Evidence for the Effectiveness of CBR

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Review of Published Literature

1987-2007

27+3 papers
small and large projects
Africa, Asia & Guyana, Jamaica
My CBR Faith

• Humble successes make a difference
• Invest in CBR workers
• Health Care remains Important
• Bio-medical paradigm is relevant
• Inclusion is good but not for everyone
Typical Study Design

- **Sample of Clients**
- **Visited by Investigators**
- **Retrospective Assessment of Progress**
- **Outcome Measures depend on Intervention**
<table>
<thead>
<tr>
<th>Interventions</th>
<th>Outcomes</th>
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</thead>
<tbody>
<tr>
<td>• WHO Training Manual / Home Visits</td>
<td>• Progress in Ability, Mobility, Integration</td>
</tr>
<tr>
<td>• Schooling</td>
<td>• Attend School</td>
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<tr>
<td>• Work &amp; Income</td>
<td>• Job / Income</td>
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<tr>
<td>• Influencing Community Perceptions</td>
<td>• Community Attitudes &amp; Action</td>
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</tbody>
</table>
The diagram illustrates the percentage of students in various countries who have completed schooling. The countries listed are Botswana, Zimbabwe, Benin, Pakistan, Ghana, Philippines, and South Africa. The number of students (N) in each country is also provided: N = 14, N = 36, N = 118, N = 19, N = 84, N = 50, and N = 50 respectively. The percentage of students who have completed schooling is represented on the x-axis, with 0%, 50%, and 100% indicated. The length of the bars indicates the percentage of students who have completed schooling in each country.
Parents’ Attitudes

- Less worried, more confident (Zim, N=41)
- Changed attitude, spend more time with CWD
- Better understanding (Zim, Jam)
- Less depressed (Guy, N=53)
- Better perspective on CWD, less fear (Gha, Guy, Nep)

Jam, N=375
## Community Attitudes

<table>
<thead>
<tr>
<th>Year</th>
<th>Country</th>
<th>Staff</th>
<th>Clients</th>
<th>Groups</th>
<th>Resource</th>
<th>Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993</td>
<td>China</td>
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<tr>
<td>2004</td>
<td>Nigeria</td>
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<tr>
<td>1988</td>
<td>Guyana</td>
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<tr>
<td>2005</td>
<td>Uganda</td>
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<tr>
<td>2006</td>
<td>Palestine</td>
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<tr>
<td>2000</td>
<td>Ethiopia</td>
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<tr>
<td>1995</td>
<td>South Africa</td>
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<tr>
<td>2007</td>
<td>Nigeria</td>
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<td>1996</td>
<td>Nigeria</td>
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<tr>
<td>2002</td>
<td>Gha, Guy, Nep</td>
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<tr>
<td>2001</td>
<td>Vietnam</td>
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<tr>
<td>1999</td>
<td>Botswana</td>
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</table>
Who Benefit from CBR?

- **Coverage Low**
- **Moderate Physical Disability**
  - Difficulty moving (45%)
  - Difficulty seeing (25%)
- **Ability to communicate**
**Measurement Problems**

- Repeated, **Standardized Assessments (4X)**
- **Control Groups**
  - ex-users
  - non-users
Solutions

Simple, Standardised, Individual Assessments

- Baseline
- End of Intervention
- 1 Year later

This applies to any Intervention!
Research priorities

- Good data collection in existing programs
- Report laundering project
- Integration of leprosy and disability
- Defining, standardising, testing Indicators
- Self-care groups: functioning, helps and hindrances, indicators, effectiveness
- Conflict resolution in multi-disability programs
References I


References II


References III


Thank You!