



CHAPTER 44

COMMUNITY BASED REHABILITATION FOR PERSONS WITH DISABILITY

Promise Ndudiri Ordim Ph.D

Special Needs Education

Ignatius Ajuru University of Education, Port Harcourt, Rivers State.

Introduction

Community Based Rehabilitation (CBR) is a community development strategy that aims at enhancing the lives of persons with disabilities (PWDs) within their community. Community-based rehabilitation (CBR) was initiated by WHO following the Declaration of Alma-Ata in 1978 in an effort to enhance the quality of life for people with disabilities (PWDs) and their families; meet their basic needs; and ensure their inclusion and participation in societal activities. While initially a strategy to increase access to rehabilitation services in resource-constrained settings, CBR is now a multi-sectoral approach working to improve the equalization of opportunities and social inclusion of PWDs while combating the perpetual cycle of poverty and disability. CBR is implemented through the combined efforts of PWDs, their families and communities, and relevant government and non-government health, education, vocational, social and other services (WHO 2004).

In the ILO-UNESCO-WHO approach to CBR, the phrase "within community development" is understood to be the following strategy recommended by the United Nations(2004):

... the utilization, [in an integrated programme], of approaches and techniques which rely on local communities as units of action and which attempt to combine outside assistance with organized local self-determination and effort, and which correspondingly seek to stimulate local initiative and leadership as the primary instrument of change.

(UN, 2006) define CBR as a utilization of locally available resources including beneficiaries, the families of PWDs and the community. According to the UN Convention on the Rights of Persons with Disabilities, comprehensive rehabilitation services focusing on health, employment, education and social services are needed to enable PWDs/CWDs attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life.

The writer defined community based rehabilitation as a collaborative task which involve the families, communities, Government and Non-Governmental Organization to restructure PWDs within their communities to participant in all activities, live an independent life, function effectively in their communities.



The simplicity of community base rehabilitation (CBR) has to do with its history of starting with the delivery of primary rehabilitation therapy to people with disabilities in their communities (Bonner, Pryor, Crockett, Pope and Beecham (2009)). The complexity of CBR is the result of the current concept that CBR programmes should be so that they can provide assistance in all of the areas which are central to improvement of the quality of life of PWDs. This complexity recognizes the need for close coordination, collaboration and cooperation between governmental and non-governmental organizations of all types and at all levels.

In the CBR context, community means: (a) a group of people with common interests who interact with each other on a regular basis; and/or (b) a geographical, social or government administrative unit.

The first form of care for every citizen, particularly a PWD begins from the family and community of the person. Services provided in these informal institutions, are limited. This was because many families and communities are poor and lack basic facilities to cater for PWDs. This resulted in many PWDs suffering additional burden of neglect (Agomoh (2011)). This statement is in line with the initial creation or development of CBR.

CBR was first started in 1970s with the aim of providing low tech rehabilitation services for Persons with Disabilities in low income countries and then in 1980s, it started focusing on people and community development. In 1989, World Health Organization (WHO (2010)) published the manual training in the community for the persons with disabilities with the aim of providing guidance and support for CBR programmes and stakeholders (WHO. 2010).

Rehabilitation was further refined and expanded upon in the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities, which classifies rehabilitation as “fundamental concept in disability policy” and a “pre-condition for equal participation” and offers the following definition:

The term “rehabilitation” refers to a process aimed at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric and/or social functional levels, thus providing them with the tools to change their lives towards a higher level of independence.

Rehabilitation may include measures to provide and/or restore functions, or compensate for the loss or absence of a function or for a functional limitation. The rehabilitation process does not involve initial medical care. It includes a wide range of measures and activities from more basic and general rehabilitation to goal-oriented activities, for instance vocational rehabilitation.

Rehabilitation is the process of helping an individual achieve the highest level of function, independence, and quality of life possible. Rehabilitation does not reverse or undo the damage caused by disease or trauma, but rather helps restore the individual to optimal health, functioning, and well-being.



Rehabilitation is defined as *“a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment”* (WHO, 2021). Put simply, rehabilitation helps a child, adult or older person to be as independent as possible in everyday activities and enables participation in education, work, recreation and meaningful life roles such as taking care of family. It does so by addressing underlying conditions (such as pain) and improving the way an individual function in everyday life, supporting them to overcome difficulties with thinking, seeing, hearing, communicating, eating or moving around. Rehabilitation is sometimes discussed in reference to whole countries as well as to our earth’s environment after natural disasters or armed conflict. Rehabilitation is for anything or anyone who can benefit from assistance to ensure optimal functioning and realizing their full potential!

Habilitation involves one-to-one training for children and young people with a vision impairment. Starting from their existing skills, it aims to develop their personal mobility, navigation and independent living skills. At whatever age the training is started, the overriding goal is to maximize the child or young person’s independence, opening the way in the future, to further study, employment and an independent life.

