

Community Eye Health

Volume 11 Issue No. 28
1998



INTERNATIONAL
CENTRE FOR
EYE HEALTH

AN INTERNATIONAL JOURNAL TO PROMOTE EYE HEALTH WORLDWIDE

Community Based Rehabilitation: An Introduction

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Most 'Community Based Rehabilitation' (CBR) programmes implemented thus far do not result from the creativity and hard work of the local people themselves. They are products of foreign policy and interest, with the input of foreign manpower and money.

At present CBR programmes are largely financed by overseas agencies and plans are made to fit donors' requirements. This has led to a wide diversity of meanings currently attached to the term 'CBR'. Most people will however agree with the following 'definition':

CBR Programmes

- improve, facilitate, stimulate and/or provide services
- are for people with disabilities (PWDs), their families and carers
- are situated within the locations of these families and communities
- are implemented through local full or part time, paid or volunteer community rehabilitation workers (CRWs)

- train, follow-up and manage their CRWs
- are provided within a certain organisational set up.

There are currently 3 main meanings attached to the notion 'CBR':

1. Community Based Rehabilitation: 'People Taking Care of Themselves'

Services for people with disabilities (PWDs) in most regions in developing countries are still limited to what people can do for themselves. This is the 'real' CBR: all the activities that disabled people, their family members and other community members do in their own community for disabled persons, such as general care, accommodating each other's needs (i.e., family members adapting themselves to the situation of the disabled, and vice-versa), education and health, using whatever they know, whatever they have, in whatever daily circumstances that exist.

2. Community Based Rehabilitation: A Concept and an Ideology

CBR as a concept and an ideology, promotes a de-centralised approach to rehabilitation service-delivery, whereby it is assumed that community members are willing and able to mobilise local resources and to provide appropriate services to disabled people. This concept has been tried out in many CBR programmes in the developing world, by the



*Mobility and orientation training by the
Community Rehabilitation Worker*

Photo: Liz Moulton

use of government staff and facilities, but has in most cases proved to be unrealistic.

3. Community Based Rehabilitation: Programmes, Projects, Organisations (mostly Non-Governmental Development Organisations)

Recognising the human and material limitations of disabled people, their family members and other community members, a CBR programme tries to promote and to facilitate CBR (see above: 1), by visiting the disabled persons and their families in their homes, providing appropriate information, therapy and/or training, promoting and facilitating rights and duties of disabled persons, family and community members.

Unfortunately, such CBR programmes often consider 'local culture' as an obstacle, rather than as a condition towards progress.

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*This issue is generously
supported by*

**Christoffel
Blindenmission
Germany**



**National Foundation
for the Visually
Impaired and Blind
The Netherlands**

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Moorfields Eye Hospital
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Indian Edition

An Indian edition with a local supplement is published and distributed by DANPCB in Delhi.

Typeset by

Regent Typesetting, London

Printed by

The Heyford Press Ltd.

ISSN 0953-6833

The Main Problems of CBR Programmes

1. Poor families' priorities may be at the level of survival needs, rather than solving problems of a disabled member. Poor living conditions of most people with disabilities are also poor conditions for rehabilitation. The objectives of individual CBR programmes, therefore, have to be very realistic, focusing on essential needs.
2. The organisation and management of good CBR programmes is complex and difficult in countries where people often have no tradition of formal management and handling funds.
3. Highly educated workers don't like to go into the field, and may find it hard to communicate well with disabled people who are often uneducated or under-educated. Front-line CBR is a low-profile job, which gives no social status to people who already have higher education. These factors influence the type, level and quality of the services which can be provided by a CBR programme.
4. For several reasons, CBR programmes might often be too much for communities to accommodate. It is precisely the 'lack of community', i.e., the break-

down of traditional social structures, that contributes to the many problems facing developing countries. Thus, it is unlikely that these same weakly-constructed communities could organise appropriate services for their PWDs.

Conclusion

Some CBR programmes have had quite good results, by building on the most widespread positive resources, ideas and skills for CBR, which are those already existing in the hearts and minds of mothers and fathers, grandparents, neighbours and disabled persons themselves. If CBR is to have an impact on hundreds of thousands, rather than on merely hundreds, then programmes must study, value and encourage these vital existing community resources. No plan should be approved unless some 'multiplication factors' are built in, whereby a small input of knowledge and skills can bring into play a much larger amount of application and energy.

Reference

- 1 Vanneste G. CBR in Africa. A critical review of the emerging scene. *Asia Pacific Disability Rehabilitation Journal*. 1997; 8: 34-7

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Indian Supplement to the Journal

The most recent issue has the following articles:

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K Vaidyanathan, D N Chaudhry

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Community Eye Health

Supported by:

Sight Savers International (United Kingdom)

Christoffel Blindenmission (Germany) and

Christian Blind Mission International

**Danish Assistance to the National Programme for
Control of Blindness in India (Denmark/India)**

International Glaucoma Association (United Kingdom)