II

CONCEPT OF CBR

At the outset, it is important to understand that CBR is a strategy and not a mystique, a coordinated approach not a magic, (Vanneste, 1998) not a substitute but complimentary to institutional approach, a way of thinking and not a dogma, a concept, an ideology and a decentralized approach to rehabilitation service delivery.

However, to understand CBR, it is essential to define and explain the three terms *"community"*, *"based"* and *"rehabilitation"*. It is important that the exact meaning and implication of each term is understood and used with consistency.

1. Community

1.1 E. Helander's (1992) Definition :

"A community consists of people living together in some form of social organization and cohesion. Its members share in varying degrees political, economic, social and cultural characteristics, as well as interests and aspirations, including health. Communities vary widely in size and socio-economic profile, ranging from clusters of isolated homesteads to more organized villages, towns and city districts."

1.2 CBR Working Group (1997) Definition

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

1.3 CAHD Definition(2001)

Douglas Krefting, author of *"Understanding Community Approaches to Handicap in Development (CAHD)"* considers community as *"People, their families and the organizations that influence their daily lives."*

1.4 Explanation of the Term "Community"

Generally communities are not in every case homogeneous or staticentities. A *"traditional"* rural community might not have all its members coming from the same ethnic group, speaking the same language or sharing the same culture and religion. Only some of these conditions might exist in other rural or in marginal urban settlements, and as a consequence a "community spirit" might not be so easy to identify. In such an environment, it may take longer to get a community response to the call for an effort to show solidarity with persons with disabilities.

In general terms, a community is a sub-set of society but larger than a family. It constitutes a group of people, living together in social association, harmony and understanding. The existence, involvement, co-operation, interest and participation of the members of community influences survival, progress, development and welfare of the individual, directly or indirectly. This group of individuals generally has a common goal, common causes and develops a sense a belonging. They share their views on their political, cultural, economical and social ideology with each other.

Community, in general, comprises of family members, neighbours, friends, co-workers, reference groups or opinion leaders, local administrative authorities, local transport authorities, postman, school teacher, village headman, local revenue officials, nearby shopkeeper, local development agencies, local welfare agencies, and other such people or officials.

1.5 Explanation of the Term "Within Community"

In the ILO-UNESCO-WHO approach to CBR, the phrase *"within community development"* is understood to be the following strategy recommended by United Nations (Working Group on CBR, 1997):

> *"... the utilization, [in an integrated programme], of approaches and techniques which they 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 as the primary instrument of change."*

The concept *"within community"* refers to the stimulation of local initiative which may be supported with outside support, advice and specialized inputs for ensuring community empowerment. The approach ensures that what is done at the initiative of community in the name of CBR actually fits into the reality of community and is solely owned by community itself.

O'Toole (1991) goes a step further and advocates that community involvement in rehabilitation, therefore, is a process which needs to be nurtured and facilitated. It is not simply rehabilitation done at the community level but rather rehabilitation as a part of the process of community development whereby the community seeks to improve itself and that is beginning of community-based rehabilitation in the true sense.

2. Based

The term *"based"* signifies that rehabilitation and integration of the disadvantaged individuals is the responsibility of the family and community. It is essential that community realizes that all the human beings are of equal worth and are entitled to equal rights, privileges and responsibilities. It is the responsibility of the community to extend appropriate opportunity for their complete rehabilitation and acceptance in the mainstream of society. The responsibility of the caring of the disabled person is ultimately that of his family and community. Whatever services are provided by a specialist agency are largely interventions and need-based and cannot ever take on a permanent nature.

Ensuring the active participation and support of community in promotion of comprehensive rehabilitation of its members is imperative due to following factors:

2.1 Foundation of CBR

CBR is founded on the principles of equity, equality, and equal rights and social justice. It implies those disadvantaged groups in the community have the inherent right of availing services and opportunities at par with other individuals. For them, the community is a backbone, a support system which ensures their survival, growth, progress and complete integration. It is the root of a fruit tree which encourages their active and meaningful participation in all spheres of social life. It is the bridge which connects the individual to a

productive social life. It implies persons with disabilities are entitled to atleast such privileges which they would have been entitled otherwise.

