Editorial

CBR: A Lifeline for People Living in Poverty and Poverty-Stricken Areas

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Dear Readers,

Welcome to this new issue of the Disability, CBR and Inclusive Development Journal (DCIDJ) : a journal dedicated to Community Based Rehabilitation (CBR), development and inclusion. Attention for CBR within the work of important stakeholders that are active at the interface of the three mentioned themes seems to be minimal or even absent. That is why I, as assistant to the editor-in-chief, felt it timely to pay specific attention to the importance of CBR. In the eyes of the privileged and influential organisations, CBR may be of lesser value. However, I believe that the value of CBR cannot be underestimated in the lives of those living in poverty and in poverty-stricken areas.

Is Community Based Rehabilitation (CBR) the solution for all of the challenges faced by people with disabilities in their lives? Certainly not! Yet, one should realise that many people with disabilities live in parts of the world where life is harsh and where they are confronted with poverty and stigma, stemming either from people with disabilities themselves or from family, neighbours, or society at large. They also live in parts of their countries where services and resources are often minimal or absent. Even if formal services exist, they may be inaccessible because of high transport and service costs. For these reasons, and despite decreasing interest from international and global organisations such as the World Health Organisation (WHO), the need for comprehensive low-cost community-based services is of vital importance.

Global organisations such as the WHO have abandoned CBR, while some influential international organisations have moved from CBR into CBID, resulting in quite some confusion in the field due to change in terminology. However, in reality, CBID is often the same approach as CBR. On the other hand, it is other international organisations that have stepped into the vacuum, promoting and successfully implementing CBR not only at a local small-scale level but also in close collaboration with governments.

A useful model is, for instance, has emerged in Nepal in the past decade, where the Inspire2Care program has been implemented in close cooperation with local governments (Vaughan K et al, 2018). Pilot programs were implemented, tested, and evaluated in fifteen villages in 3 districts between 2008 and 2015. After demonstrating promising results, Inspire2Care program was scaled to the district level.

In 2019, the success of this program and the accumulated knowledge and experience formed the basis for a major new government program in Koshi Province. The lessons learned from this development are now used in scaling up the program to Karnali Province.

Another interesting development is underway in India, where the Nossal Institute for Global Health and the University of Melbourne, in collaboration with and under the leadership of the Department of People with Disability within the Ministry of Social

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Justice and Empowerment, and the Rehabilitation Council of India (RCI) have developed a 6-month Community Based Inclusive Development (CBID) course (Gale, L., Gillis, S., & Grills, N. (2021).

Through this initiative, a large number of Community-Disability Inclusion (CDI) workers have been trained to address the rehabilitation and inclusion needs of their community members with disabilities.

Based on new telehealth developments in India during the COVID-19 pandemic, the development of the Virtual Care project (Grills N, 2022) applies learnings from the role played by telehealth during the COVID-19 pandemic to inform the co-design, piloting, and evaluation of inclusive virtual healthcare and rehabilitation services (National Symposium on Disability Inclusion in Virtual Care, 2022). The project will produce a model of care to address the health and rehabilitation needs of people with disability in India.

In line with the VirtuCare initiative, the Enablement Foundation has been developing – since 2015 - the RehApp (Rehabilitation Application), a smartphone application aimed at addressing the challenges people with disabilities in low and middle-income countries face. (Trajcevska S, Guignard L, Cornielje H, 2025). The app has evolved from a simple informational resource to an interactive platform that allows for client data entry and management. It aims to enhance the competencies of rehabilitation field workers and improve service delivery, ultimately leading to better outcomes for clients.

CBR offers opportunities when it is well developed as a multi-sectoral system, set up by national governments in collaboration with civil society stakeholders. While (national) governments develop policies, it is often local governments, together with civil society, that develop the required services, interventions, and actions needed to ensure that people with disabilities, including those affected by leprosy, will optimally benefit from these arrangements. Top-down planning should go together with bottom-up and contextualised developments. The above examples from Nepal and India are encouraging and clearly show the need for and importance of CBR.

Another pragmatic approach towards the inclusion of people with disabilities is a modified CBR approach that leverages existing leprosy-specific services or infrastructure to facilitate "reverse integration," i.e., integration of people without leprosy in these programs. General CBR services could be set up around existing leprosy services. An interesting example of such a philosophy is illustrated at the Green Pastures Hospital of the International Nepal Fellowship (INF) in Nepal. Their board decided to change from specialist leprosy to general rehabilitation services, which opened up the possibility of using facilities and expertise for the rehabilitation of non-leprosy affected persons while also moving towards the reduction of stigma and prejudice against patients with leprosy. The CBR program of Partnership for Rehabilitation (PFR), which is already offering its services to people with other types of disabilities, formed a great complementary service in which referrals became well institutionalised.

Similar developments can be seen at the Marie Adelaide Leprosy Centre (MALC) in Karachi, where the focus moved toward establishing general rehabilitation services in close collaboration with the province of Sindh. This shift is part of a larger strategy to integrate leprosy control with other health initiatives and to empower communities. MALC's work now encompasses community development and rehabilitation for people with disabilities, including children with physical and neurodevelopmental challenges (Fasenau et al., 2025).

Is CBR still the solution for the needs of people with disabilities in low-and middle-income countries? The CBR approach, applied in various contexts and often in different forms and models, can be of paramount importance for promoting inclusion, realising empowerment and improvement of the quality of life for those people with disabilities and their families living in parts of the world where hardly any formal or informal

rehabilitation services do exist. Should CBR be revisited? Without doubt, CBR with its variety of applications and (new) innovations deserves a revival because so many people with disabilities are dependent on it!

The editorial board invites you to share your research with this journal. Feel free to ask us for our assistance if you would like guidance in writing meaningful publications related to research and development in the field of CBR.

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