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**Abstract:**

This article challenges the notion that we have much to learn from developing countries as well as much to offer to them. The article describes the philosophy, model and services of Community-Based Rehabilitation (CBR) as one example of what developing countries have to offer us. We discuss parallels between the CBR model and strategies used in the U.S. to meet education and rehabilitation needs and illuminate CBR practices from which we can learn. [ABSTRACT FROM AUTHOR]

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## **What We Can Learn from Developing Countries: The Community Based Rehabilitation Model.**

This article challenges the notion that we have much to learn from developing countries as well as much to offer to them. The article describes the philosophy, model and services of Community-Based Rehabilitation (CBR) as one example of what developing countries have to offer us. We discuss parallels between the CBR model and strategies used in the U.S. to meet education and rehabilitation needs and illuminate CBR practices from which we can learn. |

Service providers in the less developed countries often turn to the developed countries to ask, "How do you educate your children with special needs in the U.S.? Should we open special schools? Should we integrate these children? What can we learn from your past mistakes?"

The World Health Organization (Mendis & Nelson, 1983) estimates that about 10% of the world's population has some sort of disability and that 75% of people with disabilities live in developing countries. We often assume that our models must be exported and replicated to insure that adequate services are available to children and youth with special needs, but rarely assume that we can learn a great deal from the "developing" countries. As described by Helander (1993) education and rehabilitation programs for children and youth with disabilities are typically based on three assumptions: (a) services must be provided through formal organizational structures; (b) services must be provided by formally trained and experienced professionals; and (c) programs need to be multifaceted, comprehensive, and include a variety of specialists, materials, equipment and strategies in order to meet the complex habilitation and rehabilitation needs of persons with impairments.

Those of us who have worked in developing countries know that these assumptions are not always valid. One model from which the U.S. can learn is Community-Based Rehabilitation (CBR) used widely in Asia, Africa and Latin America.

### **Rationale and History of Community-Based Rehabilitation**

In the CBR model, local community members are trained to provide services to those with disabilities. The model is community and home-based, not institution-based. It was developed in response to pressing needs that are prevalent in developing countries, including a lack of trained staff; lack of funds for buildings and materials; limited numbers of university or other formal training programs; limited access to institutionalized services, most of which are situated in urban areas; significant under-utilization of existing services; and a high prevalence of people with disabilities (O'Toole, 1991).

Typical formal models of education and rehabilitation receive severe criticism in developing countries. "The undue concentration on an urban elite, adoption of unnecessarily high standards of training, the narrowness of specializations and the isolation from normal life, are some of the criticisms levelled at the institutional-based approach" (O'Toole, 1991, p. 9). The CBR model attempts to meet the individual community needs by enabling the community itself to design and implement services.

O'Toole (1991) and others assert that limitations of formal institutional-based models are also apparent in the West. He reports that twenty-five percent of North Americans live in towns with populations of 2,500 or less. This can reduce access to the wide range of services found in more populous areas for a person with a disability. Greenwood (1985) offers the estimate that only 15% of the population of persons with disabilities who live in rural areas receive professional help outside of the formal early intervention and education systems. Services within the structure of education may be limited due to personnel shortages and cost. Thus, the need for innovative service delivery is not specific only to developing countries. Consideration of this need challenges our assumptions and enables us to look at CBR as a model from which we might learn, as well as

one to which we might contribute.

CBR promotes the learning of all in a community and is one response to UNESCO's, World Bank's and UNICEF's goal for this decade of "education for all." This is a new concept for many societies in developing countries where women as well as persons with disabilities are typically excluded from education. According to Grant (1989), one of the greatest challenges facing developing countries is the ability to reach the poorest and most isolated groups of people.

CBR was first introduced in the early 1970s in India by Helen Keller International to provide services to individuals who were blind in their own community by training local people and using local resources. This represented a major departure from the traditional model of supplying large sums of international funds to build institutions in urban areas and sending in experts from outside the community or country. In an area where there were extremely limited resources and a high prevalence of adults and children with disabilities, CBR offered a cost-effective and ultimately sustainable avenue to providing services and to guiding communities to help themselves.