2.2 Importance of Community

Most impairment is caused primarily by environmental factors - disease, lack of ophthalmic facilities, lack of public awareness, superstitions, wrong treatment, lack of early screening and health check-up facilities. Thus most of disability is acquired and not necessarily due to the fault of the individual. The family is the right place and community the base for creating a rightful place and enhancing acceptance of such individual. The family is the first social unit of the individual and it is essential that this unit is the place which accepts him totally and plans for his total development.

2.3 Attitude of Community

The Community Based Rehabilitation Development and Training Centre (CBRDTC) approach uses professionals, volunteers and existing institutions in the community to take up a community development programme to integrate people with disabilities into the mainstream. This approach 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 attitudes and beliefs of the community where they live. The problems that result from the negative attitudes such as lack of social acceptance, lack of opportunities for income generation and for education, must be resolved if persons with disabilities 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 individual members who are disabled (Tjandrakusuma, 1998).

The CBRDTC approach recognizes importance of integration of persons with disabilities into community with the active participation and involvement of its members. It also aims at creating awareness and changing attitude of community towards such individuals.

2.4 Rehabilitation - A Continuous Process

CBR programme initiates the process and provides individual need-based services with the active participation, involvement and understanding of the community. The prime responsibility of the

CBR programme is to provide the technical expertise and training in the skills of rehabilitation to persons with disabilities, the family and the community at large. The ultimate objective is that the community is expected to continue providing further training, support services, tangible as well as intangible inputs, and above all, accept the individual in its fold. Rehabilitation is a continuous process and the community takes the responsibility of providing further services.

2.5 Use of Community Resources

Considering community as foundation of CBR programme would help to sensitize one to the existence and use of abundant community resources. It would help to utilize resource from within and render the programme cost effective, low cost and economical. The cost to CBR programme would merely be provision of technical support, outside expert services and manpower for the promotion of the concept. Whereas community would be able to contribute all the tangible as well as intangible local resources already available there. Examples are place for imparting training, local trainers, raw material for local crafts, shed for income generation activities, marketing facilities etc.

The interesting part is that most community resources are easily available, accessible and affordable. The CBR programme needs to encourage community to use these resources for the integration and complete rehabilitation of its own members.

2.6 Outcome of CBR Programme

If community participates in programme planning and its implementation, the CBR approach would be sustainable and would ensure delivery of services forever. It would also ensure involvement, understanding and participation of the community on a permanent basis. It would promote sense of belonging among the individuals and reduce dependence on outside inputs and services. It would bring about self-reliance and complete rehabilitation of the individual.

Community has plenty of resources, desire to support and potential to promote appropriate rehabilitation. What it lacks is appropriate information, skills, technology and support system which have to be organized by the CBR programme as inputs and service delivery.

3. Rehabilitation

The dictionary meaning of rehabilitation is to "return or restore to previous state or condition". In other words, rehabilitation signifies restoring any individual to social, functional, economic status he/he enjoyed before the onslaught of impairment. It refers to all the measures, which need to be taken to bring the individual to her/his functional capabilities which he possessed before his impairment.

The understanding of rehabilitation needs to be modified in case of congenital impaired persons or those who were performing such activities which can not now be easily performed due to nature of activities. In case of congenital impairment, the term rehabilitation signifies restoration of an individual to a functional status which he/she might have attained if he/she were sighted in the same environment or family conditions. In case of such persons who can not perform the activities which they were performing prior to impairment, the term rehabilitation would mean performance of possible activities , which are close to activities are being performed earlier. Thus rehabilitation signifies restoration any individual to previous, probable or possible activities which that person may perform despite disability after certain training, retraining, other tangible or intangible inputs.

3.1 ILO's Definition (Recommendation No. 89)

"Rehabilitation involves the combined and coordinated use of medical, social, educational and vocational measures for training or retraining the individual to the highest possible level of functional ability".

Rehabilitation in this wider sense involves a number of separate disciplines and different services: medical, social, and educational.

