

Editorial

When community-based rehabilitation (CBR) was initially promoted thirty years ago, it was proposed to be integrated into the primary health care system as a vertical programme. Over the years, as CBR evolved, concepts like inclusion, participation and rights-based approaches became key goals; with this, CBR changed from a single-sector, vertical programme into a horizontal, comprehensive, multi-sector programme. The ILO, UNESCO and WHO Joint Position Paper of 2004 captures this change well. Subsequently the CBR Matrix and CBR Guidelines (2011) of WHO, UNESCO, ILO and IDDC have illustrated the potential of CBR to grow into a comprehensive, horizontal programme.

The goal of inclusive development through the CBR strategy needs a comprehensive, horizontal programme; it cannot be reached through single sector, vertical programmes. Horizontal programmes need multiple resources in place, like government policy and budget support, infrastructure, trained personnel and materials, and mechanisms for multi-sector coordination. With such resources in place, horizontal programmes can be cost-effective and sustainable. More importantly, horizontal programmes reach those in greatest need of services, as CBR programmes have demonstrated in low income countries by reaching persons with disabilities living in rural and remote areas and in urban poor communities. Management of horizontal programmes however, is complex due to the presence of multiple stakeholders from different sectors; and often the results may not be tangible or measurable.

The paradox is that in low income countries where the need for horizontal programmes is greatest, the resources available to support such programmes are inadequate. In the context of CBR, many of the horizontal programmes that were running successfully for many years were sustained through support from external donors and not by country governments. With withdrawal of donor support, these programmes have either closed or scaled down, many into single sector programmes.

Of late it is observed that comprehensive CBR programmes in some countries are opting to focus on single sectors like education or livelihoods that are more like vertical programmes, largely due to differing donor priorities. Vertical programmes are attractive for donors because they demonstrate results faster

and they are generally easier to manage than horizontal programmes, being more top-down and target-driven in nature. However, they can be more expensive to maintain and sometimes may only provide short-term solutions.

While the horizontal and vertical approaches in relation to disability and development seem to be diagonally opposed to each other, there are now some debates around the possibility of merging these approaches, and the need for a 'diagonal' approach. In the context of CBR, this would mean starting with a vertical, single sector programme like education or livelihoods in a community, for which it may be easier to obtain funds. Subsequently, partnerships need to be developed with key actors in other sectors in the same community, including government and civil society stakeholders. There will be a need to educate stakeholders and partners across different sectors, along with donors, about the importance of CBR and inclusive development and the needed strategies for implementation, to ensure their on-going support.

Ideally, the choice of horizontal or vertical programmes should not be dictated by donor priorities, but by the needs of the community where a programme is being planned. Low and middle income countries have witnessed far too many programmes that have been donor-driven and unsustainable. CBR and inclusive development programmes can be in danger of going down the same road, unless key stakeholders like governments, organisations of and for persons with disabilities and donor groups can work together to ensure that the goal of inclusive development is reached in a relevant and sustainable manner.

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Disability, CBR and Inclusive Development