free environment around him and help him attain equal human rights, and
 - ❖ To create a situation in which the community participates fully and assimilates the ownership of his integration as client-owner relationship.

Comprehensive Definition

- “CBR is a **goal-oriented, individual need based, cost effective and result-oriented strategy** of providing time bound and appropriate services within the community, with its active participation, involvement and with fullest use of its resources.
- It seeks **community participation** at the planning, execution, management and monitoring of CBR program.

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- CBR strategy aims at confidence building of
- the community, bringing out efficiency of individual and promoting active participation, involvement and integration of the individual in community life.
- It ensure community's support to protection of human rights, equal participation, equity, social justice and complete development of the individual”.

Community Based Rehabilitation is Not

- An approach that only focuses on the physical or medical needs of a person.
- Delivering care to disabled people as passive recipients.
- It is not outreach from a center.
- It is not determined by the needs of an institution or groups of professionals.
- It is not segregated and separated from services for other people.

3. Key Principles of CBR

- 1. Equality-fairness
- 2. Social justice-impartiality
- 3. Solidarity-unity
- 4. Integration-combination
- 4. Dignity-respect

4. Goals of CBR

- According to the (2004) Joint Position Paper on CBR by ILO, UNESCO and WHO, the goals of CBR are
- To ensure that people with disabilities are able to maximize their physical and mental abilities, **to access regular services and opportunities**, and to become **active contributors** to the community and society at large.
- To **activate communities to promote and protect the human rights of people with disabilities** through changes within the community, for example, by removing barriers to participation.

CBR and Community Based Inclusive Development

- Community based inclusive development is an aim or goal or an end result of CBR.
- The rationale is that no one should be excluded from development for any reason.
- CBR is the tool or strategy to achieve the goal of CBID for persons with disabilities.
- **Making inclusive** of all marginalized groups, communities and society at large and their concerns, including persons with disabilities.

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- CBR uses a 'twin-track' approach to achieve the goal of CBID:
 1. **Working with persons with disabilities** to develop their capacity, address their specific needs, ensure equal opportunities and rights, and facilitate them to become self-advocates.
 2. **Working with the community and society** at large to remove barriers that exclude persons with disabilities, and ensuring the full and effective participation of all persons with disabilities in all development areas, on an equal basis with others.

5. CBR Guidelines

- The process of development of the Guidelines was spread over six years between 2004 and 2010,
- More than 180 persons from governments, UN agencies, civil society and disabled people's organizations (DPOs) from different regions were involved.
- The CBR Guidelines are based on the principles of the **Convention on the Rights of Persons with Disabilities**.

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- Respect for inherent dignity, individual autonomy, including the freedom to make one's own choices, and independence of persons
- Non-discrimination
- Full and active participation and inclusion in society
- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity

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- Equality of opportunity
- Accessibility
- Equality between men and women
- Respect for the evolving capacities of children with disabilities and respect for the rights of children to preserve their identities.

6. The objectives of the CBR Guidelines

- To provide guidance on how to develop and strengthen CBR programs.
- To promote CBR as a strategy for community based inclusive development.
- To support stakeholders to meet the basic needs and enhance the quality of life of people with disabilities and their families.
- To facilitate the empowerment of people with disabilities by promoting their inclusion and participation in development and decision-making processes.

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- The primary objective of CBR is the improvement of the quality of life of people with disability-marginalized persons.
- The enhancement of the daily life and activities of persons with disabilities.
- The creation of awareness in the community of equal rights and the potentials of persons with disabilities,

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- The provision of barrier-free environment.
- The utilization of local resources
- The active participation of persons with disabilities
- Inclusion of persons with disabilities in the community

7. Community Based Rehabilitation Personnel

1. CBR workers are grass root workers delivering services in a community
2. Supervisors or medico social workers who organize and support grass root workers
3. Professionals such as surgeon, physiotherapist, vocational trainers, counselors to whom referrals can be made from the community.

8. The Useful Services of CBR

- Social counseling
- Training in mobility and daily living skills
- Providing or facilitating access to loans
- Community awareness raising
- Providing or facilitating vocational training/apprenticeships
- Facilitating information for local self-help groups, parents groups and Disabled People's Organizations (DPOs)
- Facilitating contacts with different authorities
- Facilitating school enrolment (school fees and contacts with teachers)

9. Components of CBR

- There are seven components
- 1. Prevention of cause of disability
- 2. Provision of care facilities.
- 3. Creating a positive attitude towards PwDs.
- 4. Provision of functional rehabilitation services.
- 5. Empowerment, provision of education and training opportunities.
- 6. Creation of micro & macro income-generation opportunities.
- 7. Management / monitoring and evaluation of CBR projects

10. Steps in Implementation of CBR

- Identification of person requiring rehabilitation services.
- Assessment of disabilities and various needs for rehabilitation of identified person.
- Provide the basic services such as drugs, dressing materials, protective footwear, counseling and training in self care.

