A RIGHTS-BASED APPROACH THROUGH A CBID STRATEGY

A Rights Based Approach

The UN CRPD explains that people are disabled by different barriers in society, rather than by their impairment or difference, because society is not organised to consider their needs. Such barriers might be physical, or they can be caused by people's attitudes or rules. The impact of a person's impairment is acknowledged, but disability is recognised as being created by society's failure to accommodate persons with disabilities.

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'.

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.

The revolutionary government of Zanzibar as duty bearer has the primary and legal responsibility for making sure that the human rights of **all** its citizens are promoted and protected.

Rights holders in this case are persons with disabilities who are responsible to understand and to claim their rights under the Constitution and international and national law.

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.

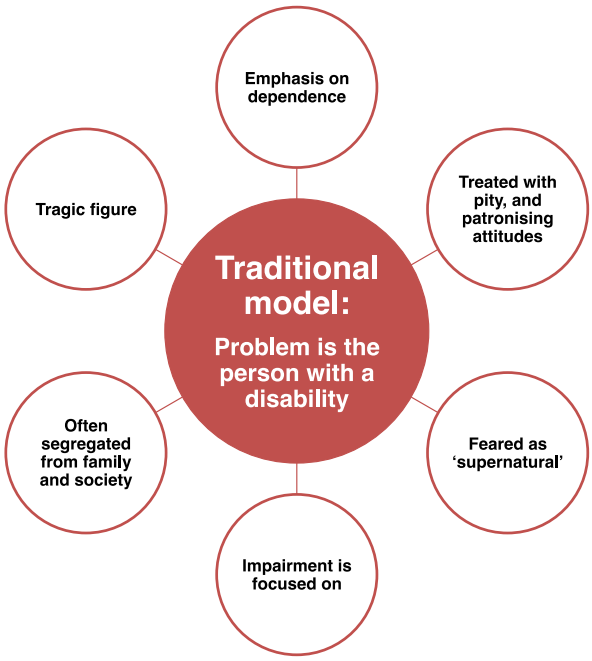
The CBID strategy takes this rights-based approach, encouraging all stakeholders to network, collaborate and communicate to achieve an inclusive society that respects the rights of persons with disabilities to full and equal inclusion.

Models of disability

The way that disability has been viewed has changed over time through various perspectives - often called 'models'. The word models here refers to different interpretations of what disability means and what it means to have a disability. The models of disability are:

A) The Traditional model

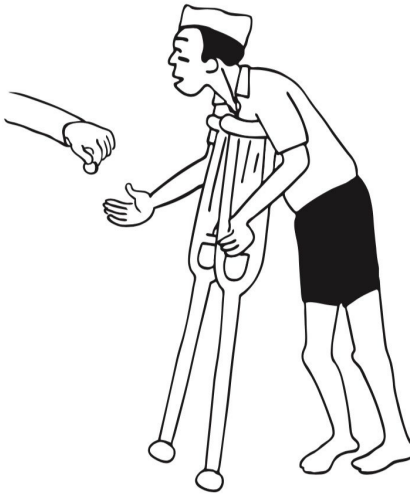
In the Traditional model, disability is perceived as a result of a curse – a natural consequence of an evil that the person with a disability or one of the family members might have done. Persons with disabilities are perceived not to be part of the human race. In this model, persons with disabilities are treated with pity, fear and patronising attitudes. The impairment is focused on, rather than the needs of the person, who is seen as a tragic victim.

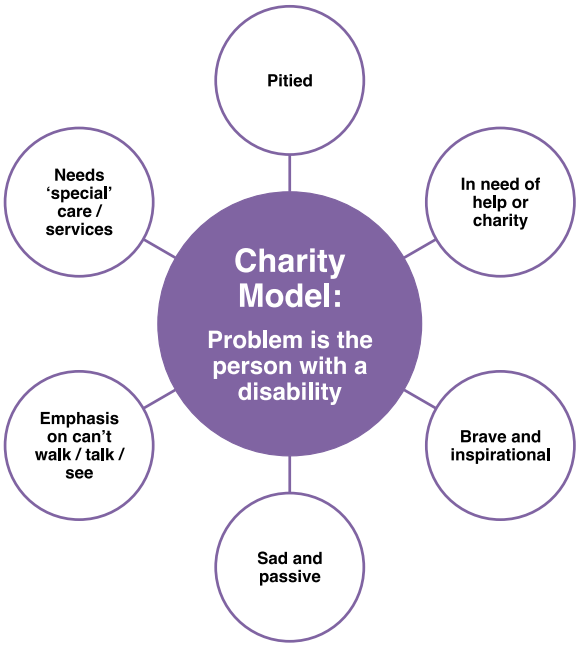


Dependence on the part of the persons with a disability is emphasised. There are areas of rural communities who still hold this view in Zanzibar.

B) The Charity model

In the Charity model disability is seen as a defect in the anatomical structure and function such as the loss or malfunction of a limb or part thereof. This makes them unable to participate in society and to fend for themselves. Persons with disabilities are seen as tragic. They are pitied and treated as objects of charity and welfare to be cared for by others, unable to help themselves or be independent. Their needs are seen in terms of being 'special'.

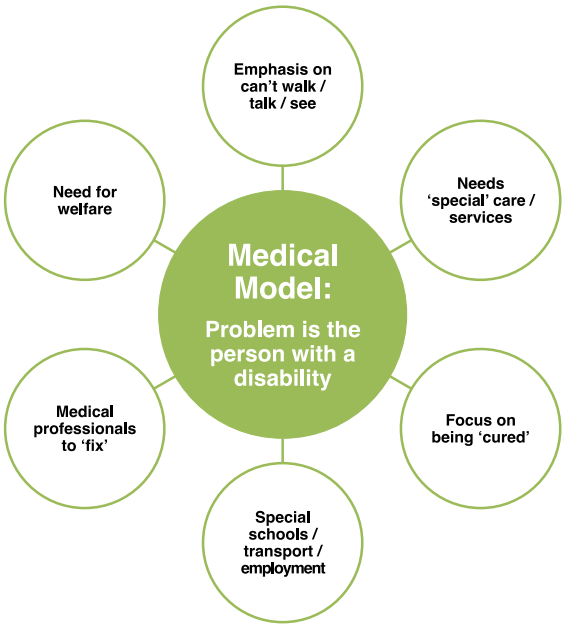




A focus is on providing special services, special schools etc. because they are different from 'normal' people. Within the Charity model some persons with disabilities commonly perceive themselves as powerless, useless, non-contributing individuals. In the Zanzibar context, this model is still widely embraced by many including local NGOs, some religious institutions and part of the general public.

