

MAKING DEVELOPMENT INCLUSIVE

Community-based Rehabilitation (CBR) Guidelines and Promoting Inclusion of Persons with Disabilities in International Development Cooperation

Working Paper - Article 32 of UN CRPD and CBR Guidelines

Italian Association Amici di Raoul Follereau (AIFO) with head-office in Bologna, Italy is a network organisation of grassroots groups in Italy. It operates in developing world through development programmes focusing on fight against leprosy and rehabilitation of persons affected with leprosy, primary health care and community based rehabilitation programmes. AIFO is in official relationship with World Health Organisation. It is founder member of ILEP (International Federation of Anti-Leprosy organisations), IDDC (International Disability and Development Consortium) and Italian Disability and Development Alliance (RIDS).

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This document is a working paper aimed for discussions. If you wish to use it, kindly give credit to it. Comments and suggestions on the paper are welcome. Please send an email to Sunil Deepak at sunil.deepak@aifo.it

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ACRONYMS USED IN THE DOCUMENT

AIFO	Italian Association Amici di Raoul Follereau
CBR	Community-based Rehabilitation
CRPD	Convention on Rights of Persons with Disabilities
DAR	Disability and Rehabilitation
DPO	Disabled People's Organisation
EU	European Union
HIV	Human Immunodeficiency Virus
IDDC	International Disability and Development Consortium
ILO	International Labour Organisation
MDG	Millennium Development Goals
UN	United Nations
UNESCO	United Nations Education, Science & Culture Organisation
WB	World Bank
WHO	World Health Organisation

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INTRODUCTION

This Working Paper on "CBR Guidelines and Promoting Inclusive Development in International Cooperation" has been produced by Italian Association Amici di Raoul Follereau (AIFO).

Objectives of the Working Paper

The working paper aims to provide basic information about the Community-based Rehabilitation (CBR) Guidelines as well some specific examples on how these guidelines can be used promote an inclusive approach in International Development Cooperation, so that persons with disabilities can access the benefits of all interventions in the same way as all other citizens.

Target Groups for the Working Paper

This Guidance Note is targeted at all the different stake-holders involved in International Development Cooperation including decision makers, governmental bodies, international and national non-governmental development organisations and grassroots organisations.

Importance of the Working Paper

Persons with disabilities, especially children and women with disabilities, do not have access to most of the services offered through International Development Cooperation. Their inclusion is essential for promoting development of communities and for reaching international goals such as Millennium Development Goals.

Persons with disabilities are often excluded from development programmes: Different studies have documented that like other vulnerable population groups such as poor women and ethnic minorities, even persons with disabilities are unable to access the services provided by International Development Programmes. Apart from the barriers of stigma, discrimination, cultural taboos and lack of information faced by the different vulnerable population groups, persons with disabilities face additional barriers such as those related to physical inaccessibility and communication difficulties.

International and national organisations involved in development cooperation are often not aware of persons with disabilities in the communities because of these barriers, making them invisible and their voices unheard.

The lack of access to development programmes and services is even greater for women with disabilities and for disabled persons in other marginalized groups.

Number of persons with disabilities in the world: According to the World Report on Disability (WHO & WB, 2011), there are 1 billion persons in the world who have some

disability. Among them, between 150 to 190 million persons have severe disabilities. The number of persons with disabilities is growing because of ageing populations and because of a global increase in chronic health conditions associated with disabilities. Disability disproportionately affects vulnerable groups of population. People who have lower incomes, are out of work or have low educational qualifications are more at risk of disability.

Disability and Millennium Development Goals: The close links between poverty and disability have been documented in different studies, that show that poverty leads to increased risk of disability and having a person with a disability in a family increases the risk of poverty for the family. (PHM, 2005)

The Millennium Development Goals (MDGs) are 8 development objectives set by the UN and membership organizations for the global community. They address the needs of the world's poorest citizens and the world's most marginalized populations.

A WHO document (WHO, 2010) points out that "it is increasingly being recognized that the MDGs will be impossible to achieve without inclusion of people with disabilities. In September 2010, the General Assembly adopted the resolution, "Keeping the promise: united to achieve the Millennium Development Goals" (A/RES/64/299), recognizing that policies and actions must also focus on persons with disabilities so that they benefit from progress towards achieving the Millennium Development Goals."

Millennium development goals such as eradicating extreme poverty and hunger, achieving universal primary education, promoting gender equality and empowering women and reducing child mortality cannot be achieved if development programmes will not keep account of persons with disabilities.

Economic implications of excluding persons with disabilities from development: As pointed out in the report of the Commission on Macroeconomics and Health (WHO, 2001), "linkages of health to poverty reduction and to long term economic growth are powerful, much stronger than is generally understood. The burden of disease in some low income regions, especially sub-Saharan Africa, stands as a stark barrier to economic growth ..".

