

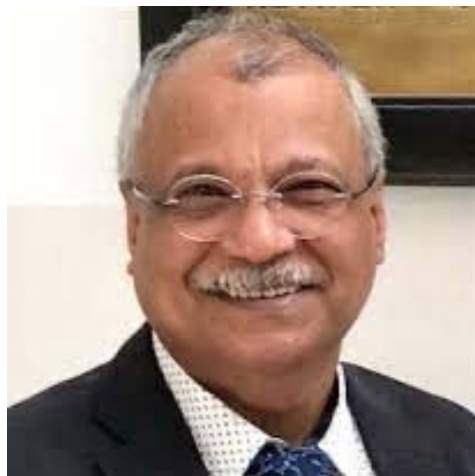
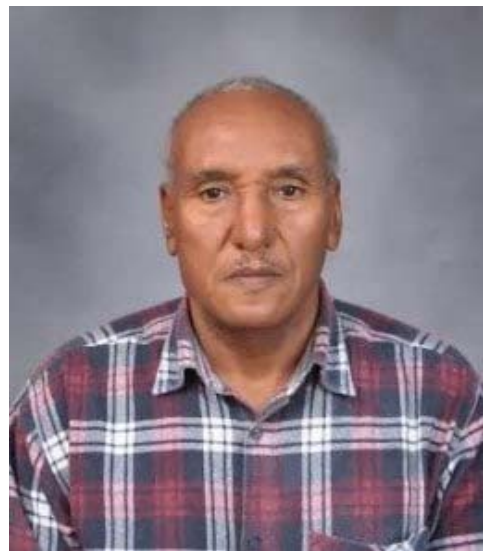
“Victim Assistance Experts Meeting”

23-24 November 2022

Does CBR still work?

