

Box 1. Barriers to CBR implementation and suggested recommendations

Barriers to CBR implementation	Recommendations
Underreported disability prevalence and exclusion of marginalized groups	To strengthen data systems with a national digital rehabilitation registry and disability indicators.
Inconsistent, poorly managed disability certification	To standardize ICF-based certification supervised by physiatrists and align legal frameworks with international norms
Severe shortage and urban concentration of rehabilitation healthcare professionals	To develop a national workforce strategy and scale services to the district and Upazila levels. Expansion of allied rehabilitation professionals, including Physiotherapy, Occupational Therapy, and speech-language therapy academics, should be accompanied by community-oriented curricula, field-based internships within CBR programs, and incentives for graduates to work at the community level. Strengthening partnerships between training institutions, NGOs, and local government bodies can further ensure that newly trained professionals are integrated into decentralized service delivery models.
Inadequate quality services through task shifting and local crowd-funding, and poor access to assistive technology.	To strengthen CBR in Bangladesh, Public-private partnerships can expand NGO-government models by combining government outreach with private funding, technology, and specialized training. Physiatrist-led team-based rehabilitation should be aligned with assistive technology and supported by promoting tele-rehabilitation to improve access and continuity of care. Task shifting enables trained community workers, teachers, and family members to deliver basic rehabilitation services under periodic specialist supervision, thereby increasing coverage despite limited professional resources. In addition, local crowd-funding can mobilize community and institutional contributions to support assistive devices, accessibility modifications, and low-cost rehabilitation activities. Together, these approaches enhance community ownership and support scalable, sustainable rehabilitation at the doorstep community level.
Inadequate legal and policy alignment with international standards	To reform laws and policies to integrate rehabilitation into UHC and establish a multi-sectoral coordination body.
<p>CBR, community-based rehabilitation; ICF, International Classification of Functioning, Disability and Health; NGOs, non-governmental organizations; UHC, Universal Health Coverage.</p>	