

Evaluating Community-Based Rehabilitation for Employment Inclusion among Young People Living with Visual Impairment: Focus on Kenya

Jepkemboi Philomena Tanui and Andrew Kuya Makachia

ABSTRACT

The purpose of this study was to review Community-Based Rehabilitation (CBR) as a strategy recognized internationally to address barriers of access to equal opportunities and improvement of quality of life (QOL) for people with disabilities. The study also sought to interrogate how CBR be localized in Kenya to meet the sociocultural, health, education and economic needs of young people with visual impairment. When CBR was first developed in the 1980s, it was centered on providing access to community-level health and therapy. The World Health Organization (WHO) saw CBR as a strategy to increase access to rehabilitation services at community level for people with disabilities. However, the CBR approach has evolved into a much broader, multisectoral approach to inclusivity at community level in supporting and increasing development (WHO, 2017). Young people with disabilities in Kenya are generally not accessed equal opportunities and work participation in the community. They are marginalized owing to cultural biases and severity of disabilities which interact with such factors as gender, age and poverty.

Keywords: Community-Based Rehabilitation, Disabilities, Rehabilitation, Visual Impairments, Quality of Life (QOL).

Published Online: March 18, 2023

ISSN: 2736-5522

DOI: 10.24018/ejsocial.2023.3.2.321

J. P. Tanui, PhD *

Masinde Muliro University of Science and Technology, Kenya

(e-mail: jepkemboi90@gmail.com)

A. K. Makachia, PhD

Masinde Muliro University of Science and Technology, Kenya

(e-mail: makchia2015@gmail.com)

**Corresponding Author*

I. INTRODUCTION

Community-Based Rehabilitation (CBR) is a strategy recognized internationally in addressing barriers of access to equal opportunities and improvement of the quality of life (QOL) for young people with disabilities. CBR is a multi-sectorial approach that promotes social change and empowerment of young people with disabilities, their families and community stakeholders in inclusive development. This strategy was muted after guidelines for CBR were established with a resolution made after the International Consultation to Review Community-based Rehabilitation which was held in Helsinki, Finland in 2003 (WHO, 2010). In playing their role to the fullest, a community can function well and that the QOL of people with disabilities is improved (Geiser & Boersma, 2013). Young people with disabilities of between the ages 18-24 years is a group in transition to full adulthood when they are expected to acquire skills, mature psychologically and physically, and assume individual and social identity and participate in their communities (Groce, 2004) but are often excluded from the sociocultural, economic, and educational opportunities and assumed not to attain independence and productivity. 170 million of young people with disabilities, which is 80%, is disproportionately concentrated in low income countries and experience poverty and marginalization with 163 million of them living in Sub-Saharan Africa.

II. COMMUNITY-BASED REHABILITATION: FOCUS ON KENYA

The Association for the Physically Disabled of Kenya (APDK) has recognized the benefits of CBR among communities and has implemented the program since the early 2000. APDK has the sole purpose of providing quality rehabilitation services to persons with disabilities through various empowerment approaches. This focus on CBR has contributed to quality inclusive health and socioeconomic well-being of young people with disabilities and their families. APDK focuses on changing community attitudes such as cultural biases and stereotypes associated with physical, visual, hearing, and intellectual impairments and epilepsy among other forms of impairments through community comprehensive rehabilitation programs mainly in the slum areas of Nairobi, Kenya.

During the Kenya National Survey for Persons with Disabilities (KNSPWD) census of 2009, it was established that people living with visual impairment in Kenya comprised 1.4% of the population, as compared to those with other physical disabilities whose population was at 1.6 %. The total national population of school-age children with disabilities was 39%. The school-going population of children with disabilities who had dropped out of school because of lack of school fees was 6%. The report stated that there were more than 57 % of the school-age population living in institutional settings. This is a matter of concern as the world is moving towards inclusivity. To have more than half of children with disabilities living in institutional settings is a worrying trend for professionals and academicians. 55% lived in their homes and were being assisted by their family members on daily living activities. The researchers observed that the home-based setting created a high sense of dependence by those living with disability rather than independent living (Kenya National Bureau of Statistics, 2010 & KNSPWD, 2007).