Huib Cornielje





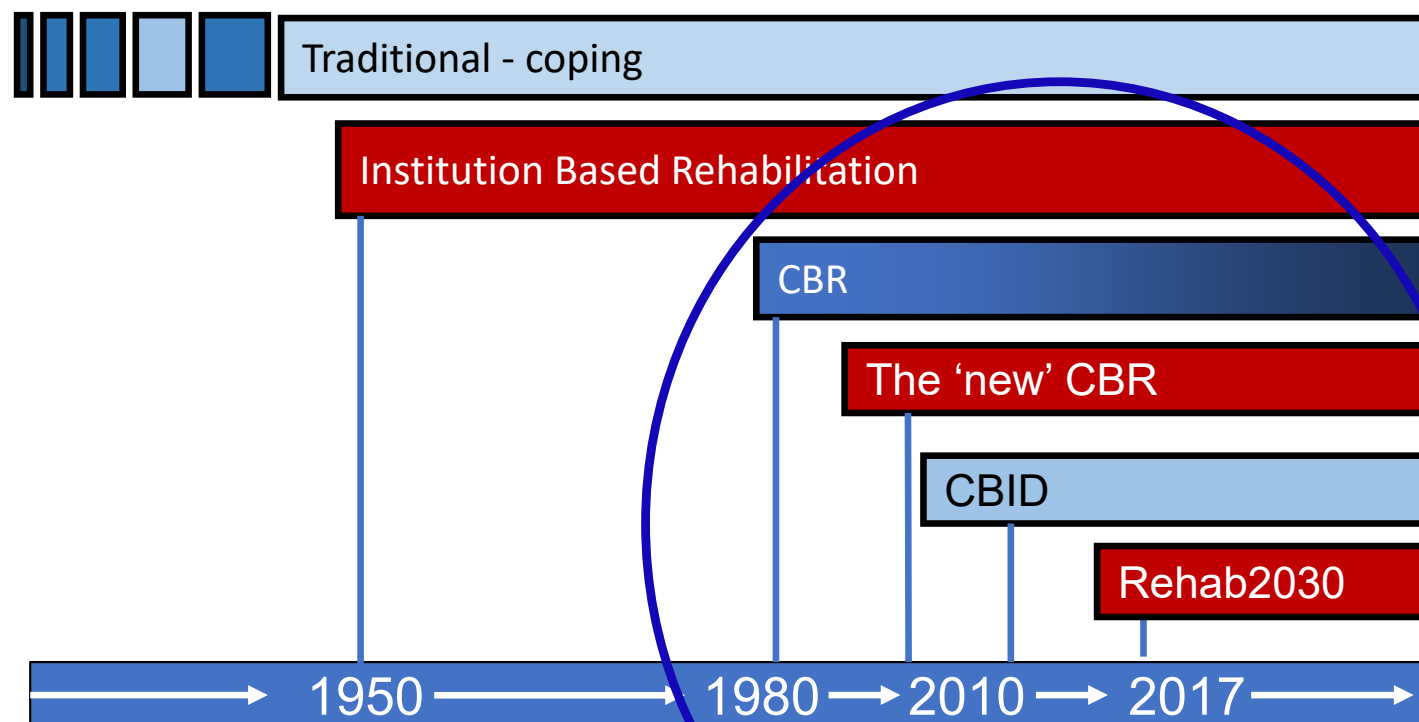
**Can we do
without CBR?**

It seems so, but...

CBR is ...

- about delivering **essential** rehabilitation with **limited** and **local available resources** to as **many people** as possible...
- an approach specifically introduced for **low-resource settings**.
- been promoted internationally for over 40 years as a **core strategy** for improvement in the **quality of life** of people with disabilities and their families.

Developments over time...





CBR: the past...

- Largely focused on service delivery
- 'Rehabilitation at the doorstep'
- Dominated by the medical model (?)



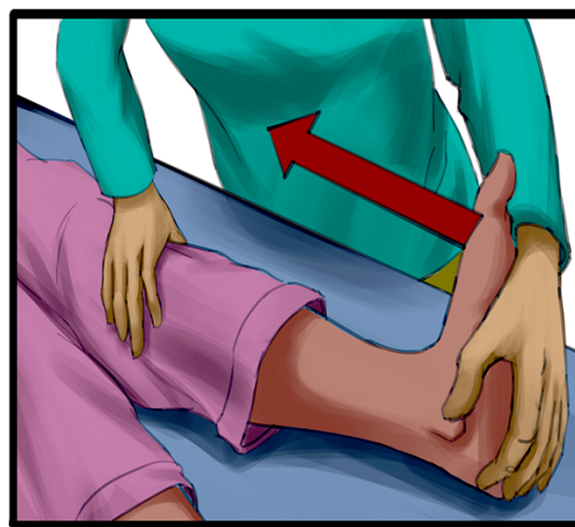
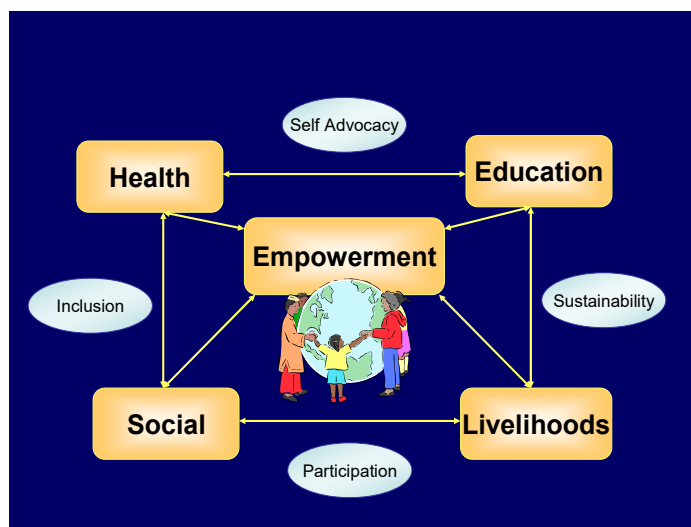
A Journey to

Where are we now with CBR?

- Strong emphasis on social and rights-based models
- Big difference will be made with(in) Mainstreaming
- Involvement of people with disabilities and OPDs... Ownership
- CBID is goal and CBR is the strategy (IDDC 2012)
- CBID is increasingly promoted; CBR in spite of this is still needed and will continually be needed
- Rehab-2030: rehabilitation as part of Universal Health Coverage

CBR: what it is (not)!?

- It is about rehabilitation in a broad sense taking the ICF and CBR matrix as its conceptual framework.
- It is not only about rehabilitation in a narrow medical/therapeutic sense.





