

## **EDITOR'S COMMENT**

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Of late, there have been questions about the terminology, relevance and practice of community based rehabilitation (CBR), which has been in existence in different countries for more than two decades. This is due in a large measure to differing understandings of the origin and rationale for CBR, of the major changes that CBR has undergone in the last two decades, and of how CBR is commonly viewed today. The relative lack of evidence-based literature in the field has also contributed to the debate.

CBR was initially promoted as a service delivery method with a medical/rehabilitative focus, for the large numbers of persons with disability from developing countries that had limited resources to address the needs of their disabled citizens. As CBR evolved and matured, there were major changes in the way it was practised, from a medical orientated, often single-sector approach, to a comprehensive, rights-based, inclusive, empowering approach based on community development principles. Today, CBR is understood by practitioners to have the broad goals of restoring functional ability of persons with disability to the extent possible, promoting equal opportunities and rights of persons with disability by creating an inclusive society, and facilitating participation and access by persons with disability and their families, to all aspects of community life. While these goals may be common across different contexts, the way they are translated into activities would obviously depend on the local situation, needs and resources. If one views CBR from this perspective, the quibbling over terminology, over 'medical vs social' issues, and over 'charity vs rights' seems irrelevant and unnecessary.

Although the available body of literature supporting CBR today is largely 'grey' in nature, many published and unpublished reports of evaluation of CBR in different countries have clearly demonstrated the utility and benefits of CBR in addressing the needs of persons with disability, and in empowering them in different ways.

From a developing country perspective, the disability sector is witness to some path-breaking developments today, including efforts by the World Health Organisation to develop guidelines for the practice of CBR, and the move towards an international convention of rights of persons with disability. These moves can be seen in a way, to have been influenced by the

growth of CBR in different countries, along with the efforts made by CBR practitioners to reach, inform and empower persons with disability and their families on the one hand, and to influence and inform policy makers on the other.

It therefore seems that CBR will be around for many more years, maybe under different names and guises, but basically as an integral part of community development approaches meant to promote inclusion, participation and rights.

The APDRJ team wishes all readers a Happy New Year!

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