The model of the first CBR program in India has been replicated and adapted to fit the needs of individual communities throughout Asia, Africa and Latin America. In 1979, the World Health Organization published its first version of the manual *Training the Disabled in the Community* (Helander, Nelson, & Goerd, 1989). This served as the impetus to incorporate rehabilitation into the primary health care system. As CBR proved to be successful, it became accepted by providers of foreign aid.

### **Establishing CBR Programs**

Because community involvement is integral to sustainability of CBR programs, initial promotion and careful implementation is critical to its long-term success. A CBR program is often established in a community by an outside agency, such as a social service nongovernmental organization (NGO) in response to a community-identified or externally identified need. NGOs are typically supported by private and international funding

sources and headquartered in larger cities. Local leaders are, ideally, involved in planning from initial stages. Needs are assessed via extensive discussions with village leaders and other citizens, health workers, educators and through house-to-house surveys conducted by community residents. As a result, a mutual agreement regarding the purposes of a program is clearly established. This is not always easily attained, however, and discussions may last for months.

### **CBR Resources and Supports**

The level of resources and support to a CBR program is multi-layered (Figure 1). It utilizes volunteer and paid field workers who are indigenous to the area, speak the local language and dialect, know the local customs and social mores, and are already acquainted with the local resources and services. Employing community members avoids resentment of "outsiders who come in to tell us what to do" and reduces the amount of time typically spent learning about the community and establishing rapport with its residents.

Recruiting women, particularly mothers, as volunteers is ideal because they are more readily accepted into families' homes. Volunteer workers and paid staff often have the same responsibility and authority. We have observed that a volunteer position dignifies the status of women who are often undereducated and eager to position themselves in new roles outside of their homes. The use of volunteers also acts as a screening process to locate and find the best potential field workers. Since paid jobs are so difficult to find in rural communities, taking a volunteer position with the possibility of a paid position is highly prized.

The Field Supervisor is usually someone from the community or area who typically receives more extensive training through the NGO's main offices. The specialized training may be coordinated with the local university and frequently includes incentives to obtain university diplomas.

### **Services Provided by CBR**

In its early conception, a CBR program was designed to serve the rehabilitation needs of adults with blindness, concentrating on independent living skills and vocational training. This rather narrow scope of services, while

successful, brought to light other unmet needs. CBR now incorporates a wide range of services for children, adults, and their families provided in the home and in established school, health and community facilities. These include early intervention, non-formal and integrated education, vocational training, preparation for independent living, employment, community education and prevention. Each program is unique due to the diversity of each community. There are, however, components of the model which are always in place. These are identified in Table 1.

**Early Intervention.** The focus of early intervention in CBR, as in the U.S., is to empower the family to address the needs of their young child with a disability. When specialized services or other input is required by the family and worker, a professional may be invited to provide consultation during home visits. In a small village, onlookers will gather at the home during these consultations to watch and ask questions. This is a tremendous boost to community education and positive public relations.

**Integrated Education.** CBR often provides an impetus for a local school to expand its efforts to educate all children. This occurs when CBR workers request a teacher, a resource room, or both for children with disabilities who are approaching school-age. When the schools are responsive, the CBR program helps access funds and training from the NGO and the Ministry of Education. A member of the faculty is usually selected to receive training, serve as a resource to the children and work closely with the CBR workers to transition children into and out of school. Often, this teacher will need to continue with his or her other duties in the school, offering resource support before and after school hours. The linkage to CBR serves to expand the role of the school, establishes a bridge between the school and the community at the family and community resident levels, and serves to help the school to develop as a community center and resource.

In developing countries, students are typically expected to fit! into the school culture, to complete a curriculum and to pass a school-leaving certificate examination in a specified period of time. Thus, participation in formal education is most successful for children with visual or physical impairments. Children with severe hearing

impairments or other severe disabilities typically receive non-formal education through the CBR program or attend a segregated school in a city. Integrating children with neurological impairments, mental retardation, moderate to severe learning disabilities or emotional and behavioral challenges is rarely attempted, largely due to the emphasis on lectures, rote memorization, textbook instruction and competition in many schools. Those programs that successfully do so are usually part of education reform efforts supported by UNESCO or international NGOs in larger urban areas. The majority of children whose needs make it difficult to learn through existing education practices continue to be served by CBR workers in a home-based, or non-formal education model.

