



Community Based Rehabilitation

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Services Developed in Western Countries

1. Residential Services

PWIDs lived in a big Residential Institutions separate from other people.

2. Segregated Education

Children with ID were educated in a special schools separate from other children.

Why?

Services Developed in Western Countries



Segregated services protect society from PWID.



Education for smart children



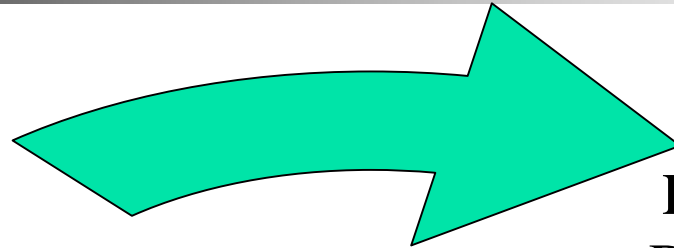
High productivity



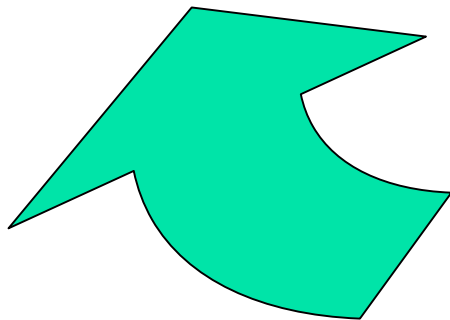
Economic Development

Services Developed in Western Countries

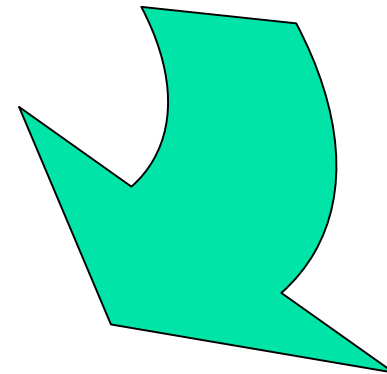
Economic
Development



Enough Money for
Building, Manpower
For Segregated
Services



PWID
In Segregated
Settings.





World War 2nd

Many PWDs in the World.

No services in Developing Countries.



Christian organization in
Western countries come
to developing countries
to support PWDs.



What's their Idea?





**PWD Needs Institutions
Served By Specialists.**



**Ours is the
Best!**

**Good for Us is
Good for them.**



Services started after the war.

What

Residential Institutions.

Where

In **Big Cities** in the developing countries.

By

Christian organizations.



The Christian organizations

A. Construct institutions

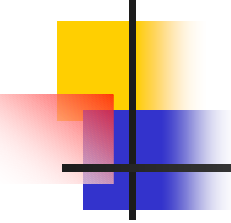
B. Trained Specialists

C. Initiated NGOs

to manage the institutions.



*Western Countries gradually
fade out* after the Institutions
are handed over to the NGOs in
the Developing Countries.



Problems of
Institutionalization
In the developing countries

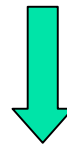
Problems of the institutionalizations (Quantity)

Cost of the Institutionalization.

Living of PWDs, Medicen, Salary of the Specialist, Care workers and so on



- 1.No. of institutions, No. of specialists was not enough.
- 2.They are set up in Big Cities.



**Only 3% of all the PWDs received service.
PWDs lived remote areas can't use them.**



Problems of the institutionalizations (Quality)

- 1) **Specialized techniques** transferred from **western** countries are some times **not adequate** in the countries.
- 2) **Expensive machines** which requires to repair. Can't pay the cost. ⇒ **Out of use.**



Problems of institutionalization (Quality)

Institutions are under

Closed setting.

- 1) **Abuse** by the staff.
- 2) Staff – some are **not enthusiastic**
cause of low salary.



Problems of institutionalization (Quality)

Separation

As institutions are set in a big cities, PWD from a remote areas had to be away from their families.



