

Volunteers and CBR

Though individual projects and programmes had been using some elements of Community-Based Rehabilitation (CBR) approach earlier, identification of the key elements of this approach and its systematic promotion as part of provision of rehabilitation services came in to effect following the conference of Alma Ata on Primary Health Care (PHC) in 1978. The Alma Ata declaration defined "Health" as "*physical, social and psychological well being as a goal for all citizens*" and primary health care concept with its emphasis on active role of communities in defining their health needs and priorities was presented. The first version of WHO manual "Training People with Disability in the community" was published in 1979 and then revised completely in 1983 and 1989, as a tool for transfer of information, knowledge and skills related to rehabilitation to disabled persons, their family members and the communities.

The other two main models for delivery of rehabilitation services, institutional model and out-reach model have not been able to cover the needs in developing countries where, there is a great disparity between capacities of available services and the needs, especially for families living in rural areas and smaller cities. According to WHO about 7-10% of population has a disability of which about 2-3% can benefit from rehabilitation services. It is estimated that of all the persons who need the rehabilitation services, only about 2% of the persons have access to these through institutional and out-reach rehabilitation services in the developing countries.

CBR seen in the light of general context of community development:

It is interesting to note the parallels between the changes in development strategies in developing countries through aid programmes. Thus, after the Second World War and the success of Marshall plan in rebuilding of war-torn Europe, it was felt that technical aid for promoting building of infrastructures and industries can fight the poverty and under-development in developing countries. The term "developing countries" itself reflects the hopes of this strategy, which saw massive aid for building of giant dams and industries in a number of countries in Southern Hemisphere, which had become independent from the colonial powers. This phase, in fifties and early sixties, also saw "community development" projects based on the technical know-how and planning of organisations from developed countries. It was hoped that these development projects will reach the poorer masses through a "trickle down" effect.

However, it was soon clear that such aid programmes were unable to produce the desired results of development and in fact, most of the developing countries saw an increase in their poverty levels in this phase. During seventies, international NGOs, active in developing countries thus proposed a change in strategy, though *Need Based Activities* (NBA), where the target population groups were to be involved in identification and prioritisation of their needs. The early logical frame-work of CBR seen as specific interventions for service delivery in health, education and occupational fields, is also based on similar NBA approach.

The last two decades have seen the limitations of NBA in promoting development, if it does not allow the complete ownership and responsibility of community in the planning, implementation and evaluation of the development process. Thus from interventions, the emphasis has shifted to coscientization, participation and empowerment. Participatory Agricultural Development, Participatory Rural Action, Participatory Action Research, etc., are all variations on this theme of Participatory Community Development, increasingly

preferred by international and local NGOs to promote development of marginalised and under-developed communities. These approaches are very similar to the present understanding of CBR which sees the networking and grouping of disabled persons and their families, joining together for securing national policies and programmes which respect their basic human rights, as its prime goal. While specific interventions related to health, education and occupation are seen as means for reaching this goal.

Volunteers in CBR programmes: The success of community participation has been often measured by the ability of CBR programmes to mobilise community support through volunteers. The WHO manual on CBR uses the word local supervisor to denote the person at the community level, who is responsible for transfer of knowledge and skills to disabled persons, their families and community members and the manual recommends that a local supervisor should be, *“a local person chosen by the community; he or she should have the confidence of people and thorough knowledge of their way of life. In some programmes, local supervisor receives salary or some compensation; in others he/she is a volunteer.”*

In 1998, in an international workshop conducted on major issues facing CBR programmes held in Bologna, Italy almost all participants representing CBR projects from 22 different countries stated that the issues related to “volunteers” were important areas of concern for them. During the same workshop, it was also found that the meaning of the word volunteer may be completely different in different CBR programmes in terms of responsibilities, salaries and incentives. The major issues related to volunteers which emerged during this workshop included the following:

- High turn over rates of volunteers with related difficulties of identifying new volunteers and resources needed for training them.
- Lack of salaries or incentives for the volunteers.
- Limited commitment and motivation of volunteers for the CBR programme.
- Low quality of work by the volunteers.
- Lack of sufficient training felt by volunteers

Mike Miles seems to sum up the disillusion of many persons working for CBR programmes with his words, *“In the early 1980s there were wonderful dreams. Communities out there in the villages and rural towns were going to open up their hearts and their purses, their schools and their public places, to embrace disabled people. It was going to be free...Ten years later, CBR is not so new, not so bubbly. It turns out that it is not free.”* Geert Vanneste explains this disillusion, *“nostalgia and social ideals may create myths about communities, so that “CBR” becomes an ideology rather than a working definition. This has also meant that some CBR advocates expect the community to find people who will work free of charge with families of disabled persons...Experience suggests that in many countries, CBR volunteers can work well, but only for short periods, during which they are actually hoping to be given a salaried job.”*

Free volunteers versus paid volunteers:

Though the word “volunteer” seems to suggest some one proposing himself/herself out of free will to help others in need or for a common cause. In reality, in CBR programmes, the volunteers may not be proposing themselves out of their own free will and they may need to be paid something, in cash or in some other way,