



KEMENTERIAN KESIHATAN MALAYSIA



Strengthening Community-Based Care For Children with Special Needs:

- Integrating Support, Inclusion, and Early Intervention

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OUTLINE OF THE PRESENTATION

- 1) Introduction
 - The barrier faced by Persons with Disabilities
- 2) Prevalence of Disability in Malaysia
- 3) CBR Matrix
- 4) Introduction “***Program PDK Ku Sihat***”
- 5) Conclusion



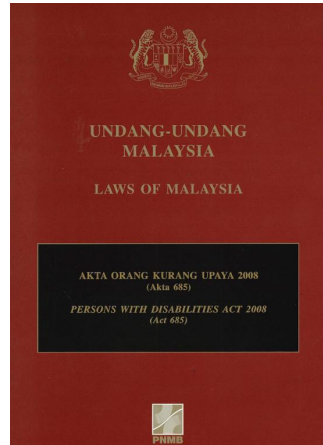
INTRODUCTION

- Children with special needs, particularly those with developmental disorders such as Autism Spectrum Disorder (ASD), face significant barriers in access to healthcare, education, and community inclusion.
- Early identification and intervention are critical — ideally before the age of 4 years — to maximize developmental potential and improve long-term outcomes.
- Despite progress, access remains uneven:
- Many families rely on private or NGO services for early detection and therapy.
- This creates disparities for low-income families, especially in rural and underserved areas.
- There is a growing need for integrated approaches across government, NGOs, private sector, and communities to strengthen Community-Based Rehabilitation (CBR) as a pathway to inclusion.



INTRODUCTION

Definition



Persons with Disabilities Act 2008 (Act 685)

“Person with disabilities” include those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society

Complexity



Disabilities also a complex condition because it varies according to age, gender, race, religion, underlying health conditions and impairments that determine the different health-care needs of the individual.

Environment factors such as inaccessible education, transportation, employment, and health care is an additional factors influencing the diversity of persons with disabilities. (WHO, 2022)

The Right

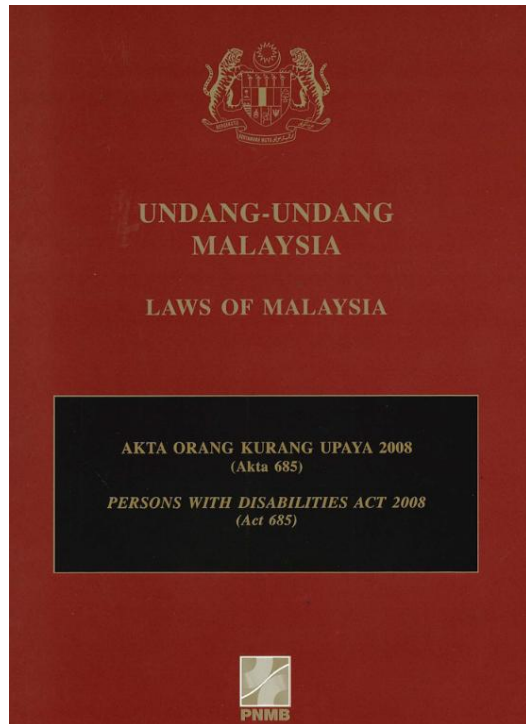


Persons with disabilities have an equal right to the highest attainable standard of health as anyone else. (WHO, 2022)



INTRODUCTION

What Are The Right of The PWDs in Malaysia



Persons with Disabilities Act 2008
(Act 685)

1. Public facilities, Amenities, Services and building;
2. Public transport and facilities;
3. Education
4. Employment
5. Information, Communication and Technology;
6. Cultural Life;
7. Recreation, leisure and Sport
8. Habilitation & Rehabilitation
9. In-home, residential and other community support services;
10. Health

...RECOGNIZING that disability is an evolving concept and that disability result from the interaction between person with disabilities and **attitudinal** and **environmental** barriers that hinders their full and effective participation in society on an equal basis with persons without disabilities



Disability = Barriers

"Remove barriers, change attitudes — unlock potential."





