

Regional framework on community-based rehabilitation

Pilot version



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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PREFACE

Across the globe, the number of people with disabilities continues to grow. The causes are diverse — among them are population growth, ageing, road traffic injuries, conflicts, landmines, emergence of chronic conditions such as diabetes, cardiovascular disease and cancer, as well as the development of medical advances that prolong life.

The concept of disability has changed across the years. The World Health Organization (WHO), in its International Classification of Functioning, Disability and Health (ICF), defines disability as “the outcome or result of a complex relationship between an individual’s health condition and personal factors, and of the external factors that represent the circumstances in which the individual lives”. Hence, if all factors relating to the disabling process are not tackled equally, the needs of people with disabilities cannot be genuinely and comprehensively addressed.

The concept of community-based rehabilitation came to life in the wake of the Alma-Ata Declaration on Health for All through Primary Health Care (1978). In 1981, the WHO Expert Committee on Disability Prevention and Rehabilitation proposed community-based rehabilitation as an alternative approach to the conventional institution-based system – a system that would best address the needs of people with disabilities in low-income countries.

Over the years the concept of community-based rehabilitation has also evolved. In 2004, a joint position paper by the International Labour Organisation (ILO), United Nations Educational, Scientific and Cultural Organization (UNESCO) and WHO redefined community-based rehabilitation as “a strategy within general community development for the rehabilitation, equalization of opportunities and social inclusion of all people with disabilities. Community-based rehabilitation is implemented through the combined efforts of people with disabilities themselves, their families, organizations and communities, and the relevant governmental and nongovernmental health, education, vocational, social and other services”.

The United Nations Standard Rules on the Equalization of Opportunities for People with Disabilities (1993) and Convention on the Rights of Persons with Disabilities (2006) are two key instruments promoting equality of opportunities and dignity for persons with disabilities. In particular, States Parties to the Convention are obligated undertake measures to ensure persons with disabilities participate on an equal basis in all aspects of society.

Community-based rehabilitation strongly figures as the vehicle to put into effect the provisions of these instruments. It is a full-fledged community development approach and strategy promoting equal opportunities, social inclusion and rights of people with disabilities. To promote this approach, an intercountry meeting on developing a regional strategy on community-based rehabilitation was organized by the WHO Regional Office for the Eastern Mediterranean in collaboration with the Federal Ministry of Health of Pakistan in Bhurban, Pakistan, from 16 to 18 July 2007. The

meeting produced a draft regional community-based rehabilitation framework, which has since been reviewed and further refined through a collaborative process with independent experts as well as national authorities in countries of the WHO Eastern Mediterranean Region.

It is hoped that this framework for community-based rehabilitation contributes to improving the lives of people with disabilities and their communities the Region.

INTRODUCTION: PRINCIPLES, VISION, GOAL AND STRATEGIC OBJECTIVES

Main principles

- equal rights and opportunities
- community mobilization, empowerment and ownership
- addressing poverty, meeting basic needs and enhancing quality of life
- accessibility, availability, affordability and quality
- integration and mainstreaming disability in all development
- full and effective partnership and inclusion in society
- multisectoral collaboration and partnership
- involvement of people with disabilities and their organizations
- evidence-based practices
- sustainability (continuity)

Vision

An inclusive and empowering environment where people with disability can live with dignity and equal rights and opportunities, through community-based approaches, by 2015.

Goal

To empower people with disabilities, their families and community regardless of cast, colour, creed, religion, gender, age, type and cause of disability through raising awareness, promoting inclusion, reducing poverty and eliminating stigma, meeting basic needs and facilitating access to health, education and livelihood opportunities.

Strategic objectives

1. Raise commitment and awareness among key policy-makers to support community-based rehabilitation and integrate it into all national development policies and strategies, especially with regard to health, education and livelihood
2. Implement the provisions of the United Nations Convention on the Rights of Persons with Disabilities at community level
3. Create awareness and build capacity in communities on community-based rehabilitation through influential groups and persons with disabilities
4. Assess the needs and capacities of persons with disabilities and the resources in their communities and mobilize resources within and outside the community for addressing the needs, through a participatory approach
5. Ensure access and effective utilization of physical, sensory and mental rehabilitation services
6. Facilitate collaborative work within the United Nations system and with Member States, academia, the private sector, nongovernmental organizations including organizations of persons with disabilities, and other stakeholders

7. Create a sustainable monitoring, supportive supervision and evaluation mechanism
8. Foster partnership and networking among all stakeholders including a referral system, communication and sharing of experiences, information and expertise

Key approaches to achieve the strategic objectives and indicators to monitor progress towards achieving them are listed on the following pages.