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- Introduce the person to Village Health & Sanitation Committee along with his/her problems or issues.
- Refer him/her to secondary or tertiary care center for physical rehabilitation services.
- Follow up of referral services is also an essential task.

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- Facilitating the accessibility to 'socio-economic rehabilitation services by CBR workers.
- Review meetings by all stakeholders to discuss the progress of CBR project or individual's problems will help in expedite the rehabilitation.
- Creating coordination among CBR stakeholders.

11. Matrix of CBR

❖ There are five components of CBR

1. Health

2. Education

3. Livelihood

4. Social

5. Empowerment

11.1. Health Components

- All people with and without disabilities have the right to health.
- WHO in 1948 defines health as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity/illness.

11.1.1. Health Component Domains

- In the health domain, CBR makes a difference in the lives of community members, especially persons with disabilities, by focusing on the following:
 1. The promotion of well-being
 2. Prevention of causes of impairment
 3. Delivery of affordable medical interventions
 4. Delivery of affordable rehabilitation interventions
 5. Provision of affordable assistive devices

11. 2. Education

- Education is a human right and yet most children with disabilities do not go to school.
- CBR strategy should facilitate the inclusion of children in neighborhood schools, in age-appropriate classes.
- CBR is principally focused on inclusive education.
- Special education provision should be used as support to improving quality of education in regular classrooms.

11.2.1. Education Component Domains

- In the education component, CBR makes a difference in the lives of community members, especially persons with disabilities, by focusing on the following:
 - Early Childhood Education
 - Primary Education
 - Secondary and Higher Education
 - Non-formal Education
 - Life long Learning

11.3. Livelihood

- Livelihood is a universal basic need and right, and a vital component of the CBR strategy.
- People with disabilities, like everyone else, have a right to work.
- In CBR, actions are taken to meet their livelihood needs in order to ensure financial security, job satisfaction and inclusion in society, and to contribute to taxes and services – as a right.

11.3.1. Livelihood Component Domains

- In the livelihood domain, CBR makes a difference in the lives of community members, especially persons with disabilities, by focusing on the following:
 - Skills Development
 - Self-employment/ Wage Employment
 - Financial Services
 - Open Employment
 - Social Protection

11.4. Social

- Participation in all community activities and programs is a human right.
- Children and adults with disabilities, like everyone else, have a right to be included in all activities and aspects of their community.
- In CBR, actions are taken to meet their social needs and to ensure that each person is participating in society to their fullest potential, and where every person is a winner – as a right.

11.4.1. Social Component Domains

- In the social component, CBR makes a difference in the lives of community members, especially persons with disabilities, by focusing on the following:
 - Personal Assistance
 - Relationships, Marriage & Family
 - Culture & Arts
 - Recreation, Leisure & Sports
 - Access to Justice

11.5. Empowerment

- Becoming empowered is a right for everyone.
- Empowerment means that persons with disabilities can lobby for social change and for a better life for all.
- In CBR, actions are taken to ensure that each person can access the processes which facilitate people empowering themselves – as a right.

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- Empowerment is essential in order for persons with disabilities and their family members to confidently challenge negative community attitudes and to claim their right to equity, justice and inclusion in society.

11.5.1. Empowerment Component Domains

- In the empowerment component, CBR makes a difference in the lives of community members, especially persons with disabilities, by focusing on the following:
 - Advocacy & Communication
 - Community Mobilization
 - Political Participation
 - Self-help Groups
 - Peoples with Disabilities Organizations

12. Characteristics of CBR

- To establish the local communities to create awareness about persons with disabilities, recognize their rights and accept at least part of responsibility for their rehabilitation.
- To motivate the local communities to mobilize their own resources - human, material and financial, including persons with disabilities themselves, their families and friends to take an active part in rehabilitation training.

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- To **organize training for personnel** at different levels and to use appropriate training material.
- To **deliver services built upon existing community, organizational infrastructure, especially primary health care services.**
- To establish a **referral network to meet needs** which cannot be met locally and work in conjunction with other sectors like education, vocational, employment etc.

13. Disability, Poverty and Rehabilitation

13.1. Definition of disability;

- There are many different definitions of disability according to the different perspectives
- The most recent definitions of disability come from the:
 - International Classification of Functioning, Disability and Health (ICF) and
 - Convention on the Rights of Persons with Disabilities (CRPD).

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- ICF states that disability is an “umbrella term for impairments, activity limitations or participation restrictions” which result from the interaction between the person with a health condition and environmental factors (e.g. the physical environment, attitudes), and personal factors (e.g. age or gender).

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- CRPD states that disability is an evolving concept and “results from the **interaction between persons with impairments and attitudinal and environmental barriers** that hinders their full and effective participation in society on an equal basis with others”.

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- People's experiences of disability are extremely varied.
- There are different kinds of impairments and people are affected in different ways.
- Some people have **one impairment, others multiple**; some are **born with an impairment**, while others may **acquire an impairment during the course of their life**.

