Editorial

It is now more than 3 decades since CBR was formally launched as a strategy to 'reach the unreached' in developing countries. The decade of the eighties was one of rapid growth of CBR, akin to stages of infancy and childhood. The subsequent 2 decades of development were like a long and troubled adolescence, with many controversies and debates over issues such as 'medical vs social', 'top-down vs bottom up' 'CBR vs inclusive education', 'CBR vs Independent Living', 'CBR vs DPOs' to name a few. Attempts to change the term 'CBR' to 'community based inclusive development' and 'inclusive local development' are continuing. After 30 years however, it seems that CBR may be reaching the state of mature adulthood, and it is time to assess where we are today in terms of CBR development.

We have the international and regional policy frameworks to back CBR, like the UN Convention on Rights of Persons with Disabilities (CRPD) and the Incheon Strategy for the Asia-Pacific region. According to the introductory booklet of the WHO CBR Guidelines, "CBR is a multi-sectoral, bottom-up strategy which can ensure that the Convention makes a difference at the community level. While the Convention provides the philosophy and policy, CBR is a practical strategy for implementation. CBR activities are designed to meet the basic needs of people with disabilities, reduce poverty, and enable access to health, education, livelihood and social opportunities – all these activities fulfil the aims of the Convention."

Tools are available for CBR planning, implementation, training, monitoring and evaluation. The CBR Matrix of the WHO CBR Guidelines can be a useful planning tool for CBR implementation, but programmes are not expected to implement all elements of the Matrix. Instead they can choose the elements and activities that are best suited to their local context, needs and resources. While the CBR Matrix promotes a comprehensive approach to inclusion of persons with disabilities, it is important to understand that it is intended to guide planning, and is not prescriptive. Frameworks for CBR monitoring and evaluation are being developed by different groups of researchers. Training kits for the CBR Guidelines are also in the process of development.

Experience sharing and learning platforms are well established through the regional and global CBR Networks. As the recently concluded third Asia-Pacific CBR Congress in Japan showed, CBR principles and practice are seen as

applicable in high income countries for groups who are left out of the development mainstream, including persons with high support needs, the elderly and those who are socially isolated. CBR is also being seen as an appropriate strategy for inclusion of persons with disabilities in the post-2015 development agenda.

There is sufficient evidence for CBR effectiveness today. The World Report on Disability (WHO and World Bank, 2011) acknowledges that "CBR programmes have been effective in delivering services to very poor and underserved areas." The WHO CBR Guidelines summarise the outcomes of CBR as "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."

The lessons learnt from past decades of CBR implementation have some key pointers for sustainability of CBR. The most important is government involvement in terms of policy and financial support for CBR implementation. Equally important is partnerships between government and civil society, particularly organisations of persons with disabilities and their families.

Future CBR development will need to focus on issues related to country level planning, rather than the micro level that has been more emphasised till now. Macro or country level planning and implementation has its own set of challenges, particularly multi-sector coordination. These challenges will require creativity and innovation, which are the essence of CBR.

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