C) The Medical model

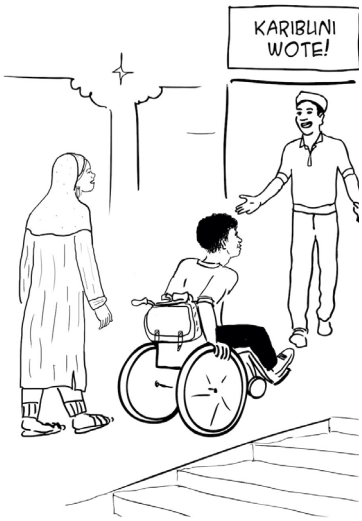
As science and medicine developed, disability was commonly viewed in biological or medical terms. The Medical model looks at disability as a deviation from the normal, caused by an underlying disease or other health condition. The Medical model focuses on the impairment that requires fixing by a medical professional for the individual to be a 'normal' member of society.

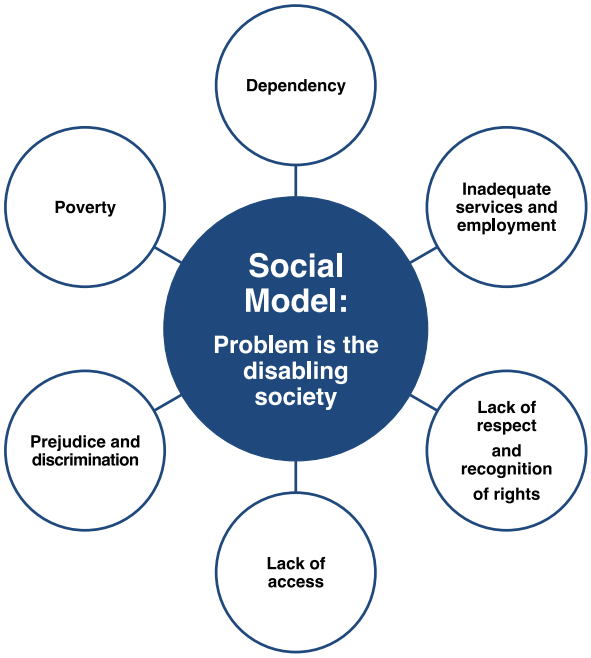


Disability is viewed as a ‘problem’ that belongs to the disabled individual: the person with a disability should ensure that they do not inconvenience anyone else. In practical terms, the Medical model would see an issue of a wheelchair user accessing public transport as an issue with the compatibility of the wheelchair to access the transport and not the way the transport system was organized.

D) The Social model

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





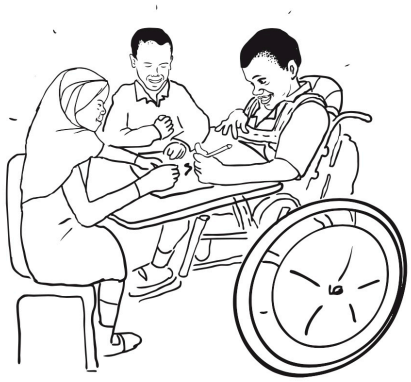
In the example above, the Social model of disability would see the design of transport as the disabling barrier for the wheelchair user – not the wheelchair.

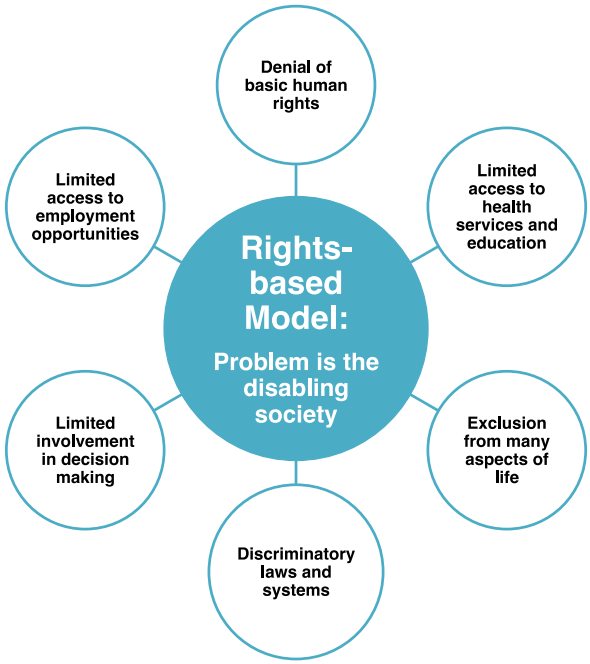
In Zanzibar, the Social model gained ground as a number of Disabled Persons Organizations (DPOs) were established and focused on advocacy. The Social model considers that it is society that disables people, by designing everything to meet the needs of the majority of people who are not disabled.

There is a recognition within the Social model that 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 of the person with a disability. The Social model is more inclusive in approach. Pro-active thought is given to how persons with disabilities 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 persons with disabilities are not excluded.

E) The Rights-based model

This model is closely related to the Social model. The Rights-based model takes universal human rights as a starting point. Persons with disabilities are seen to have a right to access all aspects of life within their society on an equal basis with others. Consequently, society has the responsibility to change to ensure that all people have equal possibilities for participation. Persons with disabilities are often denied their basic human rights such as the right to health, education, participation in social and political processes, and to employment.