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- More than **a billion people** are estimated to live with some form of disability, or about **15%** of the world's population (based on 2010 global population estimates).

13.2. What are the disabling barriers?

- The CRPD and ICF both highlight the role of the environment in facilitating or restricting participation for people with disabilities.

1. Inadequate policies and standards.

- Policy design does not always take into account the **needs of people with disabilities**, or existing policies and standards are not enforced.
- The common gaps in education policy include a **lack of financial and other targeted incentives** for children with disabilities to attend school as well as a **lack of social protection and support services** for children with disabilities and their families.

2. Negative attitudes.

- Beliefs and prejudices constitute barriers to education, employment, health care, and social participation.
- Misconceptions by employers that people With disabilities are less productive than their non-disabled counterparts, and ignorance about available adjustments to work arrangements limits employment opportunities.

3. Lack of provision of services.

- People with disabilities are particularly vulnerable to deficiencies in services such as health care, rehabilitation, and support and assistance.

4. Problems with service delivery.

- Poor coordination of services, inadequate staffing, and weak staff competencies can affect the **quality, accessibility, and adequacy of services** for persons with disabilities.

5. Inadequate funding.

- Resources allocated to implementing policies and plans are often **inadequate**.
- The **lack of effective financing** is a major obstacle to sustainable services across all income settings.

6. Lack of accessibility.

- Many built **environments** (including public accommodations) **transport systems and information** are not accessible to all.
- Lack of **access to transportation** is a frequent reason for a person with disability being discouraged from seeking work or prevented from accessing health care.

7. Lack of consultation and involvement.

- Many people with disabilities are excluded from **decision-making in matters directly affecting their lives.**
- For example, where people with disabilities lack choice and control over how support is provided to them in their homes.

8. Lack of data and evidence.

- A lack of rigorous and comparable data on disability and evidence on programs that work can impede understanding and action.
- Understanding the numbers of people with disabilities and their circumstances can improve efforts to remove disabling barriers and provide services to allow people with disabilities to participate.

13.3. How are the lives of people with disabilities affected?

- The disabling barriers contribute to the disadvantages experienced by people with disabilities.

1. Poorer health outcomes

- Increasing evidence suggests that people with disabilities experience poorer levels of health than the general population.
- Persons with disabilities may experience greater vulnerability to preventable secondary conditions, co-morbidities, and age-related conditions, have higher rates of risky behaviors such as smoking, poor diet and physical inactivity, higher risk of being exposed to violence.

2. Lower educational achievements

- Children with disabilities are less likely to start school than their peers without disabilities, and have lower rates of staying and being promoted in schools.
- Education completion gaps are found across all age groups in both low-income and high-income countries, with the pattern more pronounced in poorer countries.

3. Less economic participation

- People with disabilities are more likely to be unemployed and generally earn less even when employed.
- Global data from the World Health Survey show that employment rates are **lower for disabled men (53%) and disabled women (20%) than for non-disabled men (65%) and women (30%).**

4. Higher rates of poverty

- People with disabilities thus experience **higher rates of poverty** than non-disabled people.
- Persons with disabilities and households with a disabled member experience higher rates of deprivations including **food insecurity, poor housing, lack of access to safe water and sanitation, and inadequate access to health care** and fewer assets than persons and households without a disability.

5. Increased dependency and restricted participation

- Reliance on institutional solutions, lack of community living and inadequate services leave people with disabilities isolated and dependent on others.

13.4. Addressing barriers and inequalities

- People with disabilities face in health, rehabilitation, support and assistance, environments, education, and employment barriers.
- Improving the lives of persons with disabilities in line with the CRPD.

Cont...

- Addressing barriers to health care
- Addressing barriers to rehabilitation
- Addressing barriers to support and assistance services
- Creating enabling environments
- Addressing barriers to education
- Addressing barriers to employment

13.2. Disability and Poverty

- Disability is part of the human condition.
- Almost every one will be temporarily or permanently impaired at some point in life.
- Those old age individuals will experience increasing difficulties in functioning.
- Disability is complex, dynamic, multidimensional, and contested.

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- A large proportion of disability is **preventable**.
- Eliminating world poverty is **unlikely to be achieved** unless the rights and needs of people with disabilities are taken into account.
- Disability limits access to **education and employment, and leads to economic and social exclusion**.

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- Poor people with disabilities are caught in a vicious cycle of poverty and disability, each being both a cause and a consequence of the other.
- Disability is both a cause and consequence of poverty.
- Poverty and disability reinforce each other, contributing to increased vulnerability and exclusion.

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- Poor nutrition, dangerous working and living conditions, limited access to vaccination programs, and to health and maternity care, poor hygiene, bad sanitation, inadequate information about the causes of impairments, war and conflict, and natural disasters all cause disability.
- **Many of these causes are preventable.**

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- Malnutrition- 20%
- Accident/Trauma/War- 16%
- Infectious Diseases- 11%
- Non-Infectious Diseases- 20%
- Congenital Diseases- 20%
- Other (including ageing)- 13%
- Source: UN Figures in Overcoming Obstacles to the Integration of Disabled People, UNESCO, DAA, March 1995

Cont...

