INTRODUCTION

Global estimates reflect that almost more than one billion people live with some kind of disability, of which nearly 100 million belong to <15 years age-group [1]. The concerns of disabled individuals compound extensively in low-resource settings in which they are often exposed to multiple challenges like negligible infrastructure assistance, limited access to health establishments, negative approach of health professionals, and poor educational/vocational options, etc. [2]. One of the crucial differences between other morbidities and disability is that disability in most of the instances is long-standing and thus requires medical attention for a longer span of time [2,3]. This can be a major hurdle in developing countries where the public health sector is already overburdened (owing to limited beds, shortage of health professionals, etc.) [3]. Thus, ensuring the rehabilitation of the disabled individuals in the community settings can deliver encouraging results in enabling the welfare of the disabled people [2,4].

The concept of community-based rehabilitation (CBR) is developed with an aim to considerably improve the accessibility of disabled individuals to rehabilitation care by facilitating optimal usage of local resources [4,5]. In general, the package of CBR generally incorporates multiple initiatives (like training sessions for family and community members regarding different aspects of disability and its care; support for education, job, assisting device, monetary aid; setting-up referral services; social and recreational services, etc.) to empower disabled people/family members/community members, in coordination with different sectors [3,6].

In the CBR initiative, health services are delivered to disabled individuals at their doorsteps, and thus attempts are made to bridge the existing gap between them and the public health sector [7]. In fact, findings of interventional studies in different settings have showed that apart from being cost-effective, positive outcomes have been observed in reducing the dependence of disabled people on their family members; enhancement of mobility, better communication skills; more avenues for education/job; and in developing positive impact on community attitudes toward disabled persons [6,8,9].

Although, CBR is in existence for more than three decades and has delivered favorable results in heterogeneous aspects, nevertheless, multiple bottlenecks and barriers have been ascertained in a successful implementation of CBR across variable settings [3]. These include parameters like poor awareness among different stakeholders [5]; lack of understanding regarding different methods by which it can be implemented [5]; limited customization of the approach in accordance with local settings [10]; absence of a comprehensive...
evaluation strategy [10]; resource constraints [11]; variable extent of community involvement [12]; deficiency of trained health workers [13]; minimal involvement of concerned sectors [11]; and absence of coordination among health workers and health system [14].

This is high time to realize that a strong political commitment in collaboration with active involvement of different stakeholders is required to augment the effectiveness of the CBR program [4,5,7]. In addition, measures like development of a comprehensive policy (defining precise goals and objectives, evaluation strategies, etc.) [4,10,15]; incorporating rationale usage of management information systems and systematic monitoring [15]; ensuring optimal involvement of community through culture-sensitive initiatives [12]; enrolling and training workers for the welfare of disabled [13]; and mobilizing sufficient resources and referral services [11]; can also be implemented.

Since its inception, the CBR initiative has expanded in different dimensions through collaboration with different national and international agencies and has now evolved into a multi-sectoral strategy to address the broader needs of people with disabilities, ensuring their participation and inclusion in society and enhancing their quality of life [4]. In fact, agencies involved in the delivery of CBR services offer support to disabled people through income-generating projects - in which people with disabilities can take a leading role [16]. Furthermore, in some of the settings, use of the internet has also been advocated, among the CBR workers to enable them to gain easy access to recent developments [17].

CONCLUSION

CBR not only offers a wide range of welfare services for the holistic development of the disabled persons, but even is a key approach to reduce the burden on the health care delivery system, especially in developing countries.

REFERENCES