

Bridging access to healthcare and empowerment: Analyzing a Community-Based Rehabilitation Program for people with disabilities in Zimbabwe

Cathrine Tadyanemhandu¹, Beatrice Shava², Samson Chengetanai³, Khumbula Mkandla⁴
cathrine.t@actvet.gov.ae

Fatima College of Health Sciences, Physiotherapy Department, Al Mafraq, Abu Dhabi,
United Arab Emirates¹

University of Zimbabwe, Department of primary Health Care Sciences, Rehabilitation
Sciences Unit, Avondale, Harare, Zimbabwe^{2,4}

Khalifa University, Biological Sciences Department, College of Medicine and Health
Sciences, Abu Dhabi, United Arab Emirates³

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ABSTRACT

Background: People with disabilities (PWDs) are considered socially vulnerable due to under representation, discrimination and stigma which they face, particularly in the rural communities. Some disabilities necessitate frequent visits to health centers for treatment and support from healthcare providers. In developing countries where health care centers are fewer and far apart, PWDs face the added inconvenience of traveling long distances in disability unfriendly roads, sometimes using inappropriate methods of transportation. Countries, such as Zimbabwe, have adopted the community rehabilitation program approach to improve access to healthcare. Aim: To describe the community-based rehabilitation programs (CBR) established for people with disabilities residing in the rural areas, as a method of addressing health needs for PWD, community involvement, and sustainable reintegration. Methods: Rehabilitation students from the University of Zimbabwe participate in a 7-week rural attachment program each year at the end of which they produce an assessment of the community-based programs within that area. They focus on the five key components of the CBR Rehabilitation matrix which are health, education, livelihood, social and empowerment. Results: All surveyed districts had functional community-based rehabilitation programs characterized by funding organizations, healthcare and rehabilitation professionals at the health institution and village health workers within the communities. Home modifications which were done for PWD included toilet and bathroom adaptations, using locally available resources. The organized structure of CBR quickens the identification of health needs, facilitates the distribution of assistive devices and is frequently able to fund vocational training for beneficiaries. Vocational training is most offered for agricultural cooperatives, tailoring and artisanal workshops Conclusion: The success of CBR programs in Zimbabwe lies in the emphasis on enhanced healthcare needs identification and reporting, inclusive decision-making, and a significant degree of self-determination by patients in their communities. Rather than adopting a top-down approach, the CBR program initiatives prioritize active involvement and economic empowerment for sustainable development and inclusive healthcare delivery in the region.