A Rights-Based Approach through a Community Based Inclusive Development Strategy

	Volunteer	

Learning objectives
By the end of the session participants shall be able to: • List features of a CBID strategy • Describe a rights-based approach • Explain the different models of disability • Explain how CBID promotes collaboration and networking among stakeholders to achieve the UNCRPD and SDGs • Describe the current and potential roles of OPDs in CBID • List some of the activities of the CBID programme in Zanzibar for each area of the CBR Matrix

Time allocated
• 325 minutes.

Resources needed
• Whiteboard or flipchart • Flipchart paper and markers • Models of disability posters – graphics and illustrations • Copy of the CBR Matrix

Preparation
Familiarise with: • Module content. Identify and brief: • Five participants or co-trainers to act as 'hosts' for the five Coffee House tables for the activity at least a day before the session. Select them based on their knowledge of a particular component of the CBR/CBID Matrix (Health, Education, Livelihood, Social or Empowerment) and ask them to read the section relating to that component in the Participant Manual for this session. Tell them they will be asked to facilitate group discussions on an aspect of this. Print: • Copy of the CBR Matrix for each participant. If possible, provide laminated copies or printed posters.

Write out:
- Five large Coffee House names on 5 sheets of flipchart paper to be used for the activity:
  - 1. Health Coffee House
  - 2. Education Coffee House
  - 3. Livelihood Coffee House
  - 4. Social Coffee House
  - 5. Empowerment Coffee House

Pin:
- The A1 Models of disability and A1 illustrations of the models on the wall as shown below.

Trainer's notes:
Trainers of this session including the Coffee Shop 'Owners' should also be familiar with the session on the role of OPD leaders to ensure that information is consistent. For example, encouraging OPDs to focus on advocacy rather than service delivery.

1. Introduction (10 minutes)

	OPDs	

A rights based approach through CBID

Learning objectives
By the end of the session participants shall be able to:
- List features of a CBID strategy.
- Describe a rights based approach.
- Explain the different models of disability.
- Explain how CBID promotes collaboration and networking among stakeholders to achieve the UNCRPD and SDGs.
- Describe the current and potential roles of OPDs in CBID.
- List some of the activities of the CBID programme in Zanzibar for each area of the CBR Matrix.

A rights based approach through CBID: 2

Read out the learning objectives.

2. Models of disability (60 minutes)

	OPDs	
▦▦▦▦▦▦▦▦		▦▦▦▦▦▦▦▦

Explain: The subject of disability has undergone a major change over the past decades, in society as a whole and in terms of national and international development. The greater role of persons with disabilities in forging this change has been profound and continues to this day. This session looks at the changing face of disability and its link to human rights.

Models of disability

A Rights Based Approach through CBID: 3
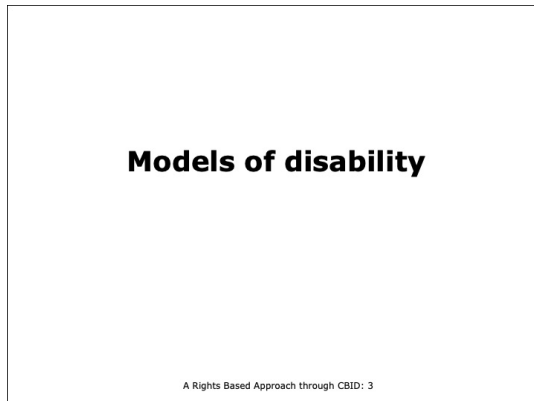
Explain: The understanding of disability has evolved over time through various perspectives - often called 'models'. These models have different interpretations of what disability means and what it means to live with a disability.

Ask: What do we mean by the terms: disability 'perspectives' or 'models?'
Acknowledge responses.

Explain: the models can be considered as the 'lenses' through which we see disability.

Ask: Can anyone give us the names of any such models?

Acknowledge responses.