CBR, therefore, seeks to establish and enhance inclusion and meaningful participation of people living with disabilities in society. The World Health Organization (WHO) has endorsed CBR as an approach that strives to address general community development in the rehabilitation of people living with disabilities (WHO, 2001). This approach by CBR ultimately enhances the quality of life (QOL) for people living with disabilities, especially those people living with visual impairment and their families. CBR approach ensures that the basic needs of the individuals are met, and that inclusion and participation are realized (World Health Organization, 2002). Studies have established that young people living with visual impairment face cultural stigma, inequality in resource distribution and participation, poor self-esteem caused by marginalization, and lack of social support systems that exist beyond the home among other discriminating factors (Carroll & Rosenblum, 2000; Monk & Wee, 2008). CBR involves decentralized systems where all major stakeholders are involved and, if they are based in the community and are true to the definition of a community, then the composition of the CBR should involve young people living with visual impairment, their families, and community stakeholders.

III. CBR APPROACH: TOOL TO FULFILLMENT OF ICF MODEL DISABILITY

A. Review Stage

CBR focuses on the IFC model of disability which is based on the health of a person and body functions in relation to the functionality of that particular individual. It was designed to enhance the quality of life for people living with disabilities through inclusive community initiatives. In ensuring that CBR achieves the laid down goals and objectives, WHO published a CBR manual for developing countries entitled "Training in the Community for People with Disabilities within and outside the Disability Sector" by Helander *et al.* (1983). CBR implements its functions according to the health definitions of the International Classification of Functionality (IFC) which defines disability as a component of health, not as a consequence of a disease, neither does the disability determine the health of an individual, nor is it a risk factor (Millington & Marini, 2014). The ICF model of disability views functioning as an interaction of the environment, health, and personal factors where an intervention in one entity possesses the potential to modify one or more of the other factors (McColl *et al.*, 2006). Further, the IFC model states that these interactions are not always in a predictable and one-to-one relationship but they work in two directions such that the presence of a disability may modify a health condition.

B. Final Stage

The ICF Model states that the presence of a disease, disability, or any form of disorder cannot be said to indicate any functional outcomes. The position is that the disability of the individual will interact with the functions of the environment which have the potential to incorporate societal prejudice and discrimination in rating the disability (Smart & Smart, 2006). ICF has moved away from the medical model of disability that viewed the disability of an individual as a state that is hindering the person from participating and contributing positively to their community or that require the very disability to be corrected for the individual to function, or needing adaptation (Smart, 2005; Smart & Smart, 2006). It is important to understand disability from the ICF model perspective.

Fig. 1 represents interactions between the components of ICF according to the World Health Organization (2002).

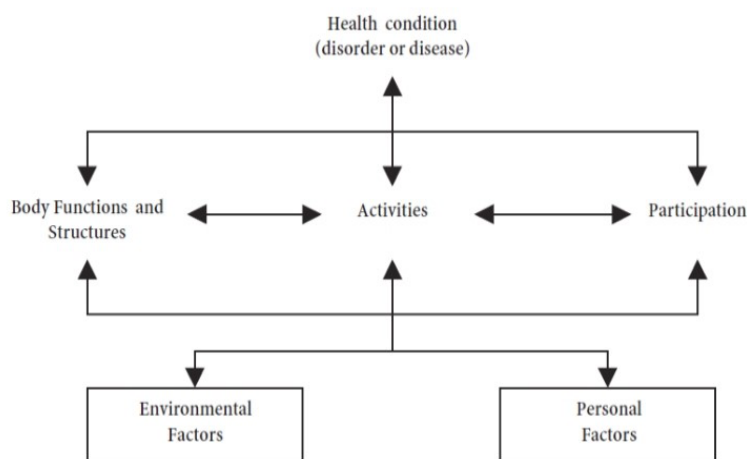


Fig. 1. Interactions between the components of ICF.

IV. CBR GUIDELINES: FOCUS ON QUALITY OF LIFE

The meeting held in Helsinki, Finland, on CBR in 2003 came up with four key guidelines for the development and strengthening of CBR as a strategy for community development. The strategy was meant to focus on the involvement of people living with disabilities, their families, and community stakeholders (WHO 2001, p.18).in supporting and promoting inclusion. The guidelines are a road map to meeting the basic needs of persons living with disabilities and improving their QOL as well as that of their families. The CBR guidelines that were developed as a collaborative work by the International Labor Organization (ILO), UNESCO, and the WHO are the most pragmatic operating tools in CBR that represent a global shift in the way disability is perceived Those guidelines provide guidance on how to develop and strengthen CBR programs, promote CBR as a strategy for community-based development, support stakeholders to meet the basic needs, enhance QOL of people with disabilities and their families, and scale up empowerment of people with disabilities and their families (WHO, 2010).