Laws and policies therefore need to ensure that these society-created barriers are removed. The two main elements of the Rights-based approach are empowerment (the participation of persons with disabilities as active stakeholders) and accountability (the duty of public institutions and structures to implement these rights and to justify the quality and quantity of their implementation).

It should be noted that the above models do not manifest in a continuum – with one model succeeding or replacing another. There are elements of all models of disability in Zanzibar notwithstanding significant progress made to embrace the Social and Rights-based models.

A Community Based Inclusive Development (CBID) Strategy

CBR - or CBID as it is more frequently referred to - was initiated by the World Health Organization (WHO) 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 has evolved over time to become a multisectoral approach to improve the equalization of opportunities and social inclusion of persons with disabilities.

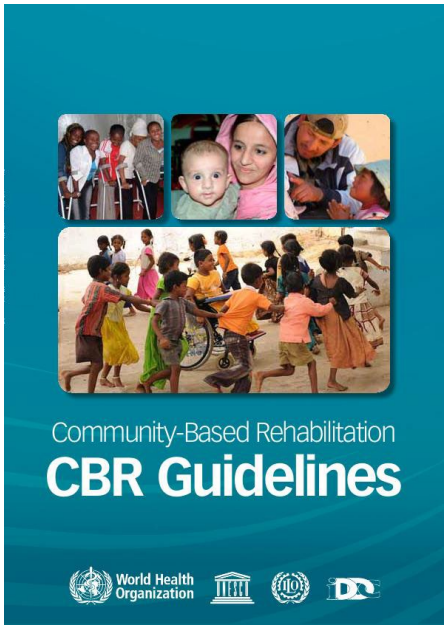
CBID[1] is a people-centred and community driven, human rights-based strategy to meet the basic needs of persons with disabilities, reduce poverty, and ensure the inclusion of people with disabilities in all development initiatives. It is a strategy to meet the UN Convention on the Rights of Persons with Disabilities (UN CRPD) and the Sustainable Development Goals (SDGs).

[1] Note that the term CBID is a newer term for CBR, adopted to reflect CBR's multi-sectoral strategy reflected in the CBR Guidelines.

The CBR Guidelines were launched in 2010 to provide a common understanding of the concepts and principles of CBR as a comprehensive rights-based approach. The Guidelines are based on the principles of the UN CRPD and designed to clarify the conceptual understanding, definitions and practice of CBR/CBID.

The CBR/CBID strategy is being practiced in more than 100 countries of the world[2].

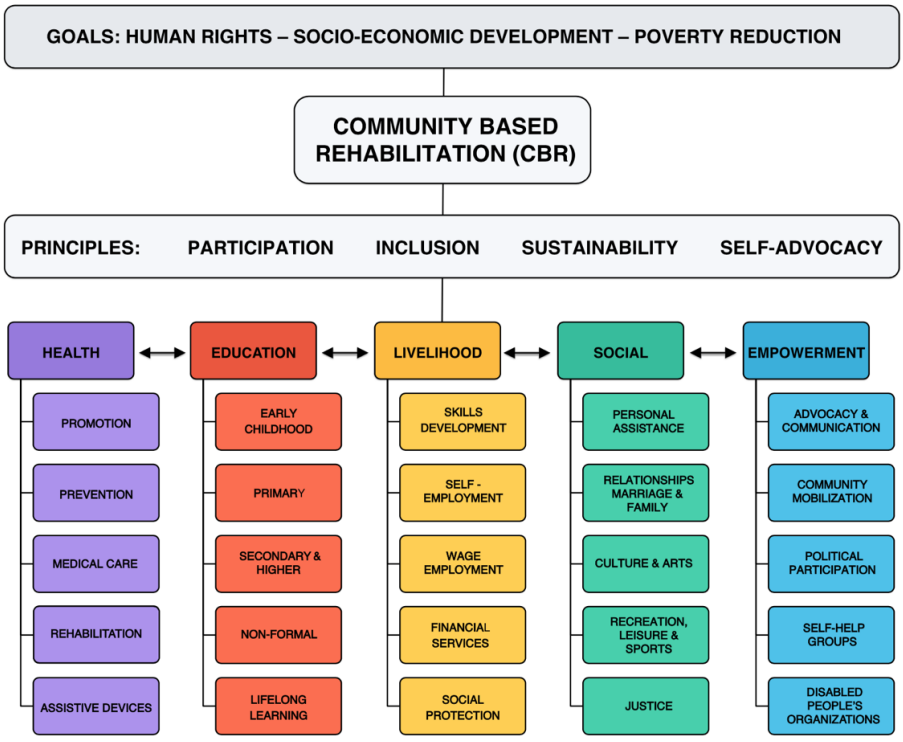
While the UN CRPD represents an international level legally binding policy instrument setting the minimum standards for the rights of persons with disabilities, CBID is a practical strategy for implementation at community level to achieve those rights.



The overarching **goals** of CBID as featured at the top of the CBR/CBID Matrix are:

- Human rights
- Socio economic development
- Poverty reduction

CBR/CBID Matrix



[2] World Health Organization estimate

The **principles** of CBID are based on the principles of the CBID and are also reflected in the CBR/CBID Matrix above the five key development sectors. They are:

- Participation
- Inclusion
- Sustainability
- Self-advocacy

The five **development sectors** in the CBR/CBID Matrix are:

- Health
- Education
- Livelihood
- Social
- Empowerment.

Each of these **components** has five **elements** as shown on the CBR/CBID Matrix. The aim of CBID is to achieve the rights and full inclusion of persons with disabilities in all these sectors – so that they become empowered contributing members of their societies. These 25 elements are not exhaustive and there are other elements of life that are cross-cutting and not represented in a specific box, such as spirituality, 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.

Linkages across and beyond the CBR/CBID Matrix

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. For example:

- 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.

In this way, each of the 25 elements links with every other element, and with elements outside of the CBR/CBID Matrix.

Relationship to the UN CRPD and the SDGs

In the last session we looked at the common goals of the UN CRPD, SDGs and CBID. In the sections below, as we explore the areas of the CBR/CBID Matrix we will also highlight the Articles of the UN CRPD and the SDGs that are the most relevant for those areas of the CBR/CBID Matrix. The ones highlighted are the ones that have the closest relationships, but many are relevant to more than one area of the Matrix.

