# A rights based approach through CBID



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#### **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.

# Models of disability



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# Cause seen as a result of curse or jinx

Tragic figure
- surrounded
by myths

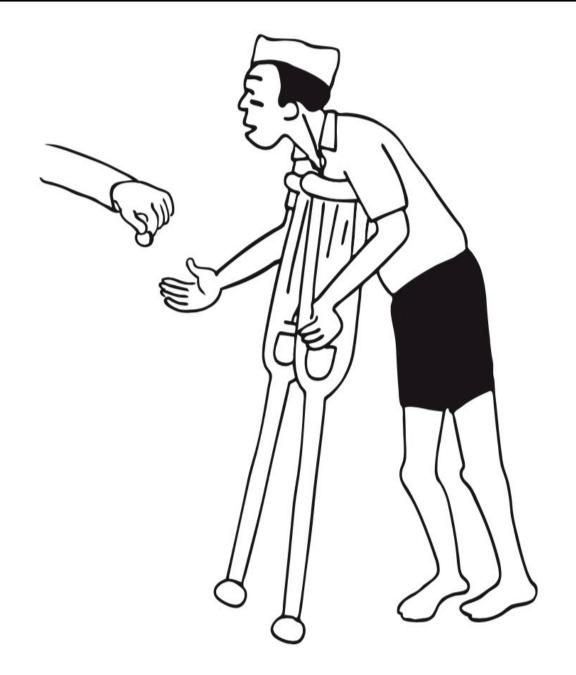
Traditional Model:
Problem is the person with a disability

Treated with pity, and patronising attitudes

Often segregated from family and society

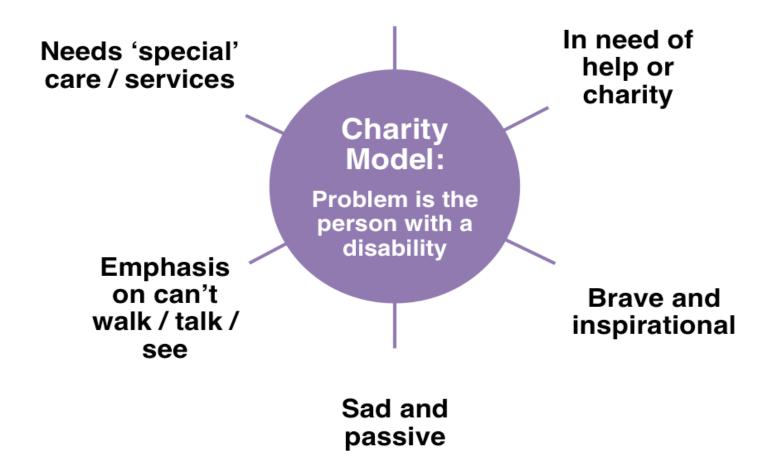
Feared as 'supernatural'

Impairment is focused on



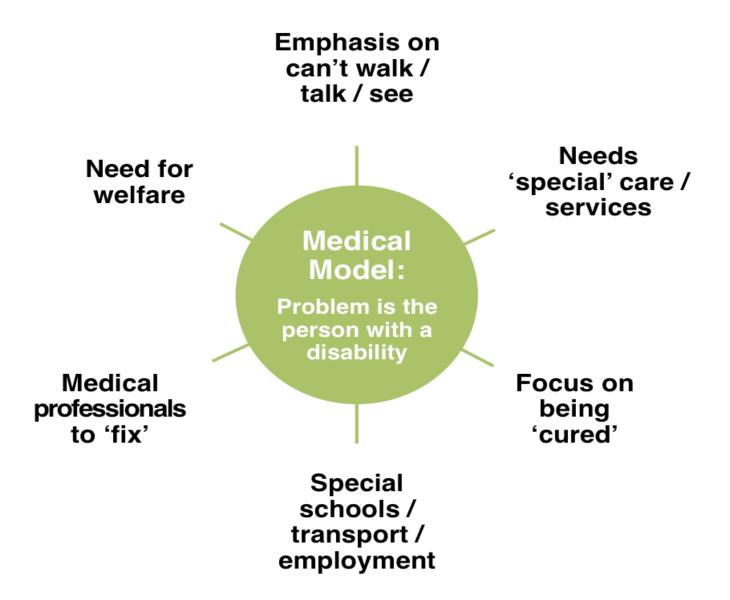
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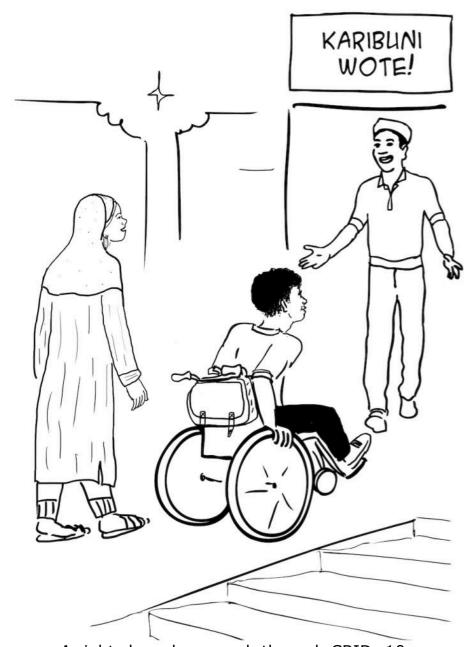
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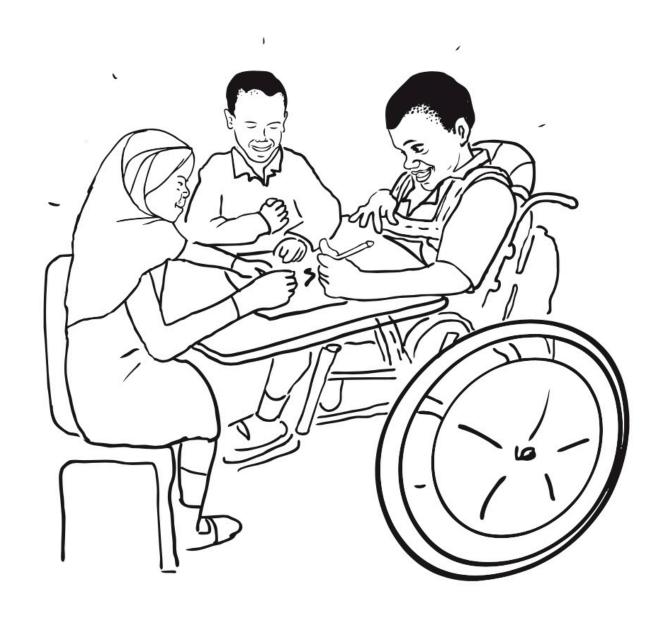