On this basis, CBR is therefore responsible for redefining the needs of young people living with VI within the framework of community development. The CBR guidelines have ensured that CBR is responsible for clearly laying down the goals relevant to community inclusion and employment provision in order to build the capacities of young adults with disabilities for genuine participation. This will ensure inclusive community-based development by building these capacities to enable the youth to:

- Manage their own programs and projects;
- Participate in setting up and strengthening organizations scale up collective actions;
- Take up leadership roles through the Identification and development of strong leaders from their ranks (Chapal & Motsch, 2008);
- Monitor and evaluate their roles and efforts, not only to determine performance and gauge impact, but also to ensure improvement of their work;
- Research and document their local initiatives and good practices so that other communities can learn from them.

CBR thus meets the habilitation and rehabilitation needs of young persons living with visual impairment and addresses the functional limitations of visual loss which interferes with the life goals on financial capacity, self-care, work and social relationships (Boerner & Cimarolli, 2005). A particularly successful CBR program of inclusion for students with VI in Kenya is that of the Oriang Cheshire supported by Leonard Cheshire International. The program has influenced inclusive education and community inclusion through accessibility to schools, attitude change towards disability, and environmental adaptation for ease of access (Chavuta *et al.*, 2006). Oriang Cheshire's program recognizes that attitudes towards visual impairment and young adults with VI affect their self-esteem, creativity, and motivation to self-advocate. In one of the studies conducted, Murugami (2010) found that there was a correlation between guidance and counseling and career counseling in preparing the youth in career decision-making skills. She found out that guidance and counseling was lacking for young people living with visual impairment, a discrepancy that significantly impacted their inclusion into the community and marginalization in employment. CBR has been tailored in a way that enables one to understand the social structures of communities and the way that society functions in order to create a good environment for inclusion and equity. In so doing, CBR creates accommodation and inclusion avenues in both employment inclusion of young people living with visual impairment.

V. DEVELOPMENT CONCERNS OF YOUNG ADULTS WITH VISUAL IMPAIRMENT

In a study that encompassed 39 countries located in six regions of the world, Pascolini and Marriotti (2012) reported that visual impairment was a major health concern afflicting over 285 million people worldwide. The report indicated that the age bracket of 15-49, into which young adults with VI fall, comprised approximately 37.5 million. The report noted that there was an urgent need for systems to address chronic eye disease, including rehabilitation, education and social support systems. CBR is one such a support system focused on community inclusion and work participation as recommended by the World Health Organization (WHO), the International Labor Organization (ILO) and the United Nations

Education and Scientific Organization (UNICEF), among other organizations. The Persons with Disabilities Act (PWD) of 2003, Section 32 of Kenya created a national fund to benefit people with disabilities (AFUB, 2007). The money is used to fund organizations of people with disabilities including the Kenya Society for the Blind. As provisioned by the act, CBR targeting economic empowerment activities can access this fund at the community level for use in the training of young adults with VI as well as those who are involved in their care. According to Mason and McCall (2013), transition for young adults with VI is a social process comprising four main steps that are influenced by the unique socioeconomic, ethnic and gender characteristics of the individual, namely:

- Personal autonomy and independence from parental control;
- Economic sufficiency, usually through employment;
- New roles and relationships within and beyond the family;
- Participation in community life as citizens with legal rights, responsibilities and access to resources (2013, p. 116).

For young adults with VI, access to information is a challenge. Since they rely on tactual and auditory methods, and low vision devices to gain information, it becomes difficult to compete equally in school, institutions of higher learning, the job market and ultimately in attaining personal autonomy. Therefore, young adults with VI require support in order to complete their education, develop work skills, access information to prevent secondary disabilities, and access treatment and rehabilitation services. Additionally, they require support services, assistive technology, training, and rehabilitation to maintain quality life (QOL) (Tanui, 2015).