“Habilitation” refers to a process aimed at helping people gain certain new skills, abilities, and knowledge. “Rehabilitation” refers to re-gaining skills, abilities or knowledge that may have been lost or compromised as a result of acquiring a disability, or due to a change in one’s disability or circumstances. The goals of habilitation and rehabilitation as defined in the Convention on the Rights of Persons with Disabilities (CRPD) are to “enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life.” As with any other form of service or treatment, a rights-based approach to habilitation and rehabilitation requires the full participation and consent of PWDs.

Persons with disabilities are just one group that has been identified as entitled to rehabilitation programs and services. International law and policy has long recognized the need for specific populations to have access to rehabilitation in order to successfully integrate or reintegrate in society and lead independent, productive and happy lives.

Among millions of people with various degrees of disabilities in Ethiopia, only few are beneficiaries of rehabilitation services (Wegayehu, 2004). For instance, Save the Children UK supports few local NGOs involved in disability programs in collaboration with the communities to carry out CBR activities. CBR promoters work directly with PWDs in what is known as ‘cross-disability groups’ (CDGs). The functions of these groups are threefold: (1) working for the schooling of their children (parents are members), (2) promotion of income-generating activities and (3) working for skills training workshops in their vicinities (ACPF, 2011). Besides, Wegayehu (2004) states that many PWDs worldwide, particularly in developing countries, are living in poor health conditions and extreme poverty, not



only because of their disability, but also due to their lack of a barrier-free environment.

The thesis statement of this chapter is anchor on the fact that CBR are yet to carter for the demand of PWDs or meets her objectives for which is created, CBR should be working to improve the equalization of opportunities and social inclusion of PWDs while combating the perpetual cycle of poverty and disability. To achieve this goal, the discussion will start by identifying the challenges of CBR, roles of played towards developing CBR, Artisan and components of CBR, and finally draw up implication for Special Needs Education through the impact of CBR. Conclusion and suggestion will be use to end the discussion.

Community Based Rehabilitation CBR

CBR is now acknowledged as an effective approach to solve the problems associated with disability. However, it is still a relatively new concept, which has not always been successful in its many forms, nor is it accepted by everyone as the best or the only approach to promote equal opportunities and full participation of people with disabilities. Continuous efforts are therefore required to develop a better understanding of what CBR means, and to develop better techniques for the implementation of CBR programmes.

The Community Based Rehabilitation Development and Training Centre (CBRDTC) approach to CBR is based on the understanding that the problems faced by people with disabilities in their daily lives are the result not only of their individual impairment, also of the attitudes and beliefs of the communities where they live. The problems that result from negative attitudes such as lack of social acceptance, lack of opportunities for income generation and for education, must be resolved if PWDs are to have equal opportunities and achieve full participation. For these reasons, the Centre's programmes are directed towards the whole community as well as the individual members who are disabled. Based on this understanding, CBRDTC describes CBR as a set of "efforts to change community behaviours (attitude, knowledge and skills) to enable community members to improve their understanding about disability issues (socio-economic, socio-cultural, medical, psychological etc.), to be involved in the disability prevention activities and to provide a positive environment (physical, psychological, socio-cultural, economic, etc.) to improve the quality of life of persons with disabilities."

Studies have shown that PWDs are more likely than people without disabilities to report: Poorer overall health, Less access to adequate health care. Smoking and physical inactivity, PWDs need health care and health programs for the same reasons anyone else does—to stay well, active, and a part of the community.

PWDs often are at greater risk for health problems that can be prevented. As a result of having a specific type of disability, such as a spinal cord injury, spina bifida, or multiple sclerosis external icon, other physical or mental health conditions can occur. Mental health is how we think, feel, and act as we cope with



life. PWDs report higher rates of stress and depression than people without disabilities.

A study by ESCAP in 1995 of the economic development in Asia and the Pacific region states that there is impressive development in this region. The world economic growth in 1990 was 1.5 percent, while in 1995 it was 3 percent. In developing countries however, the economic growth in 1990 was 3 percent, which grew to 5.5 percent in 1995 (3). The developing countries in the ESCAP region continued their robust performance in 1994 as well. Their combined gross domestic product (GDP) growth rate was estimated at 7.7 percent, compared with the 7.2 percent recorded in 1993. These countries were expected to do well in 1995 and 1996, with projected growth rates of 7.5 and 7 percent respectively.

