

## Editorial

Some recent meetings and discussions in the Asia-Pacific region on community-based rehabilitation (CBR) have highlighted significant issues that are pointers for future planning not only in this region, but across the globe.

It appears that a majority of persons with disabilities in many countries in the Asia-Pacific region continue to live in rural areas or far flung islands. These are also the areas with 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 some countries. While CBR programmes exist in many countries in the region, their coverage is limited, and many remote rural areas remain unreached. Greater efforts are needed to address preventable causes of impairment in all these countries. The fact that there are still large numbers of persons with disabilities living in conditions of poverty without access to services in this region, also needs to be highlighted for future CBR planning.

Governments are seen as major stakeholders in disability in almost all countries, and there are various policies and programmes in place for persons with disabilities. Specific reference to CBR exists in the laws and policies of some countries. Where the Ministry of Health is the nodal Ministry for disability issues, CBR is well integrated into the primary health care (PHC) system. In other countries where PHC systems are in place, there are fairly strong linkages between the PHC system and CBR activities in rural areas. CBR is often is the 'bridge' between PHC and persons with disabilities/families for basic health care services. Primary health care systems facilitate successful CBR implementation. However, limited coverage and poor implementation of policies and legislation are challenges.

MDG reports from most countries in the region do not refer to persons with disabilities. In many countries, awareness on disability and CBR in government is low and needs to be improved. Since multiple ministries have programmes for persons with disabilities, the need for multi-sectoral coordination is recognised as important in effective implementation of policies. Some useful mechanisms for such coordination are in place in many countries, but it is also acknowledged that it continues to be a challenge in practice.

There are indications of a recognition of the importance of rights based approaches to disability issues. Many governments in the region have started mentioning the need for a paradigm shift from charity based approaches to a rights based approach in their policy documents. Countries with active civil society including DPOs that work in collaboration with governments, have moved further ahead in this regard. These are positive developments, indicative of the will (in political and civil society sectors) to move towards a rights based approach. However, achievement at the ground level is uneven, with some available data showing that welfare and charity based perspectives towards persons with disabilities continue to prevail in some instances in most countries.

Training, material and information resources on disability and CBR are available in most countries, along with some form of institutional support for CBR for referrals, specialist services, training and research. However, there is a need to increase coverage, quantity and quality of these support systems across countries in the region, along with promotion of exchange and learning between countries.

In most countries, CBR activities have been started with support from external donors, and some of the countries continue to be dependent on these donors. In some countries, the government provides substantial support to CBR programmes and projects. Contributions from local communities are limited, although local fund-raising is being increasingly emphasised in some countries.

CBR experiences across the region have highlighted some good practice for sustaining CBR. Self help groups and associations of persons with disabilities, who are the primary stakeholders for CBR, can contribute to sustainability. Linking these groups with other successful community based organisations such as women's federations, can also be of help. Collaboration between local government, parents, and CBR staff has been reported to be successful in continuing some CBR activities; while including persons with disabilities into local level development councils can ensure that disability issues are included in development planning. Using community level volunteers (older, retired people who do not leave the community in search of employment) has been reported to contribute to sustainability; it is also reported that local volunteers, who gain prestige in the eyes of the community during the project implementation, often continue with and expand their activities even after project tenure ends.

Some key lessons learnt during CBR implementation include the importance for a nodal ministry at the government level to coordinate national coverage of CBR

and to promote multi-sectoral collaboration; collaboration between government and civil society in promoting comprehensive CBR programmes; linking of community level rehabilitation activities to existing primary health care systems; awareness raising and advocacy across different stakeholder groups at the time of inception of CBR programmes; promotion of self help groups and associations of persons with disabilities; effective supervision, guidance and training of CBR staff at the community level; and need to plan for coverage of CBR in a country in a phased manner.

The WHO CBR Guidelines are now widely available in most countries. They need to be promoted, translated into local languages and used as relevant, applicable and appropriate. Most CBR programmes in the region have well established activities in health and education domains, while livelihoods and empowerment domains have received less emphasis. The Social domain is the one where activities appear to be limited, and this is an area for improvement.

There are many favourable conditions for CBR promotion today, because of international frameworks like CRPD; the recognition of the need to include disability into MDG; and the renewed interest in networking and sharing on CBR through national, regional and global CBR networks. CBR planners and practitioners must capitalise on the favourable environment to ensure increased coverage and more effective implementation of CBR, with greater involvement of key stakeholders, especially governments.

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