

Community Based Rehabilitation (CBR)

1. Introduction:

REHABILITATION : 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 can no longer be seen as a product to be dispensed; rather rehabilitation should be offered as a process in which all participants are actively and closely involved.

2. COMMUNITY BASED REHABILITATION (CBR) – It is a strategy within general community development for the rehabilitation, equalization of opportunities and social inclusion of all people with disabilities. The primary objective of CBR is the improvement of the quality of life of people with disability / marginalized persons. Key principles relating to CBR are equality, social justice, solidarity, integration and dignity

CBR is not an approach that only focuses on the physical or medical needs of a person or delivering care to disabled people as passive recipients. It is not outreach from a centre. It is not determined by the needs of an institution or groups of professionals, neither it is segregated and separate from services for other people.

Conversely CBR involves partnerships with disabled people, both, adults and children, their families and careers. It involves capacity building of disabled people and their families, in the context of their community and culture. It is an holistic approach encompassing physical, social, employment, educational, economic and other needs. It promotes the social inclusion of disabled people in existing mainstream services. It is a system based in the community, using district and national level services.

Institutional rehabilitation provides excellent services to address the problems of individual disabled person and is often available only for a small number at a very high cost. Moreover, the endeavor in an institution, is often out of context to the felt needs of the disabled person, and thus falls short of their expectations. In an institutional rehabilitation program, the community is not linked with the process. Hence, when the disabled person returns home, it may become difficult for them to integrate into their community.

Disability often requires life-long management, therefore, activities aimed at enabling people with disability should be community based as much as possible.

Sustainability is the ability of project or program to continue to address needs as long as needs exist. The most basic rehabilitation activities can be carried out in the person's own community. A multi -sectoral / multi-disciplinary concept of CBR is to be adopted. This concept emphasizes working with and through the community. In response to this conceptual change, CBR is now defined as a community development program that has seven different components –

- I. Creation of a positive attitude towards people with disabilities
- II. Provision of rehabilitation services
- III. Provision of education and training opportunities
- IV. Creation of micro and macro income – generation opportunities
- V. Provision of long term care facilities
- VI. Prevention of causes of disabilities
- VII. Monitoring & Evaluation.

The core values of individual dignity, autonomy or self-determination, equality and the ethic of solidarity are fundamentals of human rights law that concern disability. To achieve this there is an increased focus on the participation and involvement of disabled people and their representatives

3. PRIMARY HEALTH CARE & REHABILITATION - Health is defined as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

Primary health care is essential health care based on practical scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of all the overall social and economic development of the community. It is the first level of contact of individuals, the family and the community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

Community based rehabilitation is fully consonant with the concept of Primary Health Care. This approach promotes awareness, self reliance and responsibility for rehabilitation within the community. It builds on manpower resources in the community, including the disabled themselves, their families and other community members. CBR encourages the use of simple methods and techniques that are acceptable, affordable, effective and appropriate to the local setting.

CBR is implemented through the combined efforts of disabled people themselves, their families and communities, and the appropriate health, education, vocational and social services. CBR program must be flexible so that it can operate at the local level and within the context of local conditions.

In case of Leprosy, the social implications of the disease are closely interwoven with the cultural traditions of society. Every society considers health and disease, and life & death in different ways and this influences the attitude taken by the community towards patient. Adverse reactions of the community tend to devalue the status of patients. This manifests itself by fear, insecurity and withdrawal leading to deviant behavior which hinders leprosy control activities.

In initial phase of CBR process it is important to identify and understand the current situation and map services; then to identify with all those concerned what gaps exist and what is required. Only then consideration by all relevant parties be given to what health service provision is most appropriate. This needs to take account of feasibility, accessibility and acceptability issues. None of this can be done without consideration of resource constraints, financial, facilities/equipment, education, transport, and manpower, including level of skills and competency required to deliver what is necessary

4. CBR PERSONNEL -

1. CBR workers are gross root workers delivering services in a community
2. Supervisors or medico social workers who organize and support gross root workers

3. Professionals such as surgeon, physiotherapist, vocational trainers, counselors to whom referrals can be made from the community.