Trainer's notes:
Instead of using the slides, if your group is not too large, you can instead ask them to stand near the posters and move down the pictures and graphics of each model as you explain them and ask the questions. This also acts as an energiser as people keep moving.
Whether you use the slides or posters, if there are people with visual impairments in the room, make sure that each picture is described in detail. This process also helps all participants to study the pictures.

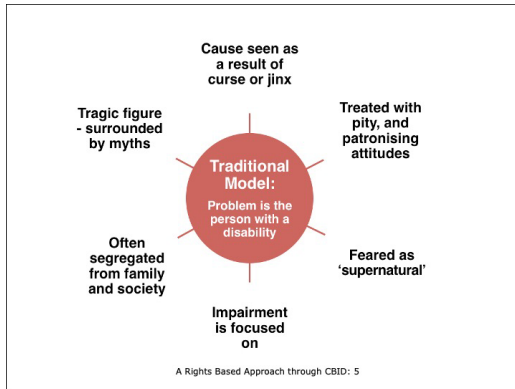A Rights Based Approach through CBID: 4

Show the picture representing the traditional model.
Ask what it is showing?
Acknowledge responses.

Ask: How do you think this woman would feel?
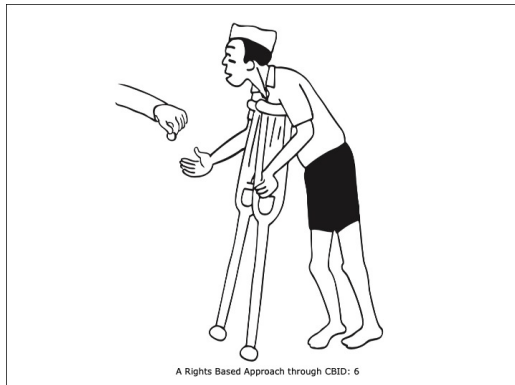**Acknowledge** responses.

A Rights Based Approach through CBID: 5

Traditional model:
- People with disabilities seen as tragic victims, treated with pity, or sometimes as having supernatural powers.
- As you can see in the centre of this circle, in this model, the problem is with the person with the disability.

Ask: Are there any examples of the traditional model still present in Zanzibar?
Acknowledge responses.

A Rights Based Approach through CBID: 6

Show the picture representing the charity model.
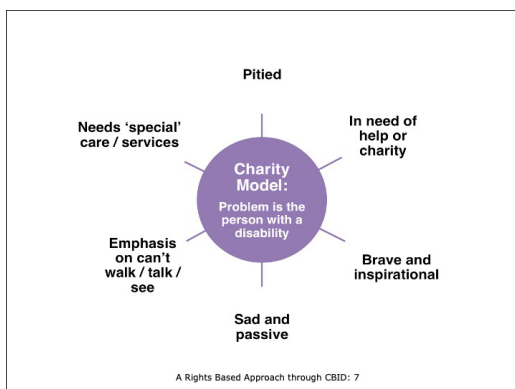**Ask** what it is showing?
Acknowledge responses.

Ask: Discuss with the person next to you if we ever see the charity model here in Zanzibar.
**Allow** a few minutes then ask for comments.

Ask: How do you think this man feels?
Acknowledge responses.

A Rights Based Approach through CBID: 7

Charity model:
- Sees disability as a defect.
- Persons with disabilities are seen as the problem (point to the centre of the circle), different from 'normal' people, unable to help themselves and who see themselves as powerless, useless, non-contributing individuals.
- The charity model is not just about giving charity, but about treating someone in a very charitable way – with pity, sympathy, and as if they can't help themselves.