- In turn, **disability worsens poverty**, by increasing isolation and economic strain, not just for the individual but often for the affected family as well.
- Children with disabilities are more likely to **die young, or be neglected, malnourished and poor.**

Cont...

- People with disabilities who are **denied education** are then **unable to find employment**, driving them more deeply into **poverty**.
- Breaking out of the vicious cycle of poverty and disability becomes more and more difficult.

Cont...

- The result of the cycle of poverty and disability is that people with disabilities are usually amongst the poorest of the poor and their literacy rates are considerably lower than the rest of the population.

13.1.1. The Costs of Disability

- Disability does **not just affect the individual**, but impacts on the **whole community**.
- The **cost of excluding people with disabilities from taking an active part in community life is high** and has to be borne by society particularly those who take on the burden of care.
- This exclusion often leads to **losses in productivity and human potential**.

Cont...

- Costs of disability includes **direct and indirect costs**, some borne by people with disabilities, their families, friends, employers, and some by society.
- Many of these costs arise because of **inaccessible environments** and could be reduced in a more inclusive setting.

Cont...

- The cost of disability has three components;
 1. The **direct cost of treatment**, including the costs of travel and access;
 2. The **indirect costs** to those who are **not directly affected** ('careers');
 3. The **opportunity costs of income** foregone from incapacity.

Direct costs of disability

- Direct costs fall into **two categories**: additional costs that people with disabilities and their families incur to achieve a reasonable standard of living, and disability benefits, in cash and in kind, paid for by governments and delivered through various public programs.

Extra costs of living with disability

- People with disabilities and their families often incur additional costs to achieve a standard of living equivalent to that of non-disabled people.
- This additional spending may go towards health care services, assistive devices, costlier transportation options, heating, laundry services, special diets, or personal assistance.

Indirect costs

- Indirect economic and non-economic costs as a result of disability can be wide-ranging and substantial.
- The major components of **economic cost** are the **loss of productivity** from **insufficient investment in educating PwDs**, and exits from work or reduced work related to the onset of disability, and the **loss of taxes related to the loss of productivity**.
- **Noneconomic costs include social isolation and stress and are difficult to quantify.**

13.1.2. Prevention

- A large amount of disability is preventable, often through relatively simple, low cost interventions.
- The general improvement of living conditions and standards will itself reduce the incidence of disability.
- General **improvements to health services** will also bring major benefits, both in **reducing the risks of disability and mitigating its effects** when it occurs.

13.3. Process of Rehabilitation

- The rehabilitation process consists of the following:
- Orientation and Application
- Intake Appointment
- Eligibility Determination
- Assessment
- Individualized Plan for Employment (IPE)
- Employment Services Provided
- Employment Obtained
- Follow-Up
- Service Record Closed - Successfully Employed

14. Types of Rehabilitation Services

- **Active rehabilitation service:** imply functional training, schooling and vocational training which lead to an independent and better social integration.
- **Passive rehabilitation service:** signify those who do not aim an independent and better social integration.
- These are offered in home based rehabilitation programs and care institutions where PwDs are given shelter and food, but do not under go any training program.

15. Models of rehabilitation;

1. Institutional based rehabilitation
2. Out-reach based rehabilitation
3. Community based rehabilitation

15. 1. Institutional Based Rehabilitation(IBR)

- Institutional rehabilitation programs are those in which the patient is **housed during treatment**.
- These are voluntary but participation is also often court-mandated.
- Patients are supposed to **remain in the facility full-time**.
- Some are locked-door programs, with patients being **restrained from leaving**.
- Others do not interfere with a **client intent on leaving, though they may forbid return**.

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- General and specialized services are offered in an institution or home for PwDs.
- General institutions include centers that provide services for people for all types of disability.
- Specialized ones include homes which provide services for specific types of disabilities.

15. 2. Out-reach Based Rehabilitation

- Out-reach rehabilitation services are typically provided by health care personnel based in institutions.
- Such a program provides for visits by rehabilitation personnel to the homes of people with disabilities.
- The focus is on the PwDs, and perhaps the person's family.

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- Out-patient treatment is a type of rehab program in which the **patient lives in their own home** and attends to the daily routines of life, such as work, school and family obligations, **while going to the rehab facility at regular intervals for treatment.**
- The **intervals vary according to need**, and can be daily, weekly or on whatever schedule the mental health or substance abuse professional deems necessary.

15.3. Community Based Rehabilitation

- Community-based programs are those that are **set within the community**, rather than at a more formal facility.
- Community Based Rehabilitation (CBR) is a **strategy within general community development** for rehabilitation, equalization of opportunities and social inclusion of all people with disabilities.

Cont...