The CBID Development sectors

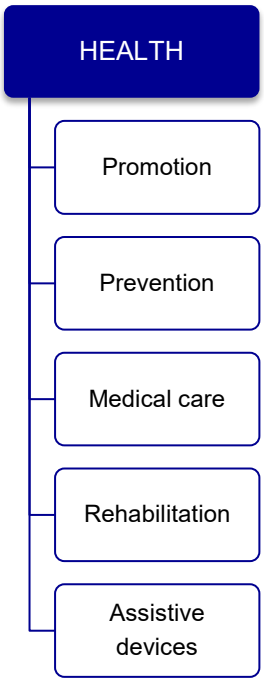
Health

The main UN CRPD articles relating to health are:

Article 20 – Personal mobility
Article 25 – Health
Article 26 – Habilitation and rehabilitation

The main SDGs relating to health are:

SDG 2 – Zero hunger
SDG 3 – Good health and wellbeing
SDG 6 – Clean water and sanitation



The CBID health strategy recognizes that the right to health is not only about access to health services; it is also about access to the underlying determinants of health, such as safe drinking water, adequate sanitation and housing.

However, evidence shows that persons with disabilities often experience poorer levels of health than the general population. They also face a number of different challenges to the enjoyment of their right to health.

CBID can facilitate inclusive health by working with the health sector to ensure access for all persons with disabilities and advocate for health services that:
- accommodate the rights of persons with disabilities
- are responsive, participatory, and community based.

The role of CBID is to work with the health sector to ensure that the needs of persons with disabilities and their families are addressed in all aspects of health, across five key areas as outlined below.

	Role of CBID
Promotion	• To identify health promotion activities at local, regional and national level and work with stakeholders to ensure access and inclusion for persons with disabilities and their family members. • To ensure that persons with disabilities and their families know the importance of maintaining good health and encourage them to actively participate in health promoting actions.
Prevention	• To ensure that communities and relevant development sectors focus on prevention activities for persons with disabilities and non-disabled people. • To provide support for persons with disabilities and their families to ensure they can access services that prevent development of negative health conditions or secondary complications.

Medical care	• To work in collaboration with persons with disabilities and their families and medical services to ensure that the former can access services designed to identify prevent, minimize and/or correct health conditions and impairments.
Rehabilitation	• To promote, support and implement rehabilitation activities at the community level and facilitate referrals to access more specialized rehabilitation services.
Assistive devices	• To work with persons with disabilities and their families and their respective OPDs to determine their needs for assistive devices and facilitate their access and ensure maintenance repair and replacement.

CBID and the Health sector in Zanzibar

Early identification: Zanzibar is carrying out public awareness raising initiatives on the importance of early identification of children with disabilities. The CBID programme conducted public Shehia meetings in 15 shehias where the CBID programme is implemented. Meetings were attended by a total of 997 community members: 356 male and 641 female including 122 persons with disabilities.

The aim of the meetings is to create and promote understanding for parents on how to prevent or reduce the effects of disabilities for children, especially during pregnancy or during early childhood. The meetings also aimed to ensure that parents have the ability to do a preliminary examination of their children in order to determine if the new-born has a disability or not, and how to access medical help.

Referral systems: The CBID programme connects parents of children with disabilities to institutions including the Ministry of Health, Inclusive Education and Life Study Unit, and The National Council for Persons with Disabilities (NCPDZ) to access more health support or assistive devices.

Medical and assistive technology services: NCPDZ also supports children to access medical check-ups and provides them with assistive devices including wheelchairs.

Other OPDs such as SOZA Organization for People with Disabilities South – Zanzibar organize medical check-ups, and support people to access physiotherapy services for adults and children with disabilities in south district. Following medical check up, ODP SOZA also hosted a meeting to discuss the medical report and come up with the strategies to raise 3,800,000 T shillings for treatment of 15 children with disabilities.

Idrisa Abdul Wakil secondary school of Pemba received assistive devices and other learning instrument from the office of the Vice President of Zanzibar.

Following the District CBID stakeholder forum, the CBID stakeholders from Chake Chake district visited Ndagoni and Wesha medical center with the aims of solving the problems that directly face people with disabilities when they go to such medical centers.

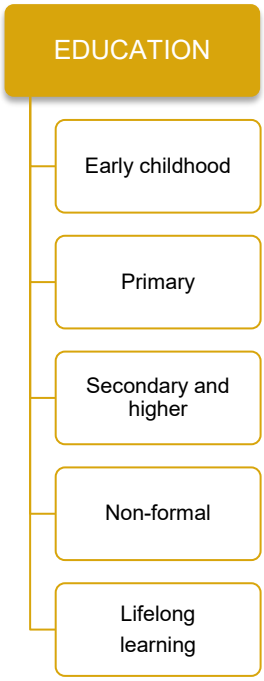
Education

The main UN CRPD article relating to education is:

- **Article 24 – Education**

The main SDG relating to education is:

SDG 4 – Quality education



UN CRPD Article 24 emphasizes the right to education for all children with disabilities, but people with disabilities and their families are often unaware of this right. A rights-based approach to education means ensuring that all children can access their rights, through lobbying the relevant authorities whose responsibility it is to provide it.

Education begins at home at birth and continues throughout life. It includes formal education - which takes place in a recognized institution such as a school or university, non-formal education - which is formal education outside of the formal system, home-based education, and informal education – which relates to everything we learn from family, friends and communities.

The role of CBID in education is to work with stakeholders of the sector to help ensure that education is inclusive at all levels for people with disabilities. All people with disabilities should be supported to have access to learning and to resources that meet their needs and respect their rights. Local schools should be encouraged to include children with disabilities and be accessible and welcoming. Communities should be aware that children with disabilities are able to learn and should be positive about their inclusion. All sectors should collaborate to achieve these aims.

The specific role of CBID for each of the five elements of the education component of the CBR/CBID Matrix are below.

