



COMMUNITY-BASED REHABILITATION

What is community-based rehabilitation (CBR)?

- ◆ CBR is a community development strategy that aims to enhance the quality of life for people with disabilities and their families, and ensure their inclusion and participation in the community.
- ◆ 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 aims 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 (CRPD).
- ◆ CBR is implemented through the combined efforts of people with disabilities, their families, disabled people's organizations (DPOs), other community stakeholders including nongovernmental 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

- ◆ Addresses impairment, improves functioning and independence, and promotes participation of all people on an equal basis.
- ◆ Empowers people with disabilities to make informed decisions, attain their goals and understand their individual 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 functioning of people with disabilities, older persons and children.
- ◆ Fosters more positive attitudes towards people with disabilities, and develops a greater understanding of disability, rights and the importance of equity so that no one is left behind when community development activities occur.
- ◆ 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.
- ◆ Promotes inclusion of all people, particularly those with disabilities, in local decision-making, governance and resource allocation.

Evolution of CBR

(from rehabilitation services to inclusive community-based development)

- 1970s** • WHO initially viewed rehabilitation as a complex specialty requiring extensive and costly resources at the national level – with teams of professionals providing services in medical institutions (Helander, 2007). In 1974, WHO began to shift its focus to increasing access to rehabilitation services at the community level. The utilization of sufficiently trained local human resources and the development of referral systems improved the participation of people with disabilities in social and economic activities (Helander, 2007). 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).
- 1980s** • WHO published and field-tested its first CBR manual to support training in the community for people with disabilities (Helander, 2007).
- 2000s** • A joint position paper released by the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and WHO promoted CBR as a strategy within general community development for the rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities (ILO, UNESCO & WHO, 2004). This approach was adopted across various agencies and sectors, moving the emphasis from rehabilitation more broadly to general inclusive development. In 2005, a World Health Assembly resolution (WHA58.23) on disability prevention and rehabilitation urged Member States “to promote and strengthen community-based rehabilitation programmes...”. In 2009, the CBR Asia-Pacific Network was established, and WHO transitioned from being the primary driver in CBR to facilitating cooperation among CBR practitioners.
- 2010s** • In 2010, WHO published the CBR guidelines to provide guidance on 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) that are outlined in the CBR Matrix (http://www.who.int/disabilities/cbr/cbr_matrix_11.10.pdf).

Challenges to CBR implementation

- ◆ Most CBR programmes are located in urban areas, but more people with disabilities live in rural areas. Sustaining capacity development and service delivery to communities for CBR personnel remains under-resourced.
- ◆ Many countries have yet to develop disability policies and legal frameworks to legitimize CBR programmes. Sometimes further legal and administrative orders are required to support CBR at the local level.
- ◆ While CBR is gaining support from governments, more active engagement of local governments is essential in developing, implementing and sustaining CBR programmes.
- ◆ Better coordination among governments, NGOs and DPOs is needed for efficiency and more effective mobilization of resources.
- ◆ Social exclusion and stigma persist. Raising awareness regarding rights and needs of people with disabilities is still a priority.
- ◆ Government health insurance is not universally available across the Region to cover the cost of CBR. Out-of-pocket expenses can be significant for many people with disabilities.

WHO response

Under the *WHO Global Disability Action Plan 2014-2021: Better health for all people with disability*, WHO provides technical guidance for countries and areas in the Western Pacific Region that want to develop or strengthen CBR programmes. Health ministries, other relevant governmental bodies and development stakeholders receive technical assistance to develop the capacity of training providers, advance standards for training and create platforms for exchange among practitioners. WHO also supports countries in integrating rehabilitation and habilitation services into the health system with a focus on decentralization of services at the community level.



CBR in the Western Pacific Region

Countries in the Region have varied experiences and successes in implementing CBR.

More comprehensive CBR programmes

Initially, CBR programmes in the Region focused on access to health care and education for people with disabilities. Most of them now include livelihood, social and empowerment efforts.

Increased government support

At least 12 countries in the Region have a national CBR policy, strategy or action plan, with six more countries in the process of drafting such a framework. Most programmes in the Region are funded by governments, making efforts more sustainable. Increasingly the lead disability ministry or government office plays the key role (not the ministry of health).

Improved support, collaboration and mutual understanding among stakeholders

Local governments are increasingly funding CBR programmes and personnel. NGOs continue to support CBR and play a complementary role to governments. Disability-focused international NGOs have been shifting from leading programmes to supporting local CBR efforts, while international development NGOs are now funding CBR. Most importantly, DPOs are taking more active roles and participating in planning, implementation, management, monitoring and evaluation of CBR programmes. The CBR Asia-Pacific Network was established following the first Asia-Pacific CBR Congress in February 2009 in Bangkok, Thailand. Its aim was to promote and strengthen CBR across the Region and globally and to mobilize and support resources and information exchange. The first Pacific CBR Forum was held in Fiji to develop the Pacific Community-Based Rehabilitation Action Plan 2012-2014. The second Pacific CBR Forum in 2015 endorsed the *Pacific Regional Framework for Community-Based Rehabilitation 2016-2021*.



Examples of CBR moving forward in the Region

CBR in Solomon Islands

The Ministry of Health and Medical Services provides strong leadership and coordination support for the national CBR programme in Solomon Islands. A cadre of CBR workers has been trained on disability rights, empowerment of people with disabilities as well as practical advice and techniques to support people and their families.

The CBR workers are located near communities and have access to transport. As a result, the national CBR programme has reached people with disabilities in their homes; provided home-based therapy and family education; carried out home improvement for physical accessibility; joined other health departments in campaigns; promoted disability in media; assessed and provided mobility aids such as wheelchairs, crutches, and supportive seating for children with cerebral palsy and developmental delay; and undertaken community awareness-raising activities.

Integration of CBR in Mongolia

It took Mongolia many years to integrate CBR into their health system and to reach the rural areas. Along with a cascading system of training from medical to paramedical personnel on CBR, ad hoc committees were set up at the provincial level, composed not only of medical staff, but also of a DPO or local grass-roots association representative. This mechanism has progressively raised awareness among associations about the rights and capacities of persons with disabilities.

The DPO network and its members received appropriate training on advocacy as part of an empowerment process to promote the rights of people with disabilities. They succeeded in stimulating a more disability-inclusive social, cultural and political climate. The Mongolian Government signed the CRPD in 2009, and the Parliament revised at least seven national laws to be more disability-inclusive. The CBR programme has also resulted in the mapping of people with disabilities in each community and the organization of local CBR committees.

What can governments do?

- ◆ **Invest in CBR.** Use CBR as a strategy to complement and strengthen existing rehabilitation and disability-related community service provision, particularly in countries where few services are available.
- ◆ **Promote sustainable funding.** Use local resources and gradually reduce external funding.
- ◆ **Develop strong linkages between services and stakeholders.** Establish mechanisms for effective coordination between different service providers, DPOs, communities and families through referral networks and service directories.
- ◆ **Leave no one behind.** CBR provides an opportunity for local interventions to be undertaken with community resources. Oftentimes, individuals and families who have been excluded from participating in development processes due to disability are revealed.

References

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