The Global Disability Crisis

1.3B

People with
Disabilities

1 in 6 globally

(WHO)

52.9M

Children Under 5

8.4% with
developmental
disabilities

(GBD 2016)

236M

Children &
Adolescents

With moderate-to-severe
disabilities

(UNICEF)

Predominantly affecting low- and middle-income countries



Prevalence of disabilities in Malaysia



6.9%
(all ages)



11.8%
(Adults)



11.1%
(Adults)

4.7 %

(Children aged 2 -
17 years)



8.2%
(Adults)



The Prevalence of Child Developmental Delay in Malaysia



Prevalence amongst children	NHMS 2022 (samples – 6/12 – 5 years)
Developmental Delay	7.4%
- Gross motor	1.0%
- Fine motor	1.9%
- Speech / hearing	2.7%
- Social skill	4.1%



Barriers to Unmet Needs Among Mothers of Children with Disabilities in Malaysia

By Wan Jusoh WNA *et.al.*

J Taibah Univ Med Sci . 2017 Jun 13;12(5):424-429. doi: 10.1016/j.jtumed.2017.05.002. eCollection 2017 Oct

This qualitative study explored barriers preventing mothers of children with disabilities in Kelantan, Malaysia from meeting their needs. Through in-depth interviews with 12 mothers, researchers identified five key barriers:

- 1 Mothers' Expectations**
Both unrealistically high expectations and diminished hope contributed to unmet needs. Mothers with high expectations "shopped around" for treatments, while those with low expectations showed greater unmet needs due to hopelessness.
- 2 Lack of Support**
Many mothers reported feeling "alone" in raising their children, with insufficient support from partners, family members, and community leaders, leading to social isolation and increased burden.
- 3 Healthcare Professional Issues**
Mothers experienced unresponsive healthcare professionals, ineffective communication, limited appointment times (5-10 minutes despite 4-5 hour waits), and unsuitable therapy recommendations.
- 4 Policy and Bureaucracy**
Conflicting policies, complex welfare application processes, and rigid requirements created barriers. CBRC policies requiring mothers to stay with children during school hours particularly affected working mothers.
- 5 Resource Limitations**
Families faced financial constraints, transportation difficulties, and lack of information about available services. The cost of caring for children with disabilities is approximately three times higher than for typical children.

Understanding these barriers is crucial for addressing unmet needs among mothers of children with disabilities. Strategies require an interdisciplinary approach focusing on mothers' expectations, targeted healthcare services, and policy reevaluation to improve family wellbeing.



What is Community Based Rehabilitation (CBR)

CBR is a strategy within community development for the

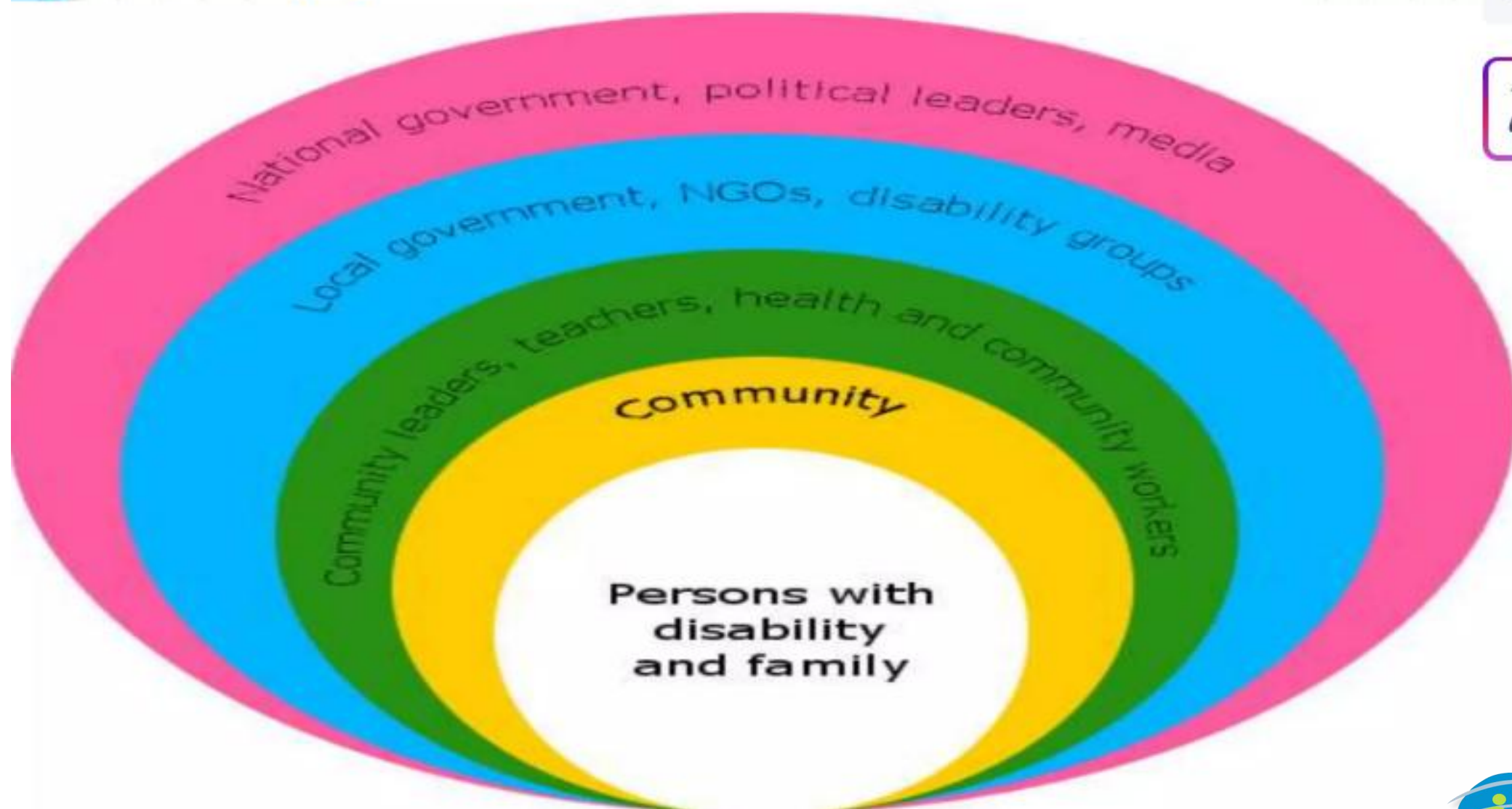
- rehabilitation
- equalization of opportunity
- poverty reduction
- social inclusion, of all people with disabilities