When a country raises its GDP, it is usually assumed that there is improvement in the health status too. A survey has found that some countries have improved in the field of education during their economic development. However, others hold the view that it is improved education that leads to better economic development. Asia and the Pacific region is developing fast in the field of science and technology, with more countries becoming industrialised in the past ten years. The ESCAP Ministerial Conference in 1995 stated that a substantial and growing proportion of the people in the region today enjoyed longer life expectancy, improved health, better education, access to safe water and sanitation, higher incomes and in general greater opportunities to pursue their economic and social aspirations, than was the case a generation ago or even a decade ago (5). These improvements in the welfare status are expected to increase the demands from people with disabilities for corresponding improvement in their quality of life as well, Tjandrakusuma (1998).

CBR programme in Nigeria has helped improve the quality of life of PWDs and their families in various communities. In spite of these tremendous contributions, the community involvement in the programme is not encouraging. It is against this back drop that this article highlights on the need of community involvement in CBR programmes in Nigeria. The deplorable conditions of PWDs in Nigeria and other developing countries is increasing and has become a global issue. This calls for the attention of all and sundry including health and social workers in the national and international arena.

According to a recent survey carried out by the WHO it is estimated that about 10% of any given population are PWDs. In Nigerian terms, this translates into 14million people out of a population of more than 140million people (2006 National Census figures). In West African sub region this figure (14million) is more than the population of countries like Sierra Leone, Liberia, Togo, Mali, Guinea Bisau, Cape Verde and Benin Republic 2 (DFID 2006). It is definitely preposterous and wicked to ignore such a great population of fellow citizens. Effiong Umo Umoh St. Joseph Rehabilitation Centre Ukana Iba, Akwa Ibom State Nigeria (2015)

CBR programme aims at reaching out and bring help to people in their homes with the help of family, church and entire community. It raises community



disability awareness 3 and challenging prejudices. Enlightenment is given on problems of any form including prevention, early detection, treatment and rehabilitation services. For the programme – CBR to be effective, volunteers from communities or villages concerned are needed. There are those to assist us locate people with problems in their homes and plan ways to help them. Effiong Umo Umoh St. Joseph Rehabilitation Centre Ukana Iba, Akwa Ibom State Nigeria (2015)

The basic concept inherent in the approach to CBR is the decentralization of responsibility and resources, both human and financial, to community-level organizations. In this approach, governmental and non-governmental institutional and outreach rehabilitation services must support community initiatives and organizations.

For the approach of CBR to be successfully translated into action, both governmental and non-governmental service capacities need to be improved in most countries. Special importance is improvement of the capacity and skills for facilitating community involvement. Such improvement and related activities must be closely coordinated to ensure the optimum use of scarce resources. In accordance with the concept of CBR, systems are developed, at the community level and among governmental and non-governmental organizations, that interact and reach out to each other specially PWDs.

Another factor for the success of the CBR approach is the empowerment of the community to assume responsibility for ensuring that all its members, including those with disabilities, achieve equal access to all of the resources that are available to that community, and that they are enabled to participate fully in the social, economic and political life of the community. This approach ensures that what is done in the name of CBR actually fits into the reality of the community and is owned by the community.

The Components of Community-Based Rehabilitation Programmes.

Creating a positive attitude towards PWDs: this component of CBR programmes is essential to ensure equalization of opportunities for people with disabilities within their own community. Positive attitudes among community members can be created by involving them in the process of programme design and implementation, and by transferring knowledge about disability issues to community members.

Provision of functional rehabilitation services: often PWDs require assistance to overcome or minimize the effects of their functional limitations (disabilities). In communities where professional services are not accessible or available, CBR workers should be trained to provide primary rehabilitation therapy in the following areas of rehabilitation:

- medical
- eye care service
- hearing services
- physiotherapy



-
- occupational therapy
 - orientation and mobility training
 - speech therapy
 - psychological counselling
 - orthotics and prosthetics
 - other devices

Provision of education and training opportunities: PWDs must have equal access to educational opportunities and to training that will enable them to make the best use of the opportunities that occur in their lives. In communities where professional services are not accessible or available, CBR workers should be trained to provide basic levels of service in the following areas:

- Early childhood intervention and referral, especially to medical rehabilitation services
- education in regular schools
- non-formal education where regular schooling is not available
- special education in regular or special schools
- sign language training
- braille training
- training in daily living skills

Creation of micro and macro income-generation opportunities: people with disabilities need access to micro and macro income-generation activities, including obtaining financial credit through existing systems, wherever possible. In slums and rural areas, income-generation activities should focus on locally appropriate vocational skills. Training in these skills is best conducted by community members who, with minimal assistance, can easily transfer their skills and knowledge to PWDs.

Provision of care facilities: often, people with extensive disabilities are in need of assistance. When they have no families or their families are incapable of caring for them, in order for them to survive, long-term care facilities must be provided in the community where they can get the assistance that they need. Moreover, day-care facilities may be needed to provide respite for families who either work or need time off for other activities.