VI. DEVELOPMENT SUPPORTS IN RELATION TO DISABILITY FOR YOUNG PEOPLE WITH DISABILITIES

The main strategy for CBR is the promotion of community inclusion; hence, in order for it to be effective, projects should be tailored towards the unique needs of the specific group (Mauro, et al, 2014). The CBR matrix was developed to address life domains in which people seek to overcome issues in areas such as interpersonal interaction, domestic life, mobility, participation limitations, communication, and general activity restrictions (ILO *et al.*, 2008). The five broad areas of participation are aimed at poverty reduction, ensuring equity in opportunities, and social inclusion as health, education, livelihood, socialization, and empowerment (ILO *et al.*, 2004). The WHO developed a matrix that represents the five areas to be a guideline in tailoring CBR to address the specific needs of given groups so as to recognize the heterogeneity of people with disabilities, available resources and the objectives to be addressed. The focus of CBR is to reduce poverty and facilitate the fulfillment of basic needs as housing, healthcare, food and work towards achieving inclusion and participation (Chapal & Motsch, 2008).

The CBR matrix was, therefore, developed to provide a framework to field-level activities in increasing and sustaining the autonomy of people with disabilities. Table I is the CBR matrix that provides an illustration of the framework. Young people with VI realize less community involvement and face barriers of adjustment, community inclusion, cultural opportunities, and work participation. Community-based rehabilitation (CBR) is a strategy and a multi-sectorial approach recognized internationally that was designed to address barriers to effective access to equal opportunities and improvement of quality of life (QOL) for people with disabilities.

The CBR approach and the way it functions across sectors is represented in Fig. 2.

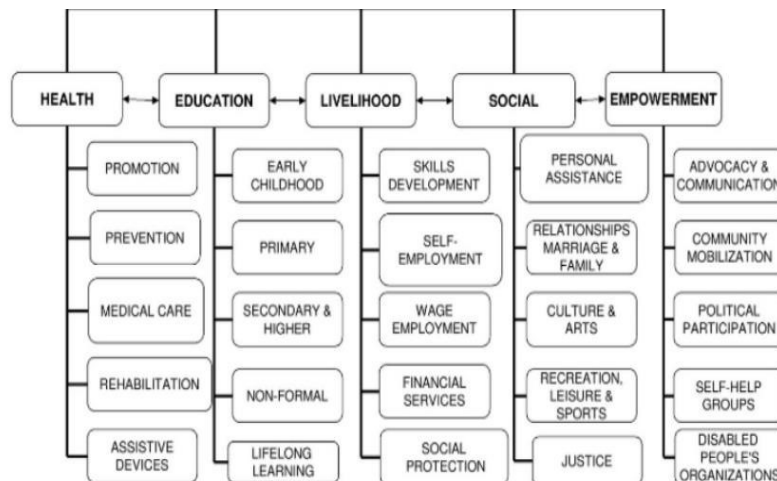


Fig. 2. CBR Matrix.

TABLE I: CBR MATRIX

Health	Education	Livelihood	Social	Empowerment
Promotion	Early Childhood	Skills Development	Personal Assistance	Advocacy & Communication
Prevention	Primary	Self-Employment	Relationships, Marriage & Family	Community Mobilization
Medical Care	Secondary & Higher	Wage Employment	Culture & Arts	Political Participation
Rehabilitation	Non-Formal	Financial Services	Recreation, Leisure & Sports	Self-Help Groups
Assistive Devices	Lifelong Learning	Social Protection	Justice	Disabled People's Organizations

VII. ENHANCEMENT OF QOL THROUGH CBR EMPLOYMENT AND PARTICIPATION

Community Based Rehabilitation (CBR) is an evidence-based practice that focuses on enhancing the quality of life (QOL) for people with disabilities and their families as well as ensuring that their basic needs are met and inclusion and participation are realized (Mpofu *et al.*, 2007). CBR facilitates a sense of community and creates opportunities within the community that may not only reduce income gaps but also increase social and psychological well-being among people with and without disabilities (Schur, 2002). The opportunities include:

- Employment and work participation;
- Involvement in decision-making processes;
- Participation that increases life satisfaction through increased resources;
- An increase in a sense of belonging and participation in valuable social roles.

The benefits increase the QOL for individuals with disabilities since they are the target for intervention due to existence of inequality. However, implementation varies from country to country. As much as QOL may be a complex and multi-dimensional concept, it is agreed that it is the subjective sense of well-being of an individual derived from satisfaction with perceived life circumstances (Powell *et al.*, 2002). Although CBR is viewed as a poverty-reduction strategy geared towards the maximization of available community resources to meet the needs of people with disabilities, there is the challenge of the unmet needs regarding medical rehabilitation. Further, CBR is tasked with optimizing the participation of young people with disabilities and address more the psycho-social aspects of disability that have been neglected such as stress, coping challenges or changing values (Hartley *et al.*, 2009).