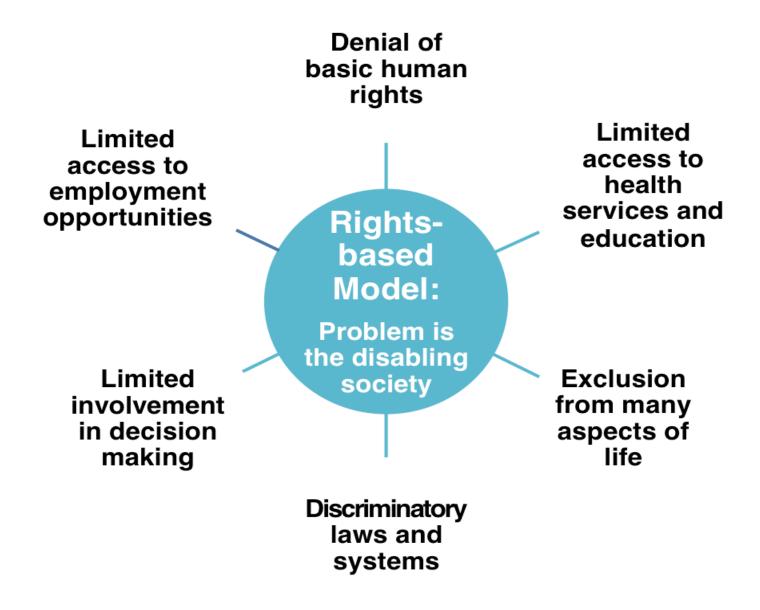
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#### Dependency





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# DISABILITY RIGHTS ARF HUMAN RIGHTS



# The Constitution of Zanzibar

- Every citizen is treated equally
- Every person has access to adequate health care
- Equal opportunity to adequate education for all
- Every person able to work has the opportunity to work
- Disadvantaged groups are assisted.



# 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 CBID strategy**

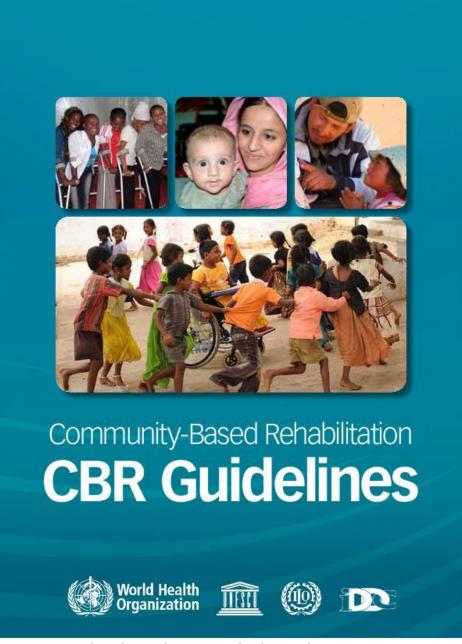


### A CBID strategy

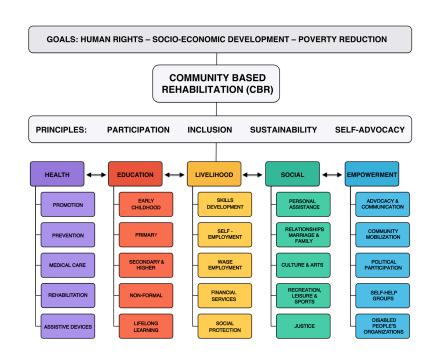
- CBID was initiated by WHO in 1978 to enhance the quality of life for persons with disabilities and their families; meet their basic needs; and ensure their inclusion and participation.
- Emphasis was on increasing access to rehabilitation services.
- Evolved to become a multisectoral approach to improve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

