



# Effectiveness of Community-Based Rehabilitation: An Overview

Author:

Dr Charu Chugh (MSW, PhD)

Assistant Professor

Department of Psychology

IILM University Greater Noida.

## I. Introduction

**Disability** refers to any condition that impairs a person's ability to function physically, mentally, or socially. Disabilities can manifest in various forms, such as physical disabilities (like mobility impairments or chronic illnesses), sensory disabilities (such as blindness or deafness), cognitive disabilities (like intellectual disabilities or learning disorders), or mental health conditions (such as depression or anxiety disorders). Disabilities can exist from birth or acquired later in life due to injury, illness, or ageing. The experience of disability varies widely among individuals and can impact daily activities, employment, social interactions, and access to services and opportunities. **Rehabilitation** is a vital phase and process in any type of disability. Rehabilitation helps one to gain back in different aspects of one's life such as social, academic, career and personal. It facilitates successful and effective adaptation to one's environment.

Rehabilitation is a process aimed at helping individuals recover, regain, or improve their physical, mental, cognitive, or social functioning after experiencing illness, injury, or disability. The goal of rehabilitation is to enable individuals to maximize their independence, quality of life, and participation in activities they value. Rehabilitation plays a crucial role in helping individuals recover and adapt to life after illness, injury, or disability, promoting their overall well-being and participation in society. **Community-based rehabilitation (CBR)** is an approach to rehabilitation that aims to promote the inclusion and participation of people with disabilities in their communities. It focuses on empowering individuals with disabilities to access the support, services, and opportunities they need to lead fulfilling lives within their communities. It is a community development strategy that aims at enhancing the lives of persons with disabilities (PWDs) within their community.

## II. Community Based Rehabilitation

Community-based rehabilitation (CBR) was initiated by World Health Organisation (WHO) following the Declaration of Alma-Ata in 1978 to enhance the quality of life for people with disabilities and their families; meet their basic needs; and ensure their inclusion and participation.

What is community? People living together in some form of social organisation and cohesion have different economic, social, political and cultural characteristics, interests and aspirations.

CBR was initially launched by WHO as a strategy to increase access to rehabilitation services at the community level for people with disabilities, but it has evolved into a much broader and multisectoral approach to community-based inclusive development. CBR intends to achieve rehabilitation, equalization of opportunities and social inclusion by involving people with disabilities in community development processes. It presents an opportunity to operationalize the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). CBR is implemented through the combined efforts of people with disabilities, their families, Disabled people's organizations (DPOs), other community stakeholders including Non-Government Organizations (NGOs), and relevant governmental bodies, particularly those responsible for health, education, vocational and social services. CBR uses a grass-roots approach to guide development priorities. CBR mobilizes local capacity and resources and uses community strengths and structures, and often fills community service gaps.

### ➤ Why implement CBR?

- ✓ Benefits to people with disabilities and their families: CBR addresses impairment, improves functioning and independence and promotes the participation of all people on an equal basis. It empowers people with disabilities to make informed decisions, attain their goals and understand their rights. Enhances the quality of life of people with disabilities and their caregivers by addressing gaps in basic needs.
- ✓ Benefits to the community: Builds awareness of the diversity within the community, including diversity in the functioning of people with disabilities, older persons and children. To ensure that no one is left behind during community development activities, CBR cultivates a greater understanding of disability, rights, and equity, as well as more positive attitudes toward people with disabilities. Focuses on local service systems, local resources and local practical solutions to real barriers that exist for people with disabilities and their caregivers with respect to access to services and participation in society. CBR promotes inclusion of all people, particularly those with disabilities, in local decision-making, governance and resource allocation.