A Rights Based Approach through CBID: 8
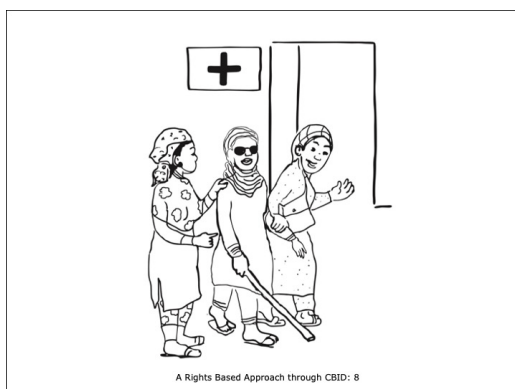
Show the picture representing the medical model.
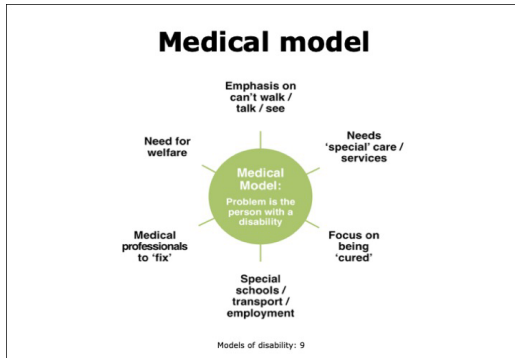**Ask** participants to discuss with the person next to them what it is showing.
Give them 1-2 minutes then ask for 1-2 responses.

Ask: What do you think of this model?
Acknowledge responses.

Ask: The people here are seeing the woman's disability as the most significant aspect of her. Do you think that's how she sees herself?
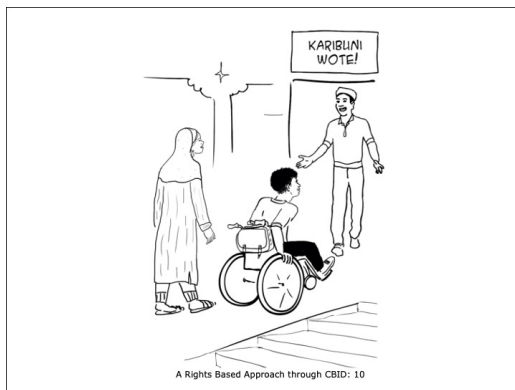
Acknowledge responses.

Medical model: As science and medicine developed, disability was commonly viewed in biological or medical terms. The medical model:

- Sees disability as a deviation from the normal, caused by an underlying disease or other health condition.
- Focuses on the impairment to be 'cured' or 'fixed' in order for person to become a 'normal' member of society.
- Problem still seen to lie with the individual with a disability (point to centre of circle).

Ask: Do some people view disability through the medical model lens?
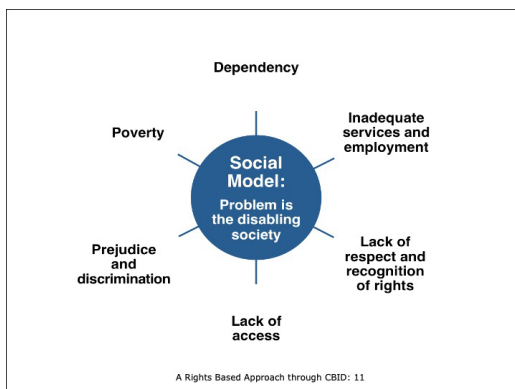**Acknowledge** responses.

Show the picture representing the social model.
Ask what it is showing?
Acknowledge responses.

Ask: Do we see evidence of this in Zanzibar today?
Acknowledge responses.

Social model: In the 1960s and 1970s the movement of persons with disabilities grew in strength, and argued that disability is not "located" in an individual body at all, but is created by the way society is organized in relation to physical difference – firstly through stigma and discrimination, and secondly through indifference to the accommodations that persons with disabilities may need to participate fully in society.

The social model:
- Considers that it is society that disables people. The problem is the disabling society that designing everything to meet the needs of the majority of people who are not disabled. (point to the centre of the circle).
- This model recognises there is a great deal that society can do to reduce and remove disabling barriers, and that this is the responsibility of society, rather than the disabled person.
- Is more inclusive in approach.

Pro-active thought is given to how disabled people can participate in activities on an equal footing with non-disabled people. Certain adjustments are made, even where this involves time or money, to ensure that disabled people are not excluded.