- All the activities that PwDs, their family members and community members do in their community for PwDs, such as general care, adaptation of family members to disabled, education, health etc.
- CBR is a strategy that seeks to ensure that PwDs are involved in the development of their community by having equal access to rehabilitation and other services and opportunities- health, education and income.

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- CBR has the notion that:
 1. If rehabilitation to reach all those in need, there must be a large scale transfer of knowledge about disabilities and skills in the rehabilitation of PwDs to their families and members of the community.
 2. For rehabilitation to be successful, communities must recognize and accept that PwDs have the same right as other human beings.

15.3. 1. Advantage of CBR Programs

- Home based
- Less expensive
- Existing community responses and resources
- Focus on quality rather than quantity
- Multiple approaches based on community needs

13.3.2. Limitations of CBR Programs

- **Different priorities in poor-** survival needs has more priorities than solving problems of PwDs.
- **Complex Organization**
- **Low field activity-** educated workers rarely go to field and also find hard to communicate with low educated PwDs.
- **Low Social status to CBR worker-** CBR is low profile job so less educated workers may influence quality of services provided.
- **Lack of community ownership-** breakdown of traditional social structure that contribute to several problems.

- **Good CBR program build on:**
- Widespread and existing resources of community
- Ideas and skills which are existing in minds of family members, community and PwDs.
- Has inbuilt community level programs
- Part of national agenda in dealing with disability

Comparison of IBR and CBR

	IBR	CBR
Location	Cities and Institution based	Any where and Community based
Decision makers	Service providers(one way traffic)	PWD and their family
Service providers	Mainly Professionals	CBR Workers or Semi Professionals
Action	Usually Responsive	Proactive
Identification	Delayed	Early
Intervention	Delayed	Early
Follow up	??	Guaranteed
Services	Far. Lose daily wages	At doorstep
Complicated problems	Easy to tackle	Difficult
Cost of care	Expensive	Cheap
Services	Medical	Holistic

14. Roles and Responsibilities of CBR Stake Holders

1. People with Disabilities and their Families
2. Community Members
3. Civil Society
4. Organizations of PwDs
5. Government
6. CBR Managers
7. CBR Personnel

1. People with Disabilities and their Families

- Playing an active role in all parts of the **management of the CBR program;**
- Participating in **local CBR committees;**
- Being involved by **volunteering and working as CBR personnel;**
- Building **awareness about disability** in their local communities, e.g. drawing attention to barriers and requesting their removal.

2. Community Members

- Participate in training opportunities to **learn more about disability;**
- Change their **beliefs and attitudes** that may limit opportunities for people with disabilities and their families;
- Address **other barriers** that may prevent people with disabilities and their families from participating in the life of their communities;

Cont...

- Lead by example and include people with disabilities and their families in **activities**;
- Contribute **resources** (e.g. Time, money, equipment) to CBR programs;
- Protect their communities and address the **causes of disability**;
- Provide **support and assistance** where needed for people with disabilities and their families.

3. Civil Society

- Developing and implementing CBR programs where there is limited government support;
- Providing technical assistance, resources and training for CBR programs;
- Supporting the development of referral networks between stakeholders;
- Supporting CBR programs to build the capacity of other stakeholders;
- Mainstreaming disability into existing programs and services;
- Supporting the evaluation, research and development of CBR.

4. Organizations of PwDs

- **Representing** the interests of people with disabilities;
- **Providing advice** about the needs of people with disabilities;
- **Educating** people with disabilities about their rights;
- **Advocating and lobbying for action** to ensure that governments and service providers are responsive to these **rights**,
- **Provision of information** about services to people with disabilities;
- Direct involvement in the management of CBR programs.

5. Government

- Taking the lead in the **management and/or implementation** of national CBR programs;
- Ensuring that **appropriate legislation and policy frameworks** are in place to support the rights of people with disabilities;
- **Developing a national policy on CBR**, or ensuring CBR is included as a strategy in relevant policies, e.g. Rehabilitation or development policies;

Cont...

- Providing **human, material, and financial resources** for CBR programs;
- Ensuring people with disabilities and their family members are able to **access all public programs, services and facilities**;
- Developing **CBR as** an operational methodology or service delivery mechanism for providing **rehabilitation services across the country**.

6. CBR Managers

- Facilitating each stage of the **management cycle**;
- Ensuring **policies, systems and procedures** are in place for management of the program;
- Building and maintaining **networks and partnerships** both within and outside the community;
- Ensuring that all **key stakeholders are involved** in each stage of the management cycle and are kept well informed of **accomplishments and developments**;

Cont...

- Mobilizing and managing resources
- Building the capacity of communities and ensuring disability issues are mainstreamed into the development sector;
- Managing day-to-day activities by delegating tasks and responsibilities;
- Supporting and supervising CBR personnel,
- Managing information systems to monitor progress and performance.