KEY APPROACHES AND INDICATORS

Strategic objective	Key methods to achieve the objective	Indicators
<p>1. Raise commitment and awareness among key policy-makers to support community-based rehabilitation and integrate it into all national development policies and strategies, especially with regard to health, education and livelihood</p>	<ul style="list-style-type: none"> • Establish or strengthen a national unit within the relevant national administrative infrastructure. • Establish or strengthen statutory committees for community-based rehabilitation at national, state and local levels; to ensure political support, the national committee should be sited in the office of the President, a Member of the Royal Family or Prime Minister. • Review national development policies, especially with regard to health, education and livelihood, and integrate community-based rehabilitation into these policies. • Promote community-based rehabilitation as a comprehensive framework for a national policy and strategy that aims at implementation of the Convention on the Rights of Persons with Disabilities. • Solicit and disseminate evidence and models of good practice to encourage decision-makers to support community-based rehabilitation. • Link community-based rehabilitation with community-based initiatives and primary health care as well as other community-based approaches, where they exist. • Advocate for access of persons with disabilities to social security and services, including health insurance. • Include mental health in community-based rehabilitation work and training. • Conduct a national awareness-raising campaign and other advocacy activities, including celebrating International Day for Persons with Disabilities. • Promote inclusive education for children with disabilities. • Create a barrier-free physical environment. • Lobby with influential figures, organizations and policy-makers to support community-based rehabilitation. • Advocate for the development of legislation to support persons 	<ul style="list-style-type: none"> • National uni/interministerial committee for community-based rehabilitation in place and functional. • Committees in place and functional at national, state and local levels. • Community-based rehabilitation integrated into national development policies, especially with regard to health, education and livelihood, and mainstreamed within all ministerial activities. • Linkages established between community-based rehabilitation and other community-based approaches where they exist. • Percentage of persons with disabilities covered by social security and health insurance. • Number of related advocacy materials produced. • National campaign for community-based rehabilitation conducted and a report produced. • Number of policy-makers oriented on community-based rehabilitation. • Presence of new legislation to support community-based rehabilitation. • Sufficient financial and human resources specifically allocated for implementation of community-based rehabilitation, in each core sector. • Number of physical barriers removed.

Strategic objective	Key methods to achieve the objective	Indicators
<p>2. Implement provisions of the Convention on the Rights of Persons with Disabilities at the community level</p>	<p>with disabilities, or enforce the existing legislation with regard to community-based rehabilitation.</p> <ul style="list-style-type: none"> • Allocate appropriate resources, including financial and human resources, to implement community-based rehabilitation. • Train people with disabilities, community health workers, teachers, community leaders, volunteers, health professionals, community-based rehabilitation workers and mass media on provisions of the Convention on the Rights of Persons with Disabilities. • Incorporate the concepts of the Convention on the Rights of Persons with Disabilities into educational curricula in schools and at all levels of the health care system. • Support initiatives related to the Convention on the Rights of Persons with Disabilities. • Partner with human rights organizations and organizations concerned with rehabilitation at the national, provincial and local levels. • Promote active involvement of the community organizations and identification of their roles/responsibilities. • Provide and promote designs for universal access. 	<ul style="list-style-type: none"> • Number of people trained on provisions of the Convention on the Rights of Persons with Disabilities. • Number of related educational and primary health care materials developed. • Inclusion of community-based rehabilitation in legislation and activities related to the Convention on the Rights of Persons with Disabilities. • Number of joint projects with human rights organizations. • Defined role of community organizations and number of these organizations oriented on the Convention on the Rights of Persons with Disabilities and on community-based rehabilitation. • Percentage of persons with disabilities with universal access to facilities. • Number of physical barriers removed.

