

Physical rehabilitation & Community based rehabilitation (CBR)


Chapal Khasnabis
Disability & rehabilitation team
khasnabisc@who.int




World Health Organization

CBR Joint Position Paper (2004)

- Multi-sectoral strategy:
 - basic needs
 - poverty reduction
 - rehabilitation
 - reaching out
 - equal opportunities
 - social inclusion
 - human rights



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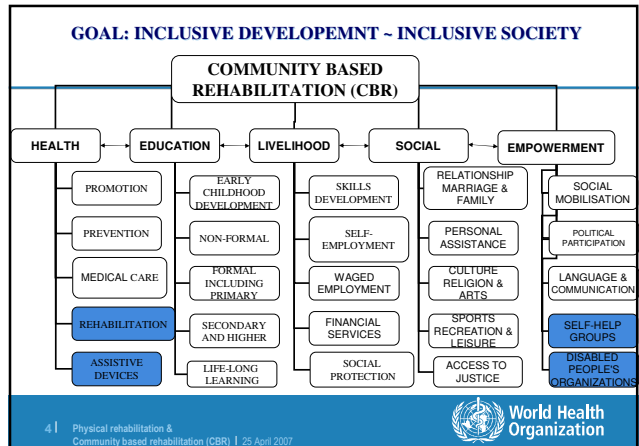
CBR Guidelines a joint project of WHO, ILO, UNESCO & INGOS

- CBR is community action to facilitate people with disabilities having the same rights & opportunities as all other community members.
 - including equal access to health care, education, skills training, employment, family life, social mobility, political participation
- CBR is a strategy for Community Based Inclusive Development
 - Inclusive Health, Inclusive Education, Inclusive livelihood, Inclusive Society

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WHO-ISPO joint position paper

- Physical rehabilitation is usually provided from a city based Institute/centre known as IBR (Institute based rehabilitation)
- IBR and CBR are complimentary to each other
- CBR's success depends on its linkages with referral/ specialized services (including IBR)
- Most basic rehabilitation activities - carried out at community level whereas, specialized services are by referrals.

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Partnership with CBR

- Providing a good quality orthosis or prosthesis does not achieve its ultimate goal until a person becomes an active contributor than a passive receiver.
- Orthosis/prosthesis/physical rehabilitation – often, first step towards inclusion and participation. Partnering with CBR or any community based activities/organizations helps to achieve it.
- CBR programme and specialized/referral services need to work together to ensure benefit of physical rehabilitation programme reaches to the majority.

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Strength of partnership

- Early identification & Intervention
- Better follow up
- Optimization of physical rehabilitation programme
 - children attending school
 - adults accessing skills for possible employment
 - earning a livelihood
 - having equal citizenship
- Adaptability of local condition, minor repair & maintenance
- Resource mobilization

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Weaknesses

- Isolated physical rehabilitation programme
- Poor linkages with Ministry of Health
- Poor linkages with CBR or any community based programmes
- Physical rehabilitation is not often part of the development/rights based approach/movements
- Short term commitments – often donor driven

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Opportunities

- UN Convention on the Rights of Persons with Disabilities – "enjoyment of all human rights and fundamental freedoms" especially, Article 20 - Personal mobility and Article 26 - Habilitation and rehabilitation
- Better political environment especially, Article 32 - International cooperation; Article 33 - National implementation and monitoring
- Lessons learnt from past mistakes
- World Health Assembly resolution (WHA58.23) on disability, including prevention, management and rehabilitation

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Challenges

- Attitude, knowledge and skills of professionals
- Economic and social argumentation on the need and benefit of Rehabilitation services
- Initiation of programmes during crisis/emergency situation
- Involvement of State especially Ministry of Health
- Looking beyond prosthetics and orthotics programme
- Sustainability – linkages with CBR/CBO

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Chain for Action



- AMRO – Dr. Armando J. Vásquez vasqueza@chi.ops-oms.org
- EURO – Dr. Francesca Racioppi frr@ecr.euro.who.int
- PAHO – Dr. Hishashi Ogawa OGAWAH@wpro.who.int
- SEARO - Dr. Santikarn Chamaiparn santikarnc@searo.who.int
- EMRO – Dr. Mohammad Taghi Yasamy yasamym@emro.who.int
- AFRO - Dr. Olive C. Kobusingye kobusingye@whoafr.org

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Conclusion

- Reaffirm UN Standard Rules declaration "**Preconditions for Equal Participation are Rule 1. Awareness-raising, Rule 2. Medical care, Rule 3. Rehabilitation and Rule 4. Support services**"
- Physical rehabilitation makes a difference – all stakeholders need to work together, especially to promote the concept "**allocating resources to rehabilitation is an investment**"
- Physical rehabilitation personnel to understand the need and benefit of linking up with a CBR programme and vice-versa.
- Develop a long-term programme with a mechanism for community reach out from the initiation of programme; partnership with CBR or facilitate formation of CBR/SHGs/DPOs

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