3.2 Sight Savers International's Definition

"Rehabilitation is a need-based, goal oriented, time limited process of providing with the knowledge and skills required, together with the requisite special equipment and training in the use of that equipment, within an individually appropriate time frame, thus empowering him to change his life and to participate actively in his family and community to the fullest extent possible".

3.3 E. Helander's Definition

"Rehabilitation includes all measures aimed at reducing the impact of disability for an individual, enabling him or her to achieve independence, social integration, a better quality of life and self-actualization".

Rehabilitation thus includes not only the training of persons with disabilities but also intervention in the general systems of society, adaptations of the environment and protection of human rights. Such persons should have the same rights to a life in dignity as others, and there must be no exceptions. Special attention may be needed to ensure access to health, social services, education work opportunities, housing, transportation, information; culture, social life including sports and recreational facilities, and representation and full political involvement in all matters of concern to them.

3.4 Explanation of the Term "Rehabilitation"

In the general sense, rehabilitation encompasses (Kumar, 1997);

- Early detection, diagnosis and intervention
- Medical rehabilitation i.e. cure of curable disability and lessening the disability to the extent possible
- Social, psychological and other types of counselling and assistance
- Training in self-care activities including mobility, communication and daily living skills with special provisions as needed, e.g. for the hearing impaired, visually impaired and the mentally handicapped.
- Provision of technical, mobility and other devices.
- Specialized education services
- Vocational rehabilitation services including vocational guidance, vocational training, open placement and self employment etc.
- Providing all the available concessions, benefits, guidance and counselling.
- Follow up.

3.5 Outcome of Rehabilitation

All measures that aim at rehabilitation should ensure skill enhancement, independence, self reliance, self confidence, complete integration and empowerment of the individual. It should result into enhanced quality of life, enhanced work efficiency, gainful occupation economic independence of the individual. It should enable the individual to lead a normal, productive and contributory life of dignity, respect and social acceptance.

4. Definition of CBR

CBR is an extension of the term rehabilitation with the major difference in the mode of delivery of services and the venue for imparting training and other inputs leading to comprehensive rehabilitation. When the term CBR is expatiated, it means imparting training and providing services to the individual in community itself with the active participation of the family and the community leading to comprehensive rehabilitation.

4.1 WHO Definition of CBR

The World Health Organization (WHO) recognized the need for an innovative delivery system and recommended the provision of essential services and training for persons with disabilities through CBR as part of the "Health for All" campaign. It entails acceptance of two important principles that:

- it is more important to bring about even small improvements among the entire population than to provide the highest standard of care for a privileged few;
- non-professionals, with limited training, could provide crucial services.

It defined CBR as:

> *"CBR involves measures taken at the community level to use and build on the resources of the community, including the impaired, disabled and the handicapped persons themselves, their families and their community as a whole".*

The WHO model of CBR has had a "impairment" bias, focusing

largely on the transference of basic rehabilitation technique to community level workers, disabled people and their families. Over time, definition of CBR have shifted away from an impairment based focus towards "community development." (Chalker & Wirz, 1999)

4.2 WHO, ILO and UNESCO Position Paper on CBR

In 1994 WHO, ILO and UNESCO issued their Joint Position Paper with the following definition of CBR:

> *"CBR is a strategy within community development for the rehabilitation, equalization of opportunities and social integration of all people with disabilities. CBR is implemented through the combined efforts of people with disabilities themselves, their families and communities, and the appropriate health education, vocational and social services."*

This approach to CBR is multi-sectoral and includes all governmental and non-governmental services that provide assistance to communities. Many of the services which can provide opportunities for and assistance to people with disabilities are not traditionally considered relevant to CBR programmes and people with disabilities. Examples include rural development organizations, integrated child development services, agriculture extension services etc. (RICA, 1997)

This approach moves away from the idea that CBR is somehow a form of "community therapy." According to Chalker & Wirz (1999) it is perfectly possible to provide services at their geographical location "to the community" but retain identical practice to that which is used in the institutional settings. Apart from a community based therapy, the true CBR must aim at empowering community disability services. CBR should also include thinking about issues of lives of people with disabilities at all time. The ultimate objective should be provide access to people with disabilities to all services which are available to other people in the community.