Ask: How often do we see disability viewed through the social model lens in Zanzibar?
Acknowledge responses.
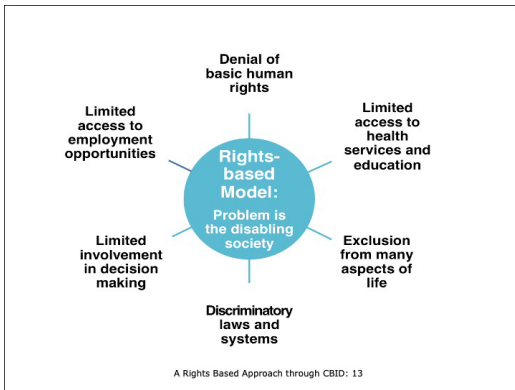
A Rights Based Approach through CBID: 12
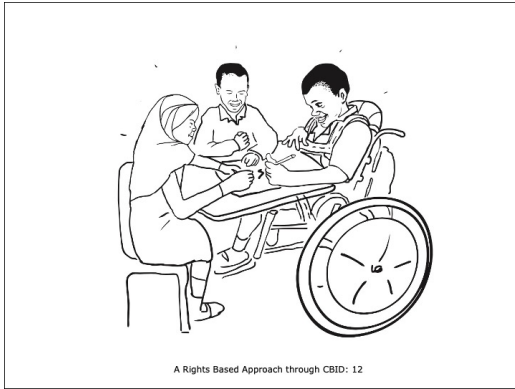
Show the picture representing the rights-based model.
Ask what it is showing?
Acknowledge responses.

Ask: How do you think this boy feels compared to the people in the other pictures?

Acknowledge responses.

A Rights Based Approach through CBID: 13

Rights-based model: This is closely related to the Social Model. The problem is the disabling society (point to the centre of the circle) that causes all of these barriers to persons with disabilities (name some of the characteristics shown such as *Denial of basic human rights*, and *Limited access to health services and education*)
The rights-based model or approach starts with universal human rights:
- Persons with disabilities are seen to have a right to access all aspects of life within their society on an equal basis with others.
- Society has the responsibility to change to ensure that all people have equal possibilities for participation.
- This is the model promoted by the UN CRPD.

The two main elements of the rights-based approach are:
- **empowerment**: participation of people with disabilities as active stakeholders
- **accountability**: duty of public institutions and structures to implement rights.

Persons with disabilities are often denied their basic human rights such as the right to health, to education and to employment.

Ask: Does the rights-based model reject medical treatment?
Acknowledge responses.

Explain: No, it does not. It promotes that medical treatments are provided in line with a rights-based approach that puts persons with disabilities at the heart of decisions that affect their lives.

Ask: Does the Rights-based model reject any charitable acts such as support of persons with disabilities who need assistive devices or help with transport or training?

Explain: No, it does not. The rights-based model recognises that in the absence of a fair society, people with disabilities need support while the barriers they face in society still exist and while they are unfairly marginalised and stigmatised, and stopped from achieving their potential. It also recognises that acts of charity or support should always be provided in a way that gives respect and dignity to the person receiving it and should be considered not as charity, which often has negative connotations, but as good citizenship in the light of the equalities that exist that make it necessary. Such good citizenship has had a positive impact on the lives of many persons with disabilities while society has, and continues to deny them their rights.

Ask: How does the evolution of the models of disability demonstrate how our society views persons with disability?
Acknowledge responses.

3. A rights based approach (30 minutes)

	OPDs	

Explain:

- As we discussed previously, the UN CRPD explains that people are disabled by different barriers in society, rather than by their impairment or difference.

Ask: who can give an example of how society is not organised to consider the needs of persons with disabilities?
Acknowledge responses.

- Such barriers might be physical, or they can be caused by people's attitudes or rules.
- The UN CRPD acknowledges the impact of a person's impairment, but disability is seen as being created by society's failure to accommodate persons with disabilities.

