

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.

Partnership 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**

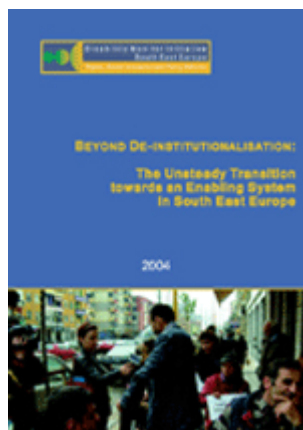
health care, based on **collaboration between various sectors** of the community.

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](#)