CBR is implemented through the combined efforts of disabled people themselves, their families and communities, and the appropriate health, education, vocational, social and other services.

[ILO, UNESCO & WHO 2004]



CBR (2)



The Core Goal of CBR

To enable people with disabilities to reach their full potential, participate actively in their communities, and enjoy the same rights and opportunities as others;

Contrast with traditional model;

CBR moves away from institutionalized, segregated care towards a more integrated, community-centered approach.



Essential Elements of CBR

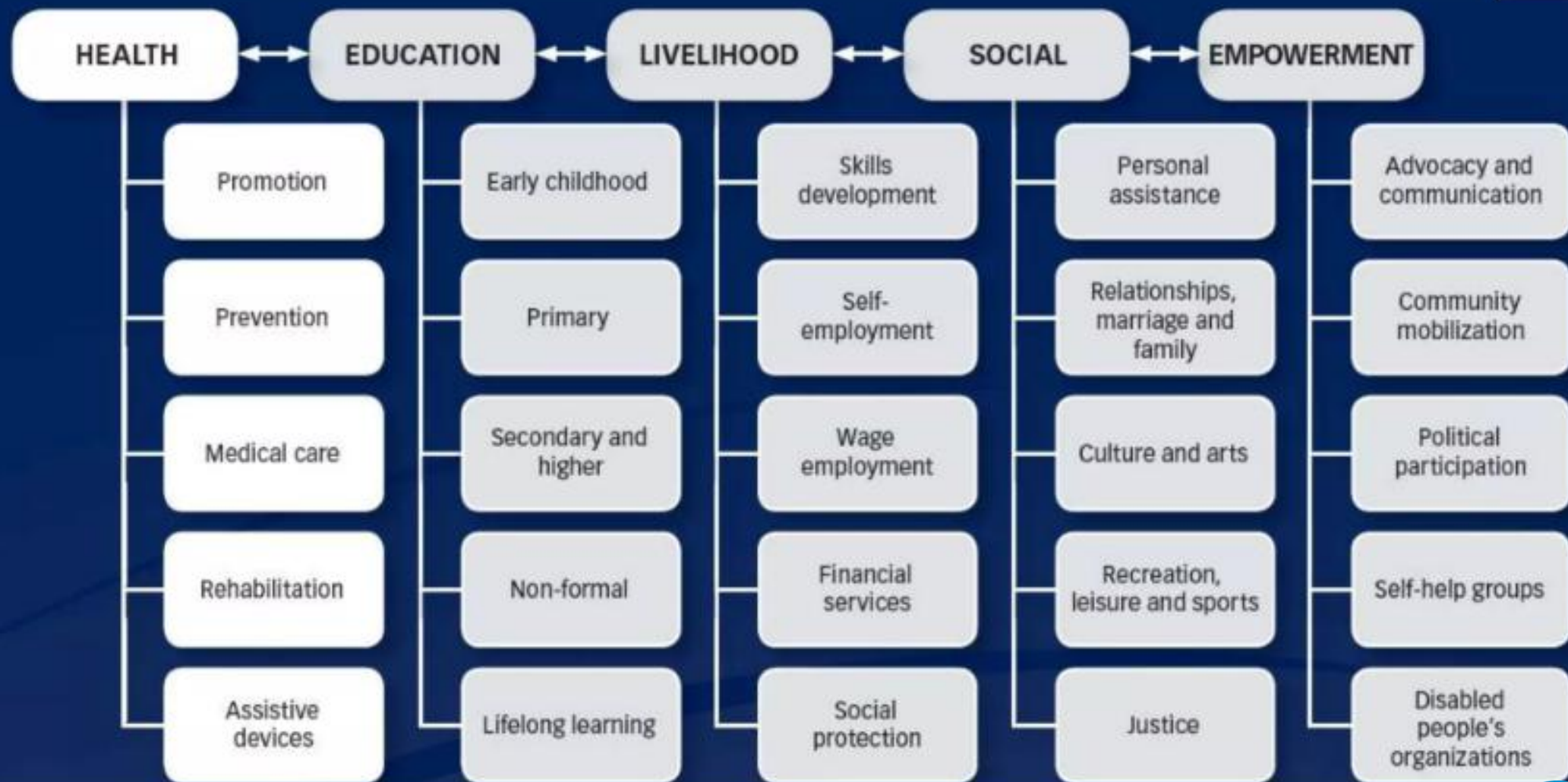
- CBR programs and approaches vary but, common elements of a sustainable program include;
 - National level support through policies, co-ordination and resource allocation;
 - A human rights-based approach;
 - Voluntary participation from the community: The willingness of the community to response to the needs of their members with disabilities;
 - Motivated community health workers

[ILO, UNESCO & WHO 2004]

In CBR, a multi-sectoral collaboration is essential for success and it's inherently implied



CBR MATRIX



Intended outcomes of CBR:

Outcomes are similar irrespective of the matrix component combined;