7. CBR Personnel

- Identifying people with disabilities, carrying out basic assessments of their function and providing simple therapeutic interventions;
- Educating and training family members to support and assist people with disabilities;
- Providing information about services available within the community, and linking people with disabilities and their families with these services via referral and follow-up;

Cont...

- Assisting people with disabilities to **come together to form self-help groups;**
- Advocating for improved **accessibility and inclusion of people with disabilities** by making contact with health centers, schools and workplaces;
- **Raising awareness in the community** about disability to encourage the inclusion of disabled people in family and community life.

15. Management of CBR

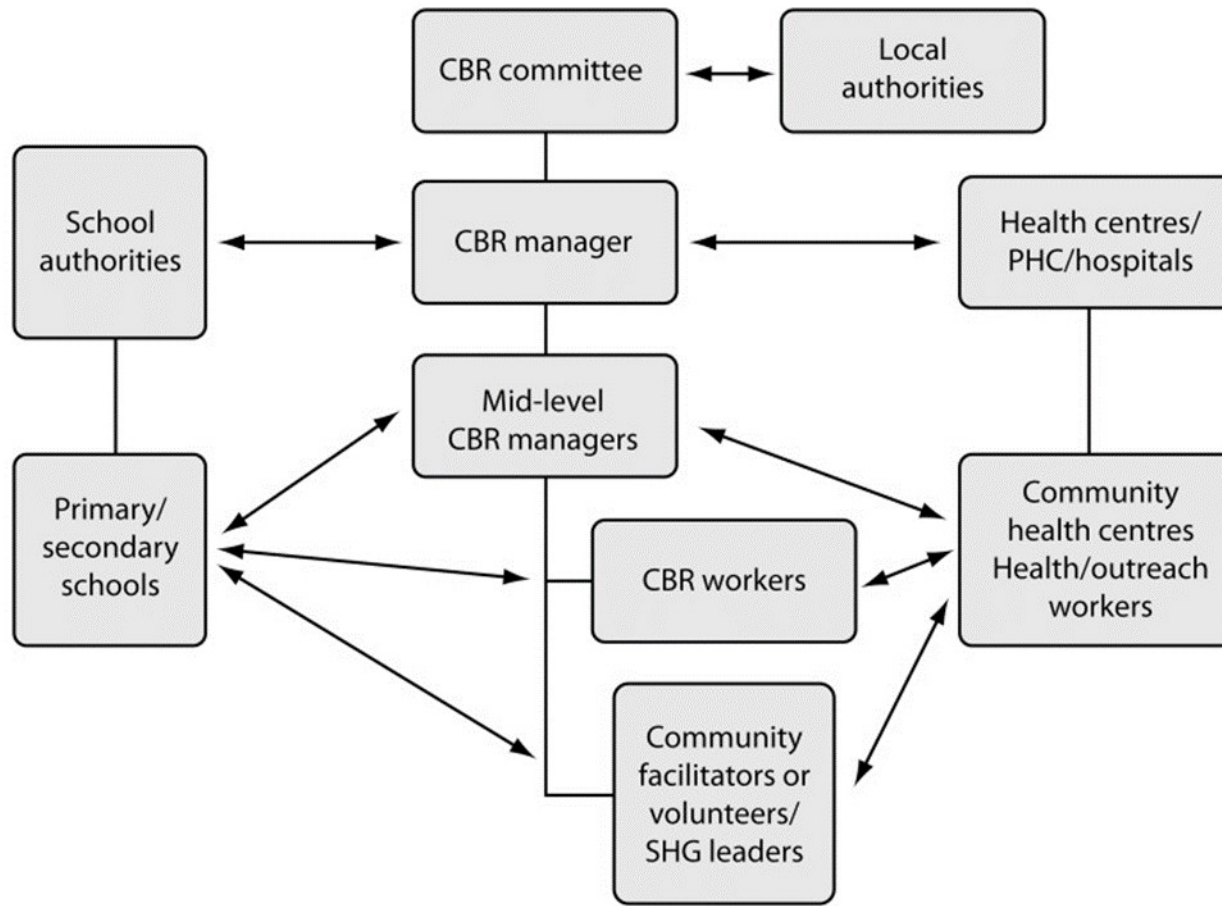
15.1. Management Structure of CBR

- In many situations, committees may be established to assist with the management of CBR programs, and these are encouraged.
- CBR committees are usually made up of **people with disabilities, their family members, interested members of the community and representatives of government authorities.**

