Good Practice case study

An example of how a Community-based Rehabilitation System was implemented in Bosnia and Herzegovina

Relevant articles of the CRPD: 19, 20, 25, 26
Country: Bosnia and Herzegovina
Region: South East Europe
Good practices available in: English (full report available in Albanian and Serbian)

Description of the practice and the process involved

Since 1993, the International Centre for the Advancement of Community Based Rehabilitation (ICACBR), Queen's University (Kingston, Canada) has been playing a major role in the reorientation and restructuring of rehabilitation system in Bosnia and Herzegovina.

With the support from the Government of Canada through the Canadian International Development Agency, and together with the partners from the Federation of Bosnia and Herzegovina and Republic of Srpska as well as its international partners, the ICACBR has taken part in the establishment of the over 60 community based rehabilitation (CBR) clinics throughout the country.

The major focus of the ICACBR's work has been on creating accessible environment, policies and support systems at the community level for disabled people to be able to live independently and fully participate in the social and economic life of their communities.

Activities included continuing education of CBR centres personnel to upgrade their clinical skills, development of policies which support provision of CBR at the primary health care level, policy and management training for a variety of stakeholders working in disability and rehabilitation sectors and introduction of peer support concept.
The factors that made this practice possible

The design and implementation of ICACBR's project in Bosnia and Herzegovina was based on extensive experience and has resulted in enhanced understanding of the region and its priorities.

Efforts are made to ensure that there is a continuing transfer of knowledge between partners. Increased knowledge about disability and approaches to addressing the needs of people with disabilities in the community facilitates the development of policies that promote inclusion and equal rights of people with disabilities.

Participation of persons with disabilities and other stakeholders including health and social sector professionals, policy makers, educators, etc. in all stages of rehabilitation system and policy development is crucial to the successful implementation of CBR programmes. Increased knowledge, inclusive policies and participation of multi-stakeholders, ensure improved access for people with disabilities to rehabilitation, disability and support services at the community level.

Partnerhip and an integrated approach to CBR service and policy development are a major contribution to the sustainable development of a rehabilitation system in Bosnia and Herzegovina.

Coordination in this multi-partner program has resulted in integration of CBR centre reconstruction, education on clinical practice, peer support, management and policy development.

The team approach to project development and implementation has been identified as central to facilitating the empowerment of all stakeholders at the treatment, CBR centre administration and policy level.

Multidisciplinary team approach to education involving persons with disabilities and therapists in the educational program was an effective mechanism for demonstrating competence and importance of including persons with disabilities and therapists in clinical, education, and policy and program decision-making.

The effects / impact of the practice

The introduction of peer support activities implemented by people with disability themselves significantly contributed to raising disability awareness as well as profiling people with disabilities as productive members of society.

Inspired by the CBR model, and adapted to the country's health care system, this is a success story of inclusion of rehabilitative care within primary
health care, based on collaboration between various sectors of the community.

Such an integrated model of rehabilitation also aims at ensuring better access to medical care for persons with disabilities, through an interdisciplinary approach and appropriate referral.

Between 1997 and 2004, Bosnia and Herzegovina established 60 Community-Based Rehabilitation (CBR) centres within its public Primary Health Care system (38 in the Federation of Bosnia and Herzegovina and 22 in the Republika Srpska), with support from ICACBR/Queen’s University and the World Bank.

Background and context

Full project report: Beyond De-Institutionalisation: The Unsteady Transition towards an Enabling System in South East Europe (DMI SEE, 2004)

Criteria for the good practices: see page 21 of the full report.

Recommendations from the good practices: see page 91 of the full report

Links to further resources:
Full text on article 19 – Living independently and being included in the community
Full text on article 20 – Personal mobility
Full text on article 25 - Health
Full text on article 26 – Habilitation and rehabilitation