**Vocational Training, Instruction in Skills of Independent Living and Local Employment Placement.** A major advantage of a CBR model for vocational training is that adults are prepared for vocations that are appropriate for and available in their region, village, and family. Clients can be provided with adaptations and support to apprentice with a particular tradesman in the area of guided or loan programs to start a small family business in which an adult with a disability can take a role. |

**Community Education and Prevention.** Education is a critical variable in the well-being and survival of rural families in poor countries. CBR programs focus on community education and prevention in collaboration with schools and health clinics. Community-wide programs such as puppet shows, plays and video programs are designed to incorporate education and prevention topics into social activities.

### **CBR Practices Useful to Developed Countries**

When we look at services in the U.S. in relation to CBR, we can more easily identify the things this model may have to offer us. Some dimensions of services in the United States to which we see parallels in CBR include: (a) the inclusion movement; (b) person-centered planning; (c) the community schools movement; (d) school-based management; (e) professional development school models of personnel preparation; (f) transdisciplinary service delivery; and (g) family focused services. We invite the readers to identify additional

parallels between CBR and services in this country. Practices that may be particularly useful are staff recruitment, staff development, community involvement, and innovative uses of resources.

**Staff recruitment.** There are four major issues of staff recruitment and development that frequently present difficulties for rural and inner city schools in the U.S.: (a) employing and retaining staff that are representative of the full range of community members, (b) employing appropriately trained personnel, (c) providing ongoing training that is timely and effective, and (d) preventing staff turnover resulting from factors such as employment of persons from outside the community who return to more urban areas. We concur with Savelsbergh's (1994) assertion that "A new model to recruit culturally diverse individuals to serve rural special education students is urgently needed" (p. 23). The CBR approach to staff projects from within communities can serve as a model for developing long-term solutions to personnel shortages, resulting in staff who are representative and who understand the ecological and cultural contexts of persons from the community.

**Staff Development.** CBR offers some concepts and strategies to address staff development issues and personnel preparation program concerns frequently voiced in the U.S. such as: (a) bifurcation of coursework and teaching practice (Darling-Hammond, 1994); (b) segregated preparation of special education and regular education teachers, including disagreement over what is considered useful professional knowledge and best practice (Glatthorn, 1990; Paul, 1985); and (c) the need to reconsider our assumptions about expertise and "the fundamental questions ... about the legitimacy of the knowledge" that we assume teachers need to have (Static, 1995, p. 569).

CBR programs considered successful in Malaysia (Jaekle, 1986) the Philippines (Berman and Sisler, 1984), Kenya (AMREF, 1987), Jamaica (Thornburn & Marfo, 1990) and Mexico (Project Projimo, 1986) all identify the key to their success as building on the community's and worker's experiences by: (a) providing initial and ongoing preparation on a need-to-know basis; (b) identifying locally developed methodology, services and management systems to form the foundation of the content and skills to be taught; (c) integrating didactic and

practical training and mentoring; and (d) pairing formal coursework or workshops with extensive and prolonged followup activities such as case conference reviews, consultation and modeling in the field.

Thus, CBR staff development models incorporate what has been learned from local communities and people (Jonsson, 1992) and build upon the workers' cultural and life knowledge. Pre-service and in-service preparation addresses the functionality of skills and recognizes that acquiring deep pedagogical knowledge is predicated on understanding and learning from persons who are being served, their ecological and developmental frameworks (Bronfennbrenner, 1979) and the socio-political context in which services are delivered (Delpit, 1995; Perry & Fraser, 1993; Static, 1995). The challenge from CBR is to continue to question our own "professional preciousness" and work to demystify special education and rehabilitation.

**Community involvement.** CBR projects with which we have worked have all engaged in extensive dialogue with village leaders prior to and during their implementation. The range of strategies used by CBR programs to insure community involvement are numerous and diverse. One program in the Philippines enlisted community members to organize field trips, mini-Olympics, seminars, cultural programs, and holiday celebrations for the community (Valdez, 1984). Recently, this same program has expanded its community involvement efforts to include child-to-child activities, construction of community playgrounds, and workshops for mothers to make toys and clothing. In Asia, every new event is opened and closed ceremoniously and involves all community members who participated in any way, or who would simply like to come. The ceremonies include village leaders, state political leaders and regional and national experts and scholars. This has a significant impact on the community's perception of their value and the value of the program.