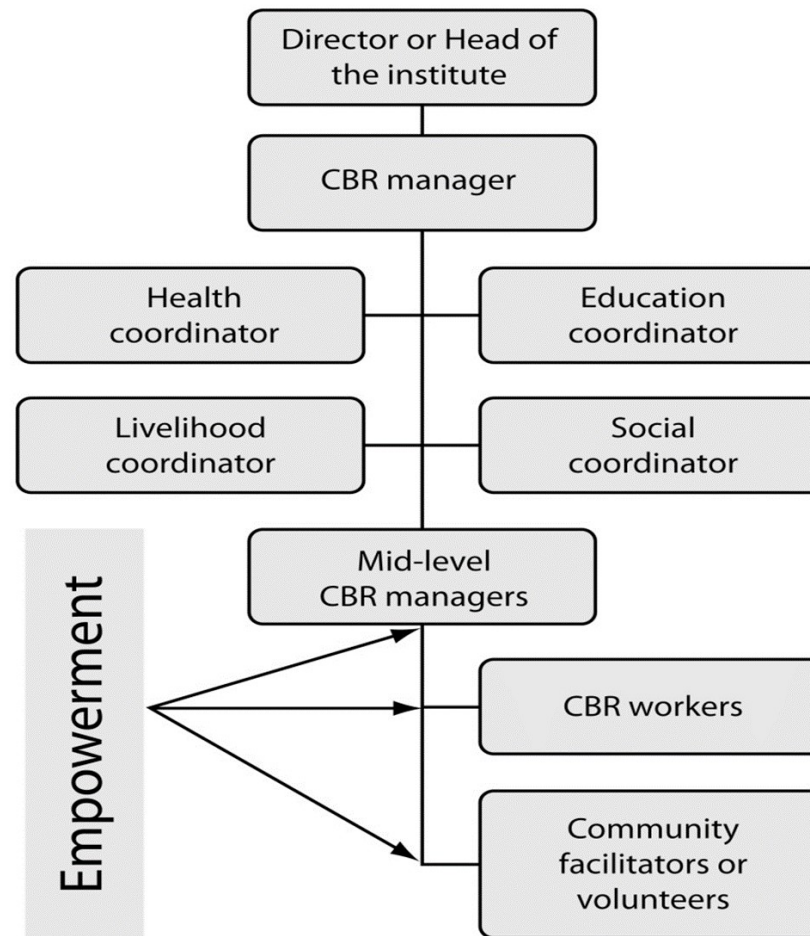
Cont...

- They are useful for:
- Setting the mission and vision of the CBR program;
- Identifying needs and available local resources;
- Defining the roles and responsibilities of CBR personnel and stakeholders;
- Developing a plan of action;
- Mobilizing resources for program implementation;
- Providing support and guidance for CBR program managers.

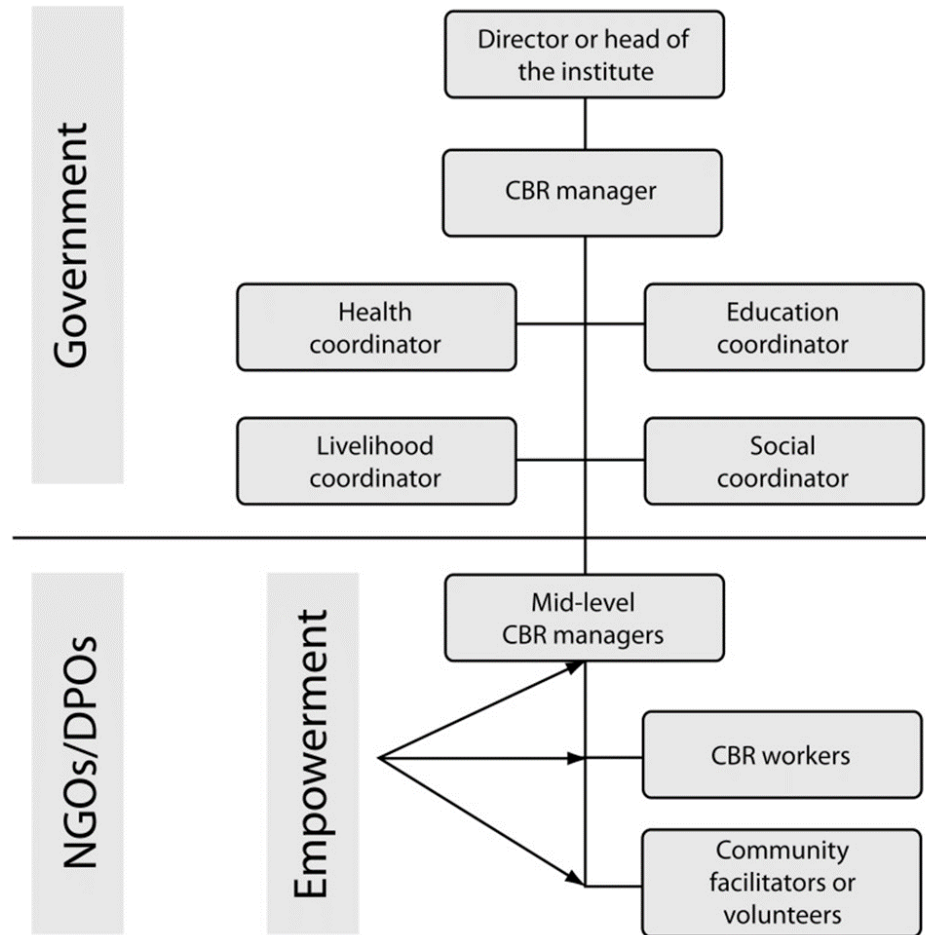
CBR Program at Local Level



CBR Program at District/Sub-district Level by Local Government Or NGOs



CBR Program by Public-Private Partnership



15.2. Sustaining CBR Programs

- Government-led or supported programs provide more resources and have a larger reach and better sustainability, compared with civil society programs.
- However, programs led by civil society usually make CBR more appropriate, make it work in difficult situations, and ensure better community participation and sense of ownership.