Exclusion of disabled children and adults from health, education and livelihood programmes creates dependency and economic and social burden on families and communities. Promoting inclusive societies where all citizens have opportunities for developing their human potential and be independent, is key to development.

A UN report on rights of children notes that "Children with disabilities are one of the most marginalized and excluded groups of children, experiencing widespread violations of their rights... children with disabilities live with discrimination in every aspect of their lives. It arises not from the intrinsic nature of their disability, but rather from entrenched social exclusion resulting from rejection of difference, poverty, social isolation, prejudice, ignorance and lack of services and support." (UN, 2011)

**U.N. CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES
AND ARTICLE 32**

The United Nation Convention on the Rights of Persons with Disabilities (CRPD) is the first human rights convention of the 21st century. The Convention seeks to promote, protect, and ensure the rights of persons with disabilities.

In September 2011, CRPD has been signed by 149 countries and 103 countries have ratified it, including almost all the countries of European Union. Majority of European Union countries has also signed and ratified the Optional Protocol linked with CRPD.

CRPD includes different principles and Articles such as right to freedom from exploitation and violence and the right to live, participate and inclusion in community. It recognises that women and girls with disabilities are subject to multiple discrimination. (UN, 2006)

Countries that ratify the Convention have an obligation to implement and respect the different principles and articles. U.N. General Assembly has set up a monitoring mechanism to monitor the implementation of CRPD.

Article 32 of CRPD: International cooperation

States Parties recognize the importance of international cooperation and its promotion, in support of national efforts for the realization of the purpose and objectives of the present Convention, and will undertake appropriate and effective measures in this regard, between and among States and, as appropriate, in partnership with relevant international and regional organizations and civil society, in particular organizations of persons with disabilities. Such measures could include, inter alia:

- (a) Ensuring that international cooperation, including international development programmes, is inclusive of and accessible to persons with disabilities;
- (b) Facilitating and supporting capacity-building, including through the exchange and sharing of information, experiences, training programmes and best practices;
- (c) Facilitating cooperation in research and access to scientific and technical knowledge;
- (d) Providing, as appropriate, technical and economic assistance, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies.

Implications of CRPD and Art. 32 for International Development Cooperation

All countries that have signed and ratified CRPD, they are obliged to ensure respect of the article 32 in their international development cooperation. Thus, the national bodies in Europe managing international development cooperation need to develop some kind of monitoring mechanism to ensure that all projects and programmes supported by them are inclusive of persons with disabilities.

Very often, international development cooperation is concerned with reaching and promoting development among the most marginalised and poorest segments of populations. Thus reaching marginalized and poor population groups in rural areas of developing countries is a key challenge for international development cooperation.

COMMUNITY-BASED REHABILITATION (CBR)

CBR is an approach based on human rights that can be used to guide the strategies and implement community-based programmes and projects for persons with disabilities.

CBR Approach

CBR approach was initiated by World Health Organisation (WHO) after the Alma Ata conference on Primary Health Care in 1978. Over the past 30 years, the CBR approach has been adopted by other United Nation organisations as well as by non-governmental organisations and disabled peoples' organisations. According to a survey done by WHO, in 2011 there are CBR programmes in 96 countries and many countries have adopted CBR approach as the national strategy of rehabilitation.

In an international workshop on "CRPD and CBR" held in Bangkok in 2009 (AIFO, 2009), representatives from 21 countries discussed the importance of CBR approach in implementation and monitoring of CRPD. The recommendations of this workshop included:

- CRPD is based on the human rights approach and the CBR principles fit in with the CRPD.
- CBR approach places special importance on working with poor, disadvantaged and discriminated persons in both rural and urban areas and is a key tool in promoting empowerment of persons with disabilities.
- CBR is a strategy for inclusive development and should be promoted as part of all development efforts.
- CBR programmes should work together with persons with disabilities & DPOs in advocacy for making the governments accountable in implementation of UN CRPD. CBR programmes have a role in promoting advocacy for making sure that national laws are in line with CRPD.
- CBR can play important role in reaching more discriminated groups of persons with disabilities such as women & children, emigrants with disabilities, persons with complex dependency needs, persons who can't represent themselves, etc. for ensuring that benefits of CRPD reach them.