This visibility and involvement significantly enhances a community's awareness of its resources and acceptance of the services and the persons who are the primary focus of those services. In Mexico, a project uses street theater involving local children and adults, both able and disabled, to illustrate needs and strengths of persons with disabilities. It was reported to change attitudes in a way that enabled persons with disabilities

to be accepted as an integral part of the community (Villegas, 1985). A program with which we worked in Thailand employs persons with disabilities and their families. This gives the person with a disability or their family member the confidence to move more freely about the community, thus helping to overcome the feelings of powerlessness, pity and despair that their presence often evokes in others.

With respect to community involvement, by using the CBR model, staff members are able to:

- sincerely allow the community to voice its many needs, not just the needs of those who have disabilities;
- step out beyond the boundaries of our institutionally defined services and activities consistently, not just for special occasions;
- involve community members in the planning and implementation of ongoing services as well as activities and leave responsibility for their outcome with them;
- spend time in respectful dialogue with many community members, not just those who have a direct connection to our school or program;
- use various strategies targeted at multiple issues; and
- be visible and present throughout the community, not just within our own organizations.

**Innovative use of resources.** CBR's approach to resource development and use is flexible, creative and collaborative. One early intervention program with which we worked in Brazil involved women from the community in a project to make toys at the local bus station and in the local public health center waiting areas. People came and worked while they waited for transportation or health care. This project provided toys for the CBR program, increased the social contacts and acceptance of the mothers whose children were disabled, and expended community support for the program.

The CBR model offers many examples of accessing and extending resources of the local community, including personnel resources. The use of volunteers to staff programs is not new in the U.S. Responsibility, closely correlated with authority, and recognition of an integral and competent staff member are not, however, typical

in this country.

In the U.S. we are moving toward integrated models of therapy and a more transactional approach to service delivery in part as a strategy to address issues of personnel shortages and costs. CBR programs, out of necessity, have refined the art of accessing experts and using them in innovative ways. In two programs where we worked in Indonesia, local persons from the community followed us around and made sketches of the technical assistance we provided. The sketches were compiled into consultant books on topics such as adapting materials and the environment, conducting different kinds of assessments, and encouraging pre-linguistic communication development. The booklets reinforced the learning of the field worker and were shared with families and with other field workers. A program in rural India that we visited also uses sketches by volunteers or field workers to solicit case consultation from experts in Delhi and to remind families of how to followup on activities between visits by the workers. Video tapes and other methods have been used where there are sufficient resources.

There are many more examples of how CBR programs access resources in a way that will insure the program's sustainability and quality. The main message from CBR is to look upon contributions of time, expertise and materials as an interactive process — always giving something in return, allowing the donor some control of and responsibility for the use of their contribution, and offering innovative ways for contributions to be both offered and received.

### **Issues Related to Replication of CBR**

While we have described what we can learn from CBR, there are several limitations to CBR that we should consider. CBR as a model has not been fully evaluated, although efforts to do so are underway in many countries. Concern about the level of involvement demanded of coordinators and field workers and the difficulty of supervising staff based in the field raise questions about how realistic it is to use CBR to close the gap between needed and available formal services in this country. There are constraints in working with some

families, such as their time, resources, and stability. Questions about a teacher-effect on caregivers' roles have been raised. The importance of the community in CBR leads to issues about how to identify and define community, particularly in urban and sparsely settled areas. Introducing CBR in a way that recognizes and builds upon the social, cultural and economic context of the community is always a challenge. "To mobilize previously uninvolved populations with no tradition of community participation and with no mechanism for community involvement is a daunting prospect" (O'Toole, 1991, p. 67).

In this country there are also issues that challenge our ability to be responsive to what CBR has to offer us. Our ability to adapt the staff development, community involvement and resource use constructs of CBR to our own situations are challenged by certification standards, requirements of formal funding sources such as entitlement programs and third party flinders, union contracts and other limitations on time and effort commitments, and cultural valuing of independence and autonomy.