Explain:

- When we look at disability from the perspective of the UN CRPD – which puts the responsibility of disability onto society rather than with the individual person, we look at people with disabilities as people who have rights – rather than as people who are problems or who don't 'fit', and who must rely on charity or favours to achieve any level of inclusion.
- This change in perspective marks a major shift, and helps us to look at all aspects of life from the perspective of promoting **disability inclusive development** – advocating for, and finding solutions to the inclusion of people with **all** types of disabilities in **all** aspects of life. This is a human rights-based approach.

Ask: Who has the main responsibility to ensure that the rights of all citizens are promoted and protected in Zanzibar?
Acknowledge responses.

Explain:

- Governments as duty bearers have the primary and legal responsibility for making sure that the human rights of <u>all</u> its citizens are promoted and protected including persons with disabilities.
- This is outlined in our Constitution.

Explain that this film is a light hearted way to look at how disability has been viewed in society.

Show the film and ask for comments.

Rights based approach

Every person has an equal right to:
- ✓ Freedom
- ✓ Dignity
- ✓ Non-discrimination
- ✓ Economic, cultural and social rights

And protection from abuse of those rights.

A Rights Based Approach through CBID: 18

Explain:
- A human rights based approach to disability seeks to ensure that every person has an equal right to freedom, dignity, non-discrimination and protection from abuse of those rights, as well as access to their economic, cultural and social rights.
- These rights are outlined in the UN CRPD. It makes clear that persons with disabilities are entitled to live independently in their communities, to make their own choices and to play an active role in society.

A Rights Based Approach through CBID: 19

Show the first short film on the UN CRPD (1.5 mins)

A Rights Based Approach through CBID: 20
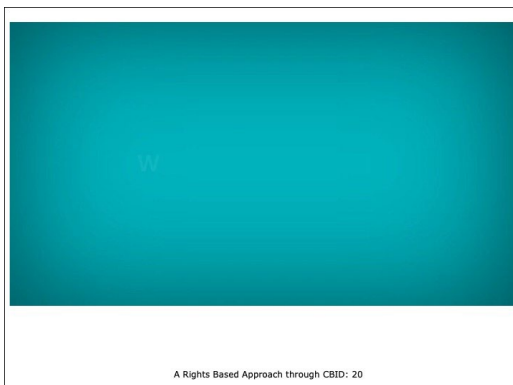
Show the second short film on the UN CRPD (1.5 mins)

4. A CBID strategy (30 minutes)

A CBID strategy

A Rights Based Approach through CBID: 21

Explain:
- We've looked at a rights based approach, and now we are going to look at the strategy to implement it: CBID: Community Based Inclusive Development.

A CBID strategy

- CBID was initiated by WHO in 1978 to enhance the quality of life for persons with disabilities and their families; meet their basic needs; and ensure their inclusion and participation.
- Emphasis was on increasing access to rehabilitation services.
- Evolved to become a multisectoral approach to improve equalization of opportunities and social inclusion.

A Rights Based Approach through CBID: 22

Explain:
- CBID – or CBR as it was originally named - was initiated by the World Health Organization in 1978.
- It was an initiative to enhance the quality of life for persons with disabilities and their families; meet their basic needs; and ensure their inclusion and participation.
- The emphasis initially was on increasing access to rehabilitation services in less-resourced settings, but it evolved over time to become a multisectoral approach to improve the equalization of opportunities and social inclusion of persons with disabilities.


A CBID strategy

- A people-centred and community driven, human rights-based strategy to:
  – meet the basic needs of persons with disabilities
  – reduce poverty
  – ensure the inclusion of people with disabilities in all development initiatives.