4.3 Modification of the Definition

O'Toole (1991) advocates that there is need to widen the perspective of CBR from being strictly seen as the umbrella of primary health services and moves towards encompassing other sectors of community services.

In the context of developing countries, the definition of CBR needs to be modified. It should:

- be cost effective, low cost, individual need-based and result-oriented
- result into the complete integration of the individual into community.

Once rehabilitated, a person should lead a more productive life, thus helping the community economically.

4.4 Helander's Description

> *"CBR is a strategy for enhancing the quality of life of disabled people by improving service delivery, by providing more equitable opportunities and by promoting and protecting their human rights".*

It calls for the full and coordinated involvement of all levels of society: community, intermediate and national. It seeks the integration and intervention of all relevant sectors - educational, health, legislative, social and vocational - and aims at the full representation and empowerment of persons with disabilities. CBR should be sustained in each country by using a level of resources that is realistic and maintainable.

Referral services are needed to cater to those persons with disabilities who need more specialized interventions than the community can provide. There are certain interventions which require medical specialists, para-medical professionals or the services of rehabilitation personnel. These services necessitate the involvement of professionals as all skills cannot be transferred to community volunteers or the family.

4.5 SPASTN Definition :

The Southern Region Seminar on CBR convened by the Spastics Society of Tamil Nadu (SPASTN) evolved a definition on CBR:

> *"CBR is a process to bring about a transformation in the community (change in attitude, knowledge and skills), to enable the community members to have a clear understanding of disability services (medical, preventive, psychological, economic, socio-cultural, educational etc.) and to improve the overall quality of life of persons with disabilities."*

The focus of this definition is transformation in community and extending disability related services for promoting quality of life. It lays stress on preventive aspects as well as community involvement and participation in promotion of services.

4.6 CBRDTC Definition

The Community Based Rehabilitation Development and Training Centre (CBRDTC) describes CBR as:

> *"A set of efforts to change community behaviors (attitudes, knowledge and skills) to enable community members to improve their understanding about disability issues (socio-economics, socio-cultural, medical, psychological etc.) to be involved in 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" (Tjandrakusuma, 1998)*

Thus the purpose of CBR programme is to solve problems related to disability, with the involvement, understanding and active participation of community. The CBRDTC understands CBR as a system consisting of several components which can be illustrated as a house with three pillars consisting of:

- First Pillar: Members of the local community with an understanding of disability issues with positive attitudes towards persons with disabilities;
- Second Pillar: Volunteers and others who have specific knowledge of skills in CBR and also have positive attitudes;
- Third Pillar: Individuals and organizations outside the local community who have knowledge and skills in CBR, resources for CBR, alone with positive attitudes.

The base represents the community development philosophy which believes in capacity and capabilities of the community. The roof represents the achievements of CBR when the community takes the responsibility of implementation of its own programme. (Tjandrakusuma, 1998)

4.7 CBR Forum Explanation

Today the main goals of rehabilitation have become broader than earlier, and have focussed beyond the individual, to his community where he is being integrated. Thus the universal mission of CBR may be expressed as:

- To enhance the activities of daily life of the persons with disabilities
- To create awareness and to achieve barrier free environment around him and help him attain equal human rights, and
- To create a situation in which the community participates fully and assimilates the ownership of his integration as client-owner relationship.

4.8 Comprehensive Definition

"CBR is a goal-oriented, individual need based, cost effective and result-oriented strategy of providing time bound and appropriate services within the community, with its active participation, involvement and with fullest use of its resources. CBR strategy aims at confidence building of the community, bringing out efficiency of individual and promoting active participation, involvement and integration of the individual in community live. It seeks community participation at the planning, execution, management and monitoring of CBR programme. It ensure community's support to protection of human rights, equal participation, equity, social justice and complete development of the individual".

