

Implementation of Community-Based Rehabilitation in Nigeria: The Role of Family of People with Disabilities

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Abstract

The current trend in rehabilitating persons with disabilities is through Community Based Rehabilitation (CBR) approach which is cost effective and does not alienate the client from the immediate neighborhood. This paper examines the concept of CBR and its characteristics as well as the paradigm shift from institutionalized rehabilitation to CBR. The paper also looks at the challenges of CBR and the roles of family in the implementation of CBR. The emergence of CBR is also discussed. Finally, recommendations are offered.

Keywords: *Community Based Rehabilitation, Persons with Disabilities, Family, Community.*

1. Introduction

Nigeria is regarded as Africa's most populous nation with an estimated population of 167 million people based on 2011 census figures. According to the Human Development Index, the country is ranked 156th implying that the country is rated under Low Human Development segment. On the other hand, World Health Organization (WHO) 2011 report on disability indicates that approximately 25 million Nigerians live with one form of disability or the other with 3.6 million having very significant difficulties in functioning (Department for International Development) [1]. Regardless of this high number of people with disabilities in Nigeria, observation has shown that social services including community-based rehabilitation (CBR) is limited to persons with disabilities 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 a significant factor that inhibits the social inclusion of people with disabilities in the country.

In a global context, CBR is the primary means by which people with disabilities (PWDs) have unfettered access to rehabilitation or disability services [2]. In other words, CBR is a strategy within general community development for rehabilitation, equalization of opportunities and social inclusion of PWDs. CBR exists in an array of styles and approaches across developing and developed countries of the world, with notable differences as well as similarities based on the context of its socio-economic development. The advocacy for CBR was popularly promoted by WHO in the mid-1970s to address the limited nature of the rehabilitation workforce in developing countries, through the provision of basic services at a community level, incorporating principles of primary health care, relevant rehabilitation practices, and seeking to use local resources and build local skills [3]. CBR intends to enhance the quality of life for people with disabilities and their families as well as meeting their basic needs and ensuring their full inclusion and participation as useful members of the society. CBR is meant empower persons with disabilities to access and benefit from education, employment, health and social services. It is implemented through the combined efforts of people with disabilities, their families, organizations, communities, relevant government and non-government health, education, vocational, social and other services. CBR involves working closely with persons with disabilities and their families to overcome physical and sociological barriers within their communities through a holistic approach to a person and their environment in the areas of health, education, livelihood, social inclusion, skill development and empowerment.

2. The Concept of CBR

CBR as a strategy supports the full participation and inclusion of persons with disabilities in the life of their communities. It is said to be a strategy of meeting the needs of people

with disabilities within their communities. This is opposed to the centre-based approach where people with disabilities are required to move to a specialized and centralized institution to receive rehabilitation services. Such centers are often capital intensive to set up and operate thus catering for a small number of people who can afford the services.

There is a wide diversity of meanings currently associated with the term 'CBR'. However, there are currently 3 meanings attached to the concept CBR:

- *CBR as people taking care of themselves:* Services for PWDs in most developing countries are still limited to what people can do for themselves. This implies that all the activities that PWDs, members of their family and other members of the immediate community can do in their own community for PWDs such as general care, mutual adaptation (i.e. family members adapting themselves to the situation of the disabled, and vice-versa), education and health, using whatever they know, whatever they have, in whatever daily circumstances they have to do.
- *CBR as a Concept and an Ideology:* CBR as a concept and an ideology promotes a de-centralized approach to rehabilitation service-delivery, whereby it is assumed that community members are willing and able to mobilize local resources and to provide appropriate services to PWDs. This concept has been tried out in many CBR programs all over the world particularly amongst the developing nations, by the use of government staff and facilities, but has in most cases and in many respects proven to be unrealistic.
- *CBR Programs, Projects and Organizations:* Recognizing the human and material limitations of PWDs, members of their family and other members of the immediate community a CBR program intends to promote and facilitate CBR by visiting PWDs and their families in their houses, providing appropriate information, therapy and/or training, promoting and facilitating rights and duties of PWDs [4].