	Role of CBID
Early Childhood	• Identify families with children with disabilities. • Interact and work closely with the families and their communities. • Assist in laying the foundations for all activities in the child's life.
	• Collaborate with primary education systems to create inclusive local schools.
Primary	• Support families and children with disabilities to access primary education in their local community. • Develop and maintain links between the home, community and schools.

Secondary and higher	• Facilitate inclusion with increased access, participation and achievement for students with disabilities. • Work with school authorities to make the environment more accessible and the curriculum more flexible.
Non-formal	• Work with non-formal programmes e.g. adult literacy programmes to ensure that persons with disabilities are able to access educational opportunities in inclusive settings. • Help persons with disabilities to access educational opportunities that are suited to their own needs and interests.
Lifelong learning	• Provide persons with disabilities with continuous learning opportunities to prevent their social exclusion, marginalization and unemployment.

CBID and the Education sector in Zanzibar

Advocacy and awareness raising: The CBID programme advocates for a conducive and mainstreaming environment for students with disabilities to have access to a quality education. The CBID steering committee members in collaboration with the NCPDZ and SHIJUWAZA organized a site visit to inspect the current developing government projects of the construction of new schools in Zanzibar. The construction sites visited include Mpendae Secondary school, Kidongo Chekundu school to inspect if the construction has taken into account the accessibility and needs of students/people with disabilities and have an accessible environment for all students, including students with disabilities, such as the installation of ramps. During this visit, the delegates were able to meet with contractors and leaders from the Ministry of Education to ask them to consider putting accessible infrastructure in those schools and to call for renovations to those that did not consider issues of accessibility for students/people with disabilities.

Training of OPDs in Inclusive Education: Roll out training was held for the leaders of 12 OPDs with the aim of building their awareness on the concept of inclusive education as well as building their capacity and facilitation skills in inclusive education. The aim is to enable them to cooperate with the Shehia Disability Council helping children with disabilities to study.

Provision of assistive technology for students: Students with disabilities from Idriss Abdul Wakil Secondary school received assistive devices and learning instruments from the office of the first vice president of Zanzibar.

Identifying challenges in schools: CBID stakeholders visit different schools (for example, kitogani Paje, Bwejuu in Unguja and Ndagoni and Wesha in Pemba) with the aim to help remove barriers that face children with disabilities. This was identified as an area of need at the District CBID stakeholders forum.

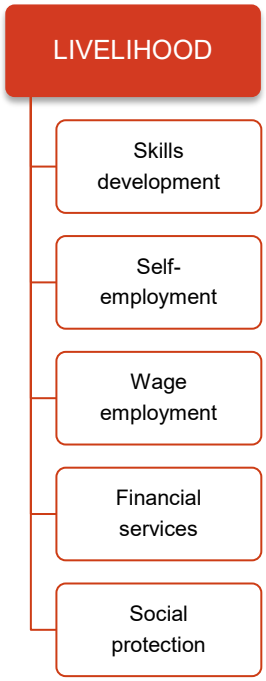
Livelihood

The main UN CRPD articles relating to the livelihood component are:

- **Article 27 – Work and employment**
- **Article 28 – Adequate standard of living and social protection**

The main SDGs relating to livelihood are:

SDG 1 – No poverty
SDG 8 – Decent work and economic growth



Persons with disabilities are disproportionately represented among poor people. Disability increases the likelihood of being poor, and being poor increases the likelihood of being disabled.

A primary purpose of CBID is to reduce poverty, therefore livelihoods are central to CBID. By finding and succeeding at work opportunities that are fairly compensated, safe and dignifying, individuals with disabilities can:

- Secure the necessities of life
- Improve their economic and social situations, and
- Increase their self-esteem, personal security and status within their family and community.

CBID needs to provide persons with disabilities with support to secure a livelihood that gives them sufficient resources to lead a dignified life, have access to social protection measures, and contribute to their family and community.

Having a livelihood contributes to maintaining the individual and his/her family by providing for the family and contributing to the community and society generally. Types of work include:

- work in the home
- work in a family enterprise
- individual production, service or trade activity
- individual or small group enterprise activity
- paid work for someone else in the informal or formal economy
- paid work in an adapted or sheltered context.

When people with disabilities are denied the right to earn a living, the result is that they become a financial burden on their families and state systems, and it is a denial of their right to opportunities for self-worth and personal fulfilment. Specifically, CBID initiatives can take these roles:

	Role of CBID
Skills development	• To enable persons with disabilities to access work opportunities, by actively promoting and facilitating the acquisition of relevant knowledge, skills and attitudes.

Self-employment	• To encourage and support self-employment by assisting persons with disabilities and their families, either individually or in groups, to access skills development and financial and material resources.
Wage employment	• To enable persons with disabilities to access and retain wage employment, by working to increase equal access and treatment in the workplace, as well as access to services that lead to wage employment.
Financial services	• To identify, facilitate, and promote access of persons with disabilities to financial services.
Social protection	• To facilitate the access of persons with disabilities to mainstream or specific social benefits. • To promote the provision of, and inclusion of persons with disabilities in, social protection measures.

CBID and the Livelihood sector in Zanzibar

Accessibility of loans: The CBID programme follows up on the accessibility of loans coordinated by the Economic Empowerment Department as well as NCPDZ. Monitoring has revealed the existence of many challenges in the release of the funds, including the lack of guidance and the failure of the funds to reach the target beneficiaries who are people with disabilities. But the biggest challenge is that some District Councils have failed to provide the money to people with disabilities and have reallocated it to other uses. The Government has now put in place a good procedure for the release of the funds where they are being coordinated by the Economic Empowerment Department.