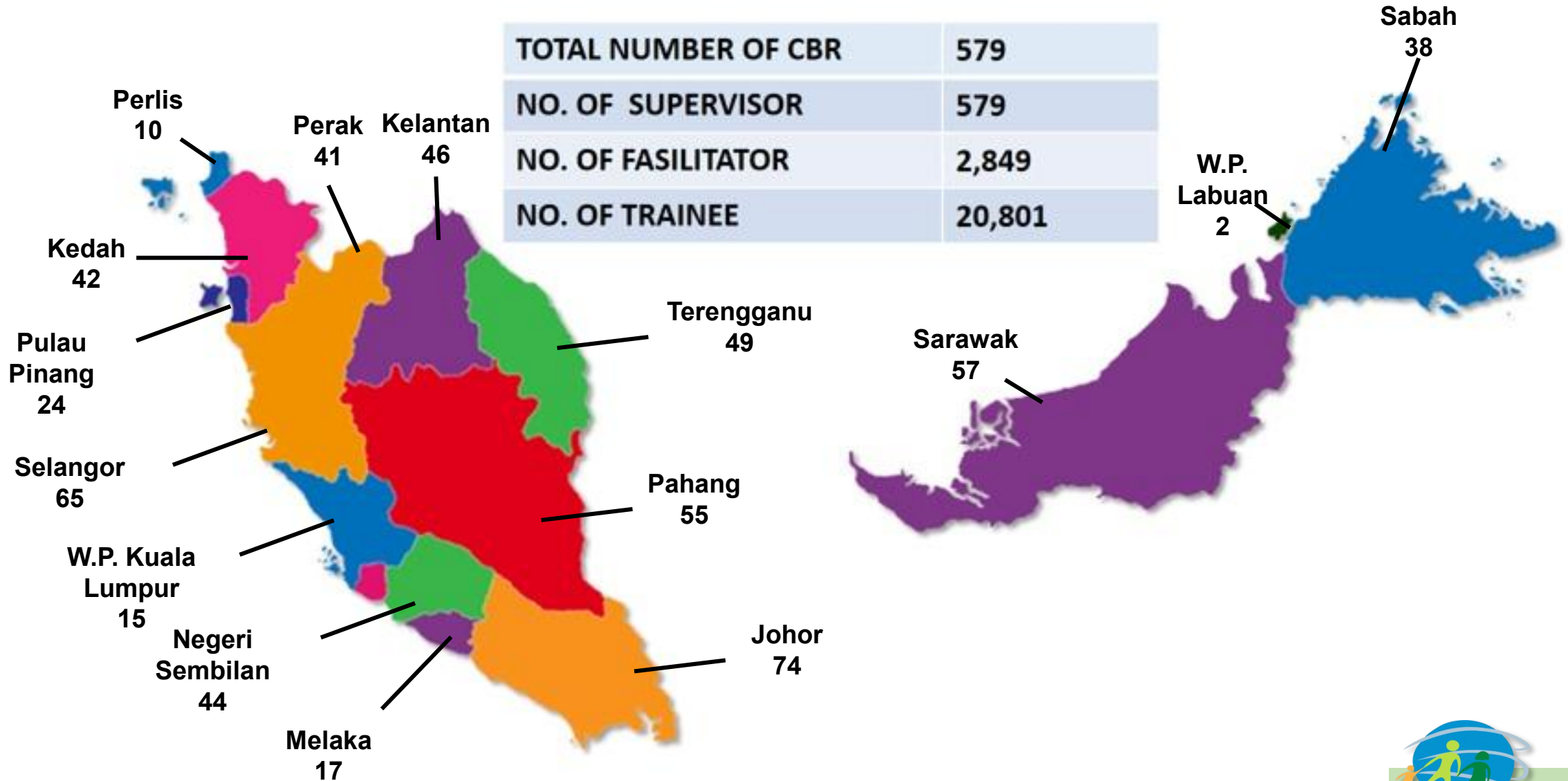
- Individual and community knowledge of disabilities increases;
- The community is involved in their own rehabilitation care, and rehabilitation is delivered with collaboration from various sectors of society;
- Discrimination on the basis of disability and other factors in the health sector is reduced;
- Access to rehabilitation services is improved;
- Person with disabilities more actively participate in education, work, and community life.