Whatever is the perspective of CBR one considers most suitable, the most broadly used definition of CBR is:

a strategy within general community development for rehabilitation, equalization of opportunities, and social inclusion of all people with disabilities by implementing through the combined efforts of people with disabilities themselves, their families and communities, and the appropriate health, education, vocational, and social services [3].

The emphasis in this definition is on community development, poverty reduction, equalization of opportunities and social integration are in keeping with the developing country context from which CBR emerged, but key aspects of CBR are also highly relevant to developed countries.

3. Characteristics and Objectives of CBR Programs

CBR is usually conducted or provided in natural community settings, such as clients' homes rather than formal service delivery settings (hospital or centre-based environments). The active engagement of clients, family and even community members in service delivery is core to CBR. As a strategy, CBR seeks to equip, empower and educate people with disabilities and all stakeholders towards an end goal of greater independence, community participation and quality of life. The CBR approach typically seeks to maximize personal agency, accessibility to resources, and opportunities for participation, leading to the same physical, psychosocial and other outcomes as other disability service models. In CBR, skill transfer to the community and systemic change is essential. CBR programs are likely to be aimed at achieving broader social and systemic changes as well as maximizing social inclusion and improvements in individuals' functional capacity.

The objectives of CBR are not only to maximize physical and mental ability but also to support access to regular services and opportunities, to assist people with disabilities to actively contribute to their own communities, and to encourage community members to promote and respect human rights. The breadth of scope of CBR is consistent with the conceptual base of the International Classification of Functioning, Disability, and Health (ICFDH), which defines disability within a complex interaction of causal, contributing, and conse-

quential factors. Indeed the emphasis in the ICF on personal and environmental factors as key barriers or facilitators to a person's functioning further reinforces the relevance of a community contextualized approach [5]. In a similar way, CBR also represents a shift in focus from the individual's disabling condition (at the acute care end of the healthcare spectrum) towards a more holistic focus on the person within their social and family context (at the community end of the spectrum).

Regardless of country context, CBR is typically oriented towards achieving optimal functioning, quality of life, and community integration. As would be expected, CBR does not typically address early impairment or disability in the acute stages of injury or illness, but assists people whose impairments and disabilities require long term rehabilitation and care. The exact nature of CBR services will depend on the needs of the particular client or client group within their context, the presence of disability supports, environmental resources including availability of generic services in the community (i.e., home care support, community nursing), the availability of skills and expertise, practical feasibility, and the availability of funding.

4. The Emergence of CBR

The conventional system for rehabilitation of PWDs began to emerge in the 19th century. At the beginning, there were institutions - mostly quite small - which were to take care of various groups of children or adults with special needs. They were given food and shelter, education and some vocational training. Many were kept in homes or centers for very long periods of time. The World War II of 1939-1944 resulted in a significant increase in the population of destitute and people with special needs of industrialized and developing nations. For many countries, providing these people with a rehabilitation services became a national priority [6]. Rehabilitation eventually came to include services for people afflicted by one or the other of a wide range of chronic diseases such as rheumatism, cardio-vascular, neurological, mental and skin; victims of accidents, alcoholics, drug abusers, and occasionally people released from prison. In response, systems of specific diagnostic and therapeutic resources were built up in the industrialized countries. By 1960s, it was observed that institutional approach of rehabilitation had only resulted in minimal service delivery in the capital cities, but was not reaching the vast numbers of persons with disabilities living in villages and slums.