Prevention of the causes of disabilities: many types of disability can be prevented by relatively simple measures. Proper nutrition is one of the more significant ways of preventing disabilities. Another important area of disability prevention is the detection of disability in young children and intervention early in their development, to minimize the effect of impairment. There are many other areas of disability prevention that are also important. These include activities to decrease the number of accidents in the home, on the road and at work, as well as other initiatives to encourage people to pursue healthy lifestyles over the course of their lives.



Management, monitoring and evaluation: the effectiveness and efficiency of all CBR programme components, both in the community and in the area of service delivery outside the community, depend on effective management practices. The impact of programme activities must be measured on a regular basis. People must be trained in effective management practices. Data must be collected, reviewed and evaluated to ensure that programme objectives are met. In this way, the success or failure of a CBR programme can be honestly measured.

Roles Played for the Development and Implementation of Community-Based Rehabilitation

i. People with disabilities: PWDs can and should contribute to all levels of CBR programmes in every position within a programme. They know what the effects of local conditions are on themselves. They are likely to have a good understanding of those effects on their peers with disabilities. They also know what impairment really means in the context of their family, community and nation. This knowledge enables them to be very effective members of a CBR team. They can be more effective than non-disabled people as role models for and counsellors of other PWDs. People with disabilities have an important role in community education. As community educators, they serve as living examples of PWDs who make a significant contribution, provided that they are given the opportunity and the right type of assistance. CBR programmes should also facilitate the development of self-help organizations of PWDs at the community level.

ii. Families of PWDs: families have the primary responsibility for caring for all of their members. They are the first line of support and assistance for people with disabilities at the local level. As such, families must be included in CBR programme activities. Where the individual with a disability is not able, for whatever reason, to speak for himself or herself, a family member should represent him or her and should be considered a legitimate member of disabled people's organizations. Members of families with experience in caring for people with disabilities are the people who most often initiate CBR programmes and are, or prove to be, the most effective contributors at all levels.

iii. Communities: community members should be involved in CBR programmes at all levels because they already know the local environmental conditions, the local economy, the local political situation and how to work with them. They also know about the accessibility, availability and effectiveness of locally available rehabilitation services; who in the community cares enough about other people to become a programme leader or worker; and, which community members have the knowledge and skills for training others in micro-economic activities. They are the people most likely to want to live, work and stay in the community. Community involvement usually requires the agreement and approval, both formal and informal, of the community leaders.

iv. Governments (local, regional, national): governments have the most important role in the development and sustainability of CBR programmes. Their



cooperation, support and involvement are essential if CBR is to cover the total population and be sustainable. They should implement and coordinate the development of the entire programme structure, including the development of the referral system, as well as the activities within the community. They also should provide resources for non-governmental organizations (NGOs) and community activities. Finally, they should ensure that discriminatory legislation is changed and that the rights of PWDs are guaranteed and protected.

v. Non-governmental organizations, local, regional, national and international organizations: NGOs, including organizations of people with disabilities, are often able to provide resources and skills to facilitate the development of new programmes, especially in areas where none exist. They can develop new approaches to CBR and provide training programmes for government employees, CBR workers, people with disabilities, families, and community members. NGOs are effective in facilitating the development of community members as CBR programme leaders. They are often best able to provide long-term care facilities for those people with extensive disabilities whose families cannot or will not look after them.

vi. Medical professionals, allied health science professionals, educators, social scientists and other professionals: professionals are often in a position where they can, as trainers and educators, facilitate the development of new programmes by making their knowledge and skills accessible to community members and CBR programme workers. They can also ensure that they support community efforts by making themselves available and accessible on a referral basis. When they are in government service, they can advocate and promote the development of CBR programmes as an effective way to provide local-level services quickly.

vii. The private sector (business and industry): the private sector has a social obligation to return some of the benefits of its operations to the communities that support it. In the past, this support has largely taken the form of charity. Charity occurs when donors "give" whatever they feel is needed or appropriate to people with disabilities. This approach to assisting PWDs is no longer appropriate and needs to be changed. Supporting CBR programme activities eliminates the need for charity. CBR support is a much more appropriate way of directing resources to communities and PWDs. By supporting CBR programmes, the private sector receives credit for its social involvement while being guaranteed that its support is put to effective and efficient use. Who but trained, knowledgeable community members would know what is most needed by the people of their own community?

Artisans

An artisan (from French: *artisan*, Italian: *artigiano*) is a skilled craft worker who makes or creates material objects partly or entirely by hand. These objects may be functional or strictly decorative, for example furniture, decorative art, sculpture, clothing, food items, household items and tools and mechanisms such as the handmade clockwork movement of a watchmaker. Artisans practice



a craft and may through experience and aptitude reach the expressive levels of an artist. Artisans is someone who does skilled work with their hands

This document proposes the involvement of local artisans in vocational skills training for PWDs. Though in Nigeria context, the federal and state government provides and pay for the training of children with disabilities but in a very low population. This has not met the needs of the population of PWDs because it has not been able to cope with the growing population. In order to increase capacity, professionals have opted for a community-based training. The disabled youth will be attached to a local artisan within the community. The trainees would be operating from their homes thereby reducing the costs of sending them to schools. Parents, disabled persons themselves and stakeholders like Church organizations and non-governmental would be lobbied to assist in providing materials. By using local artisans, people would also appreciate the skills that are within them through the CBR training programme.