5. Characteristics of CBR

Experience gained in various countries confirms the importance of integrating the CBR services into primary health care, education and other developmental services. The level of integration, however, is dependent upon availability of medical and non- medical personnel in the community. CBR is a creative application of primary health care approach, appropriate education and other developmental services in comprehensive rehabilitation programmes. It involves measures taken at community level to use and build on the resources

of the community, including the persons with disabilities themselves, their families and their community as a whole. The following characteristics are common to CBR programmes (Wadhwa, 1998):

- To establish the local communities to create awareness about persons with disabilities, recognize their rights and accept at least part of responsibility for their rehabilitation.
- To motivate the local communities to mobilize their own resources - human, material and financial, including persons with disabilities themselves, their families and friends to take an active part in rehabilitation training.
- To organize training for personnel at different levels and to use appropriate training material.
- To deliver services built upon existing community, organizational infrastructure, especially primary health care services.
- To establish a referral network to meet needs which cannot be met locally and work in conjunction with other sectors viz. education, vocational, employment etc.
- To ensure strong political commitment for the promotion of CBR.

As such, CBR is an integrated rehabilitation programme based on trained community action with appropriate referral support at all levels of national health infrastructure. Similarly, transfer of skills and technology is the most important step for CBR to succeed.

6. Understanding CBR

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

6.1 Multi-sectoral Approach

The Working Group on CBR (1997) considers that the starting point for understanding CBR is the following approach agreed to in 1994 by ILO, UNESCO and WHO:

"CBR is a strategy within community development for rehabilitation, equalization of opportunities and social integration of all people with disabilities. CBR is implemented through the combined efforts of persons with disabilities themselves, their families and communities, and the appropriate health, education, vocational and social services".

This approach to CBR is multi-sectoral and includes all Governmental and non-Governmental services that provide assistance to persons with disabilities is not traditionally considered relevant to CBR programmes and persons with disabilities. Examples include community developmental organizations, agricultural extension services and water and sanitation programmes.

6.2 CBR Programme Criteria

The CBR Working Group (1997) has proposed 7 following criteria for the development and implementation of CBR programmes:

a. People with disabilities should be included in CBR programmes at all stages and level, including initial programme design and implementation.

b. The primary objective of CBR programme activities should be the improvement of the quality of life of people with disabilities.

c. One focus of CBR programme activities is working with community to create positive attitudes towards people with disabilities and to motivate community members to support and participate in CBR activities.

d. The other focus of CBR programmes is providing assistance for people with all disabilities; and for people of all ages, including older people.

e. All activities in CBR programmes should be sensitive to the situation of girls and women.

f. CBR programmes must be flexible so that they can operate at the local level and within the context of local conditions.

g. CBR programmes must coordinate service delivery at the local level. As far as possible, services should be available at the local level in a comprehensive manner. These services may include medical intervention, education & training, provision for income generation, care facilities and prevention of causes of disabilities.

The CBR Working Group (1997) advocates provision of specialized outside services, comprehensive package of services and its delivery at the local level with the active involvement and participation of community at all level of planning, implementation, management, monitoring and evaluation.

6.3 Outcome of CBR

The goal of CBR is to demystify the rehabilitation process and give responsibility back to the individual, family and community. It should involve the community in the planning, implementation and evaluation of the programme. It is an attempt to generate an increase in appropriate skills, distributed to where the needs are, by utilizing hitherto unexploited resources in the community (O'Toole, 1991).

CBR programme should restore the functioning and participation of the individual to the normal level. It should grant equitable opportunities of social integration, participation and progress in the normal stream of social life.

The CBR should enable the individual:

- to stay within the fold of the family and contribute towards the family income.
- to function and perform as he used to function and perform prior to disability, that is restoring the fullest use of the senses to compensate for the impairment.

In other words, CBR programme is goal-oriented, need-based, and time bound activity which envisages community participation, ensures use of community resources and brings out fullest efficiency of the individual in a cost effective and environment friendly manner, that too within the community.

7. Project Ideology

It is an accepted principle that each person with disability is an individual in his own right. Every individuals problems, needs,

interests, likes, dislikes, level of literary education, extent of disability etc.sss differ. Each such person thus needs individualized and personalized attention, tailor made to suit his needs in education, vocational training, economic resettlement, social welfare, and integration.

