

Editorial

After the publication of the CBR Guidelines by WHO, ILO, UNESCO and IDDC in 2010, the CBR Matrix was widely used for the planning and review of programme design in various countries. Consequently, evaluations of CBR programmes in developing countries found that most of them were relatively strong in the components of health, education and livelihoods, but seemed to lag behind in the social and empowerment components. This was followed by a concerted effort on the part of some stakeholders, like international donors and programme implementers, to include more elements of the social and empowerment components into CBR planning. Resources were invested in extensive capacity building, focussing on these components, especially on empowerment.

Recently, almost 5 years down the line, certain CBR evaluations in countries that were once strong in the health component, revealed some interesting insights. Programme planners and implementers acknowledged that the new understanding of CBR, according to the Guidelines and Matrix, had helped them to shift from their earlier medical focus to a more comprehensive approach. However, the field staff reported that they needed more training in rehabilitation skills, to deal with persons with complex impairments and with elderly persons with disabilities. It appeared that the focus on the empowerment component was at the cost of the health component, throwing up fresh challenges for field-level workers and highlighting the need to pay renewed attention to the health component.

This is similar to the situation that prevailed in some developing countries like India, about 25 years ago, when concepts of advocacy and rights-based approaches in relation to disability and CBR were first introduced. It had led to the mobilisation of groups of persons with disabilities, but without access to any health or rehabilitation services. Subsequently, planners and implementers in the country learnt to balance the different components, with the understanding that within a broad, rights-based approach, access to health and rehabilitation is an important right too.

The CBR Matrix can no doubt be a planning tool for CBR, but the CBR Guidelines are clear that all elements of the Matrix are not expected to be implemented.

Instead, programmes can choose the activities that are appropriate to the local context, needs and resources. Partnerships can be explored with other agencies, for other areas of expertise. In doing this, it is also necessary to maintain a balance between the different activities, without tilting too far in favour of some activities at the cost of other, equally important ones.

According to IDDC (2012), “the CBR Matrix endorses a holistic approach to inclusion of persons with disabilities and the different boxes are only a guide to what is possible. In actual practice, programmes may find that some activities are difficult to fit into one of the boxes. Some programmes may feel that if they have one activity under a box, they have covered that element. It is important for programmes to understand the Matrix is intended to guide planning, and that there can be any number of possibilities of activities under each box, based on needs” (IDDC. CBR Guidelines as a Tool for Inclusive Development, 2012).

Planners and implementers of CBR and inclusive development must learn from past experiences and avoid repeating the earlier mistakes. All stakeholders need to understand the importance of a balanced approach in planning for a comprehensive CBR programme that is appropriate and relevant to the local context in a country.

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Disability, CBR and Inclusive Development