CBR workers are key in the implementation of CBR. They are usually the main person in contact with the family. They are able to:

- Act as local advocates on behalf of people with disabilities and their families with the health services personnel
- Provide liaison and continuity of care in the community on behalf of professionals eg. Continued supervision of home programs
- Act as directors of community initiatives to remove social and physical barriers that affect exclusion
- Provide a positive role model for service users if they themselves have a disability

Professionals involved at the third level of service provision can be included, but are not limited to doctors, nurses, physical therapists, occupational therapists, counselors, support staff, orthotists / prosthetists and technicians.

The basic concept inherent in the multi-sectoral approach to CBR is the decentralization of responsibility and resources, both human and financial, to community-level organizations. In this approach governmental and non-governmental institutional and outreach services must support community initiatives and organizations

4.1. The useful initiatives for CBR can be -

- 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/)

4.2 Components of CBR program –

1. Prevention of cause of disability
2. Provision of care facilities.
3. Creating a positive attitude towards people with disabilities.
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

4.3 Empowerment component – The essence of empowerment is that people with disabilities and their families take responsibility for their development within the context of general community development. The outcome of CBR in NLEP is expected to be a change in their mindset—from passive receiver to active contributor and that each LAP participate in family and community life; in learning, playing, working, and household activities; in politics and cultural activities. Empowerment of community to assume responsibility for ensuring that all its members, including those with disabilities, achieve equal access to all of the resources that are available to that community, and that they are enabled to participate fully in the social, economic and political life of the community.

Approaches for empowering may be social mobilization, political participation, communication, Self Help Groups (SHGs) and Disabled

People's Organization (DPOs). People come together in groups to pursue common interests. A DPO is a bigger than a SHG. It is more formally structured, with office bearers and with systematic ways of conducting its work.

Providing information and choices about rehabilitation, education and livelihood, and laying out choices and opening up opportunities for decision making enhances the process of empowerment. For empowerment to happen five approaches can be used –

1. Social mobilization.
2. Political participation.
3. Language & communication.
4. Self Help Groups (SHGs).
5. Disabled People's Organizations. (DPOs)

4.4 Social mobilization

Social mobilization means to bring people and resources together to achieve a particular task. It is necessary to promote the inclusion of LAP / people with disability into all aspects of society. The purpose of social mobilization is to get disability into the social consciousness of the community and integrate the disability issue into all development programs

Political & economic approach is most powerful, it influences local economic and cultural life. Every decision made by political leaders affects local people. Society is to be involved in problem solving by understanding 'cause and effect'. Changing the policies which causes the pattern of exclusion may result in a wider and more long term effect.

The behaviors of people reveal their values and attitudes. Behaviors include how people treat each other. Understanding what motivates people is critical to bring about a change in behavior.

Advocacy and Negotiation skill is required to mobilize community. To advocate means to ask and persuade. The steps of advocacy are :

i Ask the basic questions:

- What is the problem?
- Where and when does it occur?
- Is it a one-off or does it recur?
- How does it all come about?
- Does it connect to any other problems?
- Who can do something about it?

ii. Set out what you want to achieve – a clear goal.

iii. Collect information – policy documents, legal documents, reports of seminars and conferences, information from professionals and the community, and stories from people with disabilities and their families.

vi Collect similar examples of social injustice from newsletters, TV, the community, people with disabilities , etc.

v Identify the best point at which to make an intervention – at village, district, provincial or state level.

vi Look at how decisions were made :

- what is the process ? What is the decisive moment Whose opinion carries most weight and why ?
- Build a good working relationships with decision-makers, agencies, media and allies.
- Make sure the interests of people with different impairments and multiple disabilities are included.
- Follow-up, review, change the plan.
- Document the process – the successes and failures.