The project aims at the educational rehabilitation within the community resources, social rehabilitation of the visually impaired person by demonstration of his skills, and adjustment training thus paving the way for his acceptance in the community and individual need based economic rehabilitation. The home thus becomes the centre and the community the setting for the rehabilitation of the visually impaired person. Various distinguishing features of the approach are listed below:

a. Every person covered under the project is a case in himself, and individual planning is done on the basis of his needs and the environment.

b. The project is non-institutional, individual need-based, and involve grass-root level implementation.

c. The project emphasizes strong training inputs with provision for supporting services and planned follow-up.

d. The proper selection, adequate training, regular supervision, and consistent motivation of the field staff are the most important ingredients of the project.

e. The project seeks involvement of local administration, rural development agencies, and the community at all levels.

f. The project is cost effective and result-oriented.

g. The project extends services of eye check-up, eye screening and eye surgeries to all the people in the project area.

h. The project offers a variety of support services to the individuals if they are otherwise eligible.

i. The project aims at rehabilitating individuals in his own home in a family trade or a trade which is essentially rural.

j. The project provides need based services to every person according to his age, sex, caste, family background, experience, etc.

k. The project aims at integrating a child in the general stream of education by admitting him to the village school for formal education and thus paving the way for his social integration and development of personality.

l. The project aims at using the local resources and infrastructure for preventing the preventable visual impairment in the area.

m. The project promotes net-working with local eye care, education, health care, rehabilitation, self-government and local set up to encourage sustainability of the approach.

n. The project envisages promotion of a local organizational set up which supervises, monitors and regulates the services for the person with disability.

o. The project aims at creation of public awareness about the existence of services, need for rehabilitation and potentials of individuals.

p. The project promotes advocacy for the rights of persons with disabilities, availability of facilities and inputs for their integration and rehabilitation.

q. The project encourages local innovations in the approach, nature of economic rehabilitation and promotion of need based services.

8. Components of CBR

From the experience of implementing CBR programmes for persons with all categories of disabilities at many locations in India, it has been established that a group of 8 Field Workers, 8 Itinerant Teachers and one Supervisor can easily cover 2000 persons with disabilities in one block or population of 2,00,000 within a period of five years.

It has also been established that the per capita cost of such services is less than Rs.1500 which is one-tenth as compared to institutional programmes. The cost will further decline if the project covers persons with all categories of disabilities.

Thus CBR is the only alternative available at present for the comprehensive rehabilitation of persons with disabilities, particularly in developing countries. The components, technical transfer of skills, training of functionaries, appropriate strategy and coverage of CBR

is still a matter of debate. Every CBR agency has a tailor made approach which is designed to meet the needs of that particular region.

Due to cost constraint, commonalty of services, scattered target group and State policy, it is essential that the CBR should:

a. cover persons of all age groups
b. be cost effective and result oriented
c. be realistic and need-based
d. be in consonance with the State policy
e. include all aspects of:
   - prevention and cure of curable disability
   - certification of incurable disability
   - social integration
   - integrated education
   - economic rehabilitation
   - support services and concessions
   - advocacy for the rights of persons with disabilities
   - acting as a pressure group for influencing State policies
   - community empowerment and participation
   - use of community resources

9. CBR Service Spectrum

CBR programme for persons with disabilities should encompass all aspects of prevention, cure, rehabilitation, child preparatory services, integrated education, and support services. The nature of services, however, would vary with the type of target group as listed below:

9.1 For the General Population

a. Health check-up
b. Child screening
c. Refraction, audiometry, ENT check-up, psychological assessment
d. Public awareness
e. General health care

9.2 For Curable Disabilities

a. Diagnosis
b. Physiotherapeutic intervention
c. Medical treatment
d. Surgical intervention
e. Provision of assistive devices
f. Follow-up

9.3 For Incurable Persons with Disabilities

a. Identification
b. Health check-up
c. Certificate of disabilities
d. Individual assessment
e. Individual counselling and family counselling
f. Individual need-based training
g. Social integration
h. Integrated education
i. Economic rehabilitation
j. Support services and concessions
k. Community awareness and involvement
l. Advocacy, counselling and empowerment

In the case of medical rehabilitation, the CBR programme should confine its role to referral to the respective specialist agencies. The integrated education is handled by Itinerant Teachers by admitting children to accredited educational institutes in the same village preferably. Similarly, prevention and cure activities are exclusively handled by the medical professionals.

