

# **COMMUNITY BASED REHABILITATION AND INCLUSIVE DEVELOPMENT**

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# Background

- Experience of over 25 years in CBR promotion  
– training, evaluation, strategy development, research
- Mainly in south and south-east Asian region
- Mainly associated with NGO projects, some of government

# CBR Origins

- “Failure of conventional system, and need for alternative” (Helander, 1993)
- Initiated in early 80s, based on PHC principles
- Focus on coverage of rehabilitation services for persons with disabilities in rural areas in developing countries, with limited resources
- Transfer of skills to local people, including families (WHO, 1989)
- Emphasis on individual focused interventions – medical, surgical, therapies, education, vocational training

# CBR in the initial years – late 80s to mid-nineties

- Vertical CBR project implementation, a few integrated into development projects
- Focus: how many registered with project, how many covered and benefited from different services: medical rehabilitation (mobility, ADLS, communication, home based rehabilitation); education (school enrolment, special education); social security; some livelihoods activities; some social activities (participation in community, acceptance by friends/neighbours)

# Joint Position Paper, 2004

- “The major objectives of CBR are
- To ensure that people with disabilities are able to maximise 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.”

# Changes in project activities

- Scope of activities broadened from medical and education to:
- more focus on poverty and livelihoods,
- self help groups, family associations, focus on inclusion, participation,
- awareness raising, partnerships and networking,
- inclusion of marginalised groups – women, persons with intellectual or multiple disabilities, psychosocial disabilities, HIV,
- inclusion in general development and poverty reduction programmes, not just disability-specific entitlements

# Changes in CBR understanding and practice

- CBR practice has changed from an often single sector, service delivery approach, to a comprehensive, multi-sectoral, rights-based one.
- Recognition that persons with disabilities have the same rights, and need access to the same services and opportunities, as others in their communities.
- CBR is understood today as a strategy to ensure inclusion, rights and equal opportunities for persons with disabilities.

# CBR Today

- WHO 2007 survey: 92 countries had CBR projects and programs : 35 in Africa, 26 in Asia, 24 in Latin America and 7 in Europe (Khasnabis, Heinicke-Motsch (2008).
- 1<sup>st</sup> World CBR Congress in 2012 in Agra with more than 1000 delegates.
- Regional and Global CBR Networks
- CBR Guidelines of WHO, released November 2010
- UN CRPD : Articles 19, 25 and 26



# CBR Today

- Specific reference to CBR is found in the national level policies of Bhutan, India, Indonesia, Myanmar, Pakistan, Philippines, Sri Lanka, Thailand and Timor Leste.
- In Burkina Faso in Africa, CBR has been adopted as national strategy to support persons with disabilities.