A Rights Based Approach through CBID: 23

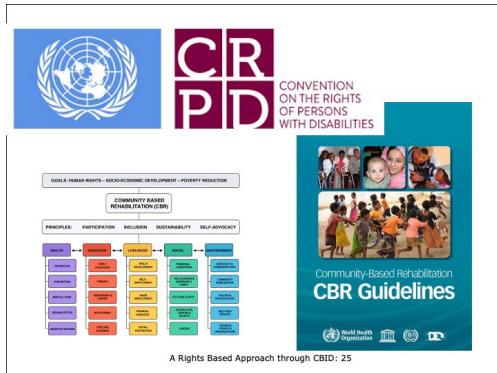**Explain:**
- CBID is a people-centred and community driven, human rights-based strategy to meet the basic needs of persons with disabilities, reduce poverty, and ensure the inclusion of people with disabilities in all development initiatives.
- It is a strategy to meet the UN Convention on the Rights of Persons with Disabilities (UN CRPD) and the Sustainable Development Goals (SDGs).

A Rights Based Approach through CBID: 24
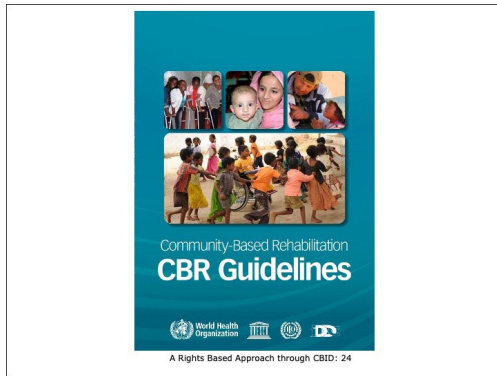
Explain:
- The CBR Guidelines were launched in 2010 to provide a common understanding of the concepts and principles of CBR/CBID as a comprehensive rights-based approach.
- The Guidelines are based on the principles of the UN CRPD.
- The CBR/CBID strategy is being practiced in more than 100 countries of the world[1].

A Rights Based Approach through CBID: 25

Explain:
- While the UN CRPD represents an international level legally binding policy instrument setting the minimum standards for the rights of persons with disabilities, CBID is a practical strategy for implementation at community level to achieve those rights.
- Tanzania signed the UN CRPD in 2008 and ratified the optional protocol in 2009.

CBR/CBID in Zanzibar

- CBR was started by UWZ in 1988 in six villages in one District.
- Over the following years it spread throughout Pemba and to many of the Districts of Unguja.
- UWZ were the drivers of the Disability Act in Zanzibar which led to the establishment of the NCPDZ who now hold responsibility for CBR/CBID.

A Rights Based Approach through CBID: 26

Explain:
- In Zanzibar, CBR was started by UWZ in 1988 in six villages in one District.
- However, funding challenges limited its development.
- UWZ were the drivers of the Disability Act in Zanzibar which led to the establishment of the Zanzibar Council for Persons with Disabilities who now hold responsibility for CBR/CBID. It is currently housed within the First Vice President's Office.
- By having the responsibility for CBR/CBID within the Government structures, its sustainability is more assured.

CBR/CBID in Zanzibar

- NCPDZ is part of the team of CBID.
- It is not coordinating it directly but has started integrating it into its overall strategy.
- It has an Action Plan that includes awareness raising and promoting inclusion, and it has a number of strategies in the Health Sector.
- The Council work closely with the MECPZ to plan and implement the CBID programme.

A Rights Based Approach through CBID: 27

Explain:
- NCPDZ is part of the team of CBID. It is not coordinating it directly but has started integrating it into its overall strategy.
- It has an Action Plan that includes awareness raising and promoting inclusion, and it has a number of strategies in the Health Sector.
- The Council has 14 members, and with the support of the Council Director they work closely with the Madrasa Early Childhood Development Programme (MECPZ) to plan and implement the CBID programme.

---

[1] World Health Organization estimate

A Rights Based Approach through CBID: 28
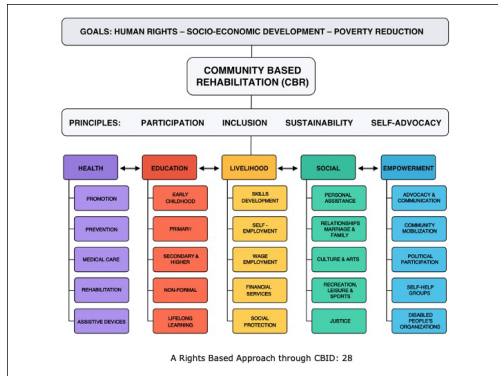
Explain:
- The CBR/CBID Matrix, which is part of the CBR Guidelines, helps us to explain the CBID Strategy.

