

Editorial

Some countries in the Asia-Pacific region are in the process of developing national plans for promotion of community based rehabilitation and inclusive development for persons with disabilities. The key requirements to be considered for a national CBR plan include: a nodal ministry/division/focal point appointed by Government; availability of structure and personnel from national level down to province, district and village levels; capacity building, including development of master trainers, short and medium term training, and on-going professional development; availability of materials: such as manuals and guidelines; effective management information systems; and multi-sector coordination with a designated focal point and mechanisms at different levels.

In addition, some principles to be kept in mind are the utilisation and strengthening of existing infrastructure, systems and personnel, instead of setting up parallel mechanisms; bringing about structural and systemic changes to make all services inclusive; promoting comprehensive and accessible service delivery and coverage in remote, rural communities; and understanding of rights based approaches according to the UN CRPD, that persons with disabilities have the right to all services like others in the community.

From a national perspective, CBR needs to be viewed as a multi-sectoral and strategic approach, unlike a micro level CBR project that focuses on comprehensive activity implementation. Each line ministry, for example, health, social affairs, labour, women and child welfare and so on, is responsible for its own area of focus, which includes programmes and activities for persons with disabilities. In addition, there could be international agencies and civil society actors including Disabled Persons' Organisations working largely at micro levels to promote different thematic areas. In such a context, what is needed is a nodal body that is responsible for ensuring effective coordination and convergence of programmes and services from all ministries, civil society and DPOs, for the benefit and inclusion of persons with disabilities at all levels.

Usually, the nodal ministry that is responsible for disability issues is also responsible for such multi-sectoral coordination. Some examples of mechanisms for multi-sectoral coordination include: the National Council for Disabled and Elderly under the Ministry of Labour and Social Welfare in Lao PDR; the

Disability Action Council in Cambodia; the National Council for Persons with Disabilities in Sri Lanka; the National Committee for Empowerment of Persons with Disabilities in Thailand; the Disability Working Group in Timor Leste.

Multi-sectoral coordination is recognised in most countries as the key for effective implementation of policies and programmes meant for persons with disabilities. However, it is also acknowledged that such coordination continues to be a challenge in most countries, and needs to be strengthened further. While mechanisms may be in place in some countries, they are not as effective as they could be because of lack of funds, personnel and expertise.

Until the designated focal points are empowered to play the coordinating role, other options will need to be explored. For example, the ministry that is planning for CBR, whether it is health, education or social affairs, can temporarily take over this task through a CBR working group or task force, in agreement with the focal points. This may not be ideal, being a temporary measure, but it may be more practical to begin with. The focus of the CBR plan and implementation may be on the line ministry's core area of expertise, but that ministry can coordinate with other line ministries and civil society including DPOs, for other components of the CBR Matrix.

After more than two decades of debating the importance and challenges of multi-sector coordination in relation to CBR, it is time for policy makers and planners to demonstrate effective and successful practices in such coordination.

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Disability, CBR and Inclusive Development