Strategic objective	Key methods to achieve the objective	Indicators
<p>3. Create awareness and build capacity in communities on community-based rehabilitation through influential groups and persons with disabilities</p>	<ul style="list-style-type: none"> • Orient and build the capacity of women's groups, youth groups, cluster representatives, village development committees, community and religious leaders, teachers, health workers, mass media and other influential groups on community-based rehabilitation. • Organize training activities through facilitators, preferably persons with disabilities. • Include prevention of avoidable disabilities and harm reduction in training manuals. • Support the development of regional training programmes on community-based rehabilitation for senior programme managers to facilitate information sharing and exchange of experiences. • Enhance capacities through visits to exchange experiences, annual events and training activities, including refresher training. • Mainstream rehabilitation studies in teaching and tertiary care institutions. A standardized training curriculum should be developed for all countries in the Region for all categories of health and rehabilitation workers.¹ • Make full use of the local media and other appropriate advocacy channels. • Develop advocacy and training materials in local languages and in accessible formats. 	<ul style="list-style-type: none"> • Number of groups and individuals oriented on community-based rehabilitation. • Number of training activities conducted. • Percentage of the trainers trained. • Presence of preventive measures and harm reduction components in training manuals. • Number of meetings held for exchange of experience and training and refresher training activities (at least one annual meeting at the national level). • Number of items on community-based rehabilitation published or broadcast. • Number of advocacy materials produced on community-based rehabilitation in local languages and in accessible format.

¹ Recommendation from *Implementation of the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities*. Report on an intercountry meeting, Cairo, Egypt, 2-4 May 2006. Cairo, WHO Regional Office for the Eastern Mediterranean, 2007.

Strategic objective	Key methods to achieve the objective	Indicators
<p>4. Assess the needs and capacities of persons with disabilities and the resources in their communities and mobilize resources within and outside the community for addressing the needs, through a participatory approach</p>	<ul style="list-style-type: none"> • Review available data to help in identification of needs. • Conduct community-based surveys (needs assessment) using volunteers, persons with disabilities and cluster representatives. • Identify and prioritize needs and solutions to fill the gaps, in collaboration with persons with disabilities, local authorities and other stakeholders (using focus group discussion). • Conduct comprehensive resource mapping (financial, human and material resources) of available rehabilitation resources. • Provide a comprehensive package of community-based rehabilitation services, including information sharing, at the doorstep of persons with disabilities and at their workplace. • Build capacity of the local community and persons with disabilities in writing proposals and other resource generation activities, including stakeholder analysis. • Plan socioeconomic projects addressing needs of persons with disabilities and involve the local community in project implementation. • Empower the community in programme management and ownership. • Enlist support of the different development sectors, local administration and civil society. • Link community-based rehabilitation with existing initiatives and projects to reduce poverty such as literacy training, micro credit schemes, income-generating projects, vocational training, etc. • Facilitate the participation of persons with disabilities in social activities including skills development, recreational and cultural activities, marriage, etc. • Support inclusive and accessible educational facilities, both formal and informal, for people, especially children, with disabilities. • Promote early childhood development, and primary and secondary education for persons with disabilities. 	<ul style="list-style-type: none"> • Results of data review available and used in planning. • Results of community-based survey available. • Number of projects developed based on results of the survey. • Report on resource mapping published and disseminated to major decision-makers and persons with disabilities. • Percentage of persons with disabilities with access to package of community-based rehabilitation services. • Percentage of persons with disabilities and providers satisfied with the package of community-based rehabilitation services. • Number of local community members trained on proposal writing and resource mobilization. • Number of related socioeconomic projects developed and implemented. • Number of communities managing the programme independently. • Report of type and extent of the support received from other local partners • Number of projects in areas implementing community-based initiatives addressed to persons with disabilities. • Number of loans disbursed to persons with disabilities, percentage of loans repaid and change in income of the beneficiaries. • Number of persons with disabilities benefitting from existing social and economic facilities. • Percentage of persons with disabilities participating in social activities. • Number of persons with disabilities attending educational facilities.