Cont...

- CBR has been most successful where there is
- **Government support**
- **Sensitive to local factors,** such as culture, finances, human resources
- **Support from stakeholders,** including local authorities and disabled people's organizations.

Essential ingredients for sustainability of CBR programs are the following.

- 1. Effective Leadership**
- 2. Partnerships**
- 3. Community Ownership**
- 4. Using Local Resources**
- 5. Considering Cultural Factors**
- 6. Building Capacity**
- 7. Financial Support**
- 8. Political Support**

1. Effective Leadership

- It would be very difficult to sustain CBR programs without effective leadership and management.
- CBR program managers are responsible for motivating, inspiring, directing and supporting stakeholders to achieve program goals and outcomes.
- Thus it is important to select strong leaders who are committed, excellent communicators, and respected by stakeholder groups and the wider community.

2. Partnerships

- Partnerships can help to make best use of existing resources and sustain CBR programs by providing mainstreaming opportunities, a greater range of **knowledge and skills, financial resources** and an additional voice **to influence government legislation and policy** relating to the rights of persons with disabilities.

3. Community Ownership

- Successful CBR programs have a **strong sense of community ownership**.
- This can be achieved by ensuring the **participation of key stakeholders** at all stages of the management cycle

4. Using Local Resources

- Reducing the dependency on human, financial and material resources from external sources will help ensure greater sustainability.
- Communities should be encouraged to use **their own resources** to address the problems they face.
- The use of local resources should be given priority over national resources, and national resources should be given priority over resources from other countries.

5. Considering Cultural Factors

- To ensure CBR programs are sustainable in different contexts, it is important to consider how they will affect local customs and traditions, what resistance to the program may be expected and how this resistance would be managed.

6. Building Capacity

- Building the capacity of stakeholders to plan, implement, monitor and evaluate CBR programs will contribute to sustainability.
- CBR programs should have a strong awareness-raising and training component to help build capacity among stakeholders.
- For example, building capacity among people with disabilities will ensure that they have the relevant skills to advocate for their inclusion in mainstream initiatives.

7. Financial Support

- It is important that all CBR programs develop **stable funding sources**.
- A range of different funding options may be available, including **government funding** (e.g. direct financing or grants), **donor funding** (e.g. submitting project proposals to national or international donors for funding, **in-kind donations or sponsorship**), and **self-generated income** (e.g. selling products, fees and charges for services, or microfinance).

8. Political Support

- A national **CBR policy**, a national **CBR program**, a **CBR network** and the **necessary budgetary support** will ensure that the benefits of the PwDs and development initiatives reach all people with disabilities and their families.
- **Inclusion of disability issues in government legislation and policies** will also ensure lasting benefits for PwDs in terms of their access to services and opportunities in the health, education, livelihood and social sectors.

15.3. The Management Cycle of CBR

- The management cycle consists of four stages.
- 1. Situation Analysis.
- 2. Planning and Design
- 3. Implementation and Monitoring
- 4. Evaluation

Cont...

1. Situation Analysis – this stage looks at the current situation in the community for people with disabilities and their families, and identifies the problems and issues that need to be addressed.

Cont...

- A situation analysis involves the following steps.
 - ☁️ Collecting facts and figures.
 - ☁️ Stakeholder analysis.
 - ☁️ Problem analysis.
 - ☁️ Objectives analysis.
 - ☁️ Resource analysis.

Cont...

- **2. Planning and Design** – the next stage involves deciding what the CBR program should do to address these problems and issues, and planning how to do it.
- Planning and Design involves the following steps.
 - Plan together with key stakeholders
 - Set priorities
 - Prepare a program plan

Cont...

- **3. Implementation and Monitoring** – at this stage, the program is carried out, with **regular monitoring and review** to ensure it is on the right track.
- Steps involved
 - **Develop detailed work plans**
 - **Mobilize and manage resources**
 - **Carry out planned activities**
 - **Awareness-raising**

Cont...

- Coordination and networking
- Mainstreaming
- Service provision
- Advocacy
- Capacity-building
- Monitoring

Cont...

- **4. Evaluation-** this stage **measures the program against its outcomes** to see whether and how the outcomes have been met and assess the overall impact of the program, e.g. **what changes have occurred as a result of the program.**

Cont...

- Components of an evaluation.
- Collect information
- Analyze the information and draw conclusions
- Share findings and take action