

# An Introduction to Community Based Rehabilitation Continuing Medical Education

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## Abstract

India has more than one billion population distributed over 27 States & 7 Union Territories that are further divided into 557 administrative units called districts. About 78% population lives in rural areas. There are about 5% of persons with disabilities (estimated disabled population 6 crores). These are relatively conservative estimates. Some sources estimated 10-11% of the total population with disabilities, implying 100-110 millions. About 15% of people who live in urban areas have access to some kind of rehabilitation service whereas in rural areas it is only 1%. On average 5-10% person with disabilities has access to basic rehabilitation services (1).

Earlier understanding was Impairment leads to Disability but the most significant aspect of the change in present days, is the recognition, that role of people with disabilities can be limited in their participation in family, community and societal roles not merely because of physical or mental impairments, but because of societal attitudes and environmental barriers.

## DEFINITION

Community Based Rehabilitation (CBR) is a strategy within general community development for rehabilitation, equalization of opportunities and social inclusion of all people with disabilities (2). Approximately two decades have passed since the concept of community based rehabilitation (CBR) was presented as a strategy for improving the lives of people with disabilities. But, despite the progress made in the past two decades, there are still millions of people with disabilities do not receive basic rehabilitation services and are not participating equally in school, work, or social activities (3). According to Werner (1997) CBRs' biggest strength is that it tries to reach all people with disabilities, especially those in greatest need. He also said that though disabled people are seen as objects to be worked on, not leaders, organizers and decision-makers (4).

There are three main meanings attached to the notion CBR

### 'PEOPLE TAKING CARE OF THEMSELVES'

- All the Activities that disabled people, their family members and community members do in their community for disabled persons such as general care, adaptation of family members to disabled, education, health etc using whatever they know, whatever they have, in whatever circumstances

- 'A Concept and an Ideology'
- CBR promotes decentralized approach to service delivery
- It is based on the assumption that community members are willing and able to mobilize local resources and provide appropriate services to disabled people. This concept was tried in many CBR programmes in developing world by using governmental machinery but has remained as an ideology and proved unrealistic in most cases.

### 'PROGRAMMES, PROJECTS, ORGANIZATIONS'

- Recognizing human and material resources limitations of disabled people, their family members and other community members, a CBR programme tries to promote and facilitate CBR
- How?
- By visiting disabled and their families in their home, providing information, training, therapy, promoting their rights
- Disadvantage- CBR Programmes consider local culture as an obstacle rather than facilitator

**APPROACHES TO REHABILITATION**

Medical Model:

- Followed by Institutes i.e. Institutional Based Rehabilitation (IBR)
- Usually from Centre/ Outreach/ Mobile/Camp
- Service providers only concentrate on medical problems -look at the eyes, hands or legs
- Prescribe, occasionally intervenes and consider medical rehabilitation is the only answer-  
RELATIONSHIP OFTEN GIVER & TAKER

Medical + Social Model :

- Community and persons with disabilities (PWD) are major resource
- More democratic- PWD are principal decision makers
- Reflects rights perspective rather than typical charity
- Rehabilitation takes place at the doorstep of PWD
- Social inclusion more important than medical rehabilitation
- Early Intervention+ Regular Follow Up+ Total Rehabilitation

**Figure 1**

Table 1: Different Approaches to Rehabilitation

	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

**ADVANTAGE OF CBR PROGRAMMES ()**

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

**LIMITATIONS OF CBR PROGRAMMES**

- Different priorities in poor- Survival needs has more priorities than solving problems of disabled. CBR programme should therefore be focusing on essential needs.
- Complex Organization-
- Low field activity- Educated workers rarely go to field and also find hard to communicate with low educated disabled people.
- Low Social status to CBR worker- Frontline 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

- Expensive approach- as focus on quality (few hardcore patients)

### **WHAT CBR IS ABOUT?**

- Hard Work- It involves visiting individuals and family at home, identifying problems and providing care and guidance, and follow up of patients
- Not easily measurable and quantifiable- How do we know if a school lesson given by CRW is the reason why former school girl will come to eye clinic when she gets cataract at age of 50 years

### **GOOD CBR PROGRAMME**

Build on

- Widespread and existing resources of community
- Ideas and skills which are existing in minds of family members, community and disabled
- Has inbuilt community level programmes
- Part of national agenda in dealing with disability

- Training to general MPW in rehabilitation
- Coordination between various H&FW programmes
- Hospital to add CBR component to their outreach services
- Professional and political commitment

Therefore in summary, for a good CBR PROGRAMME, SMALL existing community input (knowledge and skills )should lead to LARGE output (application and energy)

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