

## **CBR and UNCRPD Articles 6, 7, and 24**

Disability in Developing Countries  
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### **Introduction**

The World Health Organization (WHO) introduced Community Based Rehabilitation (CBR) in 1978 following the International Conference on Primary Health Care and Declaration of Alma Ata (Health for All), as a strategy to improve the quality of life of Persons with Disabilities (WHO, SHIA 2002). CBR started as a concept to provide primary rehabilitation services to Persons with Disabilities (PWD) in their own communities. CBR is defined as a strategy for “rehabilitation, equalization of opportunities and social inclusion of all people with disabilities” (WHO, ILO, UNESCO 2004:2). A joint effort of “persons with disabilities, their families, organizations and communities, and the relevant government and non-governmental health, education, vocational, social, and other services” is required for implementation of CBR (WHO, ILO, UNESCO 2004:2). In this sense, CBR is about everyone working together in a community development program to improve the lives of PWD. CBR cuts across all sectors and relies on active participation of relevant government and non-government organizations. CBR structures are at community level, which makes this approach sustainable.

Conventional understanding of CBR is undergoing a change. CBR is no more viewed as a mere community based rehabilitation/development program. Joint position paper on CBR by WHO, ILO, and UNESCO (2004) emphasizes aspects on human rights and community participation. CBR is now seen as an approach to promote the rights of PWD to

health, wellbeing, and to participate in all activities including education, religious, cultural, social, economic, and political. Joint position paper introduced the term “inclusive communities” to focus on the rights of all people (WHO, ILO, UNESCO 2004:6). CBR’s major objectives are: i) “to ensure that people with disabilities are able to maximize their physical and mental abilities, to access regular services and opportunities, and to become active contributors to the community and society at large, ii) to activate communities to promote and protect the human rights of people with disabilities through changes within communities, for example, by removing barriers to participation” (WHO, ILO, UNESCO 2004:2).

Disability is no longer viewed as physical impairment, but as presence of environmental barriers to participation. CBR is about removal of these barriers with the help and participation of community. CBR approach focuses on the use of local resources so that changes can be brought about without waiting for the resources. CBR empowers all citizens, including PWD. CBR is based on the principles: i) full participation of PWD, ii) integrated effort of all relevant sectors – education, health, social and vocational – to empower persons with disabilities, iii) adaptation of physical and psychological environment to facilitate inclusion of persons with disabilities.

### **CBR and Women with Disabilities**

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) established that human rights and fundamental freedoms are equally applicable to persons

with disabilities. Article 6 of UNCRPD recognizes that women and girls with disabilities are subject to discriminations and inequities. Article 6 obligates member States to take measures to enable women and girls with disabilities to enjoy full freedom and all human rights (UNCRPD 2014). These fundamental rights are recognized in International and national legal frameworks and agreements. These rights include the right to self-determination, right to make free and informed decisions, right to have control over one's sexuality, health, relationship, marriage, and the right to have children (Frohmader and Ortelova 2013). Women with disabilities have the same sexual and reproductive rights as enjoyed by women with no disability. Yet women with disability are often considered asexual, who have no reproductive needs. This perception is due to development policies and programs around the World that see disability in men and women with the same lens. They think that men and women experience disability in the same way. The fact, however, is that women experience disability in a totally different way due to biological, physiological, social, cultural, and economic factors that present a different challenge to women with disability. The rights of women with disability are denied and violated in many ways. Some of the issues are: forced sterilization, forced contraception, violence, denial of parenting/maternity, denial of recourse to legal help, lack of access to sexual and reproductive health facilities, lack of access to information on sexual and reproductive health (Frohmader and Ortelova 2013). Women with disabilities experience the same type of sexual, physical, emotional violence as other women. Women with disabilities also experience abuse particular to their situation, which include lack of respect, isolation, withholding medicine, equipment and food, sexual abuse at health facilities, lack of access to legal help, and ill treatment by family members (Whyte and Ingstad 1995). The situation

is even worse for women with disabilities in low and middle-income countries. Stigma and social taboos associated with sexuality and pregnancy in women with disabilities deny these women the right to parenting. Because of stigmatization women with disability have lower prospects of marriage (Emmett and Alant 2006). W-DARE research on sexual and reproductive health in Philippines found that women with disabilities were less likely to receive antenatal or postnatal care by a trained birth attendant, had less knowledge about the HIV test, had to face unfriendly/negative attitude of health service providers, had to face inaccessible physical structures, sexual abuse at hospitals, high economic costs, and negative public attitude (Devine 2014).