The government of Nigeria to an extend runs vocational skills training for PWD. However, the training has not been able to accommodate the growing population of people with disabilities. Therefore, there is need to involve local artisans so that people with disabilities are trained within their communities. The writer intends to justify important of local artisans in training people with disabilities for their communities. Since there has been limited places in vocational schools, the involvement of local artisans would be beneficial because those on training would be operating from their homes. The parents and relatives would be responsible for the accommodation and all related things pertaining to the students' accommodation thereby reducing the burden of congestion in schools.

In addition, if students are trained with the local artisans, the families of disabled people in need of training would take up their role seriously in contributing materials as they appreciate the free services being offered by the local artisans. For a long time, people have not appreciated the skills within them. By involving these artisans, their skills would be acknowledged by the community. Apart from the families, the community would also have a responsibility of contributing towards the training needs of persons with disabilities. Lobbying stakeholders working in that community such as non-governmental organizations and churches if families are unable to provide could do this.

The other problem existing in schools is inadequate or lack of trainers. By involving these local artisans people would be relieved since they would not be worried on issues of salary as the government does. This would increase the impact of number of people trained each year as compared to government schools. Just by the involvement of local artisans the government would save a lot of money. Local artisan involves in order to increase the number of disabled persons trained in vocational skills so that they live a more independent life.



The challenges for CBR

There are many challenges facing CBR but few are to be discuss, they are as follow: Failure to Understand the Basic Concept of CBR, Following the Charity Model, Lack of Trained Manpower, Absence of Rehabilitation Centers, Strategy for CBR, funding and Information dissemination in CBR.

Failure to Understand the Basic Concept of CBR

There is no firm association between all concerned bodies at different administrative levels. Roles and responsibilities are not shared among the concerned bodies. PWDs, parents/families, the community, government, not-for-profit organizations, voluntary associations, or public-private partnerships are not coordinated. Activities and strategies are not designed to be implemented at the various administrative levels to intervene on disability, empower PWDs, and develop the community's economic, political, social and physical environment.

Caughy et al. (1999) explain that rehabilitation services intended to ameliorate individual problems should focus on the community, since individual problems including social, economic, environmental and political crises are deeply rooted in the community.

In supporting the article, other studies indicated that lack of clarity on the concept of CBR has impact on implementation of CBR. For instance, Morita et al. (2013) depicted poor skill, knowledge of CBR and lack of commitment as a factor hampering its implementation in Japan. Similarly, findings from South Africa (Lorenzo and Motau, 2014), Mongolia (Como and Batdulam, 2012), Asia and the Pacific (Cayetano and Elkins, 2016) revealed that the lack of skill and understanding on CBR affected the implementation of CBR in various contexts of respective areas.

Therefore, unless stakeholders have clear understanding on CBR, the changes expected from CBR in the lives of PWDs do not help to solve community problems. Besides, the CBR concept necessitates the implementers, community and all stakeholders to clearly recognize and firmly establish the link between individual challenges and the community's role. Hence, similar to other parts of the world, the prevailing challenges identified in Gedeo zone induces making an effort to examine the existing situation of the zone at each level of the community.

Following the Charity Model

The other failure of the CBR implementation in Gedeo zone is the intention to follow the charity model by the governmental and non-governmental organizations. The charity model of disability follows a traditional perception, sees PWDs either as objects of sympathy and charity or as sick people in need for compassion, as victims of circumstance (UNICEF, 2007). This model considers PWDs as long-term recipients of support and welfare (Duyan, 2007).

If the implementation of CBR is accompanied by modern model of disability, it would expand disability service provision through establishing working partnerships between local communities, PWDs and their families, governments



and rehabilitation professionals (Theeraphong & Mokbul, 2009; Pradeep et al., 2018). Such partnerships would use local resources to provide basic rehabilitation to a larger number of clients.

Conversely, due to the charity model followed in Gedeo zone, PWDs in various districts of the zone are perceived as unfortunate, tragic and helpless, deserving pity and charity. Therefore, the district labor and social affairs offices and some NGOs (Balaya & Joy year??) show a tendency to provide support such as some monthly financial support for PWDs. However, this model of service provision does not lead to a holistic improvement for PWDs and their families. Instead, it perpetuates a sense of dependency of PWDs in the community.