Why CBR?

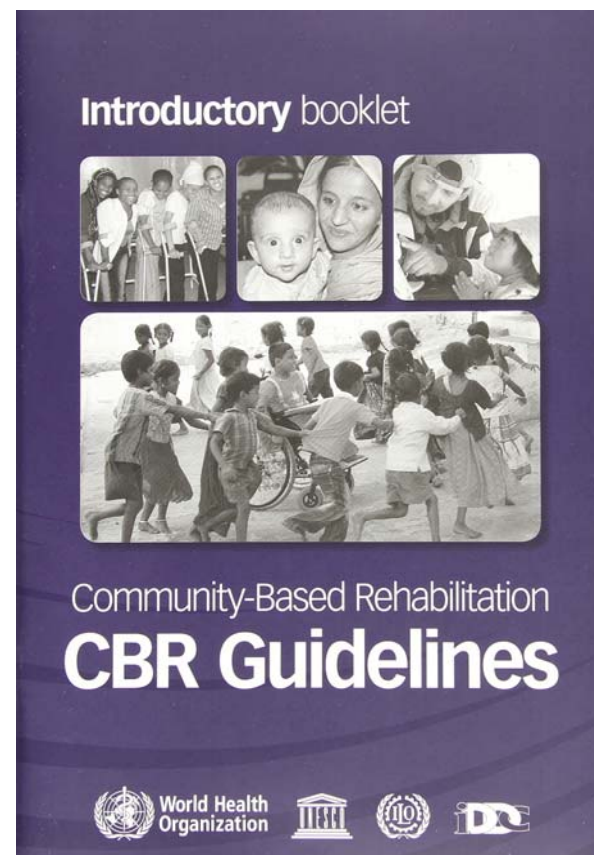
There is a huge gap – an ocean as someone told me a while ago – between the needs of people with disabilities and the available services and resources (human and material) in many countries.

Why CBR?

- Rehabilitation resources are still scarce in many countries.
- Rehabilitation services in many countries are not well accessible and if available, are limited to the happy few living in urban areas.
- The situation in some countries is getting worse as the most basic forms of rehabilitation are under serious pressure.
 - *Think about the 3Cs: Covid, Climate change and Conflict!*
 - *Think about countries such as*
- Rehab-2030 ups and downs...

Why CBR?

- CBR with its original focus of Rehabilitation for All is slowly and deliberately being moved into CBID, which is more about **'mobilising communities than about improving service delivery'** according to some advocates of this change.
- The quality of services remains poor; rehabilitation at field level is or becomes virtually absent (especially in countries with ongoing and new conflicts e.g., Myanmar, Ethiopia, Ukraine).



2021 STARS report of Rwanda

A WHO Tool for the **S**ystematic **A**ssessment of **R**ehabilitation **S**ituation

“At peripheral level, rehabilitation is almost unavailable. In the public sector, there is no rehabilitation available at Health Centers and at PHC level. District hospitals clearly lack capacity for outpatient rehabilitation. Despite national CBR program guidelines from the national CBR Committee, little rehabilitation in the community is happening”

2021 STARS report Rwanda: a recommendation...

*“Establish an **Essential Package for Rehabilitation** at Primary Health Care level (Health Centers), either through **task-sharing** or with **newly established rehabilitation personnel**”*



A problem which I notice...

People with and without disabilities in LMICs never asked for a change from CBR into CBID

“Out of Service Delivery; Into Community Mobilisation”



What is needed?

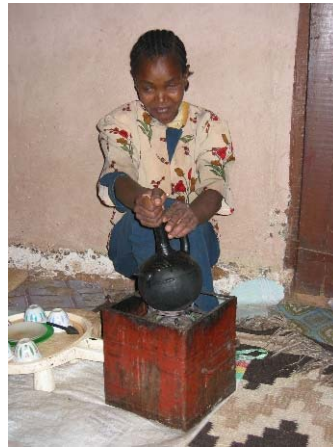
- A recognition that:
 - Disability is... evolving from a health condition
 - People with disabilities are particularly vulnerable in **public health crisis** (e.g. **Covid-19**), **Conflict** and other disasters such as the results of **Climate change**



Can **they** do
without CBR?