Negotiation: The SHG or DPO will :

- Agree on a core demand and what can and cannot be negotiated away.
- Try to understand the point of view of the other parties who might be able to influence the decision-making.
- Look for points of agreement between parties not just the differences.
- Take into account the belief system and spiritual background of the different parties.
- Choose a negotiating team and allocate roles to each team member – who will open up the conversation, who will keep a record, who will ask questions etc.
- Organize and co-ordinate the event – decide whether to arrange a high profile event, how to use the local media etc.

4.5 Political Participation -

Political & economic approach is most powerful, it influences local economic and cultural life. Every decision made by political leaders affects local people. Society is to be involved in problem solving by understanding 'cause and effect'. Changing the policies which causes the pattern of exclusion may result in a wider and more long term effect.

Political participation means people using their power as citizens to take part in and shape the decisions that affect their lives.

This means being involved in government at local, regional and national levels, and playing an active part in politics parties, choosing representatives and voting. It included contesting elections and standing as representatives , and forming, shaping and implementing policies. It also means being active from outside the political structures by

pressuring, persuading and lobbying to ensure representatives take the interest of people with disabilities seriously.

The element is about enabling people with disabilities take part in the family, community decisions and in political decisions which affect their lives.

The goal of political participation is integrate disability issues into political decision-making, to put these issues at the centre of policies, programmes and their implementation, and for people with disabilities to be active decision-makers.

There are six long-term outcomes for political participation :

- Increased awareness of political processes by people with disabilities and their family members;
- Increased awareness of civic rights;
- Increased awareness of civic responsibilities;
- Ability to exercise civic rights and responsibilities.
- Increased knowledge of how to benefit from policies and programs.
- Ability to get grievances redressed through political processes.

Decisions are made by the people with power. Analyzing what underpins someone's power – what makes him or her powerful – is the first step to being able to influence this power and start to play a role in decision-making.

Politics means the power play between groups of people with different ideas and interests. The tensions, struggles, and arguments between these groups are the practice of politics. (See also the element on Social Mobilization).

There are three branches to government : the legislative branch e.g. parliament, the judiciary eg. The courts, and the executive e.g. the bureaucracy. The CBR programme needs to know who the key players are on each of the government bodies, how the bodies relate to each other, and how they make decisions.

Politics is about power and therefore participation in the political process is critical to achieving inclusion. Participation in this process involves identifying issues, prioritizing them, separating causes from effects, and choosing from a range of methods, such as lobbying, voting and campaigning to influence that decision-making and bring about change.

4.6 Communication and Language -

Communication is a two way process that is important in every one's life. People communicate for many reasons, for example, to make social contract, to exchange news, to express their needs and their feelings. It is not just about words but also about facial expressions – smiles, frowns, stares, about gesture, touch, noises. All these aspects of communication are used to build relationships with each other. Without using at least some of these words, sounds, signs and symbols, it is difficult to relate to each other.

Communication is an essential part of social, cognitive and emotional growth. As such, it is a key element in the process of empowerment and underpins inclusion and equal rights. Communication is a basic human need.

Communication is basic human right. Talking with others, listening to others, expressing our wants, emotions, opinions connects us to our family and community. Impairments of various sorts can hamper both verbal and non verbal communication. The CBR program plays a key role in working with people with disabilities to improve their ability to express

themselves and to engage with others. Sometimes the assistive solutions are simple, sometimes more technical and sophisticated.

Communication is not straight forward. Our relationship with the other person, feeling intimidated, having less status, being stereotyped, being left out and ignored, feeling small because the other person talks in incomprehensible jargon, having our wishes pre-empted rather than being asked- all these factors are just as important as more obvious factors such as hearing or speech.

4.7 Self-help Groups (SHGs) -

Enable people with disabilities to form Self-help Groups to advocate for themselves and to take responsibility for their own development. In CBR programs, the outcomes for SHGs are:

- Increased visibility of group members within the community;
- Stronger support for individual group members;
- Better solving of group problems;
- Enhanced mainstreaming of disability issues into development projects;
- Increased sense of group identity among the group members and of the group within the community;
- Members becoming a resource to the community, for example as bookkeepers, rehabilitation workers and facilitators.

