Editorial

In April this year, the United Nations and partners world-wide including governments, international organisations and civil society groups observed the 1000 day mark to the 2015 target year of the Millennium Development Goals (MDGs). There are calls to build momentum to close gaps and accelerate progress on MDG targets; and consultations are on to evolve the post-2015 development agenda. Stakeholders from the disability sector who have been active for many years in advocating for inclusion of disability issues into MDGs, are contributing to discussion of the post-2015 agenda.

The 2012 MDG Report shows some impressive achievements: extreme poverty has reduced in every region; more people have access to improved sources of drinking water; there are improvements in the lives of poor people living in slums in the developing world; there is parity between girls and boys in primary education; enrolment rates of children in primary schools has risen; the number of under-five deaths has fallen; incidence of malaria and tuberculosis has declined; and there is increasing access to treatment for persons with HIV. Despite progress, many grave challenges remain, related to hunger, maternal mortality, gender equality, access to safe water in rural areas and the increasing number of people living in slums.

The MDG Report estimates that about 863 million people now live in slum conditions in the world. According to some UN projections about the Asian and Pacific region, urbanisation will continue in the region, and a majority of the region's population will live in urban areas by 2025. "Urban" does not refer to only the mega-cities but to smaller cities and towns too. Rapid urbanisation and the consequent growth of urban poor communities are issues for concern and call for increasing attention to the inclusion of urban poverty in development agenda, including community based rehabilitation (CBR) programmes.

Over the last two decades, CBR programmes have been implemented in urban slums in different regions of the world. They have shown that CBR strategies and activities that are successful in rural areas cannot easily be replicated in urban poor communities. There are some key differences between urban and rural poor communities that have implications for CBR planning.

Urban slums are usually informal settlements to begin with, formed either by migrant workers from rural areas in search of better earning prospects, or due

to reclassification of some rural areas into urban, because of 'development' and industrialisation. The people living in these informal settlements may be from different regions, making them a more heterogeneous community than what is usual in a rural area, in terms of ethnicity, culture, religion and language for example. Some groups in urban poor communities are a floating population of seasonal migrants, or those who move from one part of the city to another in search for opportunities. Most urban slum dwellers tend to be daily wage earners in the informal economy, unlike rural people who are engaged mainly in agriculture. Families are usually nuclear in urban areas, with little support from the extended family system that is still prevalent in many rural areas. Population density is much higher in urban slums compared to rural villages that are sparsely populated and scattered over large distances.

Poverty and its associated problems are different for persons with disabilities in rural and urban areas. Availability of information, services and opportunities for persons with disabilities from poor communities may be higher in urban areas in terms of education, health care and livelihoods, but accessibility to these is low because of poverty, higher costs of services, and the often extra-legal living and working status of these communities that excludes them from public services. Hunger in urban areas is a growing problem as most urban poor have to buy, not grow, their food. Given rising prices and low and often insecure incomes, ensuring food security for urban poor households living in informal settlements and working in the informal economy is a huge challenge. Because of poor working and living conditions, urban poor communities also face many health problems.

Community mobilisation and organisation, a key pillar of CBR programmes, is relatively difficult to manage in urban poor communities that are very diverse in nature, and where all adult family members are employed mainly in the unorganised sector. Past evaluations have shown that the 'community' in urban CBR programmes, comprises mainly mothers or other female care-givers, who tend to be passive recipients of services rather than 'partners'. The early experiences of CBR in urban slums point out the importance of enabling access to existing services and opportunities through information and advocacy, and promoting skills training and livelihoods for persons with disabilities and their families.

Future development agenda post-2015 will no doubt continue to focus on poverty reduction world-wide. The Incheon Strategy of UNESCAP (2012) to "Make the

Right Real" for persons with disabilities in Asia and the Pacific is reportedly the first set of regionally agreed disability-inclusive development goals. The first goal is to "Reduce poverty and enhance work and employment prospects".

While the problem of rural poverty persists, as shown in the 2012 MDG Report, there are increasing calls for governments and civil society to develop appropriate strategies to address concerns of the urban poor. CBR is considered as a strategy for poverty reduction in relation to persons with disabilities. Policy makers, planners and implementing agencies in the disability sector, who had hitherto focussed on persons with disabilities living in rural areas, will now need to plan for appropriate CBR strategies for those living in slum conditions in urban poor communities. As the Incheon Strategy puts it, "Lifting persons with disabilities and their families out of poverty would contribute to the achievement of inclusive growth and sustainable development".

Maya Thomas
Editor-in-Chief
Disability, CBR and Inclusive Development