[ILO, UNESCO & WHO 2004]



CBR in Malaysia

TOTAL NUMBER OF CBR	579
NO. OF SUPERVISOR	579
NO. OF FASILITATOR	2,849
NO. OF TRAINEE	20,801



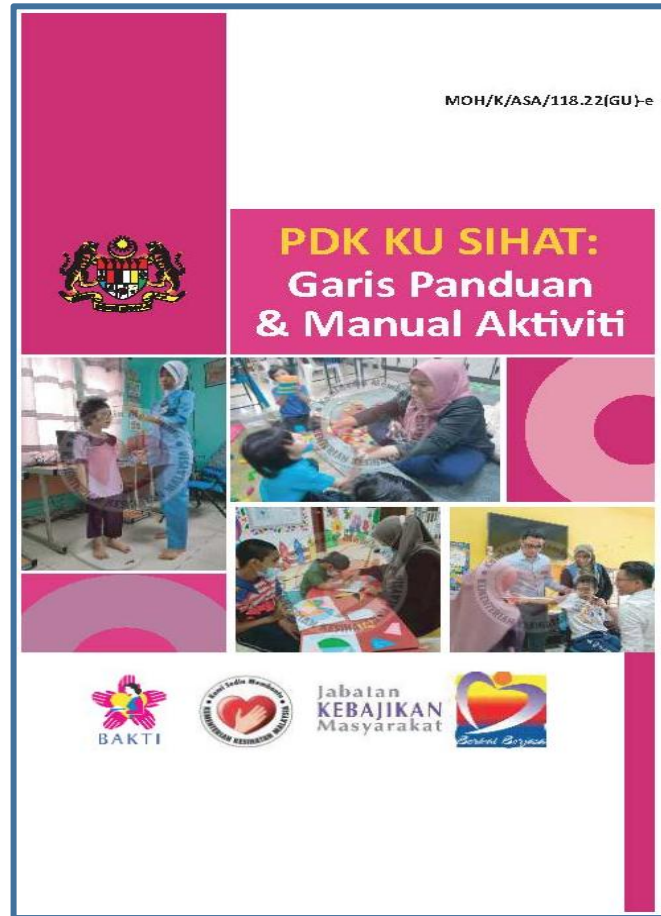
Introduction to PDK Ku Sihat Program

Occupational Therapy

- early intervention ADL and coping skill
- Evaluation for school readiness (5 and 6 years old)
- Play therapy
- Mental health
- Sexual and Reproductive Health