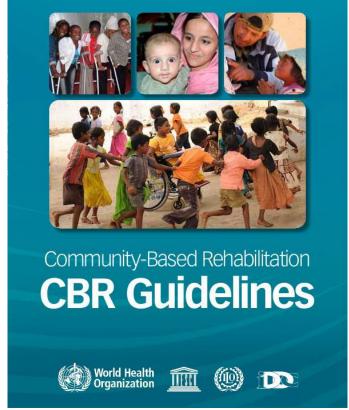
### A CBID strategy

- 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.



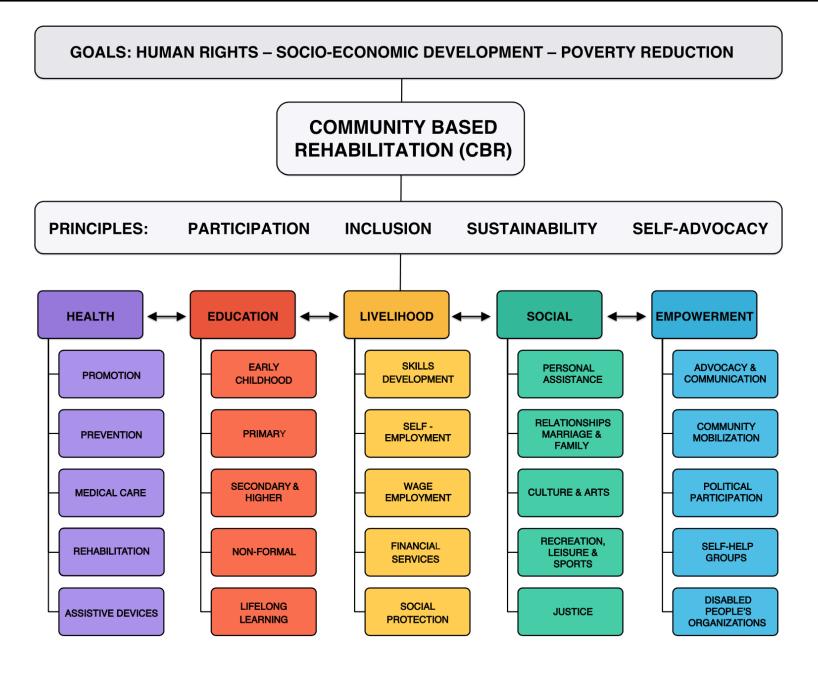






- CBR was started by UWZ in 1988 in six villages in one District.
- Over the following years it spread throughout Pemba and to many of the Districts of Unguja.
- UWZ were the drivers of the Disability Act in Zanzibar which led to the establishment of the NCPDZ who now hold responsibility for CBR/CBID.

- 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.



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# **Activity**

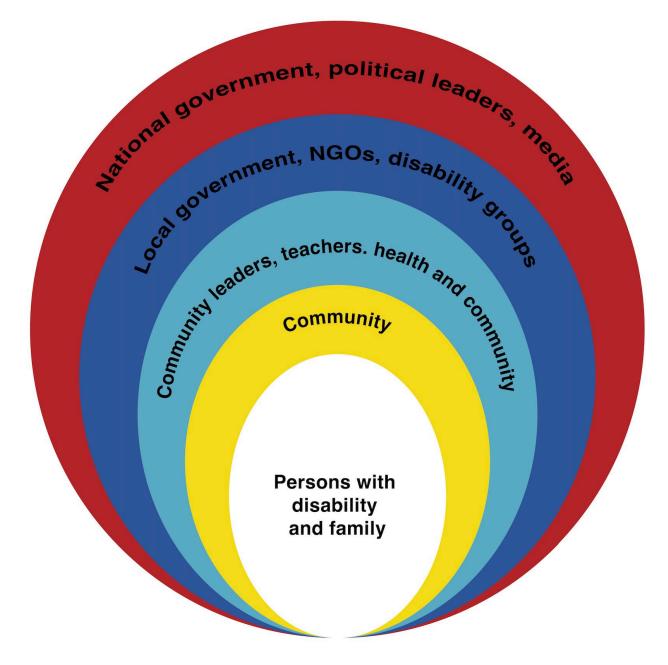
### **CBID Matrix linkages**

- 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.

- 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.



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



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