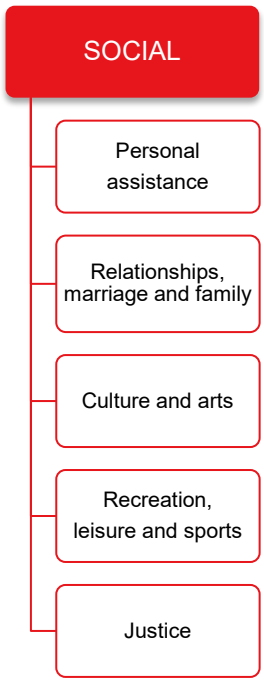
Grants to start small businesses and entrepreneurial activities: The CBID programme in collaboration with SHIJUWAZA follows up on established cooperative groups for people with disabilities in Unguja and Pemba districts. Groups are empowered by the Government who provide them with funds to enable them to start small businesses and entrepreneurial activities to generate income.

Establishment of saving and loan groups: The CBID Programme in collaboration with SHIJUWAZA and NECPZ process and coordinate the establishment of saving and loan groups for people with disabilities (iSave groups) which are managed and nurtured through an economic empowerment project (Kijaluba Project) funded by NAD. Those groups are given entrepreneurship education and financial management skills as well as connecting them with financial institutions with the aim of being given soft loans that will help them in their business activities.

Media disability awareness training: The CBID programme also conducts disability media training to encourage the media to prepare articles and provide information to raise and publicize the economic activities that people with disabilities engage in. The training has included a visit for journalists to the entrepreneurship centre for people with disabilities in Maruhubi. The goal of the visit is to enable journalists to prepare articles and documentaries to raise awareness on the economic activities that people with disabilities engage in to raise the market for their products and also be able to encourage other people with disabilities to carry out economic activities instead of begging on the street.

Disability revenue: The CBID programme through district and national CBID stakeholders forum continues to make follow-up to district councils to ensure they send 10% of their revenue collection to the Department of Empowerment so that citizens including people with disabilities can access loans to establish income generating activities.

Social



The main UN CRPD articles relating to the Social component are:

- **Article 16 – Freedom from exploitation, violence and abuse**
- **Article 19 – Living independently and being included in the community**
- **Article 30 – Participation in cultural life, recreation, leisure and sport**

The main SDGs relating to social are:

SDG 10 – Reduced inequalities
SDG 16 – Peace, justice and strong institutions

CBID can assist persons with disabilities to have meaningful social roles and responsibilities in their families and communities. These roles are important as they give meaning to life. Social roles include family roles of being for example a father, mother, son, sister, or friend or colleague, or community roles.

Some persons with disabilities require personal assistance to facilitate their full inclusion and participation in the family and community due to environmental factors as well as impairments that prevent them from carrying out activities and tasks on their own.

The provision of personal assistance may enable a person with a disability to get up and go to bed when they choose, eat what and when they choose, and participate in a full range of family and community activities in the way that they choose. Personal assistance might be provided informally such as by family and friends, or through social services.

The range of social roles held in a community influences a person's social status. In many societies being male, married, having children and a job have a positive impact on a person's social status. Conversely, if a person is single, childless and unemployed their status is likely to be much lower. The status of a person with a disability is often adversely affected by their lack of opportunity to fulfill other social roles. Therefore, when people with disabilities are given those opportunities, it can have a positive impact on their own social status and on the general attitudes towards disability and people with disabilities. The role of CBID for the five elements of the social component are:

	Role of CBID
Personal assistance	• To support persons with disabilities to access and actively manage the personal assistance necessary to live with self-determination and dignity.
Relationships, marriage and family	• To support persons with disabilities to have fulfilling relationships with members of their families and communities.
Culture and arts	• To work with relevant stakeholders to enable persons with disabilities to enjoy and participate in cultural and arts activities.
Recreation, leisure and sports	• To promote increased participation of persons with disabilities in recreation, leisure and sports activities. • To provide support to mainstream organizations and programmes to enable them to offer appropriate and accessible recreation, leisure and sports activities.
Justice	• To promote awareness of the rights of persons with disabilities. • To provide support to persons with disabilities and their family members to access justice when they face discrimination and exclusion.

CBID and the Social sector in Zanzibar

Awareness raising on rights: The CBID Programme through Shehia meetings trains community members to defend the access to rights for people with disabilities. This includes training families to be ready for young people with disabilities to have relationships and marry. Also, through the District and National CBID forums, stakeholders are encouraged to be at the forefront in defending the access to social rights for people with disabilities.

Promoting sports for persons with disabilities: NCPDZ in collaboration with the Zanzibar Football Federation (ZFF) enabled the national football team for people with disabilities (Karafuu Empere) to participate in international competitions (CANAF). Although the team was knocked out from the competition in the early stages, some of the team's players were able to be included in the Tanzanian national team for people with disabilities (Tembo warriors) and they are preparing to participate in the World Cup competition for people with disabilities which is expected to be held in September 2022 in Turkey.

Being counted in the Census: In preparing people with disabilities to participate in the 2022 census exercise, the Sport Association Disabled of Zanzibar (SADZ) Association was able to organize various sports bonanzas to sensitize and mobilize the people with disabilities to fully participate in the census. In these bonanzas, people with disabilities were able to participate in various sports such as football, athletics, hoops, netball, lifting heavy objects, and amputee ball.

Empowerment

The main UN CRPD articles relating to the Empowerment component are:

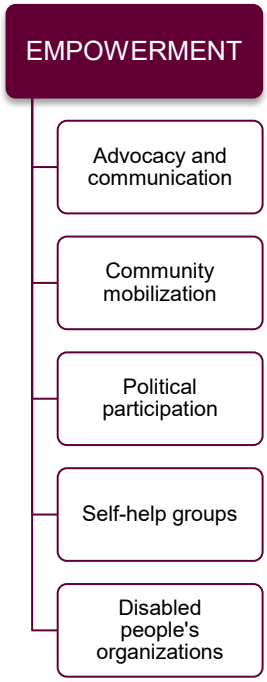
Article 8 – Awareness-raising
Article 21 – Freedom of expression and opinion, and access to information
Article 29 – Participation in political and public life

The main SDGs relating to empowerment are:

SDG 9 – Industry, innovation and infrastructure
SDG 11 – Sustainable cities and communities

People with disabilities are frequently disempowered as a result of stigma, discrimination and over-protection. Families often have low-expectations of a family member with a disability and do everything for them.