Article 6 of UNCRPD takes the human rights approach for addressing the issues of women with disabilities. This approach entitles women with disabilities to enjoy same rights as women with no disabilities. Community Based Rehabilitation (CBR) provides a perfect strategy to achieve this goal. People with disability are mostly hidden. It is especially true about women with disabilities. Community based approach can help identify these women. Community development committee with the help of relevant organizations can identify the needs of these women. Community based rehabilitation approach enables the community members to make strategies to meet the needs of people with disabilities. Accessibility to health services is a primary concern of women with disabilities. Local health clinic's capacity can be improved to attend to sexual and reproductive health needs of women with disabilities. Physical environment can be made more accessible for people with disability to move around with ease and comfort. Ramps outside the house and clinics make big difference. One of the major interventions of CBR is

to train local people in health, assistive devices, education, and use of local resources. Community women can be trained in safe birthing, sexual health, and childcare. CBR can help women with disabilities acquire technical and assistive devices, vocational rehabilitation services, training in self-care activities, mobility, communication, daily skills, counseling, and capacity development (Devine and Mannan 2014). Loans for small businesses can empower the women with disabilities. Inclusive decision-making enables women with disabilities to participate in community activities and feel important. Many studies have shown that participation in decision-making increases the self-esteem of people with disability (WHO, SHIA 2002). They feel more confident of their abilities. They start contributing in family life and play active role in the community. Once the women with disabilities are made visible, they gain confidence and feel empowered. Studies have shown that women were able to contribute financially in the wellbeing of their families (WHO, SHIA 2002). Social inclusion of women with disabilities is only possible through CBR approach. Community awareness is raised through CBR programs, which help inclusion of these women in the community and greater acceptance of their role in the community.

Once community is sensitized to the needs of people with disabilities, it can work together to meet those needs. Women with disabilities have better accessibility to social and health services, included in decision-making, greater acceptance of their role, which results in empowerment and self-reliance. CBR enables women with disabilities to enjoy their fundamental rights as much as women with no disabilities.

### **CBR and Children with Disabilities**

Article 7 of UNCRPD obligates member States to ensure that children with disabilities enjoy all human rights on equal basis, to ensure best interest of the child, and that children with disabilities shall be given assistance to realize their rights. Article 23 of UNCRPD obligates States to ensure that children with disabilities enjoy the family life and not be separated from their parents, against their will, on the basis of a disability of either the child or his/her parents (UNCRPD 2014).

Children with disabilities are particularly vulnerable. According to WHO's 2011 World Report on Disability, there were some 93 million children living with moderate or severe disability (Kuper et al 2014). They are at the receiving end of governmental and social neglect. Because of their age and disability they are unable to understand their condition and cannot take care of themselves. There is negative family and community attitude towards children with disabilities. In most cases family is poor and is unable to bear expenses for proper care of the child. To have a child with disability in the family is both resource and time intensive for the parents (Kuper et al 2014). There is often no support mechanism for such families. In low and middle income countries proper health care and rehabilitation services are not available, which makes early intervention impossible. Parents resort to traditional healing techniques that exacerbate child's condition. In poorer countries parents usually hide such children due to stigma attached to having a child with disability. Peoples' beliefs and superstitions do not allow children with disabilities to mingle with other children of their age in the community. Children with disabilities hardly play with their peers. Lack of socialization has a negative effect on their

behaviour. They are unable to learn social norms and practices, which further alienates them from society. There are hardly any schools for children, let alone inclusive schools. Children with disabilities are at higher risk of violence and abuse too. Since they cannot defend themselves, they are easy victims of sexual abuse (Devine and Jenkin 2014).

Disability's impact on children is very severe. Mortality rate of children with disabilities is as high as 80 percent. Half of the children with blindness die within two years of losing their vision. Only two percent of children in low-income countries receive rehabilitation services (Devine and Jenkin 2014). In poor countries many street and homeless children have disability. Professional beggars force children with disabilities into begging. Children with mental disabilities are particularly vulnerable to such practices. In the developing countries there are about 90-150 million children with disabilities. It is believed that most of the children with disabilities are hidden because they are not registered at birth (Kuper et al 2014). Causes of childhood disabilities are infections, nutritional deficiencies, low birth weight, and congenital abnormalities (Devine and Jenkin 2014). Children with or without disabilities have same nutritional needs. It has been noticed that a child with disability is offered less food than other children.