Give a copy of the CBR/CBID Matrix to each participant.

Ask one of the participants to read out the **Goals** of CBID at the top of the Matrix: Human Rights, Socio-economic development, Poverty reduction.

Ask another participant to read the **Principles** of CBID shown on the Matrix: Participation, Inclusion, Sustainability and Self-advocacy.

Explain that the Goals and Principles are aligned with the UN CRPD.

5. Activity (170 minutes)

OPDs

Activity

A Rights Based Approach through CBID: 29
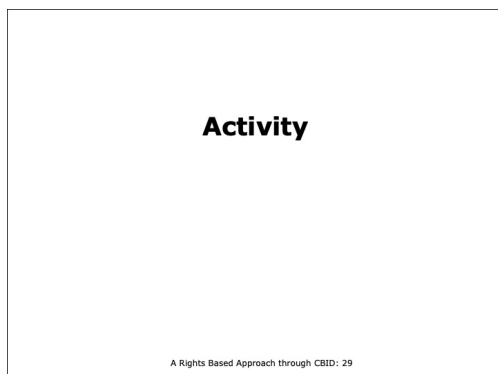
Explain: We will now look at the five components of the CBR/CBID Matrix in more detail.

Trainer's notes:
The activity below is very long so make sure you keep the interest of the participants. You can also make it more fun by giving the Coffee Houses 'treats' for the customers – such as providing sweets at one, biscuits at another, juice at another, for example.

Activity: CBID strategy	
Groups	**Pin** the five Coffee House signs in different areas of the room. **Divide** participants into five equal groups using slips of paper or card marked 1-5.
Instructions	**Make** sure the Coffee House signs are on the wall in five different areas of the room. **Invite** your previously identified Coffee House owners to go and stand by their Coffee House sign. **Highlight** where Coffee House 1,2,3 4 and 5 are in the room. **Invite** each group to go to the Coffee House that corresponds to their number: • Health 1 • Education 2 • Livelihood 3 • Social 4 • Empowerment 5 **Explain** that at each Coffee House there is a 'Coffee House Owner' who will facilitate a discussion on that CBR/CBID Matrix area. Participants should only move to the next Coffee House when the trainer indicates that the time is up. Each Coffee House owner to give the 'customers' a five minute overview of that CBR/CBID sector (using the information in the Participant Manual) and gather their thoughts on the role of OPDs in achieving CBID in that sector. When all groups have visited all Coffee Shops, **ask** the Coffee Shop 'owners' to take five minutes each to summarise the feedback from participants on the role they feel OPDs can take in achieving CBID in each sector. **Advise** them that they do not need to feedback in detail as all participants have been in all groups at some stage and had the opportunity to contribute to all five sectors.
Monitor	**Give** groups time markers after 15 minutes at each Coffee Shop, telling them they have 10 more minutes. **Ensure** groups move at the same time to avoid delays and hold ups.
Time	**Allow** 20 minutes for each group to spend at each Coffee Shop. All participants to visit all Coffee Houses. (Total time: 20mins plus 5 mins changeover time for each group plus 30 mins in total for Coffee House Owner feedback: 155 mins)
Feedback	**Ask** participant groups to feedback on their discussions in turn and then facilitate a final brief discussion.

6. Linkages and Networking (15 minutes)

	OPDs	

Leave up the slide of the CBR/CBID Matrix.

Explain:
• We've looked at the five components of the CBID Matrix in turn: Health, Education, Livelihood, Social and Empowerment.

Ask: Can anyone give an example of how these are related to each other?
Acknowledge responses.

CBID Matrix linkages

- Each component links with other components:
- A person with a disability needs to be healthy and may need an assistive device in order to work.
- Membership of an OPD may equip a person with a disability with knowledge of their right to vote.
- Access to education will increase someone's opportunity to work.
- A person with a disability in a job is more able and likely to participate in social, cultural and political life.