### III. EVOLUTION

The notion of community-based rehabilitation (CBR) emerged in the 1970s to improve the accessibility of differently able for rehabilitation services, especially in developing countries, by ensuring optimal use of locally available resources. CBR programs support people with disabilities by providing health services at their doorsteps and thus establish a strong linkage between people with disabilities and the healthcare system. The concept of community-based rehabilitation (CBR) emerged as a response to the limitations of traditional, institution-based approaches to rehabilitation. Rather than focusing solely on medical interventions or specialized facilities, CBR aimed to address the broader social, economic, and environmental factors that influence the well-being and inclusion of people with disabilities. Here's a brief overview of the history of CBR:

1970s: The World Health Organization (WHO) began exploring community-oriented approaches to rehabilitation in the 1970s, recognizing the need for more inclusive and holistic models of care. At the same time, organizations like Handicap International and the International Society for Prosthetics and Orthotics (ISPO) were pioneering community-based initiatives to address the needs of people with disabilities in low-resource settings. In the late 1970s, rehabilitation was viewed as a component of primary health care, with the Declaration of Alma-Ata on Primary Health Care introducing another shift, with the entry point of rehabilitation being at the community level and not necessarily through medical institutions (Helander, 2007).

1981: The United Nations proclaimed the International Year of Disabled Persons, drawing global attention to the rights and needs of people with disabilities. During this year, the concept of CBR gained momentum as governments, NGOs, and international organizations recognized the potential of community-based approaches to improve the lives of people with disabilities.

1983: The WHO organized a joint conference with the International Labour Organization (ILO) and the International Disability Foundation (IDF) to develop guidelines for CBR programs. These guidelines, known as the "Joint WHO/ILO/UNESCO Statement on CBR," provided a framework for the development and implementation of CBR initiatives around the world. (Helander, 2007).

1989: The WHO published the "Training in the Community for People with Disabilities: Guidelines for Training Personnel in Developing Countries," which provided practical guidance for training community workers, health professionals, and other stakeholders involved in CBR programs.

1994: The WHO launched the "Community-Based Rehabilitation: CBR Guidelines" to further support the implementation of CBR programs. These guidelines emphasized the importance of community participation, capacity building, and collaboration among stakeholders.

2006: The WHO and the World Bank jointly published the "World Report on Disability," which highlighted the need for inclusive policies and programs to promote the rights and well-being of people

with disabilities. The report underscored the role of CBR as a key strategy for advancing disability-inclusive development.

2010: WHO published the CBR guidelines to guide how to develop and strengthen CBR programmes in line with the CBR joint position paper and the CRPD (WHO, 2010). The aim now is to build inclusive communities and strengthen support for people with disabilities and their communities, in particular across the five CBR sectors (health, education, livelihood, social and empowerment), discussed in a later section.

Since then, CBR has continued to evolve and expand, with numerous organizations and governments implementing CBR programs in diverse cultural, social, and economic contexts. While challenges remain, CBR has proven to be an effective approach for promoting the inclusion, empowerment, and dignity of people with disabilities worldwide.

#### IV. GOALS

The goals of Community-Based Rehabilitation (CBR) programs are centred around promoting the inclusion, empowerment, and well-being of people with disabilities within their communities. Here are the primary goals of CBR:

- a. **Inclusion:** CBR aims to promote the full and meaningful inclusion of people with disabilities in all aspects of community life, including education, employment, healthcare, social activities, and decision-making processes.
- b. **Empowerment:** CBR seeks to empower individuals with disabilities to exercise their rights, make informed choices, and actively participate in decisions that affect their lives. This includes building self-confidence, self-advocacy skills, and leadership abilities among people with disabilities.
- c. **Accessibility:** CBR endeavours to create accessible environments that accommodate the diverse needs of people with disabilities, ensuring equal access to services, facilities, information, and opportunities within the community.
- d. **Rehabilitation:** CBR aims to provide comprehensive rehabilitation services that address the physical, social, emotional, and economic needs of people with disabilities. This includes access to healthcare, assistive devices, therapy, vocational training, and other support services.
- e. **Prevention:** CBR emphasizes preventive measures to reduce the incidence and impact of disabilities, including health education, early intervention, and efforts to address social determinants of health and disability.
- f. **Community Participation:** CBR promotes active participation and collaboration among community members, including people with disabilities, their families, local organizations, government agencies, and other stakeholders, in planning, implementing, and evaluating CBR initiatives.
- g. **Capacity Building:** CBR focuses on building the capacity of individuals, families, communities, and service providers to effectively address the needs of people with disabilities. This includes training community health workers, educators, caregivers, and others involved in CBR programs.