In 1978, following a series of reviews and meetings, the WHO adopted the Alma Alta Declaration, shifting support from city-based hospitals and institutions to the community. The CBR initiative eventually evolved [7]. WHO has been very effective in developing guidelines for CBR, conducting regional and national workshops to promote CBR guidelines, and supporting member states to initiate CBR programs and/or strengthen existing CBR programs. A 2004 joint International Labor Organization (ILO), United Nations Educational Scientific and Cultural Organization (UNESCO) and WHO paper defined CBR as a strategy within community development for the rehabilitation, equalization of opportunities and social inclusion of all people with disabilities [8]. This implies CBR is meant to enhance the quality of life for PWDs by improving service delivery, providing more equitable opportunities as well as promoting and protecting their human rights. CBR has the notion that:

- If rehabilitation is to reach all those in need in the developing countries, there must be a large-scale transfer of knowledge about disabilities and skills in the rehabilitation of people with disabilities to their families and members of the community.
- For rehabilitation to be successful, communities must recognize and accept that PWDs have the same rights as other human beings. Rehabilitation therefore needs to aim at bringing about this required attitude- change in communities. It has been found that this change in attitude is most effectively brought about when communities themselves take on the task of rehabilitating their members who have disabilities [7].

It is regrettable to observe that, some member countries are yet to embrace the concept of CBR in rehabilitating their citizens with disabilities. In Nigeria for instance, rehabilitation services are either institution-based, within the cities or suburban communities or form part of active outreach services to rural communities, supported by international agencies [8]. This is why Tinney in Olaogun, Nyante & Ajediran maintained that community-based rehabilitation services in any form are yet to take off in many developing countries [7]. In Nigeria, the consequences of civil war, political upheavals and strife, incessant road accidents, ethno-religious crises, youth res-

tiveness, religious extremism and other forms of security insurgencies in addition to poverty have also tremendously increased the incidence of disabilities in the country. There is, therefore, the need to explore a workable model for the rehabilitation of individuals with special needs in the community as a means of overcoming the limitations imposed by the handicap. Full participation of the individuals with disabilities has been part of the United Nation's Standard Rules on the Equalization of Opportunities for Disabled People, which states under the Principles of Equal Rights that:

The needs of each and every individual are of equal importance, and that those needs must be made the basis for the planning of societies. In addition, all resources must be employed to ensure that every individual has equal opportunities for full participation pg. 25 [8].

Accordingly, the government of the Federal Republic of Nigeria in her *National Policy on Rehabilitation of Persons with Disabilities* accepted the principles of participation, integration and equalization of opportunities as specified by the United Nations in the World Program of Action concerning persons with special needs [9]. The FRN further accepted in the policy the principles incorporated in the following declarations proclaiming the necessity of protecting the rights and assuring the welfare and rehabilitation of persons with disabilities; the Universal Declaration of Human Rights; the International Convention of Human Rights; the United Nations Development Decade for Women; the Declaration on the Rights of Mentally Retarded Persons; and the Declaration on Social Progress and Development [10]. Though, the FRN has come up with a national policy on rehabilitation of persons with disabilities but the policy is tilted to city-centered rehabilitation service delivery. This fact is even acknowledged in the policy in 2(2.3.4). It stated that "in Nigeria, services enjoyed by people with disabilities in urban areas are not readily available in most rural areas". This means that the idea of CBR is far from being feasible in Nigeria. Though, the country being a component of the global community is obliged to embrace every meaningful program approved by WHO that is committed to the benefit of the less privileged and the disabled members of every community [10]. CBR aims at reaching out and bring help to people in their homes with the help of family and entire community.

5. The Challenges for CBR

The following are the major challenges for the development and implementation of CBR program in Nigeria, with the fast changing environment and the huge demand for services.

5.1. Strategy for CBR

In 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. CBR programs have not been very successful in developing supportive socio-cultural environments for people with disabilities, or in mobilizing community resources. Also, CBR programs 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 program that can cover and respond to the needs of people with disabilities as well as the community.