A Rights Based Approach through CBID: 30

Explain:
In the same way that articles of the UN CRPD have a relationship with each other, each component of the CBR Matrix has strong linkages with the other components. Read the examples on the slide.

- A person with a disability needs to be healthy and may need an assistive device in order to work.
- Membership of an OPD may equip a person with a disability with knowledge of their right to vote.
- Access to education will increase someone's opportunity to work
- A person with a disability in a job is more able and likely to participate in social, cultural and political life.

CBR/CBID in Zanzibar

- The 25 elements of the CBR/CBID Matrix are not exhaustive.
- There are other elements of life that are cross-cutting, such as religion, and the issue of disaster risk reduction.

A Rights Based Approach through CBID: 31

Explain:

- The 25 elements of the CBR/CBID Matrix are not exhaustive: there are other elements of life that are cross-cutting and not represented in a specific box, such as religion, and the issue of disaster risk reduction.
- However, the CBR/CBID Matrix is a useful framework to communicate many of the sectors that every person with a disability has the right to access.


CBR/CBID in Zanzibar

- All areas of the Matrix (and beyond) are linked.
- Collaboration and networking are important.

A Rights Based Approach through CBID: 32

Explain:

- Because all of the areas of the CBR/CBID Matrix and beyond are linked, for CBID to be effective depends on close collaboration and networking between all stakeholders. If stakeholders work together, they can share ideas and resources to capitalize on each other's strengths.
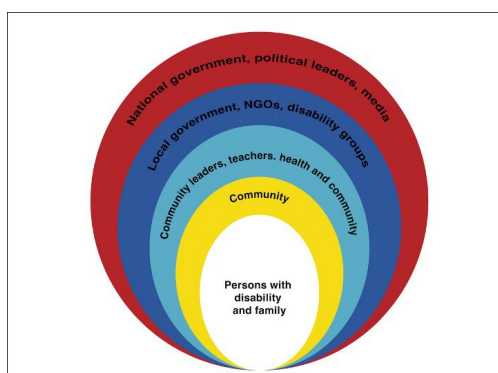
- This stakeholder diagram from the CBR/CBID Guidelines shows the different stakeholder groups.
- People with disabilities are at the centre – the focus of CBID is on achieving their rights and addressing their needs.
- CBID should be driven by persons with disabilities.
- OPDs are here grouped with local government and NGOs.
- Of course, persons with disabilities are also within other groups – as community members, and some are. within roles such as CBID volunteers, health workers, teachers, and in government posts.
- We will look at these roles again in another session.

<table>
<tr>
<td>

CBR/CBID in Zanzibar

• District level CBID Networks have been established in Chake Chake, Southern District and Urban District.

</td>
<td>

• In recent years, CBID Networks have been established at District Level in the three CBID Districts: Chake Chake Pemba, Southern District Unguja and Urban District Unguja.

Ask which participants are members of the groups. **Acknowledge** responses and ask what they think are the benefits of the groups.

Explain:
• Members communicate and share information and ideas through meetings and via WhatsApp groups, and they are proving to be very effective channels to network and collaborate.

Encourage participants to join a group if they are not already a member.

</td>
</tr>
</table>

7. Summary (10 minutes)

	OPDs	

Emphasise that for persons with disabilities to be able to access their rights in all areas of the CBR/CBID Matrix and beyond it, coordination is critical. Most organizations will only work in some areas of the CBR Matrix, but persons with disabilities need to have their needs met in all of them. CBID is the sum of the work of all stakeholders – no-one can achieve Community Based Inclusive Development alone.

Good coordination can help referral systems work better and ensure that each stakeholder's work is complemented by other stakeholders to provide for all the needs of persons with disabilities. In our next session we will look more closely at the role of OPDs within a CBID strategy.

Ask if 1-2 participants would like to comment on something they have learnt in this session.

Close the session.