- h. **Advocacy:** CBR advocates for the rights and dignity of people with disabilities, challenging stigma, discrimination, and barriers to inclusion. This involves raising awareness, influencing policies, and promoting social justice at local, national, and international levels.

By working towards these goals, CBR programs aim to create more inclusive, accessible, and supportive communities where people with disabilities can thrive and contribute to society.

## V. KEY PRINCIPLES

- a. **Community Involvement:** CBR emphasizes the active involvement and participation of community members, including people with disabilities, their families, local organizations, and authorities. By engaging the community, CBR programs can better understand the needs and priorities of individuals with disabilities and tailor interventions accordingly.
- b. **Approach:** CBR takes a holistic approach to rehabilitation, addressing not only the physical aspects of disability but also social, economic, and environmental factors that may affect individuals' well-being and inclusion in society.
- c. **Equity and Accessibility:** CBR promotes equal access to services and opportunities for people with disabilities, regardless of their background, location, or socioeconomic status. It seeks to remove barriers to participation and ensure that individuals with disabilities have the same rights and opportunities as others in their communities.
- d. **Capacity Building:** CBR focuses on building the capacity of individuals, families, communities, and service providers to support the inclusion and empowerment of people with disabilities. This may involve training community health workers, educators, and other stakeholders to provide basic rehabilitation services, as well as raising awareness and promoting positive attitudes towards disability.
- e. **Partnerships and Collaboration:** CBR initiatives often involve collaboration between government agencies, non-governmental organizations, community-based organizations, and other stakeholders to leverage resources, expertise, and support networks.

### **CBR programs may include a range of activities and interventions, such as:**

- ✓ Providing rehabilitation services (such as physical therapy, assistive devices, and mobility aids) at the community level.
- ✓ Promoting inclusive education by supporting schools to accommodate the needs of students with disabilities.
- ✓ Facilitating vocational training and employment opportunities for people with disabilities.
- ✓ Raising awareness about disability rights and promoting positive attitudes towards inclusion.
- ✓ Advocating for policies and programs that support the rights and inclusion of people with disabilities.

Overall, community-based rehabilitation seeks to foster a more inclusive and supportive environment for people with disabilities, enabling them to live meaningful and independent lives within their communities.

## VI. CBR vs IBR

Community-based rehabilitation (CBR) and Institution-based rehabilitation (IBR) are two different approaches to providing support and services to people with disabilities. CBR emphasizes the integration of people with disabilities into their communities. The main goal is to enhance their quality of life and promote their participation in society whereas Institution-based rehabilitation focuses on providing services and support within a structured institutional setting, such as hospitals, rehabilitation centers, or residential facilities.

CBR involves a multi-sectoral approach, often involving various stakeholders such as community members, local organizations, healthcare providers, and government agencies while services are often provided by professionals within the institution and may follow standardized protocols and programs in IBR.

Services are provided within the community and are tailored to the individual needs of the person with a disability in CBR. This may include education, vocational training, healthcare, social support, and accessibility initiatives. IBR offer a range of rehabilitation services including medical treatment, therapy sessions, counselling, and specialized interventions.

CBR empowers people with disabilities by promoting their independence and self-reliance. It focuses on building their skills and capacities to live meaningful lives within their communities. Institutional rehabilitation may be short-term or long-term depending on the needs of the individual and the nature of their disability.

Examples of CBR are home-based care, community education programs, vocational training centres within the community, and accessibility initiatives in public spaces.

Examples of IBR are inpatient rehabilitation programs in hospitals, residential care facilities for people with disabilities, and specialized centers for therapy and rehabilitation.

## VII. CBR TEAM AND RESPONSIBILITIES

A Community-Based Rehabilitation (CBR) program typically involves a multidisciplinary team of professionals and community members working together to support the inclusion and well-being of people with disabilities within their communities. Here are some key members of a CBR team:

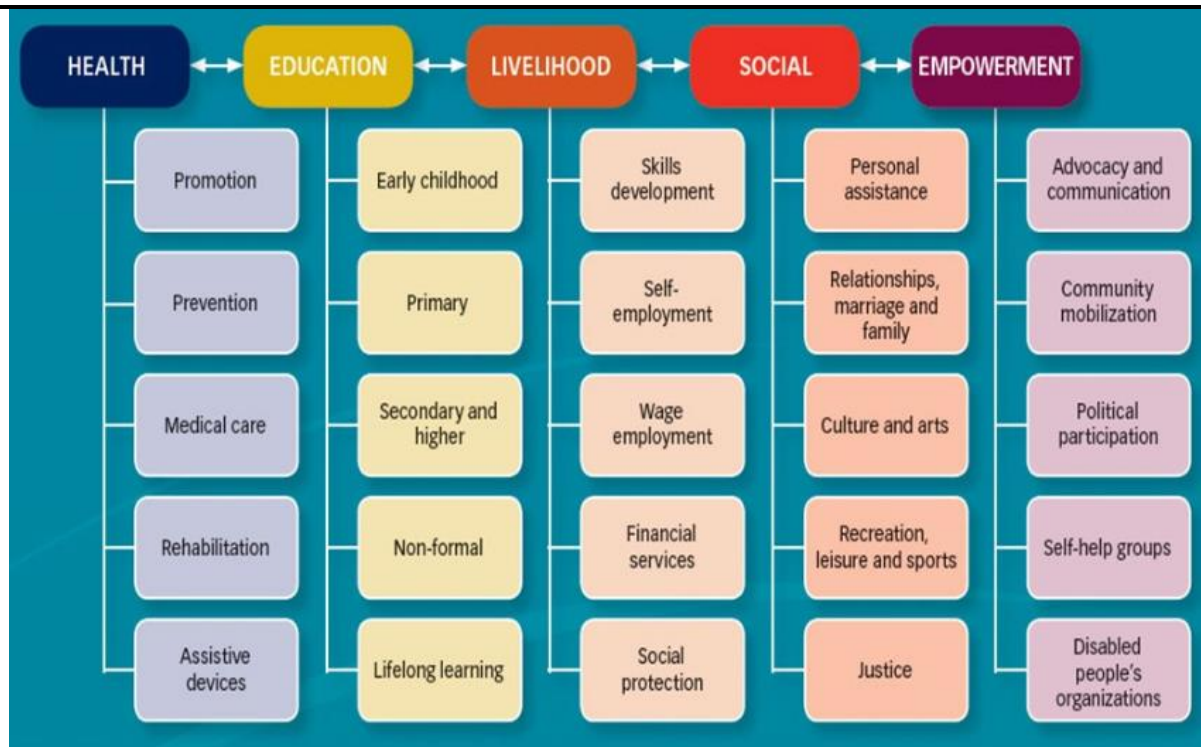
- a. **Community Health Workers:** Trained community health workers play a central role in CBR programs. They may provide basic healthcare services, deliver rehabilitation interventions, conduct home visits, and facilitate community awareness and education initiatives.
- b. **Rehabilitation Specialists:** Rehabilitation specialists, such as physical therapists, occupational therapists, and speech therapists, provide specialized services to individuals with disabilities, including assessment, therapy, and training in functional skills.

- c. Educators: Teachers and special education professionals support inclusive education efforts by adapting curriculum materials, implementing assistive technologies, and providing individualized support to students with disabilities in mainstream schools.
- d. Social Workers: Social workers offer psychosocial support, counselling, and advocacy services to individuals and families affected by disability, helping them navigate social services, access resources, and address psychosocial challenges.
- e. Vocational Trainers: Vocational trainers provide job skills training, career counseling, and job placement assistance to help people with disabilities gain employment and participate in the workforce.
- F. Community Organizers: Community organizers mobilize community members, facilitate participatory decision-making processes, and foster collaboration among stakeholders to promote disability inclusion and empowerment.
- g. Caregivers and Family Members: Caregivers and family members of people with disabilities play a crucial role in CBR programs, providing ongoing support, care, and advocacy within the home and community.
- h. Local Authorities: Local government officials and policymakers collaborate with CBR teams to develop inclusive policies, allocate resources, and promote the rights and well-being of people with disabilities at the community level.
- i. NGO Staff: Staff members of non-governmental organizations (NGOs) and community-based organizations (CBOs) may provide technical support, training, and funding for CBR initiatives, as well as engage in advocacy and capacity-building efforts.
- j. Peer Support Volunteers: People with disabilities who have undergone rehabilitation themselves may serve as peer support volunteers, offering mentorship, guidance, and encouragement to others facing similar challenges.