VIII. DISABILITY AND REHABILITATION PROFESSIONALS

The essence of the need for rehabilitation professionals is to utilize CBR effectively to give opportunity for work participation in jobs that are skill-specific and address the unique talents of individuals with disability; but not the kind of participation that perpetuates poverty and lack of dignity (ILO, 2008). Rehabilitation professionals understand that young people with disabilities also struggle with barriers related to low self-esteem, low achievement, and low expectations that affect their ability for self-advocacy. There are various cultural biases of social exclusion in communities that prevent young people with disabilities within communities from participating and benefiting from the wealth, knowledge, power, and decision-making capacities of the larger community. These result in the powerlessness, helplessness and vulnerability of young people with disabilities so that their legitimate interests are not protected. This leads to marginalization them from accessing resources that contribute to their development.

The strategies and recommendations of CBR are ideal and should be utilized in addressing the inequalities that have persisted for years which are manifest in social structures, stereotyping, and wrongful assumptions of disability depicting inability.

IX. CONCLUSION AND RECOMMENDATIONS

The researchers of this study analyzed and evaluated the CBR in terms of taking it as a strategy to address barriers to the access to equal opportunities and improvement of quality of life for persons living with disabilities. Additionally, the writers have elaborated the CBR guidelines whose aims include important steps to promote inclusive community development for young people with disabilities. The CBR matrix addresses health, education, livelihood, social inclusion and individual empowerment as a holistic approach that the approach utilizes in community involvement and development of young people with visual impairment. This approach recognizes inclusiveness and follows guidelines as the ICF model of disability.

Further, the CBR approach is tailored towards improving the QOL of all those involved when it is successfully implemented. Thus, based on the findings, recommendations of the present study are:

1. The Kenya government should use CBR strategy to open up opportunities – social, educational, and economic ones among others for young people with visual impairments;
2. CBR guidelines should be used to build capacities of young people with disabilities for effective participation in the inclusive community-based developments;
3. Disability and rehabilitation professionals should be in the forefront in guiding the enhancement and improvement of QOL for persons with disabilities in various sector of life in Kenya.