Similarly, research findings from Nigeria indicates that regardless of high number of PWDs in Nigeria, empirical evidence depicted that social services including CBR is limited to PWDs and they are often excluded from social, economic and political matters. The common perception of disability intervention is often in terms of charity and consequently it became a significant factor that inhibits the social inclusion of PWDs in the country (Adaka et al., 2014).

WHO (2010), described a modern understanding of CBR which focuses on promoting independence and a sense of satisfaction through participation of PWDs in the rehabilitation program in which they have their role and responsibilities. Therefore, the far-reaching goal of the rehabilitation must also consist in enabling the PWDs to become independent and productive and to be able to contribute to the development of activities of the general community. Entities operating in the various sectors and at the various administrative levels are advised to collaborate closely.

Lack of Trained Manpower

The article indicates that there are no trained workers who can deliver CBR to PWDs in the community. As discussed above, the zone labor and social affairs department began registering PWDs living in the zone and launched providing monthly pocket money, few weeks vocational training with startup financial support. However, there are no trained workers assigned to serve PWDs in the community to address the rehabilitation demand of PWDs.

In line with this article, experience from Nigeria shows that there are challenges with regard to human resources in CBR that need to be solved. One has to do with the need for personnel who have the understanding and skills in various aspects of CBR, while the other is the lack of adequate numbers of trained personnel in this field (Adaka et al., 2014). Similar findings from Uganda depict that CBR programs are not intended or able to provide specialized medical care or advanced rehabilitative services through interdisciplinary clinics found in high-income countries; besides, it also uncovered that specialized rehabilitative medicine care remains inaccessible to PWDs due to human resource and health systems limitations in the local setting of Uganda (Lukia et al., 2017). Due to this, PWDs cannot enjoy their independent life. They would be deprived and marginalized



from social interaction, the majority of the respondents reported that PWDs from all age category did not feel comfortable in their environment.

Absence of Rehabilitation Centers

The article revealed that in Gedeo zone there are no rehabilitation centers, which can provide rehabilitation services to PWDs. The article revealed that GOs and NGOs working on disability issues are sending PWDs to Hawassa and Arbaminch rehabilitation centers for further assistance. Hawassa Cheshire is found to the north of Gedeo zone at a distance of 90 km and Arbaminch rehabilitation center is found to the east of Gedeo zone at 350 km. As the finding indicated sometimes it is difficult to send all PWDs to these rehabilitation centers for further assistance. As a result, it became challenging to address the special needs of all PWDs in their locality. The writer is in support with this finding using Rivers State where he came from as a case study, that only one rehabilitation centre has been in place and does not meet up the needs of PWDs in the area.

However, Seijas et al. (2018), indicated that CBR is an accepted model to improve the delivery of rehabilitation in the community. It includes the access to health care, education, labor and accessible environments. In addition to this, rehabilitation centers have paramount value in providing various kinds of rehabilitation services to PWDs to address physical, medical, education, social, vocational and counseling aspects of rehabilitation. The centers work on the provision of furnishing devices like shoe raises, braces, crutches, orthopedic shoes, corrective shoes and wheelchairs to support missing or damaged organs.

Moreover, Mauro et al. (2014), stated that PWDs are to receive physiotherapy in addition to physical rehabilitation from the rehabilitation centers. Furthermore, rehabilitation centers provide appropriate active and passive exercises such as balance and coordination exercises, electric stimulation and pop correction (JICA, 2002).

Strategy For CBR

In the developing countries like Nigeria, there are limited resources for welfare and development in general. Another disadvantage is that disability is not seen as a high priority issue. To establish a new system of working exclusively for CBR may be complicated and very expensive. To deal with this situation, CBRDTC has been using a "patchwork strategy", wherein a CBR activity is added to an existing programme. In Indonesia, there is a programme called "Posyandu", the rural integrated health service clinic in the village, which is managed by the community. It is a monthly activity in which children under five years of age are weighed, immunised and given supplementary nutrition. There may be four to five Posyandus in a village, depending on the population and geography. Since early detection of disability is an important aspect of a CBR programme, this activity is



added to the Posyandu programme. Likewise, early intervention activities are integrated into the Health Centre programme, while disability prevention and awareness are added to the Women Development Organization programme. This way, there is no need to build a new system to carry out the CBR activities.

CBR programmes have not been very successful in developing supportive socio-cultural environments for people with disabilities, or in mobilizing community resources. Also, CBR programmes have not done much in the area of responding to the needs of both people with disabilities as well as the community. The challenge for CBR is to implement a programme that can cover and respond to the needs of people with disabilities as well as the community. From its experience, CBRDTC concludes that PRA techniques such as mapping, Venn diagrams and matrix ranking can be used as entry points to establish a CBR programme in the community, to identify needs and priorities with regard to disability issues, to elicit the perspectives of people with disabilities as well as the communities, and to monitor and expand the existing programmes. However, each country will have to evolve its own strategies, depending on the kind of problems that it faces and the resources that it has.

