Editorial

With the recent conclusion of the 1st World CBR Congress in India, it seems an appropriate time to reflect on the continued relevance of community-based rehabilitation (CBR).

A perusal of over 50 evaluation reports of CBR, conducted by the author in the last 25 years, reveal the changes in the way CBR was understood and practised then and now. In the eighties and nineties, most CBR projects were vertical in nature and very few were integrated into development programmes. The evaluations in those years looked at how many persons with disabilities were registered with the project, how many were covered and benefited from different services like medical rehabilitation (mobility, ADLS, communication, home based rehabilitation); education (school enrolment, special education); social security schemes; some livelihoods activities; some social activities like participation in community, and acceptance by friends/neighbours. The focus of evaluation was clearly on services for persons with disabilities and families; and on project staff and management.

Recommendations from early evaluations were about improving staff capacity in rehabilitation skills; inclusion of persons with severe impairments and disabilities; improving participation of persons with disabilities/families in project activities and building their capacity; and improving community participation.

From the mid-nineties onwards there were major changes in CBR, captured in the Joint Position Paper of WHO, ILO and UNESCO (2004) that defined the major objectives of CBR:

- To ensure that people with disabilities are able to maximise their physical and mental abilities, to access regular services and opportunities, and to become active contributors to the community and society at large.
- To activate communities to promote and protect the human rights of people with disabilities through changes within the community, for example, by removing barriers to participation."

Gradually, the scope of CBR activities broadened from medical and education activities to more focus on poverty and livelihoods; formation of self help groups, family associations; use of words like 'inclusion',' participation', 'barrier-free' in planning; focus on awareness raising, partnerships and networking; inclusion

of marginalised groups like women with disabilities, persons with intellectual or multiple disabilities, psychosocial disabilities or those living with HIV; and inclusion of persons with disabilities in general development and poverty reduction programmes, going beyond disability-specific entitlements.

Alongside, evaluation objectives became more standardized – looking at relevance, effectiveness, impact, efficiency and, sustainability. Definition of evaluation stakeholders became broader, to include the community, local government, local education and health authorities, employers, development organisations and so on. Evaluation recommendations in recent years have to do with strengthening advocacy, strengthening linkages with government and mainstream development organizations, building capacity of self-help groups and family associations to become independent self advocates, integrating community development principles and practice, and planning for sustainability.

From these observations, it is evident that CBR practice has changed from an often single sector, service delivery approach, to a comprehensive, multi-sectoral, rights-based one, with the understanding that persons with disabilities have the same rights, and need access to the same services and opportunities, as others in their communities.

Is CBR relevant still?

The World Report on Disability (2011) acknowledges CBR "as one of the significant responses to address concerns related to access to services, opportunities, participation and inclusion of persons with disabilities".

Evaluation studies from different parts of the world have documented the role of CBR in transforming lives of persons with disabilities.

Specific reference to CBR is found in national level policies of many countries in Asia and Africa. CBR practices are prevalent in many middle and low income countries today.

The Convention on Rights of Persons with Disabilities makes reference to CBR in certain key articles like Article 19, Article 26, Article 4.3 and Article 29. The Introductory Booklet of the WHO CBR Guidelines states that "CBR is a practical strategy for the implementation of the CRPD and to support community based inclusive development" and that "While the Convention provides the philosophy and policy, CBR is a practical strategy for implementation". The Guidelines

goes on to elaborate that "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."

Despite the progress, much remains to be done. The World Report on Disability has highlighted the fact that persons with disabilities lag behind in education and employment, have less access to health care, tend to be isolated from social, cultural and political participation, and families with a disabled member experience higher rates of poverty.

Some other recent studies have shown that the majority of persons with disabilities continue to live in poverty, in remote areas that have limited coverage of health and rehabilitation services. Poverty and the resultant poor health care, lack of access to health care, lack of awareness, poor hygiene and sanitation, and communicable diseases, continue to be the largest contributors to the causation of impairment and disability in these countries.

All of the above underscore the relevance and continued need for CBR, especially in developing countries. There are also some favourable conditions for continued CBR promotion world-wide. These include the support of international frameworks like CBR Guidelines, CRPD and regional frameworks like the third Asia-Pacific decade; the recognition of the need to include disability into future versions of Millennium Development Goals beyond 2015; the increasing interest and involvement of key stakeholders like governments and disabled persons' organisations in CBR; the emphasis on networking and sharing through national, regional and possibly global CBR networks; and the current focus on evaluation and evidence-based practice to build up the body of knowledge on CBR.

Season's Greetings from the Editorial Team of DCID to all our readers!

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