REFERENCES

- Biggeri, M., Deepak, S., Mauro, V., Trani, J. F., Kumar, J., & Ramasamy, P. (2014). Do community-based rehabilitation programmes promote the participation of persons with disabilities? A case control study from Mandya District, in India. *Disability and Rehabilitation*, 36(18), 1508-1517.
- Boerner, K., & Cimarolli, V. R. (2005). Optimizing rehabilitation for adults with visual impairment: attention to life goals and their links to well-being. *Clinical Rehabilitation*, 19(7), 790-798.
- Chavuta, A. H., Kimuli, E., & Ogot, O. (2006). Community-based rehabilitation as part of inclusive education and development. *CBR as part of community development: a poverty reduction strategy*. London, University College London, Centre for International Child Health, 54-63.
- Cimarolli, V. R., & Boerner, K. (2005). Social support and well-being in adults who are visually impaired. *Journal of Visual Impairment & Blindness*, 99(9), 521-534.
- Community Based Rehabilitation (2017). *Western Pacific Region*. WPR-2017-DNH-005-factsheet-03-cbr-eng.pdf.
- Eklindh, K., Goerdts, A., Greer, C., Heinicke-Motsch, K., Hooper, D., Ilagan, V. B., Jessup, N., et al. (2010). *Community-Based Rehabilitation: CBR Guidelines*. World Health Organization.
- Geiser, P., & Boersma, M. (2013). The role of the community in CBR. *Linking CBR, disability and rehabilitation*, 24-35.
- Groce, N. E. (2004). Adolescents and youth with disability: issues and challenges. *Asia Pacific Disability Rehabilitation Journal*, 15(2), 13-32. <https://discovery.ucl.ac.uk/id/eprint/15132/>.
- Hartley, S., Finkenflügel, H., Kuipers, P., & Thomas, M. (2009). Community-based rehabilitation: opportunity and challenge. *The Lancet*, 374(9704), 1803–1804. [https://doi.org/10.1016/s0140-6736\(09\)62036-5](https://doi.org/10.1016/s0140-6736(09)62036-5).
- Heinicke-Motsch, K. (2013). Community-based rehabilitation: An effective strategy for rights-based, inclusive community development. *Linking CBR, disability and rehabilitation*, 18. Helander, E., Mendis, P., & Nelson, G. (1983). *Training disabled people in the community: a manual on community-based rehabilitation for developing countries*. World Health Organization. Retrieved from: <https://apps.who.int/iris/handle/10665/69298>.
- ILO (2008). *Skills Development Through Community Based Rehabilitation (CBR): A Good Practice Guide*.
- Khasnabis, C., & Motsch, K. H. (2008). The participatory development of international guidelines for CBR. *Leprosy Review*, 79(1), 17-29.
- Kenya National Bureau of Statistics (2010). The 2009 Kenya Population and Housing Census: “Counting Our People for the Implementation of Vision 2030”. *Population Distribution by Age, Sex and Administrative Units, VOLUME IC*. Retrieved from: <https://s3-eu-west-1.amazonaws.com/s3.sourceafrica.net/documents/21195/Census-2009.pdf>.
- Murugami, M. W. (2010). Vocational self-concept and decision-making self-efficacy of learners with visual impairment in Kenya (Doctoral dissertation, University of South Africa).
- Muma, S., & Obonyo, S. (2020). The prevalence and causes of visual impairment among children in Kenya – the Kenya eye study. *BMC Ophthalmology*, 20(1). <https://doi.org/10.1186/s12886-020-01665-w>.
- Pascolini, D., & Mariotti, S. P. (2012). Global estimates of visual impairment: 2010. *British Journal of Ophthalmology*, 96(5), 614-618.
- Powell, B. A., Mercer, S. W., & Harte, C. (2002). Measuring the impact of rehabilitation services on the quality of life of disabled people in Cambodia. *Disasters*, 26(2), 175-191.
- Rimmer, J. H. (2006). Use of the ICF in identifying factors that impact participation in physical activity/rehabilitation among people with disabilities. *Disability and Rehabilitation*, 28(17), 1087–1095. <https://doi.org/10.1080/09638280500493860>.
- Schur, L. (2002). The difference a job makes: The effects of employment among people with disabilities. *Journal of Economic Issues*, 36(2), 339-347.
- Smart, J. F., & Smart, D. W. (2006). Models of disability: Implications for the counseling profession. *Journal of counseling & development*, 84(1), 29-40.
- Tanui, P. J. (2015). Community-Based Rehabilitation Supports for Social Inclusion and Work Participation of Young Adults with Visual Impairment in Kenya: A Case Study.
- Vincenzo, M., Biggeri, M., Deepak, S., & Trani, J. F. (2014). The effectiveness of community-based rehabilitation programmes: An impact evaluation of a quasi-randomised trial. *J Epidemiol Community Health*, 68(11), 1102-1108.
- Millington, M. J., & Marini, I. (2014). *Families in rehabilitation counseling: A community-based rehabilitation approach*. Springer Publishing Company.

- World Health Organization (2001). *International Classification of Functioning, Disability and Health*, ICF. World Health Organization Geneva. WHO Library Cataloguing-in-Publication Data.
- World Health Organization (2002). *Community-based rehabilitation as we have experienced it: voices of persons with disabilities. Part 1*. World Health Organization & Swedish Organizations of Disabled Persons International Aid Association. Retrieved from: <https://apps.who.int/iris/handle/10665/42629>.
- Khasnabis, C., & Motsch, K. H. (2008). The participatory development of international guidelines for CBR. *Leprosy Review*, 79(1), 17-29.
- Mason, H., & McCall, S. (Eds.). (2013). *Visual impairment: Access to education for children and young people*. Routledge.
- Mauro, V., Biggeri, M., Deepak, S., & Trani, J. F. (2014). The effectiveness of community-based rehabilitation programmes: an impact evaluation of a quasi-randomised trial. *J Epidemiol Community Health*, 68(11), 1102-1108.



Jepkemboi Philomena Tanui is an Associate Lecturer at Masinde Muliro University of Science and Technology (MMUST) Department of Special Education. She was born in the Rift Valley of Kenya. She completed PhD in Rehabilitation and Research at the University of Arkansas, Fayetteville, USA in 2015. She is a career specialist in Special Education, Rehabilitation Services and Research in Education.

Makachia Andrew Kuya is an Associate Lecturer at Masinde Muliro University of Science and Technology (MMUST) Department of Special Education. He was born in Vihiga County in the Western part of Kenya. He is a career specialist in Special Education, and completed his PhD in Inclusive Education in 2018