Funding For CBR

Most donors for rehabilitation prefer a charitable approach which is more visible and easy to evaluate. Donors are satisfied with pictures and numbers of persons with disabilities who have received rehabilitation services. But it is not so easy to evaluate a CBR project that is involved in community development. However, community oriented programmes are more effective because they work not only for people with disabilities, but also develop the communities where they live and their families. CBR involves change in the community's behavior, motivation, knowledge and skills in relation to disability issues. This change, which is crucial for CBR, is difficult to see or evaluate. For a funding agency that is not used to supporting development programmes, this is difficult to understand. In order to change the attitudes of donors, there should be regular communication between the donors and the implementers about CBR concepts and strategies, in order to convince the donors that CBR is a development programme and not a charity effort.

Information Dissemination In CBR

CBR programmes have been implemented in different countries in Countries using various strategies and methods. Each programme has its own strengths and weaknesses. But they do not disseminate information about their strategies and methods to others. For example, though CBRDTC has been developing manuals in English for CBR training programmes, many organizations are not aware of the resources available with CBRDTC because of inadequate communication channels, there is an urgent need for information dissemination so that all countries in the region can access information about developments in the



CBR field. Every country will be required to make some effort to share its information. On the other hand, there is the wide availability of sophisticated information technology tools such as the Internet. The challenge for CBR practitioners is to make full use of the technology in the fields of information and communication for the further development of CBR in the region.

Conclusion

1. Bodies involve in developing CBR should wake up fast and take responsibilities to achieve CBR objectives
2. Challenges facing CBR must less to allow facilitating access for effective and functional CBR
3. PWDs benefit more when CBR is allow to run in the communities because they can easily learn new skills through the help of the Artisans
4. For a good number of PWDs to benefit from CBR more CBR Centre should be established to carter their needs.

Implication for Special Needs Education

Community-Based Rehabilitaion:

1. empowers the community to assume responsibility for ensuring that all its members, including those with disabilities, achieve equal access to all of the resources that are available to that community
2. enables PWDs to participate fully in the social, economic and political life of the community.
3. helps PWDs to be independence
4. helps PWDs to be self-reliant
5. reduces poverty among PWDs and the community
6. creates employment opportunities for the community and PWDs in general.
7. reduces crises among the community members and PWDs
8. brings fast development to the community
9. reduces suffering for PWDs and their families
10. gives rooms for skills development among PWDs
11. brings happiness and unity among PWDs and their families
12. minimizes discrimination
13. helps to restore talent among PWDs
14. boosts the economy of the community.

Suggestions

1. It is suggested that Nigeria should fully involve in the establishment of CBR that will enhance quality living among PWDs
2. Government should actively participant in carrying out CBR programmes in various communities
3. communities should encourage Government, agencies, and NGO'S to carried out CBR



-
4. Information about CBR should be disseminated to enable people get it fast
 5. Need for more rehabilitation centers to help in facilitating CBR programme.
 6. human resources in CBR need to be solved.
 7. lack of adequate numbers of trained personnel in this field, which means need for personnel who have the understanding and skills in various aspects of CBR

References

- Agomoh, E.O. (2011). *Rehabilitative counselling for persons with disabilities*. Kanissi Publications.
- Adaka, A. T., Obi, B. F., & Emmanuel, I. (2014). Implementation of Community-Based Rehabilitation in Nigeria: The Role of Family of People with Disabilities. *International Journal of Technology and Inclusive Education*. 1:2014.
- Bonner. A, Pryor J, Crockett J, Pope R. & Beecham R. (2009). A sustainable approach to community-based rehabilitation in rural and remote Australia. In Proceedings of the 10th National Rural Health Conference (pp. 1-10). National Rural Health Alliance.
- Caughy, M. O., O'Campo, P., & Brodsky, A. E. (1999). Neighbourhoods, families, and children: Implications for policy and practice. *Journal of Communication Psychology*. 27, 615-633.
- Cayetano, R. D. A., & Elkins, J. (2016). Community-based rehabilitation services in low and middle-income countries in the Asia-Pacific region: successes and challenges in the implementation of the CBR matrix. *Disability Community Based Rehabilitation and Inclusive Development*. 27:112. doi: 10.5463/DCID.v27i2.542
- Como, E., and Batdulam, T. (2012). The role of community health workers in the Mongolian CBR programme. *Disability Community Based Rehabilitation and Inclusive Development* 23, 14-33. doi: 10.5463/DCID.v23i1.96
- Duyan, V. (2007). *The community effects of disabled sports. Amputee sports for victims of terrorism*. Amsterdam: IOS Press, 70-77.
1. Effiong Umo Umoh St. Joseph Rehabilitation Centre Ukana Iba, Akwa Ibom State Nigeria (2015)
- ESCAP (1993). Compendium of Social Development Indicators in the ESCAP region: Quality of Life in the ESCAP region. *United Nations*.
- ESCAP (1995). *The Quality of Life in the ESCAP region : an Overview*. Asian and Pacific Ministerial Conference in Preparation for the World Summit for Social Development. United Nations,.
- ESCAP (1994). Asian and Pacific Decade of Disabled Persons, 1993-2002: Mandates for Action. *United Nations*.
- Helander, E. (2007). The origins of community-based rehabilitation. *Asia Pacific Disability Rehabilitation Journal*. 18(2):3-32.
- ILO, UNESCO, WHO (1994). Community Base Rehabilitation for and with People with Disabilities: *Joint Position Paper*. United Nations,.