CBR can be a useful strategy to implement article 7 of UNCRPD, especially in the rural areas. Article 7 obligates member States to ensure that children with disabilities enjoy their human rights on equal basis with other children. Many developing countries are poor and cannot implement policies due to resource constraints. CBR can provide them with the

opportunity to address the issue with the involvement of the community. These countries need to make CBR part of their national policies and legislations.

Like women with disabilities, children with disabilities are also hidden, even in the urban areas. CBR can identify these children and assess their needs. Disability inclusive development can address this issue. First step is to raise awareness about the children with disabilities. Parents, carers, and community members should be made aware of the needs of the children. It will help remove the stigma and shame associated with having a child with disability. Change in peoples' attitude will allow children to freely mingle and play with their peers. It will develop their coping mechanisms to move in the social settings. Government's relevant agencies and NGOs can design mechanisms to support families that have children with disabilities. Health is the fundamental issue for children with disabilities. Better health facilities with local ownership can ensure services like immunization, treatment of illness, assistive devices, counseling, and therapies. Accessibility is improved by providing assistive devices and bringing changes in the physical environment. Government education department can establish inclusive schools in the community to cater for the learning needs of children with disabilities. NGOs and other agencies can provide training to teachers in inclusive education techniques. Playing facilities can be made available with local resources. Health and education are important because they enable children with disabilities to lead a healthy, social, and self-reliant life. It will bring attitudinal change and will help children with disabilities enjoy their human rights like other children.



## **CBR and Education**

Article 24 of UNCRPD obligates member States to provide inclusive education at all levels. It recognizes the right of people with disability to education. Article 24 also calls upon the States to ensure that education should provide opportunities to PWD to realize their full potential and people with disabilities are not discriminated because of their disabilities, and requirements for PWD, especially children with disabilities, be met. States are asked to ensure facilitation of learning of Braille, alternative script, sign language, and other communication skills. Article 24 also calls upon member States to provide training to teachers in inclusive education, and employ teachers with disabilities (UNCRPD 2014).

Education for people with disabilities has remained a problem. Medical and Charity models of disability could not offer much in terms of education for people with disability. Under these models government and non-government organizations established separate schools and learning institutions for people with disability. That approach further segregated these people from society. Community viewed persons with disability as having separate needs that require separate set of actions to fulfill. Social model of disability changed this approach. It viewed disability as a social, cultural, and environmental construct. Inclusive education is a product of that approach, which gained popularity in 1990s after the World Declaration on Education for All (EFA). The declaration emphasized the word 'all', which included people with disability (Ainscow and Miles 2008). Inclusive education breaks the segregation barriers and helps bring persons with disabilities in the mainstream. Students who study in inclusive education are better equipped to cope with

the social challenges later in their lives. They gain greater acceptance and support from their peers. They make friends and are more likely to get employed, married and have families. Studies have shown that these students (with disabilities) are better off economically (Sharma 2014). Inclusive education has a positive effect on the attitude of students with no disability. They view disability with positivity and make friends with children with disability. This feeling remains with them and in the long run they become advocates of the rights of persons with disabilities (Sharma 2014). Majority of persons with disability live in the developing World. It is not possible for the resource constraint governments to provide separate education facilities to its entire disabled population. Inclusive education is a practical solution to this problem. It is the only way to teach all children with disability.

CBR approach can help States to achieve these goals. It must, however, be acknowledged that inclusive education is resource intensive, at least in the initial stages (Sharma 2014). Community cannot arrange for such resources. That is why it is governments' responsibility to establish inclusive schools. Government provides school building, teachers, classroom requirements, teaching materials, furniture that suits the needs of children with disabilities, and conveyance (if possible/required). Community involvement is necessary because inclusive education cannot work without change in the attitudes towards persons with disabilities. Inclusive education is both a process and a goal. It's a process of participating and enjoying the same experience as non-disabled persons. It's a goal of making people with disability educated, empowered, and self-reliant.

Four pillars of inclusive education are: training, resources, support, and attitudes (Sharma 2014). Training and resources are provided by the government, while support and change in attitude is mostly associated with the community efforts. Though government has lot to do in this respect too. Attitudes are changed through community involvement. Inclusive education is not possible without change in the attitudes of parents, teachers, and community members. Physical environment can be made more accessible for children with disabilities utilizing local resources. CBR helps members of community realize the needs of people with disability. Community then negotiates with relevant organizations to provide better education facilities. Inclusive education does not work where classes are big, material scarce, syllabus inflexible, untrained teachers, and boring learning methods (WHO, SHIA 2002).