Self-help Groups work to these values:

- Mutual respect, and an understanding that everyone knows something and there is no one who knows nothing;
- A recognition of the strengths of the weakest and poorest members;
- The participation of people with severe and multiple disabilities;
- The equal participation of women with disabilities.
- Leadership from amongst the weakest sections of the group.

The characteristics of SHGs include:

- a common goal which is shared by all and which originates from the needs of the members;
- a group name;
- a set of rules and regulations, and guidelines on how to work together
- shared responsibility among the members;
- democratic decision – making;
- Leadership from within the group.

Groups often need considerable support and capacity building before they can function effectively and democratically. Members may need a mix of skills including:

- How to prepare an agenda
- How to write minutes
- How to conduct meetings
- How to resolve differences
- How to facilitate consensus
- How to learn from failure
- How to delegate tasks
- How to plan and review progress
- How to speak in public with confidence

Other trainings for the group may include:

- Analyzing skills – identifying the common threads between individuals' problems; connecting the shared problems to the wider issues of disability and poverty;
- Linking issues – identifying the links between disability, poverty and discrimination;

- Joining with others – understanding the benefits of joining with other groups who are working on similar issues and translating these mutual concerns into social action.

Self-help Groups have become the focus of development around which many disadvantaged communities have found solutions to their day to day problem, and from which rights movements have made real progress in gaining justice and equity.

The concept of self-help has given a new dimension to the disability movements in countries around the world.

4.8 Disabled People's Organization (DPO) -

They are membership organizations. Initially a few people with disabilities come together and form a group. They work to increase membership and draw up a constitution. They register as a legal entity. The membership becomes the General Body of the organization. The General Body elects a Governing Body.

The Governing Body elects office bearers.

The General Body meetings are conducted every one or three years. The function of the General Body is to elect the Governing Body, to approve the annual report and financial statements of the organization and also to make amendments to the constitution.

The Governing Body is accountable and responsible for conducting the affairs of the organization. The office-bearers include president, secretary and treasurer. They are the legal holders of the organization. The Governing Body employs staff to implement its policies and programs. The DPO is also accountable to its members and to other constituencies such as donors, staff and volunteers, service providers, and statutory bodies such as government agencies.

DPOs are bigger and more structured version of SHGs. DPOs focus more widely on influencing policy and resource allocation. By working together, SHGs and DPOs are able to meet the needs of people with disabilities at the local and wider level, and in the short and long-term. The CBR program achieves its objectives largely through these groups.

6. Steps in implementation of CBR –

- I. Identification of person requiring rehabilitation services.
- II. Assessment of disabilities and various needs for rehabilitation of identified person.
- III. Provide the basic services through PHC, such as drugs, dressing materials, protective footwear, counseling and training in self care.
- IV. Introduce / escort the person to 'Village Health & Sanitation Committee' along with his/her problems or issues.
- V. Refer him/her to secondary or tertiary care center for physical rehabilitation services, like ulcer care, physiotherapy, surgical treatment, treatment of eye complications, prostheses and so on. Follow up of referral services is also an essential task.
- VI. Facilitating the accessibility to 'socio-economic rehabilitation services' through social welfare department by a 'CBR worker'. A health supervisor, MPW, ANM, AWW, ASHA, or even a volunteer can play the role of CBR –worker. Joint efforts by 'Village health & sanitation committee' will be often required.
- VII. Review meetings by all stake holders, to discuss the progress of CBR project or individual's problems will help in expediting the rehabilitation.
- VIII. District Nucleus steers the rehabilitation activities and provides support to CBR workers in facilitating the accessibility to different services
- IX. Coordination with social welfare department and working jointly.

X. Education of people, behavioral change communication and all effort to reduce stigma need to be carried out simultaneously and jointly so that rehabilitation activities can be carried out smoothly.

XI. Participatory Evaluation of CBR services/projects at definite intervals will open the avenues of effective and sustainable rehabilitation