10. Range of Services under CBR

CBR programme should aim at providing individual need based services to the general public, persons suffering from disabling conditions and persons with incurable disabilities. The project will extend all services, which will result into public awareness, prevention and cure of disability and complete rehabilitation of persons with disabilities.

a. Identification of persons with disabilities and their needs.
b. Providing individual need based training.
c. Encouraging health care agencies to provide health care services.
d. Promoting integrated education for children with disabilities.
e. Counselling the parents and creating public awareness.
f. Involving other developmental agencies in service delivery.
g. Ensuring economic rehabilitation.
h. Providing work counselling to facilitate their self-employment.
i. Enabling them to avail various concessions and benefits.
j. Creating awareness about the rights of the disabled.
k. Providing legal advice and creation of self-help groups.

11. Concept of CAHD

According to Krefting (2001), Dr. Handojo Tjandrakusuma, Executive Director of the CBR Development and Training Centre in Solo, Indonesia started the process. The Centre for Disability Development (CDD) developed the concept further with the support of Handicap International and Christoffel Blindenmission. The Community Approaches to Handicap in Development (CAHD) is defined as:

- Community: People their families and the organizations that influence their daily lives.
- Approaches: The two-way relationship within communities that creates knowledge that will change attitudes so that community practices will include disabled persons and provide them with services and assistance.
- Handicap: Not recognizing the existence of disabled persons and people with impairments, their exclusion from society, and no provision of services to meet their needs.
- Development: Including disabled persons in the ongoing process of increasing personal freedom and sharing in a more equitable distribution of the world's resources.

CAHD is an inter-active process that enables communities to make the transition from:

- The presence of handicap: Not recognizing the existence of disabled persons and people with impairments, their exclusion from society, and no provision of services to meet their needs.
- To the absence of handicap: Recognition of the existence of disabled persons and people with impairments, the inclusion of these people in society, and the subsequent provision of services to meet their needs.

In this approach, people with disabilities are central to the effective development of CAHD. Changing attitudes to eliminate handicap requires an active interchange between disabled and non-disabled persons. This interchange is an interactive process that will change and enable both parties so that handicap can be eliminated. It is this process of enabling both disabled and non-disabled persons that will ensure that services and assistance will be provided and inclusion happen.

12. Need for CBR

12.1 The Existing Scenario

On analysis of the existing scenario of demographic pattern of visual impairment in the country, the following observations can be made:

- In majority of cases, visual impairment is adventitious and its on-set takes place predominantly after the age of 45 years.
- Prevalence rate is the highest in the age group 60 & above and the lowest in the age group 0-4 years. It rises steadily with the increasing age both in the rural as well as urban areas. It is higher in the rural as compared to urban areas for all the age groups.
- Incidence rate is the highest in the age group of 60 & above and the lowest in the age group of 5 to 39, it is higher in rural areas (25) as compared to urban areas (20).
- As females constitute 53.89 percent of the population of the visually impaired, incidence of visual impairment among females is comparatively higher.
- As distribution of visual impairment is relatively more in the rural areas (83.69%), their population is predominantly rural.
- Rehabilitation centres are few, confined to urban areas and cover a few hundred people in the working age group 16-35 years.

12.2 Limited Coverage of the Existing Programmes

The existing special schools in India, at present, cover only 25,000 and integrated education programmes cover 12,000 visually impaired children. Even if special education is extended to all visually impaired children of the school going age (which is never going to be possible), the coverage would be only 6 percent of the total population of the visually impaired.

The existing vocational as well as on-the-job training centres at present cover a mere 8,000 visually impaired persons. The existing trades are urban-oriented and do not necessarily lead to employment.