Strategic objective	Key methods to achieve the objective	Indicators
<p>5. Ensure access and effective utilization of physical, sensory and mental rehabilitation services</p>	<ul style="list-style-type: none"> • Promote community involvement in the integration of persons with disabilities within the home. • Create a safe transportation system for persons with disabilities, including the establishment of a separate body for approval of appropriate driving licensing and car modifications for safe driving. • Draft a time-bound plan of action to facilitate implementation of necessary steps to achieving the objective. • Ensure stratification of rehabilitation services (identification of services that can be delivered at each level based on available resources, including staff capacities at each level); and strengthen the referral system for persons with disabilities when and where required. • Develop training manuals for different levels of health care providers and the community, in collaboration with academia. • Train personnel at different levels including managers, local health workers, teachers, local leaders, community organizers, volunteers and parents on community-based rehabilitation. • Ensure minimum standards and sustained supervision in community-based rehabilitation. • Mobilize professionals and specialized centres to adopt new roles and responsibilities in accordance with the community-based rehabilitation approach. • Adapt to local conditions and use the appropriate technology, assistive devices and methods, including minor repair and maintenance of assistive devices. • Establish a national centre of excellence for rehabilitation services, including medical rehabilitation, with core capacities for technical support for community-based rehabilitation. 	<ul style="list-style-type: none"> • Number of children with disabilities completing primary and secondary education. • Percentage of children with disabilities studying in regular and specialized schools. • Early childhood development initiative in place for children with disabilities. • Community-based rehabilitation integrated in the existing health system and facilities and linked to the related referral system. • Number of persons with disabilities benefiting from the existing health care facilities, including rehabilitation services. • Availability of a training manual for different levels. • Availability of standards and tools for training activities. • Number of health workers, teachers, community organizers and partners trained on community-based rehabilitation. • Number of community-based rehabilitation workers trained. • A functional referral system in place. • Number of projects using appropriate technology. • Number of assistive devices distributed.

Strategic objective	Key methods to achieve the objective	Indicators
<p>6. Facilitate collaborative work within the UN system and with Member States, academia, the private sector, nongovernmental organizations including organizations of persons with disabilities, and other stakeholders</p>	<ul style="list-style-type: none"> • Map donor-supported services to strengthen collaboration and better use available resources. • Develop joint projects and conduct meetings and information sharing and awareness raising activities with all relevant stakeholders to support persons with disabilities. • Utilize available resources within all United Nations and other agencies, including in the private sector and civil society, to support the needs of persons with disabilities. • Encourage academia to conduct health system research directed towards community-based interventions. • Mainstream community-based rehabilitation into all developmental initiatives, particularly poverty reduction strategy papers, activities related to the Millennium Development Goals (MDGs), etc. • Involve physical medicine and rehabilitation departments in the implementation of community-based rehabilitation. 	<ul style="list-style-type: none"> • Number of joint projects developed in partnership with United Nations and other agencies and donors. • Number of people participating in awareness-raising activities. • Number of meetings organized for awareness-raising. • Number of projects jointly funded by United Nations agencies and other partners. • Number of academic and private institutes and nongovernmental organizations engaged in research activities addressed towards community-based rehabilitation. • Number of academia/private institutions/nongovernmental organizations involved in community-based rehabilitation. • Number of nongovernmental organizations working on community-based initiatives. • Number of development initiatives, such as poverty reduction strategy papers and efforts to achieve the MDGs, that include community-based rehabilitation in their activities.
<p>7. Create a sustainable monitoring, supportive supervision and evaluation mechanism</p>	<ul style="list-style-type: none"> • Develop tools, indicators and instruments for different levels of health and other social services for recording, reporting and documenting. • Train facility-level workers on use of the recording and reporting tools. • Develop a disability management information system that ensures individual confidentiality. • Promote evidence-based practice and use of evaluation results in future planning, programme enhancement and programme expansion. • Organize external evaluation of disability programmes and 	<ul style="list-style-type: none"> • Number of recording, reporting and monitoring tools and indicators available and in use. • Number of facility-level workers using the tools developed. • Disability management information system in place and producing reports. • Number of documented evidence-based practices and success stories.

Strategic objective	Key methods to achieve the objective	Indicators
<p>8. Foster partnership and networking among all stakeholders including a referral system, communication and sharing experiences, information and expertise</p>	<p>services by an authorized body, with participation of physical medicine and rehabilitation specialists, to identify needs and unify the evaluation strategies and mechanisms.</p> <ul style="list-style-type: none"> • Build up information networks at regional and national level for professionals, persons with disabilities and others. • Arrange and support exchange of experiences, e.g. through meetings and field visits. • Develop an appropriate communication strategy using newsletters and a website accessible to persons with disabilities. • Use the International Classification of Functioning, Disability and Health (ICF) in the process of disability information management, supported by national level training for key stakeholders 	<ul style="list-style-type: none"> • Number of information networks in place. • Number of field visits and meetings conducted to exchange experiences. • Number of effective communication and information tools (hardware and software) accessible to persons with disabilities. • Presence of at least one comprehensive directory of available facilities for persons with disabilities.