Together, this diverse team of professionals and community members works collaboratively to deliver holistic, person-centred services, promote social inclusion, and create accessible environments that enable people with disabilities to live with dignity and participate fully in community life.

## VIII. LONG-TERM CARE

CBR network is a system laid out in 2004 by WHO to make consistency in CBR and promote long-term care for differently able. In the below diagram, the CBR lattice (matrix) features the various components of the local area to create CBR strategies. CBR grid has five key parts which are additionally partitioned into five components. The CBR staff can single out any component or part of the framework while planning the program. The network may not be viewed to be a successive.



**Diag. 1: CBR Matrix (CBR Africa Network)**

The following are the components of the network:

## 1. Health

Health is one of the main portions of the CBR framework.[ 3]The fundamental point of CBR is to assist persons with disabilities (PWDs) achieve their highest attainable standard of health by addressing the five elements of health (promotion, prevention, medical care, rehabilitation and assistive devices). CBR team needs to work with the caregivers alongside the PWD to help them get proper access to health services and ensure that all the aspects are well addressed (WHO, 2003) The respected elements include activities such as identification and assessment of disabilities, provision of basic healthcare services, rehabilitation interventions (such as physiotherapy and occupational therapy), and referrals to specialized services when needed. This involves providing basic healthcare services tailored to the needs of individuals with disabilities, including preventive care, medical treatment, and rehabilitation services such as physiotherapy, occupational therapy, and speech therapy with assistive devices.

## 2. Education

The education component of the matrix is concerned with promoting inclusive education and ensuring that children with disabilities have access to quality schooling. Activities may include supporting mainstream schools to become more inclusive, providing assistive devices and learning materials, training teachers on inclusive teaching methods, and advocating for policy changes to



promote inclusive education. The emphasis is on- all children with disabilities have the best possible start in life and are supported throughout their development in inclusive learning environments. CBR program aims to create a welcoming, inclusive primary education system in local schools within the community. Secondary and higher education programmes should be accessible and inclusive in terms of environment, teaching methods, curricula, extracurricular activities (e.g. sports, recreation, music) and assessment and examination systems. Home-based learning is promoted either as a supplement to formal schooling, or in preparation for formal schooling, or as an alternative to formal schooling. Life skills education and survival needs knowledge about reproductive health, sexuality and Human Immunodeficiency Virus (HIV) are delivered to youths and adults with disabilities.

### 3. Livelihood

Livelihood activities aim to enhance the economic independence and social inclusion of people with disabilities through vocational training, skills development, job placement support, and entrepreneurship initiatives. This component also encompasses efforts to promote accessibility in the workplace and advocate for equal employment opportunities for people with disabilities. Various training opportunities, skills and decent work are provided to Youth and adults with disabilities so that they have access to income. Self-employment programs allow PWDs to improve their livelihood, improve their standard of living and contribute to the well-being of their families and communities. The CBR program encourages and supports self-employment through enhancing access to skills development as well as financial and material resources (WHO, 2010). Through wage employment, PWDs contribute to community life and the economy. Based on poverty criteria, government or private institutions should provide grants, loans and other financial assistance and PWDs have access to those facilities.

The financial services provided to PWDs enable them to meet their needs and start small businesses to earn an income. Social security measures are provided for loss of income during old age, and sickness to PWDs as other citizens without any discrimination. Social protection measures are available to all PWDs who are out of work, earn too little for a decent living or have difficulty working.

### 4. Social

The social component of the matrix addresses the social inclusion and empowerment of people with disabilities within their communities. Activities may include psychosocial support, peer counselling, awareness-raising campaigns, advocacy for the rights of people with disabilities, and the promotion of accessible recreational and cultural activities. Proper personal assistance helps PWDs to live with self-determination and dignity. The goal of the CBR program focused on this element is to make PWDs realize their positions and roles within their families and communities to create fulfilling relationships with members of their families and communities

(WHO 2004). Through culture and art, stigma and discrimination that is present in the community towards disability is challenged and addressed. The right and ability of PWDs to participate in recreation, leisure and sports activities are well recognized and promoted by families, teachers and community members. People both with and without disabilities are involved together in recreation, leisure and sports activities. The venue for recreation, leisure and sports activities is accessible to PWDs. PWDs have the proper knowledge and awareness about their rights and choices and processes needed for accessing justice. Relevant stakeholders in the justice sector are sensitive to the needs of PWDs and follow non-discriminatory practices.