**Break Family ties
physically and mentally.**

Problems of Institutionalizations (Responsibility)

Foreigner  Local NGO

GO and **Community People**

“We are not responsible.”



In '70s,

People started to speak

Institutionalization

is not Adequate.



We need new system

Can Cover **all**
PWD

Cultural
adequate

Live with
Family

Cheep,
Sustainable



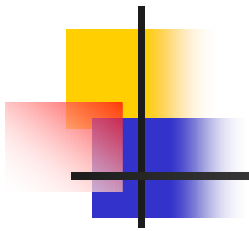
Where dose CBR come?

- Ideas of Mothers, Fathers, Community People.

EX. **Singh Language** devised by community people in their culture, **cane** made by father, training **method** found by mothers. Human relations existed.



Organized by WHO and other UN agencies as CBR method, system.

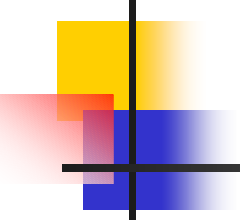


What is CBR



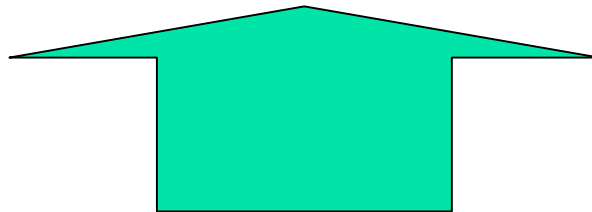
CBR

- A Strategy for **Rehabilitation, Equalization** of Opportunities, **Poverty Reduction** and **Social Inclusion** of PWD. (Joint Position Paper 2004,WHO, ILO, UNESCO)
- A Strategy within **Community Development** for the **rehabilitation, equalization** of opportunities and **social integration** of all children and adults with disabilities. CBR is implemented through the combined efforts of disabled people themselves, their families and communities, and the appropriate health, education, vocational and social services. (WHO, ILO, 2002)

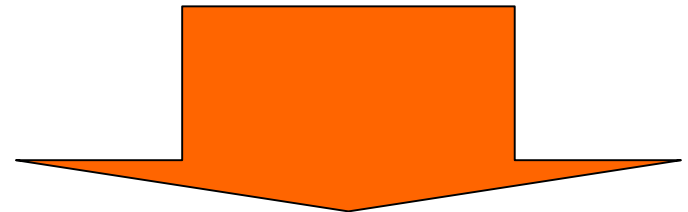


Disability

Difficult have a job



Increase Disability



Poverty



Principle of CBR

- Equality, Social Justice, a Solidarity, Unification, Dignity

Not make special system for PWD.

Try to share system, services, anything available for non disabled people.

(Hollander, 1993)



History of CBR '70s

Integrated in to the **Primary Health System (PHS)**

PHS trained Volunteers work as CBR volunteers.



Give Medical Rehabilitation, medicine.

Medical Model

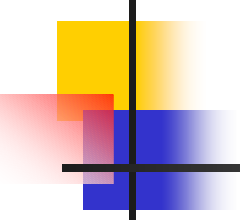


History of CBR '80s-'90s

- People started to say
“ PWD needs not only medicine, but education, vocational opportunity everything non-PWD need.”

Need Social Inclusion

Social Model



To achieve inclusion, just
education, medicine, vocational
opportunity is enough?

Anything Else we need?



