

FOREWORD
SELECTED READINGS IN CBR (2)
Disability and Rehab Issues in South Asia

It is more than twenty years since the concept of CBR was introduced through the World Health Organization (WHO), in the years following the Declaration of Alma Ata in 1978. A manual was produced explaining simple activities to be carried out by disabled persons themselves, their parents and family members at home, especially for improving the activities of daily living. In the same period, similar ferment was going on in other specialized agencies of United Nations like UNESCO and ILO and in some non-governmental organizations, each of them using the same basic principles of transfer of knowledge and skills to persons with disabilities and their families, for promoting their access to education, vocational training, employment, etc.

Over these twenty years, many of the basic concepts related to CBR have been subject to reflections and evolution, and may seem very different from the original ideas. For example, as far as educational activities are concerned, the ideas of special needs and special education were initially replaced with *integrated education* but now UNESCO promotes the concept of *inclusive education*. While initially CBR was seen as an alternative service delivery approach to rural and marginalised areas not having access to any rehabilitation services, now more and more persons see it as an instrument for promoting empowerment of persons with disabilities and their families, for advocacy of human rights and for improving their access to resources and services.

There have been discussions about the different models of CBR. However, we believe that each CBR program based on same basic principles of community participation and multisectoral approach, has to be adapted to each specific context so that different CBR programs may seem very different from each other.

Similarly, the realization that different CBR activities needed to be looked together in a holistic manner, brought together three organizations of United Nations in 1994 (WHO, ILO and UNESCO) to come up with a common definition of CBR:

"CBR is a strategy within community development for rehabilitation, equalization of opportunities and social integration. CBR should be implemented through active involvement of disabled persons, their families and communities with support from appropriate health, education, vocational and social services."

This definition emphasizes the present notion of CBR approach as part of community development, where community involvement and multi-sectoral nature of activities are fundamental. During this period, gradually the CBR approach has moved from "pilot projects" to be part of national policies for answering the needs of disabled persons and their communities, in many countries of the world and the number of such countries is increasing. Yet constraints to implementation of CBR programmes continue to exist. For example:

- In many countries, , the CBR activities remain limited to some pilot areas in spite of a national policy emphasizing central role of CBR in rehabilitation services.
- Many countries lack resources for training the personnel and for initiating CBR programmes.
- Multi-sectoral collaboration remains difficult in many countries and situations, though agreed by all in principle.
- Community involvement and community ownership of CBR activities remain difficult in many countries, where CBR is seen as a programme belonging to one particular ministry.

The evolutionary changes in concepts and practices of CBR continue. For example, the growing emergence of "social model" of disability and growing active participation of organizations of disabled persons (DPOs) in CBR programmes, are questioning many aspects of CBR, so far taken for granted. For this reason, it is necessary to continuously and critically reflect on the theories and practices of CBR.

Disability and Rehabilitation team of WHO (WHO/DAR) is involved in different on-going activities for reviewing different aspects of CBR and to monitor the implementation of CBR programmes. In April 2001, an international conference on "Rethinking Care from the perspectives of disabled people" was organized in Oslo (Norway), which brought together disabled persons and their organizations from different parts of the world to discuss their views about the role of medical care, rehabilitation and support services. In October 2001, an international consultation was held in collaboration with AIFO/Italy on promoting CBR in urban slum and low-income areas. In December 2001, a report about status of rehabilitation services in 26 countries of Africa has been published, which includes information about the status of CBR in national policies and the implementation of CBR programmes. A report on monitoring of UN Standard Rules related to health, has also been published recently. An important appointment for taking a critical review of the CBR strategy is planned for 2002 by WHO in collaboration with UN agencies, international NGOs and DPOs.

The articles in this issue of "Selected writings on CBR" are important for this reason. They are a useful input for taking forward these critical reflections on the role and strategy of CBR and for clarifying our present understanding about it.

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