Physiotherapy

- physical activity
- Gross motor intervention and rehabilitation
- Bed ridden at home - passive exercise, training how to lift and move body



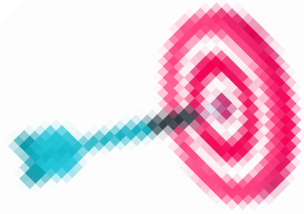
Health Assessment

- growth & dev. (denver)
- physical exam (health status)
- antropometry measurement
- planning for intervention

Healthy Eating

- Advocate for healthy food
- BMI measurement





Target

CHILDREN 0 - 6 Y/O

- Self care skill training
 - feeding skills
 - wear clothes
 - toileting
- School readiness
 - how to make friends, communicate, 3M

CHILDREN 7 - 15 Y/O

- Activity Daily Living (ADL)
/ IADL (instrumental ADL)

CHILDREN 15-18 Y/O

- Vocational training
- Job Coach



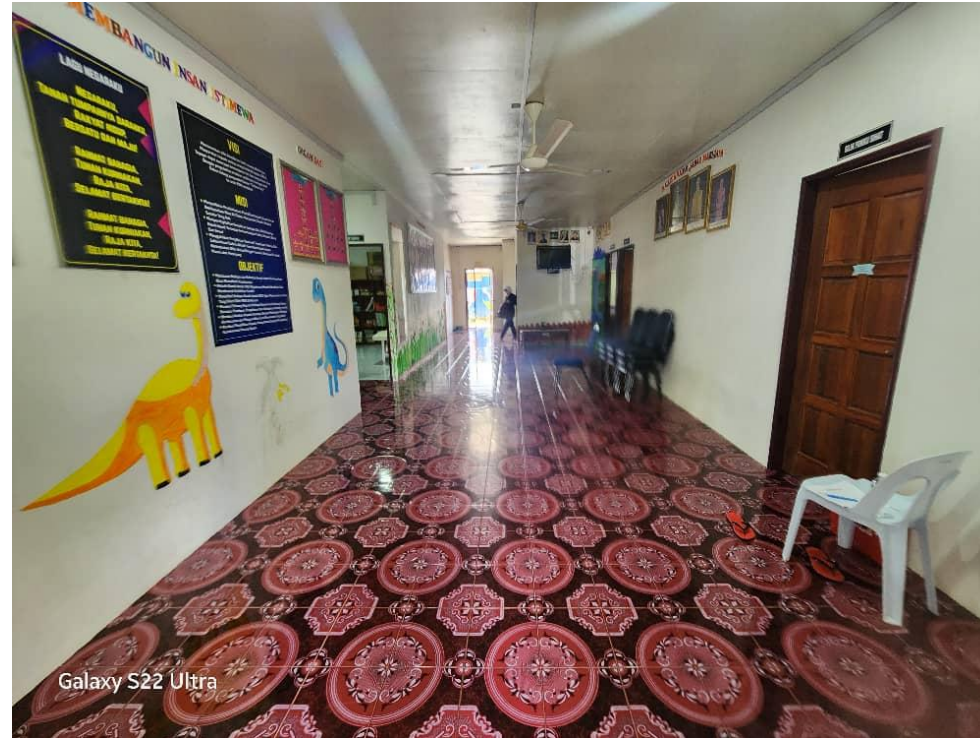
PDK Design and facilities support Education



RECORD ROOM



CLASSROOM 1



Galaxy S22 Ultra

CLASSROOM 2



CLASSROOM 3



MULTISENSORY ROOM



COMPUTER ROOM



INCOME GENERATED ACTIVITIES (LIVELIHOOD)



**PDK RANAU HOMESTAY
AND SOLAR PANEL PROJECT**



PDK MART



DISHWASHING SOAP



OCCUPATIONAL THERAPY PROGRAM AT PPDK LUKUT





SAND THERAPY PROGRAM WITH OCCUPATIONAL THERAPY PKD PORT DICKSON



Assessment

Assessment

- Gross Motor
- Fine Motor
- Self-Care Skills
- Social Skill
- Communication skill
- Cognitive capability