## 5. Empowerment

CBR emphasizes the active involvement of people with disabilities and their families in decision-making processes and community activities. This fosters a sense of belonging, self-determination, and empowerment among individuals with disabilities, leading to greater social inclusion. Self-advocacy and communication is a significant element for PWDs. The key objective of this element (advocacy and communication) is to enable PWDs to speak for themselves. CBR program helps PWDs to develop advocacy and communication skills and helps create a favourable environment for opportunities to allow them to make decisions and effectively express their needs and desires (UNHCR). The desirable outcome of the CBR program focused on advocacy and communication as per WHO: Improved access to information and communication resources are available to PWDs and their families. Communication barriers faced by PWDs are reduced and/or eliminated. The main goal of community mobilization is to empower local community members to remove the challenges for PWDs and their families and play an active role in creating an inclusive community.

The main goal of the element of political participation is to enable PWDs to participate in political and public life on an equal basis with others. CBR program ensures that PWDs and their families have adequate knowledge, information, skills and information about political participation and the opportunities for participation are also accessible to them. The main goal of creating self-help groups is that PWDs and their family members can resolve common problems in the group, and improve their strength and quality of life.

- CBR programmes and disabled people's organizations work together to plan, implement and monitor new or existing CBR programmes.
- Disabled person's organizations support CBR programmes to become more representative and inclusive of PWDs.
- Differently able people's organizations are motivated to develop and implement CBR programmes in communities where they do not exist.

## IX. CONCLUSION

Community-based rehabilitation (CBR) programs have emerged as a vigorous approach in promoting the inclusion and well-being of people with disabilities within their communities. Through a universal framework that addresses physical, social, economic, and attitudinal barriers, CBR facilitates the empowerment and participation of individuals with disabilities.

The effectiveness of CBR programs lies in their ability to harness local resources, knowledge, and networks to create sustainable support systems. By fostering community possession and participation, CBR not only augments the quality of life for people with disabilities but also promotes social unity and equity within society.

In conclusion, CBR programs offer a promising opportunity for progressing the rights and dignity of individuals with disabilities, nurturing inclusive communities, and promoting social justice. However, continued efforts are needed to scale up CBR ingenuities, address systemic challenges, and ensure the amalgamation of people with disabilities into all facets of community life.

### References:

1. Helander E (2007). The origins of community-based rehabilitation. *Asia Pacific Disability Rehabilitation Journal*. 18(2):3-32.
2. ILO, UNESCO, WHO (2004). CBR: a strategy for rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities: joint position paper. Geneva: WHO.
3. United Nations High Commissioner for Refugees (UNHCR): Global Trends. Forced Displacement in 2021. Available from: <https://www.unhcr.org/globaltrends> [Accessed on 23 January 2024]
4. UNHCR. AWAKE AT NIGHT - A Podcast with Melissa Fleming. Available from: <https://www.unhcr.org/awakeatnight/> [Accessed 25 April 2024]
5. United Nations (UN) , 1975, *Declaration on the Rights of Disabled Persons Proclaimed by General Assembly resolution 3447 (XXX) of 9 December 1975*, United Nations, viewed 21 March 2024, from <http://www.equalrightstrust.org/ertdocumentbank//DisabilityDoc.pdf> [Google Scholar]
6. Working Group on CBR of the Regional Inter-agency Committee for Asia and the Pacific (RICAP) Subcommittee on Disability Concerns (1997): *Understanding CommunityBased Rehabilitation*, Bangkok: ESCAP, P. 11
7. WHO (2010). *Community-based rehabilitation: CBR guidelines*. Malta.

- World Health Organization. (2010). Introductory Booklet. Community Based Rehabilitation CBR Guidelines. Switzerland: WHO press; Available from: <https://apps.who.int/iris/handle/10665/44405>