## Conclusion

In conclusion, we believe that CBR offers an innovative model for education and rehabilitation which incorporates the values and practices that this country believes are important for quality services. We hope that we have stimulated consideration of an exchange of knowledge, skills, ideas, and strategies between our education and rehabilitation system and CBR programs in developing countries. We need, as a profession and a nation, to move beyond our own literature and programs, as well as those of our industrialized partners, in our search for increased knowledge and new ways to meet the needs of the children and families that we serve.

## Table 1.: Key Components of the Community-Based Rehabilitation Model

- Services delivered in response to locally felt needs
- Demystification of education and rehabilitation
- Responsibility returned to the family and community

- Acceptance of the concept of simplified intervention
- A structure built on existing resources
- Local management through a community structure
- Partnership with family and community members
- Community involvement and welcome into homes
- Incorporation into existing infrastructures
- Integration of didactic and practical training
- Use of functional, individualized curricula
- Establishment of links to institutional based services at the Regional level for referral, consultation and training

DIAGRAM: Figure 1.

## References

- AMREF (1987). The Nairobi family support services: A community-based rehabilitation project. African Medical and Research Foundation, Nairobi, Kenya.*
- Berman, P., & Sisler, D. (1984). Rehabilitation of the rural blind: An economic assessment of a programme in the Philippines 1978-83. New York: Helen Keller International,*
- Bronfennbrenner, U. (1979). The ecology of human development. Cambridge, MA: Harvard University Press.*
- Darling-Hammond, L. (1994). Developing professional development schools. In DarlingHammond, L. (ed.) Professional development schools. New York: Teacher's College Press.*
- Delpit, L. (1995). Other people's children: Cultural conflict in the classroom. New York: New Press.*

- Glatthorn, A. (1990). *Cooperative professional development: Facilitating the growth of the special education teacher and the regular education teacher. Remedial and Special Education, 11(3), 29-54.*
- Grant, James P. (1989). *The state of the world's children 1989. Oxford, U.K., for United Nations Children's Fund: Oxford Press.*
- Greenwood, J. (1985). *Disability dilemmas and rehabilitation dilemmas. Social Science and Medicine, 20(12), 1241-1252.*
- Helander, E. (1993). *Prejudice and dignity: An introduction to community-based rehabilitation. New York: United Nations Development Program Interregional Program for Disabled People.*
- Helander, E., Mendis, P., Nelson, G., & Goerdt, A. (1989). *Training in the community for people with disabilities. World Health Organization.*
- Jaekle, R.C. (1986). *Rehabilitation services for the rural blind pilot project in Pahang state. Kuala Lumpur: Malaysian Association for the blind and the Royal Society for the Blind.*
- Jonsson, T. (1992). *Special needs education. Paris, France: UNESCO.* Mendis, P. and Nelson, G. (1983). *Intermediate-level supervision of community-based rehabilitation. WHO RHB/83.4.*
- O'Toole, B. (1991). *Guide to communitybased rehabilitation services: guides for special education, No. 8. UNESCO.*
- Paul, J. (1985). *Where are we in the education of emotionally disturbed children? Behavioral Disorders, 10. 145-151.*
- Perry, T., & Fraser, J. (Eds.). (1993). *Freedom's plow: Teaching in the multicultural classroom. New York:*

*Routledge.*

*Project Projimo (1986). Project Projimo: A village-run rehabilitation program for disabled children in Mexico. Palo Alto, CA: Hesperian Foundation.*

*Savelsbergh, M. (1994). Urgently needed: Culturally diverse rural special education teachers. Rural Special Education Quarterly, i3(3), 22-25.*

*Skrtic, T. (1995). Disability and democracy: Reconstructing (special) education for postmodernity. New York: Teacher's College Press.*

*Thornburn, M., & Marto, K. (1990). Practical approaches to childhood disability in developing countries. Newfoundland, Canada: Memorial University Press.*

*Valdez, J. (1984). Communitybased rehabilitation services: Provision in poverty stricken and rural areas. Negro Occidental Rehabilitation Foundation, Bacolod City, Philippines.*

*Villegas, J. (1985). A study of a communitybased rehabilitation programme in Mexico. Dissertation for the M. Sc in Maternal and Child Health, Institute of Child Health, University of London.*

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