

## Editorial

Inclusion and equity are the key themes of the new global development agenda after 2015. Discussions are underway to ensure inclusion of disability in the implementation plans of the sustainable development goals, and the emphasis is on how to mainstream disability perspectives into all different aspects. While doing this, it is important to maintain a twin track approach. On the one hand, we need to ensure that persons with disability are included in activities to achieve all goals; on the other, we need to review activities for each goal to see if a disability-specific target or indicator is needed. For example, are there explicitly stated policies and budgets for inclusion of persons with disabilities in poverty reduction programmes or in education? Is there a focal point for disability issues in the country? Is there an element of capacity building within general health care and education systems to address special needs of persons with disabilities?

In planning for inclusion and mainstreaming of disability issues, efforts should be made to use, collaborate with, and strengthen, existing infrastructure, systems and personnel wherever feasible, instead of setting up parallel mechanisms. For example: primary health care centres can address simple rehabilitation needs, carry out referrals and follow up at the community level. Doing this will promote convergence and help to bring about structural changes to make these services inclusive. Special emphasis is needed for inclusion of disability into plans and budgets of local governments, apart from national governments.

A focal point is necessary to oversee operationalisation, to establish multi-sector collaboration mechanisms within the country, and for on-going advocacy and awareness-raising on inclusion. This could be, for example, an identified nodal ministry or department. At local levels (district, township) a structure like a 'disability committee' under the administrative head has been found to be useful, with representation from all sectors of government, civil society if present, disabled persons' organisations, and parent groups.

Plans and budgets need to be in place for short-term and long-term capacity building across sectors to address issues and concerns of persons with disabilities. This will include changes in existing curricula of different disciplines, setting up teams of master trainers, and material development in local languages. Because of frequent changes of personnel in government sectors, this will need to be an

on-going process and not a 'once-off' effort as usually done in many developing countries.

Identifying and building capacity of self-advocates is a key parameter for success and sustainability of inclusive development. Partnerships are necessary between governments and national and local disabled persons' organisations, and parent groups, for planning, implementation, monitoring and evaluation, at different administrative levels in a country.

Localisation and culturally relevant planning is another key to sustainability. All international concepts and terminology need to be defined to suit the operational context (political, social, economic, cultural) in each country.

CBR and inclusive development can be the recommended strategy for promotion of inclusion of persons with disabilities in the new development goals, especially in remote, poor and underserved rural areas and in urban poor communities (slums, shanty towns). In doing this, it is important to move away from micro level, project-based approaches that are dependent on donor priorities; towards a macro level, programmatic approach that considers national and local priorities, needs and resources, along with appropriate and relevant planning, implementation and monitoring mechanisms.

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