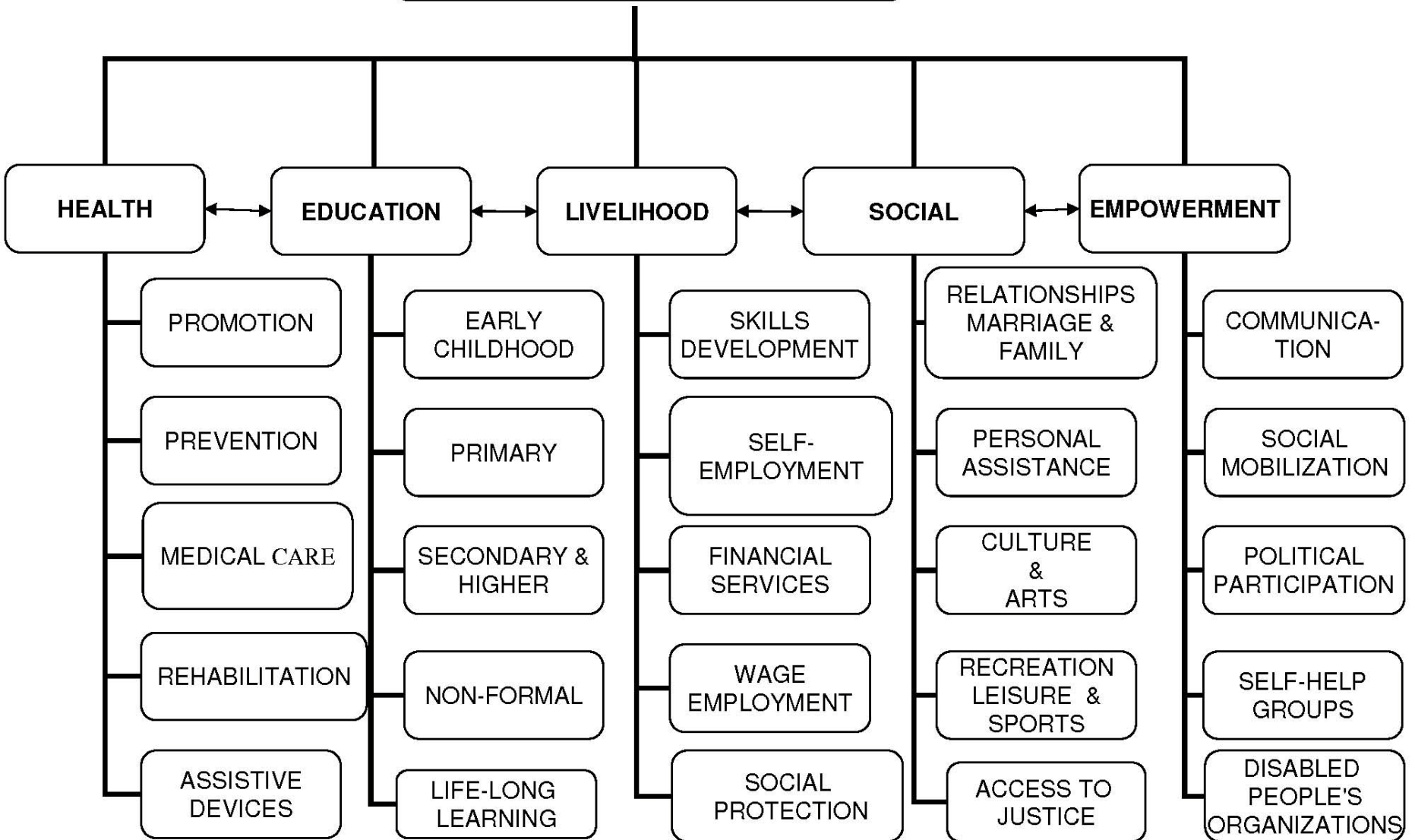
# UN CRPD Support for CBR

- **Article 26** : “Support, participation and inclusion in the community and all aspects of society are voluntary, and are available to persons with disabilities as close as possible to their own communities, including in rural areas.”
- **Article 25**: “Provide these health services as close as possible to people’s own communities, including in rural areas”.
- **Article 19**: “the equal right of all persons with disabilities to live in the community, with choices equal to others”.

# WHO CBR Guidelines, 2010

- An attempt to address the felt need for a document that would synthesise experiences from across the world and provide a unified understanding of the concept and principles of CBR.
- Provides a structure for CBR planners and practitioners, based on which they can develop activities according to their local context, needs and resources.
- Not a prescriptive document and does not advocate any particular 'model'.
- Not presenting 'a new way of doing CBR', but a synthesis of CBR experiences to illustrate existing and new concepts, to endorse and strengthen field level practice.

# CBR MATRIX



# CBR and CBID (IDDC, 2012)

- Community based inclusive development is a goal – of making communities inclusive of all marginalised groups, including persons with disabilities.
- 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 community based inclusive development for persons with disabilities

# CBR Guidelines and CRPD

- CBR Guidelines: “CBR is a multi-sectoral, bottom-up strategy which can ensure that the Convention makes a difference at the community level. While the Convention provides the philosophy and policy, CBR is a practical strategy for implementation. ”
- “CBR activities are designed to meet the basic needs of people with disabilities, reduce poverty, and enable access to health, education, livelihood and social opportunities – all these activities fulfil the aims of the Convention”
- IDDC, 2012 : Link between CRPD and CBR Guidelines

# What difference can CBR make – evaluation findings (2013)

- After 5 years of implementation in an NGO project in India:
- 63% of those who needed rehabilitation and therapy, showed between 75-100% improvement. Rehabilitation and therapy interventions led to increased mobility, communication skills, daily living skills, and access to education, income generation and social participation.

# CBR effectiveness

- Accessibility improved in homes and a number of public places in the community.
- The incidence of preventable disabilities came down in the project area, with fewer numbers of children with disabilities being identified below the age of 5 years. In addition, the project was successful in preventing/correcting secondary disabilities in a number of persons.
- A majority of persons with disabilities in the project area were able to access government schemes and entitlements.
- Better awareness and knowledge led to improved health and hygiene.



# CBR effectiveness

- A majority of the family members trained continued to carry out home based rehabilitation and look after their children. They ensure that assistive devices are maintained and used regularly. They follow the advice given on where to go for specialist assistance. They support their children in education, in income generation activities; and in getting married. Parents of children with severe intellectual/ multiple disabilities now take them out for family and social functions.

# CBR effectiveness

- 92% of the identified 114 children with disabilities were enrolled in inclusive education. 96% of those enrolled, continued in the education system.
- 14 Schools in the project are made accessible, 3 with contributions from the project and the community, and the rest done by the local government and school management committees.
- 305 teachers/school authorities (Government and Private) were trained, along with 60 early child development centre teachers.

# CBR effectiveness

- 88% of those who underwent skills training continued in the same trade.
- While all those who accessed livelihoods support showed a marked increase in their family income as a result, 91% those who accessed livelihoods support were able to improve their income by 45%.
- 33 SHGs are operating in the project area, with 521 members: 142 men and 379 women.
- As a result of SHG membership, the situation of persons with disabilities is the same or, in some cases, better than that of others in the community.