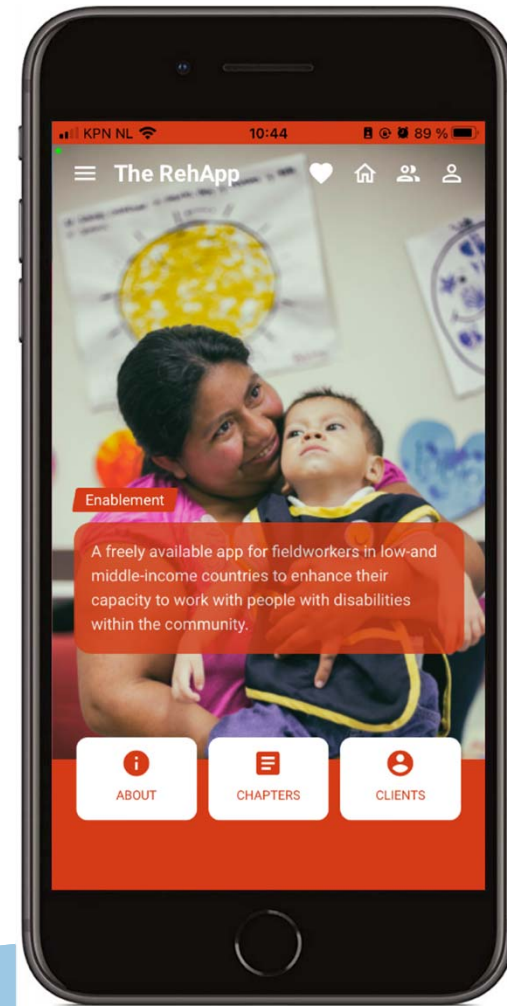
No, they can't as long
as they belong to the
economically poorest
2 billion, and hardly
even have access to
PHC or primary
schooling!

**CBR is often the only
service that is being
available to them!**

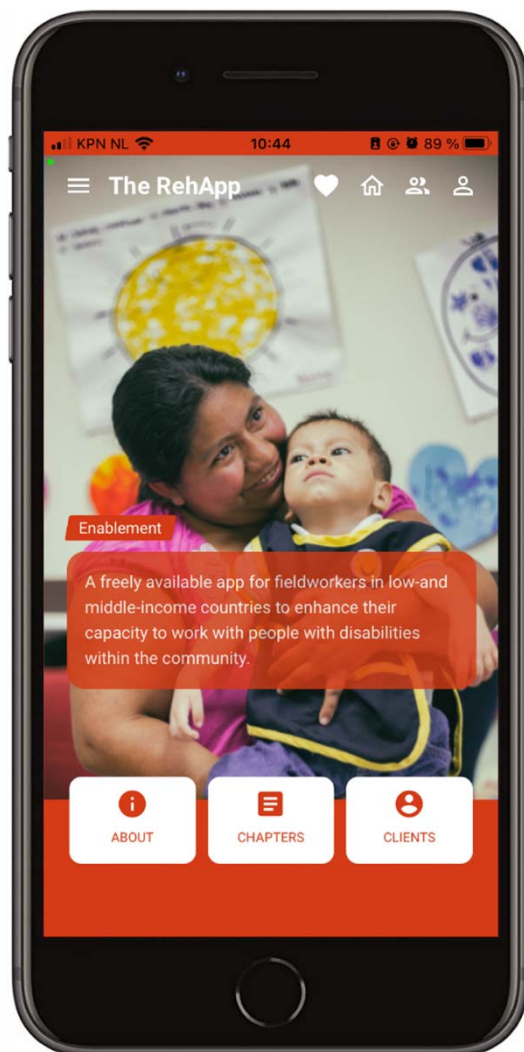


What is needed to reach the unreached?

- **Top-down steering:** Construct a viable public rehabilitation system for All. Rehab-2030+?
- **Bottom-up development:** Embedded in the community, for people with disabilities in the economically poorest 2 billion.
- They and their families would benefit from acquiring basic knowledge and skills and assistive technology with which they could make an easier life with their impairment.



RehApp 2.0: a tool that will empower the masses



Power at your fingertips
to empower others!