

MDG 4 and 5 – REDUCE CHILD MORTALITY AND IMPROVE MATERNAL HEALTH

POWER TO THE FAMILY: AN INTRODUCTION TO COMMUNITY-BASED REHABILITATION

Lorraine Wapling

INTRODUCTION

A disabled person's family is their key resource. That lies at the heart of Community-Based Rehabilitation (CBR). Traditionally, CBR has formed a major part of interventions aimed at disabled people – and there are a number of different ways to approach it.

BACKGROUND TO CBR

Governments and Non-Governmental Organisations (NGOs) have both been major providers of social service programmes as part of national development efforts. However, these have been planned and implemented using a top-down approach with either superficial or no participation from communities. Since the early 1990s there has been a gradual shift towards recognising the need to involve stakeholders in all talks on planning, implementation and evaluation. This rights-based approach is concerned with empowering communities to find ways to reduce poverty in locally appropriate and sustainable ways.

However, reliance on the top-down approach has been particularly pervasive for the disabled community – and in many cases continues today. That is because of strongly held assumptions by governments and the NGO sector that disabled people will always be dependent – rather than economically active – and need to be cared for. This individual model approach

has prevented disabled people from benefiting from most mainstream poverty alleviation programmes. With the advent of a growing Disability Movement, disabled people have started to challenge this approach and to begin demanding that they, too, are involved in decision making about issues affecting their lives. As Disabled Peoples' International explained, *'Nothing about us without us!'*

For over two decades now, the trend in rehabilitation has been moving towards placing greater reliance on family and community resources. Most disabled people in Africa – about 85% – live in rural or marginal urban communities and therefore have been unable or unwilling to go to the few rehabilitation and vocational training institutions that exist. Therefore, most disabled people were getting little or no support. The need for a more effective and accessible approach became obvious. So a method called Community-Based Rehabilitation was developed which saw families, carers and local communities taking a more important role.

WHAT IS CBR?

Commonly, Community-Based Rehabilitation (CBR) is defined as:

A strategy within community development for the rehabilitation, equalisation of opportunities, and social integration of all disabled people.

Currently in practice in more than 90 countries, CBR is a strategy for involving disabled people in the development of their communities by enabling them to adapt and participate. CBR is implemented through the combined efforts of disabled people themselves, their families and communities, and appropriate health, education, vocational and social services (WHO, 1994).¹

At the community level, CBR is a component of an integrated development programme. It should be based on members' decisions and will rely as much as possible on local resources. The family of the disabled person is regarded as the most important resource. Its skills and knowledge are promoted through training and supervision and, if needed, by encouraging the use of locally produced adaptive technology. The community is encouraged to support families to carry out rehabilitation at home and to open up all local opportunities for education, training and employment.

CBR IN PRACTICE

CBR is often practised as an outreach or extension service. The objective is to bring professional rehabilitation services to a larger number of disabled children and adults, particularly in rural areas. Once identified, the child or adult with impairment is subject to a regular programme of visits made to the community, often by a multi-sector team.

Despite the important desire to make this an empowering and community-based process, many CBR programmes are confined to working at family level and do not integrate or involve the wider community. In reality, many parents and families still feel isolated and are not getting enough support. Disabled

people are still largely excluded from mainstream community decision-making activities and continue to be subject to discrimination as CBR tends to reinforce the individual model (especially the medical model) approach.

NEW DIRECTIONS IN CBR

In recognition of the fact traditional CBR approaches have failed to really tackle disabled people's exclusion, major new guidelines have been developed by the World Health Organisation on CBR. These will include information on inclusive education, self-advocacy, community participation, empowerment, people-centred development, humanism, access and social change.

Many programmes now recognise the importance of DPOs (Disabled People's Organisations) and CBOs to ownership and sustainability – and are working to support their development. Capacity building of DPOs and parents associations means working with them to enhance their resource mobilisation and management capacities to prioritise, plan, implement and finance activities which bring benefits to members. These are strategic issues that require long-term support, as these organisations are usually fragile with low self-esteem and lack wider community recognition.

INVOLVING DISABLED PEOPLE

For any CBR programme to be sustainable, disabled people's involvement should be central. The empowerment of disabled women and other particularly vulnerable groups – such as people with learning impairments – should form priority agendas. An autonomous CBR programme does not exclude

professionals. However, the professional's role should not be seen only as that of 'transferring technology' but should begin also with recognising the clients' rights, power and ability. Disabled people, parents and the community also have knowledge and skills to share.

FURTHER RESOURCES

World Health Organisation – new CBR Guidelines 2010

www.who.int/disabilities/cbr

The Lancet Volume 374 No. 9704 pp. 1793 – 1866
28th November 2009 edition of the *Lancet* focused on disability and health issues, with articles by some leading experts in this field

www.thelancet.com

Policy into Practice and Practice into Policy: how disability practice informs policy: Uganda and Ghana – Diane Mulligan, Sightsavers International, UK, 2009

http://www.sightsavers.org/learn_more/reports_and_research/10817_09%20Diane%20Muligan%20Paper%20NDR%202009%5B1%5D.pdf

World Health Organisation paper on the links to CBR with different Millennium Development Goals, 2009

<http://www.who.int/disabilities/media/events/idpinfo031209/en/>

Disabled Village Children – David Werner, 2009 (updated)

http://www.hesperian.org/mm5/merchant.mvc?Store_Code=HB&Screen=PROD&Product_Code=B040

¹ WHO, ILO et al joint position paper (2004) *A strategy for rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities.*