# CBR effectiveness

- One of the significant achievements is sensitising and mobilising support from the local government units at village and district levels. All 8 village level government units in the project area include disability issues in their agenda and action plans, and utilise the prescribed 3% budget allocation for persons with disabilities.
- Two of the local government offices were made accessible.
- The district commissioner (administrative head of the district) and other officials are sensitised and supportive.
- The local government units follow the CBR Matrix components of the WHO CBR Guidelines for their plans and budgets for persons with disabilities. The Matrix-based plan is prominently displayed outside their offices.

# Case studies

- P is a 6 year old girl, with 2 elder sisters and 1 younger brother. She was born prematurely, following complications. She is severely disabled and undersized, looking half her age. The mother is unable to go out much and cannot join the SHG because she has to look after the child full-time.
- CBR has helped to get some of the government schemes and entitlements for the child. The local SHG members visit the family and help out with medicines; they also took the family for a day's outing with the SHG members.

# Case studies

- Mr. T, a trained horticulturist, lost his leg due to gangrene 3 years ago. He is married, and has a daughter who has intellectual and speech difficulties. When identified after his amputation, when he was depressed, jobless, had loans to repay and worried about his family's future. CBR provided him with an artificial leg (prosthesis), wheelchair and walker; and motivated him to join the SHG. After joining the group, he was encouraged to think that he was not alone in facing problems. He started a candle making business in his home with the help of a grant; and also got a contract from 2 local industries for garden maintenance. With the help of a loan from the SHG, he started this work. Today he employs 8 persons in his business.
- CBR assisted his daughter to get access to the government schemes and entitlements. She now helps her father in candle-making.
- Mr T is a resource for his SHG, he provides training to the members on kitchen gardening and has also donated books to children with disabilities and children from poor families.

# Lessons from CBR practice in Asia(WHO, 2012)

- Importance of a nodal ministry to coordinate national coverage of CBR and to promote multi-sectoral collaboration;
- Collaboration between government and civil society in promoting comprehensive CBR programmes
- Linking of community level rehabilitation activities to existing primary health care systems
- Awareness raising and advocacy across different stakeholder groups at the time of inception of CBR programmes
- Promotion of self help groups and associations of persons with disabilities
- Effective supervision, guidance and training of CBR staff at the community level
- Need for national plans for coverage of CBR in a country.

# Other lessons from recent evaluations

- Need based planning, and ensuring quick access to schemes and benefits from government helps to mobilise and motivate persons with disabilities and families.
- Advocacy for inclusion of CBR into local government plans and budgets; supplementing/strengthening the work of government; and utilising existing structures and systems instead of setting up parallel systems helps in sustainability.
- Capacity building of key stakeholders like government and persons with disabilities, and ensuring localisation 'of international concepts and terminology, for example, 'empowerment' or 'rights based approaches' leads to better acceptance,



# Lessons

- Establishment and building capacity of a structure like a 'disability working committee' that has representation from government and civil society, including local self-help groups or disabled persons' organisations helps in sustainability.
- Going beyond disability issues to address other issues of concern (health, water and sanitation, child rights for example) to the general community; and including other marginalised groups in the programme also helps in sustainability.

# How relevant is CBR today? (Thomas, 2013)

- The World Report on Disability acknowledges that “CBR pro-programmes have been effective in delivering services to very poor and underserved areas”
- CBR Guidelines summarise outcomes of CBR: “increased independence, enhanced mobility, and greater communication skills for people with disabilities; increased income for people with disabilities and their families; increased self esteem and greater social inclusion”

# Relevance of CBR

- The World Report on Disability (2011): persons with disabilities lag behind in education and employment, have less access to health care, tend to be isolated from social, cultural and political participation, and families with a disabled member experience higher rates of poverty.
- WHO(2012): in many developing countries, the majority of persons with disabilities continue to live in areas that have limited coverage of health and rehabilitation services. Poverty and the resultant poor health care, lack of access to health care, lack of awareness, poor hygiene and sanitation, and communicable diseases, continue to be the largest contributors to the causation of impairment and disability in these countries.

# Emerging challenges to be addressed in Asia-Pacific region (Yuenwah, 2012)

- rapid urbanisation
- increased incidence of non-communicable diseases
- disasters and climate change
- demographic transitions leading to increasing numbers of elderly persons
- economic challenges that can have an impact on poverty and food security.

# Future of CBR

- Factors that provide a favourable environment for continued CBR promotion:
- international frameworks like CBR Guidelines and CRPD
- recognition of the need to include disability into all development concepts and programmes
- partnerships with key stakeholders like governments and DPOs
- renewed interest in networking and sharing through national, regional and global CBR networks
- focus on monitoring and evaluation and evidence-based CBR practice

# Conclusion

- CBR continues to be relevant and needed, especially in low and middle income countries.
- CBR can be an appropriate response and strategy to deal with some of the emerging needs and challenges in these countries

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