Intervention

- Medical
- Education
- Social
- Vocasional

Assessment for school readiness

Assessment for job readiness



Intervention

1. Children with special needs
Individual Plan of Action
Medical Device

2. Parents / Family / Trainers Needs
Knowledge and practice
Skill to do intervention at home

**Working together with
parents / carer / family**

**Plan together the training
activities and execute together**

Family Support Group

Medical Equipment Center – donation, recycle

Case Discussion for trainers - sharing Idea



Local Made

Corner seat



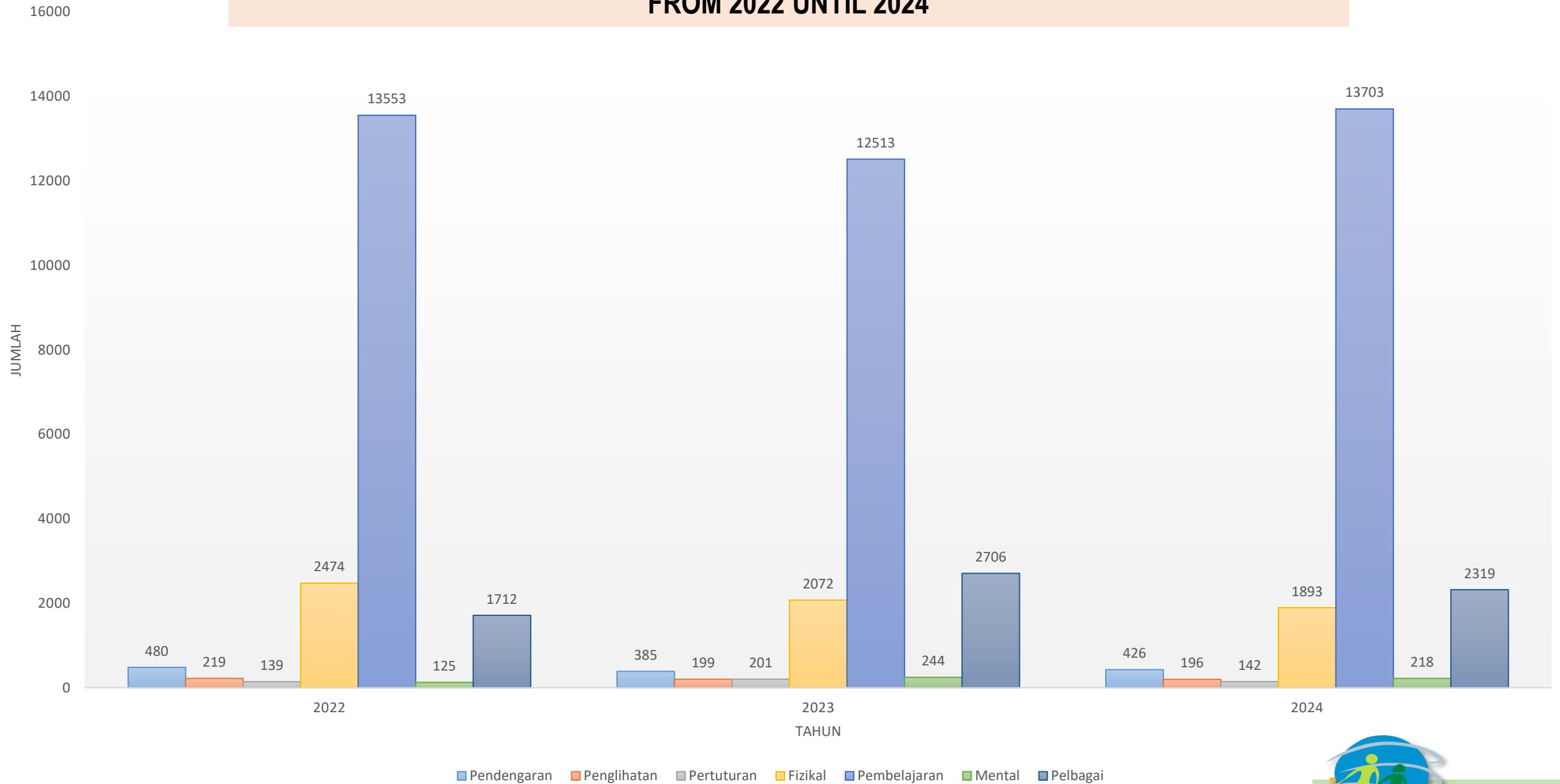
Wedge



Walking Aid



TOTAL NUMBER OF OKU TRAINEES GOING TO PDK ACCORDING TO OKU CATEGORIES FROM 2022 UNTIL 2024



Networking & collaboration

- To increase community awareness the importance of rehabilitation, early intervention and knowledge of early prevention
- **Develop Strategic Networking with local community available**
 - Government agencies, business owner, schools, try to utilising with local expertise in the community
- Establish **volunteer group**
- **Training**



Effectiveness of Community-Based Rehabilitation (CBR) Programs: A Parents' Perception Study in Seremban

Authored by Ahmad Syukri Ahmad et al. (2021) Malaysia Journal of Administrative Science, Vol.18, Issue 1, 2021, pp. 134 - 148. Available online at <http://jas.uitm.edu.my>

Study Objective

To examine the effectiveness of CBR programs and the relationship between parental perception and factors like participation, module, social workers, and support systems.

Methodology

Purposive sampling of 121 parents of trainees from 4 selected CBR centres in Seremban, Negeri Sembilan.

Key Findings

Trainees showed a moderate level of CBR program effectiveness. All factors (participation, module, social workers, social support) had a significant correlation with effectiveness.

Primary Determinant

Trainee participation demonstrated the highest correlation with CBR effectiveness, effectiveness, highlighting its critical role in program success.

This study emphasizes the importance of strengthening Community-Based Rehabilitation programs in Malaysia to support persons with disabilities (PWDs) in achieving socioeconomic inclusion, aligning with national economic models and WHO declarations. The findings underscore that active trainee participation is paramount for effective CBR outcomes.



Assessing Health Service Accessibility for CBR Trainees in Malaysia

Authored by [Wahab H.A. et. al. social Work in Public Health 40 (9): 1 - 15; Jan 2025]

This study examined the accessibility of public health services for Community-Based Rehabilitation (CBR) trainees in Malaysia, focusing on implications for inclusive healthcare.

