

# Notes on the Landmark Development of CBR in China

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**Abstract** Community-based rehabilitation has a history of 22 years in China. In spite of the preliminary achievement and experiences obtained by the pioneering and trial projects, it was not until the beginning of the new century that CBR in China experienced a landmark development. This is characterized by a number of favorable policy by the government for CBR; the mechanism facilitating primary health care with CBR, a new work-force system of CBR reorganized with better motivation and efficiency, 99 demonstration projects of CBR bringing about benchmark promotion effect and the active involvement in CBR by social resources agents.

**Key words** community-based rehabilitation; rehabilitation; community

## Background

According to the Second National Sample Census in 2006 on the population of people with disabilities (PWD), the overall number of PWD in China is 82.6 millions. From the subsequent survey, it has been found that about 72.28% of PWD are in need of rehabilitation. Of them only (19.0%) have been provided with various categories of rehabilitation services, while about half of the PWD population (53.28%) remain waiting for the rehabilitation programs available to them<sup>[1]</sup>.

Meanwhile, the State Council of China has endorsed an ambitious plan for PWD with the goal that by the end of 2015, every person with disability in need of rehabilitation will be provided with rehabilitation services. The goal might be roughly quoted as a slogan "Rehabilitation for All". This plan was warmly welcome by the PWD and their organizations. The plan also gave tremendous driving force and encouragements to those working for the good of the PWD. A number of cities have even initiated their campaigns as pilot programs to achieve this goal.

## Community-based rehabilitation: The First 15 Years in China

In China, community-based rehabilitation (CBR) is defined and regarded as "the basis of rehabilitation work for PWD", "a most effective approach to rehabilitation for the great majority of PWD to get services in rehabilitation training, functional compensation, and social integration, with advantages in accessibility, affordability and feasibility."

In 1986 China started her CBR project in 4 pioneering sites. Since then CBR has been making progress gradually and spreading to almost every province of the country.

From 1986 to 2000, the development of CBR in China may be divided into 3 phases.

Phase One (1986—1990): Field trial of the pioneering CBR Projects, mainly taking the World Health Organization

model as described in "Training the Disabled People in the Community"(1979,1983) with focus at family-based functional training.

Phase Two (1991—1996): Integrating CBR with major rehabilitation campaigns, such as visual rehab following cataract surgery, hearing and speech rehab for children; orthopedic rehab following surgery for people with polio sequela.

Phase Three (1997—2000): Starting to adopt the medical-social approach to CBR. In many pioneering programs, community-based vocational rehabilitation and social rehabilitation were the components of the CBR services and activities.

Around the turn of the century, China's CBR was reviewed by a number of scholars and activists. It was found that the preliminary achievements and experiences were encouraging. However, to make CBR A sustainable, generalized, efficient national program in China we have a long way to go. We have to take critical actions with the support of the new and favorable policies. Then it called for a new chapter of CBR in China to open<sup>[2-3]</sup>.

## CBR: New strategies and New Actions

Since 2001, the government, non government organizations and the communities have reached a consensus that in order to make CBR a solid bridge leading to the goal "Rehabilitation for all" it is necessary to make innovative changes in the whole system to run CBR in an efficient and quality way.

The government has committed to assume a greater responsibility to take an initiative and play an important role to endorse a more active and dynamic CBR programs nationwide, mainly in making favorable policies and strategies as shown in a number of documents issued by the government ministries.

It is decided to integrate CBR with primary health care

(PHC). The community health centres (CHC) or community hospitals (CH) are assigned to take CBR as their essential daily work routine, combining medical rehabilitation with other components of PHC, namely, health promotion, prevention and treatment of diseases, health education and technical service of family planning. Up to the year 2007, among the 24,000 community health centres or hospitals in China, 2777 CHC(i.e.11.5%) set up rehabilitation divisions to provide community-based medical rehabilitation services.

The work-force for CBR has been reorganized with better training, better motivation and clearer job description. The staff of the force are divided into two categories.

① Local CBR program managers (full time) and CBR assistants. According to a rough estimate in 2007, there are about 11,420 CBR assistants working for the CBR programs in the communities of various provinces. Both the managers and the assistants have received CBR training by attending workshops or training classes. Some of them are therapists and graduated from a junior or senior 3-year or 2-year education programs of rehabilitative therapy at colleges. The CBR manager is in charge of comprehensive rehabilitation for the PWD in the community.

② Physicians and therapists, nurses or technicians working in the community health centres/hospitals in charge of CBR. They are part-time worker for CBR with more or less training background in medical rehabilitation. In many program sites managers and CBR assistants are paid for their workload in CBR services. Extra pay to the professional staff in PHC for their services in CBR is also available. The money for the payment comes from a budget allocated by the government or from the local "Disabled Persons Federation" as a financial support project called "Money for the (CBR) service".

Demonstration Projects of CBR have been implemented as a strategic measure for the promotion of CBR since 2006. The purpose of setting up these model programs of CBR is to provide sample communities conducting quality CBR programs meeting standard requirement of the Nation. As a result, by the end of 2007. There were 99 demonstration projects of CBR in China which were evaluated and accredited. They are the existing CBR programs in China with remarkable strengths and representing the China's characteristics and experience in CBR.

The 99 demonstration projects were supported and supervised technically by 594 resources centres of various

disciplines related to different disabilities.

The number of Rehabilitation Station, a small service unit of CBR, has been growing rapidly in China, signifying the prosperous development of CBR in the past several years. According to a statistics in 2008, there are 19000 CBR rehabilitation stations in China. Of them, 8014 were under the 99 Demonstrating Projects.

The scale and scope of CBR has been extended to include social aspect of rehabilitation, such as barrier-free transportation in the community, social security system for people with disability, removal of poverty for PWD. The community has committed to organize social activities for PWD.

Involvement in CBR services by social resources other than the government or the Disabled Persons' Federation is encouraged. Recruitment of social and private agencies to take part in CBR services is the policy of the government. The government also supports the community to set up the so-called "Sunshine Homeland" Projects to accommodate the intellectually and mentally handicapped people in the community to receive educational, vocational and social rehabilitation as practiced in Shanghai and some other cities.

### Looking Ahead to the Future Development

The above-mentioned innovative strategies have resulted in a landmark development of CBR in China in past several years<sup>[4]</sup>. In spite of the fact that it is only a new beginning and much has to be done to expand the program and to overcome the weakness of our work, it is still quite encouraging that the CBR steps could be faster and further. We should make much greater efforts to strengthen the training for CBR workers, the mechanism to assure the greater participation in CBR planning and implementing by the PWD and their families, and furthermore, to speed up the development of CBR programs in rural areas.

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