The 4th Asia-Pacific CBID Congress held in Mongolia in July was well-attended by over 600 delegates. This is the first time that the term ‘community-based inclusive development’ (CBID) replaced ‘community-based rehabilitation’ (CBR), in the name of the Congress. However, discussions during the Congress on the change in name only served to raise more questions than answers.

According to the Congress announcement, “In recent years, CBR has evolved into CBID which adheres to the key description in the WHO-UNESCO-ILO-IDDC CBR Guidelines, as being an approach to achieve CBID. Furthermore, CBID terminology, as expressed in the CBR Guidelines, strengthens the approach as being a development approach, rooted in the disability inclusive development framework” (http://www.apcdfs.org/?q=content/first-announcement-4th-asia-pacific-community-based-inclusive-development-cbid-congress-2019). This statement is open to many interpretations. On the one hand it says that CBR has evolved into CBID based on the CBR Guidelines, while on the other it mentions that the approach is changed to a development one. The draft Congress Declaration mentions that CBID builds on CBR.

According to CBM (www.cbm.org/in-action/community-based-inclusive-development-cbid/), “CBID is CBM’s approach to enable Disability Inclusive Development on the ground. It brings change in lives of people with disabilities at community level, working with and through local groups and institutions. It enhances and strengthens earlier work described as community-based rehabilitation. CBID addresses challenges for persons with disabilities, their families and their organizations, working in situations of poverty, and offers them opportunities to join community based self-help groups and livelihoods activities. CBID particularly promotes the participation and voice of people with disabilities in decision-making processes at the local level. CBID is implemented at individual, community and society levels to ensure services (such as health, education, livelihood and social) are accessible to all persons with disabilities, thus ensuring all people with disabilities can participate in their community life and fully enjoy their rights.”

These positions seem to imply that CBR as it was practised in the years before the publication of the CBR Guidelines did not follow an inclusive development approach. This is incorrect. CBR in the last two decades evolved from a service delivery approach to a rights-based, inclusive development approach, exactly as
described in CBM’s position on CBID. This is what led to the development of the CBR Guidelines which synthesised and built on the collective CBR experience from more than 70 countries in the world to provide a unified understanding of the concept and practice of CBR. The CBR Guidelines hold up CBR as a strategy to achieve the goal of inclusive development, and do not advocate the position that CBR equals CBID or that CBR has evolved into CBID.

Another issue for debate is the position that CBR would focus only on health and rehabilitation, while CBID would focus on the other components of the CBR Matrix. This creates an artificial divide, and is disturbing in that it negates all that CBR managed to achieve in the last two decades as a rights-based strategy for inclusive development.

The term ‘community-based inclusive development’ implies that it is meant for all groups in a community and not just for persons with disabilities. Those who are pushing for change from CBR to CBID seem to be unclear whether CBID would expand the scope of activities to include all marginalised groups in a community. This would have serious implications in terms of financial, technical and personnel resources.

Most ground-level practitioners promoting CBR programmes from low and middle income countries are still unsure about the need or rationale for the change to CBID; whether it is only a change in name or whether it is a new strategy. More debate is needed to clear the confusion.

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