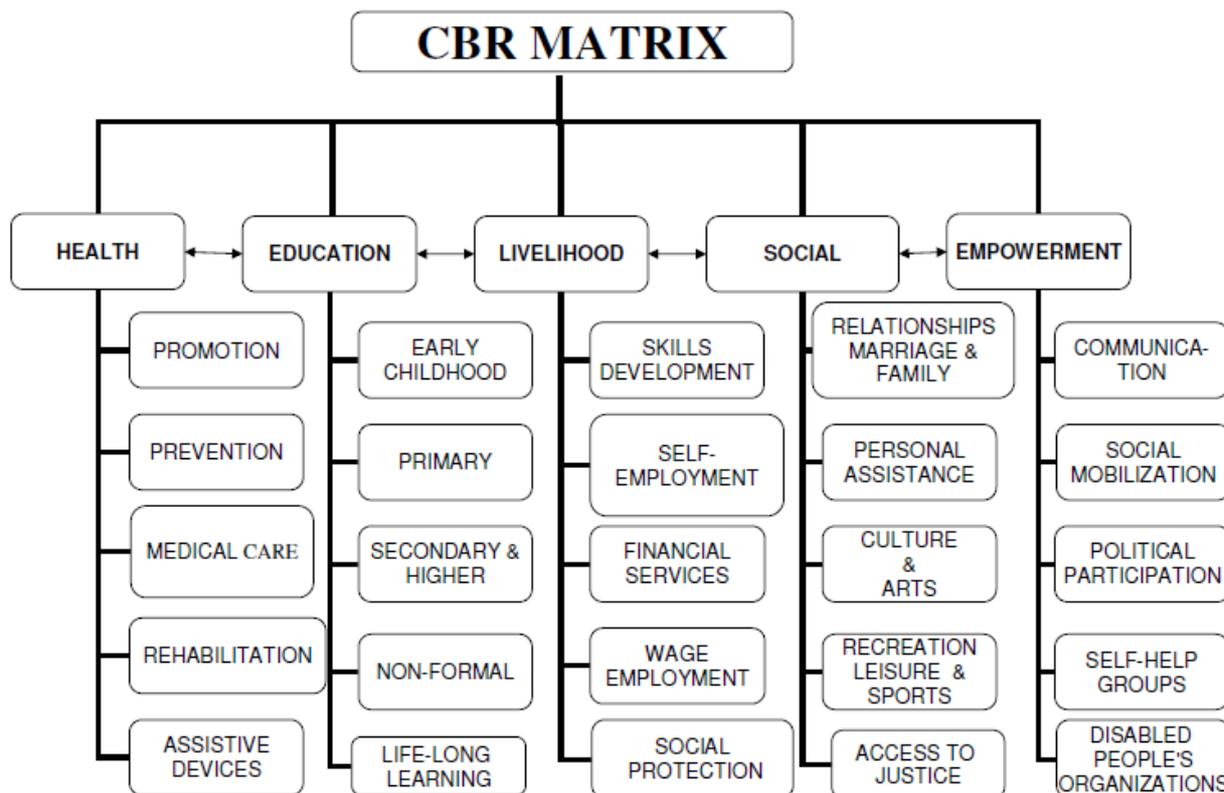
Thus CBR approach is considered valuable to the implementation of CRPD, especially for reaching persons in rural areas and among more marginalized population groups.

CBR Guidelines & Matrix

CBR Guidelines are the result of collaboration of persons representing different stakeholders for almost five years, in a process that started from the grassroots in poor communities in developing world. (WHO, UNESCO, ILO & IDDC, 2010)

The Guidelines are divided into seven modules: (i) Introduction and management (ii) Health (iii) Education (iv) Livelihood (v) Social (vi) Empowerment, and (vii) Supplementary module (dealing with mental illness, HIV/AIDS, Leprosy and humanitarian crisis and emergencies).

The Guidelines are organised according to a five-by-five matrix, called the CBR Matrix, that provides an overview of the aspects covered in them.



USING CBR GUIDELINES TO SUPPORT IMPLEMENTATION OF ARTICLE 32 OF CRPD

As shown in the CBR matrix above, development programmes involved in specific activities can use specific modules of CBR Guidelines to learn about the basic barriers faced by persons with disabilities in accessing those services and about strategies for overcoming those barriers for promoting inclusive programme activities.

Mainstreaming of services

Disabilities and persons with disabilities have been often seen as "special". Due to this, development programmes involved in areas such as education, health care, agriculture, vocational training, self-employment, sports, justice, democracy and human rights feel that they cannot answer the needs for disabled persons. They often feel some specialized centres or services will provide the services for persons with disabilities.

However, specific services only for persons with disabilities create isolation from the rest of the society and sometimes from the family and communities. In addition, specific specialized services can answer the needs of only a small percentage of disabled persons.

Therefore, the basic principle of CBR Guidelines is Mainstreaming, that means, using the existing services should be inclusive of persons with disabilities. Thus children with disabilities should be able to go the local school with other non-disabled children and disabled persons should be able to receive health care through the existing health services like all other citizens.

In such a situation, specialized centres provide referral support as well as, providing resources and training to existing services in the communities.

Participation

Organisations involved in development programme understand the importance of involving the participation of communities where they work. While working for marginalized groups such as women, are aware of importance of involving women in planning and implementation of all activities with them.