Research Approach

Quantitative data collected from 290 parents and guardians across 14 CBR locations. Accessibility was measured by service availability, suitability, convenience, and adequacy.

Key Findings

High satisfaction reported for health campaigns (79.0%), preventive services (74.8%), medical treatment (73.8%), and rehabilitation/therapy (67.2%).

Impact & Implications

Significant correlations found between trainees' self-change and satisfaction. Improved accessibility positively impacted daily activities, highlighting the importance of tailored, accessible health programs for individuals with disabilities.



Parents' and caregivers' satisfaction with community-based rehabilitation (CBR) services for children with disability in east coast states in Peninsular Malaysia

Authored by [Hassan H. et. al.] Health and Social Care in Community, July 2020, 29(5)

Study Objective

To assess the satisfaction levels of parents and caregivers with Community-Based Rehabilitation (CBR) services provided to children with disabilities in Kelantan, Terengganu, and Pahang.

Methodology

A cross-sectional study using a structured questionnaire administered to parents and caregivers of children participating in CBR programs in the specified east coast states of Peninsular Malaysia.

Key Findings

High overall satisfaction (88%) was reported, especially concerning the professionalism and dedication of CBR personnel (91%). Perceived improvements in children's functional skills (85%) also contributed significantly to satisfaction.

Implications

The findings underscore the success of current CBR models in fostering positive caregiver experiences and child development, suggesting continued investment and targeted enhancements in service delivery.

This study highlights the critical role of well-implemented CBR programs in supporting children with disabilities and their families, recommending ongoing efforts to address specific needs and further optimize service accessibility and quality in the region.



In Conclusion

- Early intervention – assessment and rehabilitation
- PDK support 1 Stop Center for Early Intervention Program for Children with Special Needs
- **Room for improvements**
 - 1) Further strengthen multi-agency collaboration & Networking
 - 2) Leverage on technology - digital platform for PDKs
 - 3) Fortify Training and Resources
 - upskilling PDK Staff
 - increase number of therapist
 - 3 level of PDK - level 1: early intervention (0-7)
level 2: Teenager development (8 - 18)
Level 3: skill training for adults



Thank You For Your Attention

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