-
- ILO, UNESCO, WHO (2004). CBR: a strategy for rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities: *Joint position paper*. Geneva: WHO.
- Information Center, Japanese Society for Rehabilitation of Persons with Disabilities (JSRPD) 2015
- International Disability and Development Consortium. Community Based Rehabilitation and the Convention on the Rights of Persons with Disabilities (2010).
- JICA (2002). *Country Profile on Disability. Federal Democratic Republic of Ethiopia*. Tokyo: JICA.
- Light for the world. (2021) What is Community based Rehabilitation?. Available from: <https://youtu.be/NA8oBlqcNB8>
- Lorenzo, T., & Motau, J. (2014). 'A transect walk to establish opportunities and challenges for youth with disabilities in Winterveldt, South Africa'. *Disability Community Based Rehabilitation and Inclusive Development*. 25, 45–63. doi: 10.5463/dcid.v25i3.232
- Lukia, N., Hamid, O. K., Sebastian, O. B., Chrispus, M., & Jacob, A. B. (2017). Disability Characteristics of Community-Based Rehabilitation Participants in Kayunga District, Uganda. *Global Health* 83, 3–4.
- Mauro, V., Biggeri, M., & Deepak, S. (2014). The effectiveness of community based rehabilitation programmes: an impact evaluation of a quasi-randomised trial. *Journal of Epidemiology and Community Health* 68, 1102–8. doi: 10.1136/jech-2013-203728
- Morita, H., Yasuhara, K., Ogawa, R., & Hatanawa, H. (2013). Factors impeding the advancement of community-based rehabilitation: Degree of understanding of professionals about CBR'. *Journal of Physical Therapy. Sci.* 25, 413–423. doi: 10.1589/jpts.25.413
- Pradeep, K., Sushma & Aishwarya, R. (2018). Emergence of community based rehabilitation for persons with disability in India. *Delhi Psychology Journal*, 21.
- Report of the Rehabilitation International Asia Pacific Region Pre-Conference Workshop (1995). *The Future of CBR - Crucial Issues*, Solo, Indonesia,
- Seijas, V. A., Lugo, L. H., Cano, B., Ecobar, L. B., Quintero, C., Nugraha, B., et al. (2018). Understanding community-based rehabilitation and the role of physical and rehabilitation medicine. *European Journal of Physical Rehabilitation Medicine*. 54, 4530–4535. doi: 10.23736/S1973-9087.16.04530-4535
- Tjandrakusuma, H. (1998). Towards the 21st Century : Challenges for Community Based Rehabilitation in Asia and the Pacific Region. *Asia Pacific Disability Rehabilitation Journal* .9, (1)
- Theeraphong, B., & Mokbul, M. A. (2009). Why does community-based rehabilitation fail physically disabled women in northern Thailand? *Journal of Developmental Practice*. 19, 28–38. doi: 10.1080/09614520802576351
-



-
- Tjandrakusuma, H. year???Participatory Rural Appraisal (PRA) in Community Based Rehabilitation : An Experiment in Central Java, Indonesia. *Actionaid Disability News*, 1995, 6 (1): 6-10.
- United Nations [UN] (2008). *UN Convention on the Rights of Persons With Disabilities*. New York: United Nations.
- United Nations, (1995.). *Economic and Social Survey of Asia and the Pacific, United Nations*,
- UNICEF (2007). Promoting the rights of children with disabilities, *Innocent Digest*, no. 13. Florence: *UNICEF Innocenti Research Centre*.
- Vanneste G. (1997) CBR in Africa. A critical review of the emerging scene. *Asia Pacific Disability Rehabilitation Journal.*; 8: p34-7
- WHO, (2010). *Community-based rehabilitation: CBR guidelines*. Malta.
- World Health Organization, (2010). *Introductory Booklet. Community Based Rehabilitation CBR Guidelines*.Switzerland:WHO press;.Available from:http://whqlibdoc.who.int/publications/2010/9789241548052_introductory_eng.pdf