Community members are often not supportive of the involvement of people with disabilities, limiting their options and inclusion. In this situation, they become victims and objects of pity and their contributions are not acknowledged. This frequently contributes to their own feelings of low self-worth.



For a person to become empowered, they need to begin to overcome or challenge the attitudinal, institutional, and physical barriers they face. Change must begin with people with disabilities themselves. CBID stakeholders can facilitate this by raising awareness, building capacity, encouraging participation and providing information.

Empowerment for persons with disabilities means that they can make their own decisions, work with others to improve their communities, and work with community decision-makers to ensure equal opportunities for all. To empower someone may require providing resources, removing obstacles, or strengthening their own resources such as impacting their self-confidence and self-worth. Peer support is very powerful through the sharing of information and experiences with others with common challenges. CBID empowerment initiatives can address these areas:

	Role of CBID
Advocacy and communication	• To support persons with disabilities to develop advocacy and communication skills. • To ensure that the environment provides appropriate opportunities and support to allow persons with disabilities to make decisions, and express their needs and desires effectively.
Community mobilization	• To mobilize the communities to ensure that: • Negative attitudes and behaviours towards persons with disabilities and their families change. • The community is supportive of CBR/CBID. • Disability is mainstreamed across all development sectors.
Political participation	• To ensure that persons with disabilities have the information, skills and knowledge to enable them to participate in political processes and have access to opportunities to participate. • To ensure that disability issues are visible so that they are included into processes of political decision-making.
Self-help groups	• To provide support and assistance to persons with disabilities and their families to form new self-help groups and to support the capacity of existing ones to help them achieve greater impact. • Where mainstream groups, such as women's groups and microcredit groups already exist, to work with them to promote the inclusion of persons with disabilities and their families.
Disabled People's Organizations* / Organisations of Persons with Disabilities	• Work as a partner with organizations of persons with disabilities where they exist. • Provide assistance as and when appropriate to support the formation of organizations of persons with disabilities where they do not exist.

**The CBR/CBID Matrix was developed before the term OPD was in common use. We have changed the term in the text but not in the actual Matrix.*

CBID and the Empowerment sector in Zanzibar

Increasing understanding of disability at all levels: CBID held meetings with members of the Zanzibar House of Representatives, the general secretaries of the Ministry and the directors of Policy Planning and Research of all the Ministries of the revolutionary government of Zanzibar. The aim of the meetings was to give understanding to senior government officials on the concept of CBID to ensure that the central budget of the Government and the long-term and short-term development plans of the government take into account the needs of people with disabilities, including the participation of people with disabilities in decision-making processes.

Capacity building OPDs and their umbrella SHIJUWAZA: the CBID program continues to build the capacity of SHIJUWAZA to strengthen the capacity to manage developmental programmes that increase and strengthen services for people with disabilities. The strengthening of SHIJUWAZA continues including building capacity in the areas of financial management, internal communication and networking, leadership and management, and human resource management. This capacity building programme for SHIJUWAZA will greatly help to strengthen the enabling environment for OPDs, the access to services for people with disabilities, community awareness about the rights of people with disabilities and the participation of important stakeholders in the issues of people with disabilities.

Changing attitudes: CBID has continued to carry out activities to defend the rights of people with disabilities through disability media training. CBID was able to provide training to writers and editors of various media outlets working in Zanzibar, the aim of which is to build the ability of the media to defend and report on social and political issues related to disability issues so that society as a whole can participate in finding solutions to challenges facing people with disabilities which currently limit their full inclusion in society.

Cross cutting articles of the UN CRPD and SDGs and CBID

As well as the UN CRPD Articles and SDGs mentioned in the sections above which relate to specific CBR/CBID Matrix areas, there are many cross-cutting articles and goals relevant to all CBID areas such as:

UN CRPD:
Article 6 – Women with disabilities
Article 7 – Children with disabilities
Article 9 – Accessibility
Article 11 – Situations of risk and humanitarian emergencies
Article 17 – Protecting the integrity of the person
Article 18 – Liberty of movement and nationality

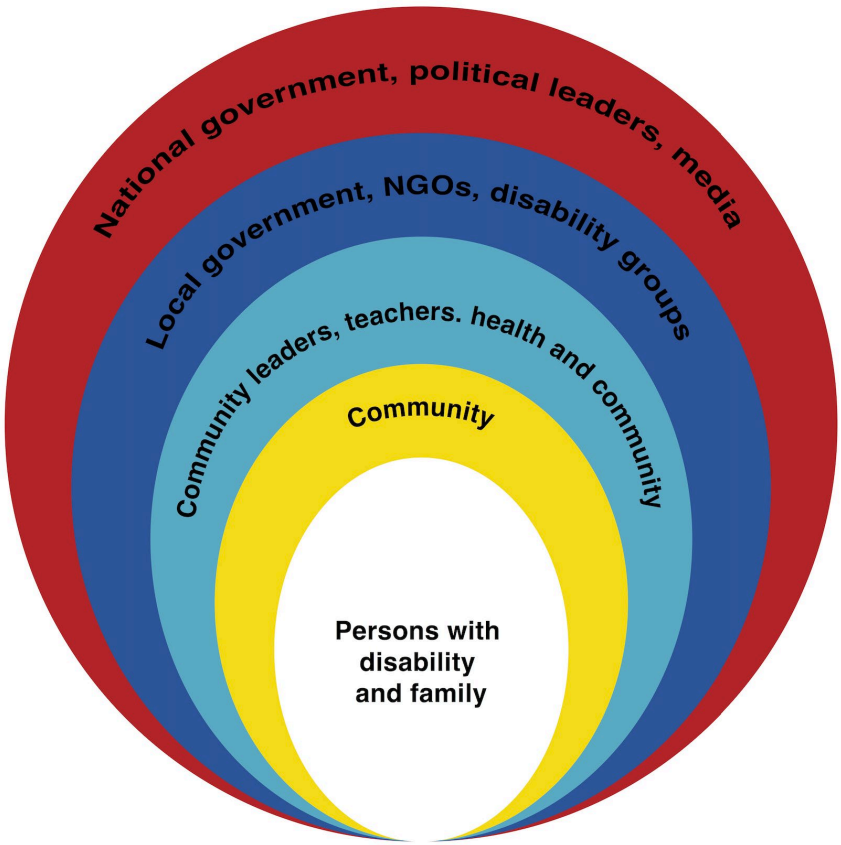
SDGs
SDG 7 – Affordable and clean energy
SDG 12 – Responsible consumption and production
SDG 13 – Climate action
SDG 17 – Partnership for the goals

CBID programmes must consider all of these articles in the planning and implementation of all CBID activities.