12.3 Least Preference to the Visually Impaired

Most of the rehabilitation programmes aimed at the comprehensive rehabilitation of all categories of persons with disabilities are largely for the locomotor handicapped only. The coverage of the visually impaired in the following programmes has been almost negligible:

- Vocational Rehabilitation Centres and Special Employment Exchanges under the Ministry of Labour;
- District Rehabilitation Centres Scheme, Scheme of Community Based Rehabilitation, Scheme of Aids and Appliances for the Persons with Disabilities under the Ministry of Social Justice & Empowerment;
- Scheme of Integrated Education of the Disabled Children under the Ministry of Human Resources Development; and
- Disability Strategy under Council for Advancement of People's Action and Rural Technology.

12.4 Lack of Social Security Measures

Most developing countries have not yet introduced social security measures for assuring a minimum standard of living for persons with disabilities. Some State Governments have introduced disability as well as old age pension schemes. Due to limited budget allocation, cumbersome procedures, and lack of public awareness, and lack of an effective delivery system, the coveragehas been limited. The PWD Act, 1995 has also made no reference to social security measures for such persons. A visually impaired person is

normally therefore cared for by his family members and the community.

Thus the majority of persons with disabilities have no access to rehabilitative, curative or support services under the existing pattern and nature of services. It is desirable to explore alternative avenues of reaching millions of such unreached persons. Considering these observations, the most realistic and practical solution to the problem of rehabilitation is introducing individual need-based, cost effective and rural based rehabilitation programmes.

12.5 CBR: Only Viable Alternative

Keeping in mind the vast distribution of persons with visual impairment in the rural areas, the late on-set of visual impairment and the exorbitant costs of initiating and maintaining an institution, and the inherent limitations of an urban based institution, the only viable alternative is a programme which can reach out and provide need based services to such persons of all age groups and yet be cost effective.

12.6 CBR - A Movement

All these initiatives and programmes establish that CBR is no more a pilot project or a programme on reaching the unreached but is now slowly but steadily emerging as a movement for promoting comprehensive eye care and rehabilitation of persons with eye problems or visual impairment. The achievements and efficacy of existing CBR strategies establishes that the only way of reaching out to the unreached persons in rural areas is to initiate and implement CBR for persons with disabilities. For Developing Countries, comprehensive the CBR is not a matter of choice but a compulsion. While components, implementation plan, monitoring procedures and level of community involvement in CBR approach may be graded options - the CBR approach per se is the only alternative available at present to reach the unreached millions of persons with disabilities in these countries.

References

Chalker, Prue; and Wirz, Sheila (1999): *The Relationship Between Inclusive Education and CBR*, Asia Pacific Disability Rehabilitation Journal, 10 (2), P. 68-70

Helander, Einar; Mendis P.; Nelson G.; and **Goerdt A. (1989):** *Training in the Community for People with Disabilities*, Geneva: World Health Organization, 1211 Geneva 27-Switzerland

Helander, Einar (1993): *Prejudice and Dignity - An Introduction to CBR*, New York: Division of Public Affairs, United Nations Development Programme, One United Nations Plaza, N. Y. 10017, USA, P. 241

ILO, WHO and **UNESCO (1994):** *Joint Position Paper on CBR for and on People with Disabilities*, Geneva

Krefting, Douglas (2001): *Community Approaches to Handicap in Development (CAHD*)(Memeographed): Dhaka: Centre for Disability Development, P.56

O'Toole, John Brian (1991): *Guide to Community-Based Rehabilitation Services*, Paris: UNESCO, P. 96

Spastic Society of Tamil Nadu (1993): *Southern Region Seminar on CBR*, Chennai: SPASTN, P. 109

Tjandrakusuma, Handojo (1998): *Towards the 21st Century:* Challenges for CBR in Asia and the Pacific Region, Asia Pacific Disability Rehabilitation Journal, 9 (1), P. 9-12

Vanneste, Geert (1998): *CBR: An Introduction*, Community Eye Health, 11 (24), P. 49-50

Working Group on CBR of the Regional Inter-agency Committee for Asia and the Pacific (RICAP) Subcommittee on DisabilityConcerns (1997): *Understanding Community-Based Rehabilitation*, Bangkok: ESCAP, P. 11