5.2. Human Resource Development

There are two problems 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. CBR programs need personnel who possess the technical know-how to deal with rehabilitation and community behavior. Most CBR personnel such as physical therapists, occupational therapists, doctors or vocational trainers have primarily rehabilitation skills without community development skills. Since the educational background of most CBR personnel has to do with rehabilitation, the program tends to concentrate on rehabilitation interventions alone. With the vast population of Nigerians living in rural areas, the need for CBR services are huge. Since the number of personnel to work in CBR is very limited, there should be greater emphasis on human resource development in Nigeria.

5.3. Funding of CBR

Most donors for rehabilitation prefer a charitable approach which is more visible and easy to evaluate. Donors are more satisfied with pictorial reports and the number of persons with disabilities who have received rehabilitation services. But it is not so easy to eval-

uate a CBR project that is involved in community development. However, community oriented programs are more effective because they work not only for PWDs, 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 programs, 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 program and not a charity effort.

5.4. Information Dissemination in CBR

There is an urgent need for information dissemination so that all countries 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 high-tech that occasioned as a result of the information and communication technology for further development of CBR in the country.

5.5. Lack of Legislative Framework

At the moment there are no laws guiding the operations of CBR in Nigeria. The *National Policy on Rehabilitation of Persons with Disabilities* which is a document of the FRN is only policy statements on institutional rehabilitation program. So the absence of laws to dictate minimum standards for CBR development and implementation has hampered the growth of CBR delivery.

6. The Roles of the Family in the Implementation of CBR

The family as an important agent in the socialization process and the overall development of the child plays the following critical roles in CBR development as follows according to Bwana & Kyohere [11]:

6.1. Overcoming Ignorance

CBR has a major role to play in the education of the community about disability. Ignorance

is a big obstacle; many people with disabilities are in their present situation because they did not know what to do at the outset of disability. Community members need to know how to prevent disabilities. They need to know how to care for, respect and communicate appropriately with PWDs. The family can make a major contribution towards sensitizing members of the immediate community by sharing experiences. They can also facilitate referrals to medical and social services. Their contribution in these areas can strengthen these aspects of a CBR program considerably.

6.2. Promoting Sustainability

The sustainability of an individual's independence relies heavily upon setting up the structures and support, which will enable him/her to acquire daily living skills and provide the opportunity for education and employment. Families can facilitate this process by finding ways of sustaining individual PWD and making relevant connections between PWDs and prospective educational opportunities and employers.

6.3. Promoting the Validity and Relevance of CBR Activities

Essentially, PWDs and their families are the customers and consumers of CBR programs and one of the objectives of any organization is to satisfy its customers. In order to do this, the customers need to be involved in the identification of what is required and how it can be best achieved. In practice, this means that PWDs and their families need to be involved from the very beginning in any initiative so that their perspectives, wants, hopes, needs, fears and deep seated knowledge of the barriers, can form the design of an initiative, from the very beginning.

6.4. Promoting Education

Families have a very powerful role to play in the promotion of the inclusion of PWDs within inclusive educational settings, as well as working towards the development of special provisions that children, both, within inclusive settings and in special settings require. The role of the family here is again one of raising awareness and providing the drive and inspiration needed, to initiate and sustain programs with a lifetime of interest and commitment.

7. Recommendations

It is the contention of the researchers to recommend that:

- There should be opportunities for awareness raising and discussion of social inclusion issues for the family.
- There should be regular training and updates for family members on rehabilitation of PWDs
- The family should ensure that PWDs get the opportunity to meet others in the same socio-cultural environment
- There is the urgent need for manpower training for the purpose of CBR implementation.
- There should be specific social skills for family members, including analysis and discussions of CBR.

8. Conclusion

The family plays vital roles in the implementation of CBR for active participation of PWDs in the socio-economic affairs of the society. People generally react according to what disability means to them and just how much it is going to affect or change their life styles. There is therefore the need not only to change the mindset of PWDS through rehabilitation in neighborhoods. For CBR to be effective, the family must be enlightened so as to report cases of disabilities for early diagnosis and intervention. Family members must help to identify those with special needs in their homes for diagnosis and treatment as well as appropriate placement into CBR scheme.

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