Inclusive education is resource intensive because it has to provide opportunities for all types of disabilities, which is sometimes not possible. Parents complain about non-availability of teachers who can teach to children who are blind or deaf. Success of inclusive education is reported for mostly children with physical disabilities or minor impairments (WHO, SHIA 2002). Most important thing is supportive home environment and positive community attitude that can be achieved through CBR approach.

## **Conclusion**

CBR can help implement UNCRPD articles concerning women with disabilities, children with disabilities, and education. CBR concept has now changed towards inclusive societies. CBR, however, has some constraints too. Despite national policies, CBR is limited

to pilot areas, which limits its impact on the overall situation. Resources are sometimes not enough to train personnel in inclusive education, assistive technologies, health care etc. One of the most difficult things to achieve in CBR is multi-sectoral collaboration. Ownership of the program remains an issue, especially within the government departments. Similarly, community ownership is also a problem. Community is reluctant to involve in the CBR activities. Collaboration between government and International NGOs also pose serious challenge. Both are apprehensive of each other's activities. Nevertheless, studies have shown that a CBR with strong links to governmental structures has greater impact than a CBR program without it (WHO, ILO, UNESCO 2004). Another limitation of CBR is that it has limited impact on certain disabilities. It has been most successful in physical disabilities or minor impairments. CBR has done little to remove barriers for people with mental impairments. Having said that, CBR remains the most successful approach to date to rehabilitate persons with disabilities in the society.

## **References**

- Ainscow, M & Miles, S 2008, 'Making Education for All inclusive: where next?', *Prospects*, vol. 38, no. 1, pp. 15--34.
- Devine, A & Jenkin, E 2014, Children with Disability, Lecture September 30<sup>th</sup>, Disability in Developing Countries Subject, University of Melbourne.
- Devine, A & Mannan, H 2014, Overview of Disability in Development, Lecture September 29<sup>th</sup>, Disability in Developing Countries Subject, University of Melbourne.

Devine, A 2014, W-DARE: Women with Disability Taking Action on Reproductive and Sexual health, Lecture October 03, Disability in Developing Countries Subject, University of Melbourne.

Emmett, T & Alant, E 2006, 'Women and disability: exploring the interface of multiple disadvantage', *Development Southern Africa*, vol. 23, no. 4, pp. 445--460.

Frohman, C & Ortelova, S 2014, 'The Sexual and Reproductive Rights of Women and Girls with Disabilities', Paper presented in ICPD Beyond 2014 International Conference on Human Rights.

Hartley, S, Finkenflugel, H, Kuipers, P & Thomas, M 2009, 'Community-based rehabilitation: opportunity and challenge', *The Lancet*, vol. 374, no. 9704, pp. 1803--1804.

Kuper, H, Monteath-van Dok, A, Wing, K, Danquah, L, Evans, J, Zuurmond, M & Gallinetti, J 2014, 'The Impact of Disability on the Lives of Children; Cross-Sectional Data Including 8,900 Children with Disabilities and 898,834 Children without Disabilities across 30 Countries', *PloS one*, vol. 9, no. 9, p. 107300.

Sharma, U 2014, Inclusive Education: What and Why, Lecture September 29, Disability in Developing Countries Subject, University of Melbourne.

UNCRPD, 2014, 'United Nations Convention on the Rights of Persons with Disabilities', accessed October 10, 2014, from <[http://www.un.org/disabilities/documents/convention/convention\\_accessible\\_pdf.pdf](http://www.un.org/disabilities/documents/convention/convention_accessible_pdf.pdf)>.

WHO, ILO, UNESCO. (2004). CBR: A Strategy for Rehabilitation, Equalization of Opportunities, Poverty Reduction and, Social Inclusion of People With Disabilities. Joint Position Paper. Retrieved from <http://www.who.int/disabilities/publications/cbr/en/> on 10<sup>th</sup> October 2014.

WHO, SHIA, 2002. World Health Organization, Swedish Organizations of Disabled Persons International Aid Association. Community-based rehabilitation as we have experienced it: voices of persons with disabilities. Part 1. Retrieved from <http://apps.who.int/iris/bitstream/10665/42629/1/> on 11<sup>th</sup> October 2014.

Whyte, S & Ingstad, B 1995, 'Disability and culture: An overview', *Disability and culture*, pp. 3--32.