Participation of persons with disabilities in all decisions regarding their lives is another key principle of CBR Guidelines. CBR programmes are based in the communities and disabled persons and their families play an active role in all aspects of CBR, including planning, implementation, monitoring and evaluation.

Health

Some examples of barriers faced by persons with disabilities in accessing health services include the following:

- A health programme prepare communication strategy for informing the public about prevention of HIV infection through radio and TV, but do not keep account of needs of deaf persons.
- A health programme has built a hospital but persons on wheel chairs cannot enter it.
- A community health programme has community health workers who provide vaccination to children. However, the don't know if they can give vaccination to the children with disabilities.

These are some of the examples of how a health programme run under international development cooperation is not inclusive of persons with disabilities. The health module of

CBR guidelines provides clear advice about ensuring that health related activities are accessible and inclusive of persons with disabilities.

Education

The module on education in the CBR Guidelines provides information about issues related to early childhood care, primary education, secondary and higher education, non-formal education and lifelong learning for children and adults with disabilities.

Some examples of barriers faced by disabled children in accessing education services are:

- Many pre-schools and nursery schools conduct medical check-ups for children but they do not provide any specific support for children identified as disabled. Thus, pre-schools lose an opportunity for early intervention which can have a strong impact on the future of the child.
- School building may be inaccessible or difficult to reach for children with movement difficulties.
- A development programme organises evening classes for illiterate adults but does not know that there are many disabled persons in the village who are also illiterate.

The education module of CBR Guidelines provides lot of clear advice about including persons with disabilities in all schools and in non-formal education initiatives.

Livelihood

Livelihood and economic independence are important for everyone. For persons with disabilities, they are critical. Some examples of how livelihood programmes run under development cooperation are not accessible to persons with disabilities include:

- A development programme runs a vocational training programme in an inaccessible building.
- A livelihood support programme provides information to community but does not think of specific communication needs of persons who are blind or who are deaf, is not accessible to them.
- A training programme has pre-requisites that automatically excludes most of the persons with disabilities.

The livelihood module of CBR Guidelines provides lot of clear advice about including persons with disabilities in areas such as skills training, financial support, self-employment and social security.

Social

The social component of CBR guidelines deals with issues related to personal assistance, relationships, marriage and family, culture and arts, recreation, leisure and sports and justice. Many community development programmes promote activities in these areas.

However usually these activities are not accessible to persons with disabilities. The most common barrier encountered by persons with disabilities is related to attitudes of persons.

Sometimes, families feel that persons with disabilities are vulnerable and need protection. Thus they are isolated and have limited opportunities for having friends, meeting other persons and participating in cultural, sports and leisure activities.

Physical barriers also limit access to cultural, sports and leisure activities.

The social module of CBR Guidelines provides lot of clear advice about promoting inclusion of persons with disabilities in social relationships and activities.

Empowerment

The empowerment module deals with issues of advocacy and communication, community mobilization, political participation, self-help groups and disabled peoples' organisations.

Most organisations involved in community development are aware of vulnerable groups such as single women, elderly persons, children, minority groups etc. and promote inclusive activities for these groups. Yet, often these organisations are not aware of disabled persons living in those communities and thus do not have strategies to engage with and to promote their inclusion. For example, rarely do self-help groups include persons with disabilities.

The empowerment module of CBR Guidelines provides lot of clear advice about including persons with disabilities in grass-roots development activities aimed at empowering the marginalised groups and giving voices to their ideas and needs.

OTHER RESOURCE MATERIALS ON CBR

CBR Guidelines are available in different formats for easy accessibility and can be downloaded free of cost from the WHO website.

Apart from the CBR Guidelines, many other websites provide access to resource materials on CBR that can be useful for specific activities such as universal design, access to water and sanitation. Some other resource materials provide information for dealing with different groups of persons with disabilities.

Some useful websites for downloading resource materials including the CBR guidelines are:

WHO/DAR Website on CBR: <http://www.who.int/disabilities/cbr/en/>

IDDC resources: <http://www.iddcconsortium.net/joomla/index.php/iddc>

Ask Source: <http://www.asksource.info/>

EENET on inclusive education: <http://www.eenet.org.uk/>

AIFO CBR resources: <http://www.aifo.it/english/resources/online/books/cbr/cbr.htm>

CONCLUSIONS

Inclusion of persons with disabilities and promoting inclusive development is fundamental for reducing poverty, reaching out to marginalized groups, reaching Millennium

Development Goals and for implementing and monitoring United Nation Convention on Rights of Persons with Disabilities.

Community-based Rehabilitation (CBR) Guidelines can be a valuable instrument to support inclusive development for all the stakeholders involved in International Development Cooperation.

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