

Editorial

Ban Ki-moon, the UN Secretary General recently declared that, *“If inequalities continue to widen, development may not be sustainable, that is why equity is emerging as a central plank in discussions on the post-2015 development agenda.”*

The Millennium Development Goals (MDGs), a major international initiative towards inclusive development for the poor, have been criticised by stakeholders in the disability sector as the eight goals, their targets and indicators had not explicitly mentioned disability. Over the last decade, efforts have been made at regional and global levels to add disability-specific targets and indicators to the MDGs.

In 2008, the UN ESCAP held the *Expert Group Meeting on Developing Supplementary Targets and Indicators on Social Inclusion, Population, Gender Equality and Health Promotion to Strengthen the MDG Process*. Disability-specific targets and indicators were evolved during this meeting (<http://cop.mdgasiapacific.org/group/escap-mdgs>).

In 2011, the World Health Organisation (WHO) and the UN Department of Economic and Social Affairs (DESA) came out with a publication titled *Disability and the Millennium Development Goals: A Review of the MDG Process and Strategies for Inclusion of Disability Issues in Millennium Development Goal Efforts*, based on an expert group meeting held in 2009.

In 2010, for the first time, disability was expressly included in the MDG Progress Report with specific mention in Goal 2 on education of children with disabilities who are out of school.

International agencies, for example, CBM, Leonard Cheshire Disability and International Disability Alliance (IDA) have articulated their positions on inclusion of disability into post-2015 MDGs.

Although MDG goals and targets did not explicitly include disability, issues of inclusion and participation of persons with disabilities into development and poverty reduction policies and processes have been addressed through other means. A significant such response is community based rehabilitation (CBR), a strategy to promote inclusive development for persons with disabilities.

The CBR Guidelines of WHO illustrate with examples, the ways in which CBR activities have addressed different MDG goals over the last two decades.

With the understanding of the cycle of poverty and disability, the Joint Position Paper of ILO, UNESCO and WHO (2004) focussed attention on CBR as a strategy for poverty reduction. CBR programmes build capacity of persons with disabilities and their families through skills training, promote livelihoods opportunities in formal and informal economy, provide access to credit through self-help groups, change attitudes of potential employers, and advocate for inclusion of persons with disabilities in poverty reduction programmes of government and mainstream development agencies.

Educational activities for children with disabilities have been part of CBR almost from the time of starting such programmes. CBR activities that support inclusive education include referring children with disabilities to schools, advocating with school authorities to accept children with disabilities, assisting teachers to support children with disabilities, carrying out teacher training programmes, making schools accessible, providing assistive devices, teaching and learning materials, and creating links between the schools, families and communities. In some countries, CBR programmes support home-based education for children who cannot attend school, and help in setting up community based day care centres for children with disabilities in partnership with families and local governments.

The World Report on Disability (2011), in Chapter 3 on General Health Care, recognises the role of CBR in promoting and facilitating access to health care services for people with disabilities and their families in low-income and lower middle-income countries. In Chapter 4 on Rehabilitation, the Report recommends that in low-resource, capacity-constrained settings, CBR can help with supply of services in communities, complemented with referral to secondary services. The chapter cites examples of measures in CBR such as identification, referrals and follow up at community level, providing simple rehabilitation therapy at community level, providing individual or group-based educational, psychological, and emotional support services for persons with disabilities and their families and involving the community.

CBR workers raise awareness in families and communities about disease and disability, health promotion and prevention of causes of impairments. Apart from these activities, CBR programmes are involved in raising awareness about HIV/AIDS, malaria and other diseases (MDG 6), and improving the quality of environments that can lead to disabilities (MDG 7).

For women with disabilities, CBR programmes train women workers, including orthotic technicians, advocate with mainstream women's groups to include

women with disabilities, impart leadership skills to women with disabilities and ensure inclusion of girls and women with disabilities in all CBR activities.

The development of the CBR Guidelines is an example of global partnership between UN agencies, DPOs, governments, donor agencies and civil society including national and international non-governmental organisations.

There are some compelling reasons why CBR will continue to be relevant in the post 2015 agenda, for inclusive development in relation to persons with disabilities.

CBR is now internationally accepted as a rights based strategy to promote inclusive development. The World Report on Disability (2011) acknowledges that CBR programmes have been effective in delivering services to very poor and underserved areas. The CBR Guidelines summarises some outcomes of CBR, based on published reviews. These include: increased independence, enhanced mobility, and greater communication skills for people with disabilities; increased income for people with disabilities and their families; increased self esteem and greater social inclusion.

Despite the progress, much remains to be done, as shown in different publications, including the World Report on Disability (2011). A recent study (WHO Regional Office for South East Asia (2012), *Situational Analysis of Community-based Rehabilitation in South-East Asia Region*. New Delhi) shows that the majority of persons with disabilities continue to live in poverty, in remote areas that have limited coverage of health and rehabilitation services.

Many of the gaps can be appropriately addressed through CBR activities. CBR can also make a difference in case of some other emerging challenges like urban poverty, demographic shifts leading to more numbers of the elderly and increased incidence of non-communicable diseases. CBR will therefore continue to be relevant and it can be an appropriate response and strategy to deal with some of the needs and challenges in the post-2015 agenda, provided governments and other key stakeholders commit to continued CBR promotion, especially in resource-poor countries.

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Disability, CBR and Inclusive Development