Barriers of Inclusion

Environmental Barriers

Physical Barriers

Mental Barriers

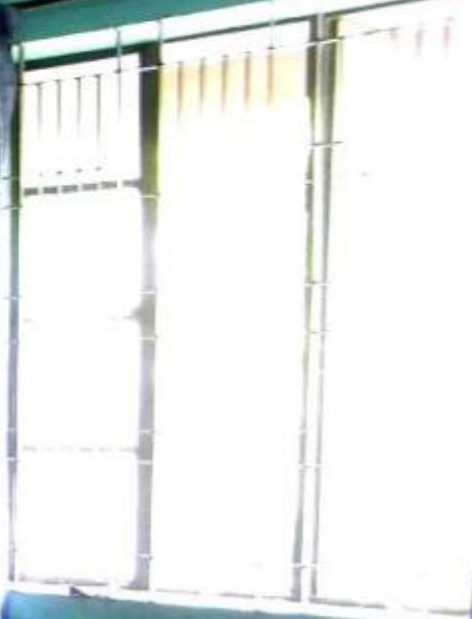


***Community Involvement
PWDs Participation***



CBR at present















CBR at Present

Strength

- Inclusive education for PH
- Income Generation for PH
- Social Integration for PH

Weakness

- No. of beneficially
- Sustainability fund, volunteers
- Limited Community People's Participation
- ID is less treated.



Kinds of Disability in CBR PJ

■ Physical disability	60%	50%
■ Visual disability	20%	25%
■ Hearing disability	15%	15%
■ Intellectual Disability	5%	5%
■ Others		

(CEOSS) (WHO,SHIA)



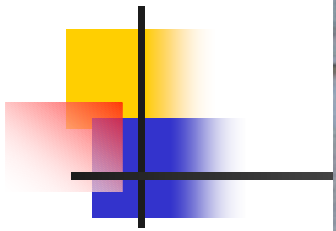
Why ID is less?

- CBR started as medical model
- Difficult to see the problem, and needs
- Difficulty in inclusive education
- Difficulty to join income generating program
- Takes time to see effect ⇒ little chance to get fund
- Out reach program cost a lot ⇒ difficult to sustain
- Small center program cost transportation ⇒ can't pay
- No spokesman
- ID need life ling support (no graduation)



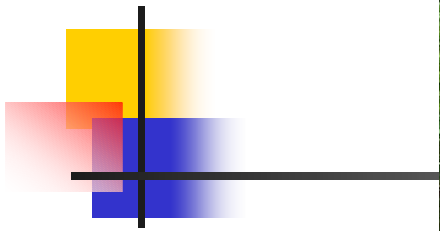
CBR for ID













CBR for ID

Strength

Develop ID's physical Function.

Weakness

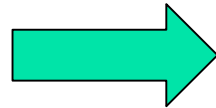
Individual training
Cost a lot ⇒ Difficult to sustain.

Limited communication with Non-ID develops Prejudice.

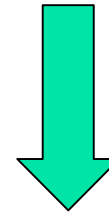


Cycle of Prejudice

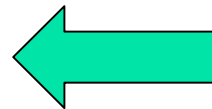
Prejudice



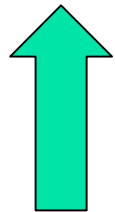
Little communication



People don't see ID



People feel ID uncanny





ID Issue should be understood
by Community people

How?

ID support by people in
general



In Daily Life

Share



Time, Place, Education, Training, Work

- Why People are not involved?





People are busy.

People think ID is an issue of Specialist.

“It is not my responsibility” mentality.



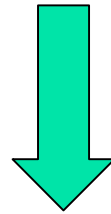
Project

Initiated by outsiders.

Planned by outsiders.

Funded by outsiders.

Carried out by outsiders.



People think it is not mine.

Passive, no participation



Outside Fund

Strength

Weakness

Within Community Development



Sustainability

Community
Involvement





বন্ধু কল্যাণ ফাউন্ডেশন (বি.কে.এফ)

সঞ্চয় ও ঋণ পান বই

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স্বাক্ষর	প্রবন্ধ

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কেন্দ্র নং : ৫৫

সদস্য/সদস্যার নং : ১২৩৭

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 সদস্য/সদস্যার লগ্নের তারিখ : ২৬.৬.৭.
 স্বাক্ষর : স্বাক্ষর