Multi sectoral Networking and Collaboration

A critical component of the CBID strategy is networking and collaboration of stakeholders from all sectors. CBID is implemented through the combined efforts of persons with disabilities, their families and communities, and relevant government and non-government health, education, vocational, social and other services.

Networking and collaboration can be considered as arrows that go between and beyond the elements within the CBR/CBID Matrix, and between all of the stakeholder groups shown in the diagram below from the CBR Guidelines. Through alliances and partnerships, stronger programmes are created, advocacy and lobbying efforts become more powerful, duplication is avoided, and each stakeholder can play the most appropriate role for their skills and knowledge and position as a duty bearer or rights holder.



CBID and Networking in Zanzibar

As the CBID programme has developed in Zanzibar, the CBID programme coordinators realised that a lot of great work was taking place in different sectors such as education, health, livelihoods, social and empowerment, but often there was a lack of information sharing and stakeholders were not aware of what other stakeholders were doing towards the achievement of inclusive development.

Even within sectors there can be a lack of information sharing. For example, two organisations may provide an assistive device to the same person because there is no collaboration or central record keeping. In another example, two organisations may be individually lobbying the same school to improve their accessibility, when their efforts would be more powerful if they were coordinated.

Communication and collaboration across sectors is another challenge. So, for example, a person with a disability might get access to education, but then struggle to access a job because they don't know about opportunities available. Or someone may be running a vocational training programme and would welcome persons with disabilities to apply, but persons with disabilities who would benefit do not hear about the programme. Within government structures, budget lines may be allocated to disability issues but OPDs may not have knowledge of them, so budgets can go unspent.

To begin with, support was secured to hold CBID Stakeholder meetings regularly at a District Level, and an annual CBID National level meeting was held. This has helped to share experiences and ideas between Districts, and at a National level in Zanzibar, and good improvements have been seen.

The next stage was to set up a structure that would allow CBID stakeholders to share information freely and on a daily basis – through WhatsApp CBID Network groups. These are now in place and are coordinated by the National Council for Persons with Disabilities (NCPDZ).

The District WhatsApp Networks are now developing well, and information is being shared across a variety of stakeholders within each District WhatsApp group. Membership ranges from 20-60 members, and includes stakeholders from the Government at all levels and all sectors, OPDs, service providers, individual persons with disabilities, members of parliament, Shehas, village leaders, and others. Members share information on a variety of topics such as:

- opportunities for education, employment, training, and medical services
- challenges experienced by individual people with disabilities where another stakeholder may be able to provide assistance or advice
- information on the UN CRPD, SDGs and other policies and instruments
- health service information such as community clinic days
- budget information on funds available for the disability sector to access
- advocacy strategies and organizing activities to carry out advocacy and awareness

Another WhatsApp group is also in place where the coordinators of the District Networks share information and experiences.

CBID Coordination in Zanzibar

CBR was started by UWZ in 1988 in six villages in West District. Over the following years it spread mainly in Pemba in Chake Chake, Mkoani and Wete, and to three Districts of Unguja, in West, Central and North A. The disability sector in Zanzibar was for many years coordinated through UWZ, and later on the Zanzibar Federation of Disabled Peoples Organisation (SHIJUWAZA) became the umbrella for networking and advocacy for DPOs in Zanzibar.

Funding challenges limited the development of CBR/CBID and UWZ were the drivers of the Disability Act in Zanzibar which led to the establishment of the National Council for Persons with Disabilities (NCPDZ) in 2008 who now hold overall responsibility for CBR/CBID. By having the responsibility for CBR/CBID within the Government structures, its sustainability is more assured. Currently, NCPDZ is situated within the First Vice Presidents Office.

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 13 members, (6 from OPDs, 3 sector ministries, 2 private sectors, 2 trade unions and the Director) 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.

Other disability related programmes have been housed within other Ministries. For example, programmes promoting inclusive education have been under the Ministry of Education and Vocational Training through Department of Inclusive Education, while rehabilitation and CBR programmes have come under UWZ with three supporting staff from the Ministry of Health and Social Welfare.

Sources

World Health Organization, UNESCO, International Labour Organization & International Disability Development Consortium. (2010). Community-based rehabilitation: CBR Guidelines. World Health Organization
World Health Organization, 2010, *CBR Guidelines*, Geneva
CBM International, 2014, *The Future is Inclusive, How to Make International Development Disability-Inclusive*, Series on Disability-Inclusive (www.cbm.org/didseries1_The_Future_is_Inclusive_pdf)
https://www.disabilityinfo.org/mnip/db/fsl/FactSheet.aspx?id=77
http://www.ohchr.org/EN/Issues/Disability/Pages/DisabilityIndex.aspx
https://www.add.org.uk/why-disability/facts-about-disability/dangerous-myths-about-disability
WHO/UNICEF, *Early Childhood Development and Disability: A discussion paper*
http://www.asksource.info/topics/social-inclusion/gender-and-disability
http://blog.handicap-international.org/influenceandethics/wp-content/uploads/sites/4/2015/12/BP_gender_WEB.pdf
National Youth Leadership Network factsheet
http://www.continuetolearn.uiowa.edu/nas1/07c187/Module%201/module_1_p6.html
http://www.scope.org.uk/Scope/media/Images/Publication%20Directory/Current-attitudes-towards-disabled-people.pdf