Editorial

After the launch of the CBR Guidelines in 2011, CBR programmes in different countries have been using it as a reference point to plan new activities and to compare/strengthen existing activities. From reviews, it appears that most on-going CBR programmes have well established activities in health, education and livelihoods domains, while activities in social and empowerment domains have received less emphasis.

Some elements in the empowerment domain in particular are a matter for debate in countries that have a more centralised, 'top-down' system of governance. It has been argued that a truly participatory, 'bottom-up' form of CBR is not feasible in a 'top-down' system. However, CBR evaluations in one such system of centralised governance give the impression that there are some advantages for CBR implementation and sustainability in such systems. These include the strong policy and legislative backing along with prescribed targets for achievement; the availability of a service delivery structure that helps to expand services to the periphery; inclusion of CBR in local government plans and budgets; good networking and mobilization of resources for CBR at all levels, such as schools, rehabilitation centres, hospitals, primary health care networks and so on. The planners in this system have defined CBR principles such as 'inclusion' and 'participation'. 'Inclusion' refers to inclusion of disability concerns into the policies, development plans and budgets of government at different levels; while 'participation' means that persons with disabilities participate in all social and economic development services meant for them, and also participate in the planning and implementation of the service providers. The CBR Matrix domains and elements are used for planning activities that are relevant to the local context, and this has helped CBR to move from the traditional medical orientation, to a more comprehensive one based on the CBR Guidelines.

'Empowerment' in such a context is taken to mean that persons with disabilities and their families are aware of their rights and able to advocate for their rights. Under 'advocacy and communication', associations of persons with disabilities lobby with local government for access to services, entitlements and information, so that they can make informed decisions about their needs and concerns. Under 'community mobilisation', resources are mobilised locally and community support is mobilised to assist persons with disabilities. Under 'political participation', some persons with disabilities are members of the ruling party and are elected as

leaders at local levels. Local government officials and service providers facilitate the formation of Disabled Persons' Organisations; and their members participate in annual planning meetings to discuss their needs and challenges.

A major challenge has been the formation of self help groups (SHG), despite training and capacity building on this concept, based on the CBR Guidelines. The concept of self help groups as defined in the CBR Guidelines has not yet been successfully translated into action, suggesting that it may be difficult in such countries to develop a 'bottom-up' SHG the way it works in many other countries under a different system of governance. What is needed is to see how to operationalise the concept of SHG to fit into centralised governance systems, perhaps in a more externally facilitated manner, with the active involvement of the local service providers and government officials.

There are good examples of associations of cancer survivors or wheelchair users in some of these countries, that are functioning successfully, without calling themselves self-help groups. There are 'clubs' of persons with disabilities, focusing on skills development for their members. Such clubs are well supported by local volunteers and sponsors who donate space and finances for their activities. There are also existing associations of persons with disabilities that can be motivated and encouraged to expand their membership to include those from peripheral areas.

These are indications that 'empowerment' is achievable within 'top-down' governance systems, if it is defined and practised according to the local context. For example, the SHG concept can be re-orientated into a more contextually relevant and acceptable alternative in such countries. Likewise, terminology can be changed to suit these contexts, from 'SHG' to 'club' or 'association' or 'disability support group' to make it more acceptable. Otherwise there may a danger of observers unfamiliar with such governance systems, reaching erroneous conclusions that the SHG concept does not work in these contexts.

It is essential to repeatedly emphasise that the CBR Guidelines are an attempt to provide a unified understanding of the concept and principles of CBR. The Guidelines provide a structure for planners and practitioners, to be used in planning activities according to local contexts, needs and resources. The Guidelines are not a top-down or prescriptive document, nor do they advocate any rigid 'model', because by now it is well accepted that there cannot be a single model of CBR to suit all.

In any country, regardless of the system of governance, it is important to ensure that within the prevailing context, persons with disabilities have access to the same rights, opportunities, services and benefits as others in their communities. If a CBR programme can work towards this, then it would fulfil the goal of inclusive development in the same way as any other CBR programme under any other governance system in the world.

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