

# Disability-Inclusive Development



Santy Villanueva is a counsellor and a person with a disability. He works with people that need support after Typhoon Haiyan. Typhoon Haiyan was a bad tropical storm that hit the Philippines in 2013.

## Including everyone in making things better

- Persons with disabilities are at high risk of being poor, unwell and having less opportunities.
- International Cooperation is countries working together to make things better.
- Not enough has been done to make sure that persons with disabilities are included in planning International Cooperation.
- Disability-Inclusive Development makes sure persons with disabilities are involved in helping build the projects that affect them.
- Disability-Inclusive Development is accessible and tries to make equal opportunities for girls, boys, men and women with disabilities.



## BASELINE

One billion people worldwide live with a disability. The proportion of persons with disabilities in low- and middle-income countries is above average due to the vicious cycle between disability and poverty: poor families have less opportunities to live a healthy life and less access to medical prevention and healthcare. They are exposed to higher risks due to poor living conditions and unsafe jobs. Disability leads to less employment opportunities for adults and less schooling for children. Time spent caring for family members with a disability means less time for paid work and increased costs for healthcare and assistive devices. Hence, persons with a lived experience of disability are quickly stuck in a situation of poverty.

In principle, international cooperation has long concentrated on promoting the inclusion of the most at-risk persons and groups. However, persons with disabilities and their families have too often been excluded from international cooperation measures. Either because they cannot attend meetings and distributions due to a mobility impairment or because they cannot read or see information and media communication due to a visual or hearing impairment. Further, they may already have been stigmatized and excluded due to their psychosocial situation. Despite the long-standing principle of participation, the voices of persons with disabilities and their representative organizations have not been heard in the framework of conventional international cooperation.



## LEGAL FRAMEWORK

The UN member states adopted the Convention on the Rights of Persons with Disabilities (CRPD) in 2006; Switzerland ratified it in 2014. Article 32 of the convention obliges states to take measures “ensuring that international cooperation, including international development programmes, is inclusive of and accessible to persons with disabilities”<sup>1</sup>. Article 11 of the CRPD states that humanitarian aid “shall take [...] all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters”<sup>2</sup>. Furthermore, the CRPD obliges states to ensure that persons with disabilities decide on their own lives, thereby taking an active role in all vital issues concerning them, be it in the political, social, cultural or economic sphere. 11 explicit references on the inclusion of persons with disabilities are made in the 17 Sustainable Development Goals of the 2030 Agenda that is also supported by Switzerland. Likewise, Switzerland’s Federal Act on International Development Cooperation and Humanitarian Aid recognizes poorer population groups as a priority. Hence, a particular emphasis on the inclusion of persons with disabilities, also bearing in mind the above-mentioned cycle of poverty and disability, is a clear given. In accordance with a human rights-based approach, CBM promotes and ensures the rights of persons with disabilities.

<sup>1</sup> Convention on the Rights of Persons with Disabilities, 2006.

<sup>2</sup> Ibid.



On 3<sup>rd</sup> December 2017 – the International Day of Persons with Disabilities – a CBM partner, the Doaba Foundation in Muzaffargarh (Pakistan), staged a street theatre performance. The idea was to raise public awareness about the signing of a cooperation agreement with the local government.

Disability-inclusive development is based on the finding that disability results from the interaction between an impairment and the behavioural, communication and environmental barriers which prevent a person from participating fully, effectively and equally in social life. In the health system for example, physical barriers must be overcome and communication with persons with visual, hearing or psychosocial disabilities must be ensured. Among other things, this can be achieved by contacts with self-help groups, organizations of persons with disabilities or community-based inclusive development programmes for and with persons with disabilities (CBID).

Likewise, persons with disabilities must be able to actively participate in decision-making at all stages of programming in the areas of education and vocational training, inclusion into the working world as well as income generation. To achieve this, capacity building must be promoted for organizations of persons with disabilities and they have to be linked with private and public institutions. Programmes in the field of mental health aim to encourage persons with psychosocial disabilities to take part in all areas of social life. In this particular area of work where behavioural barriers, i.e. stigmatization, are particularly high, interventions should be accompanied by awareness-raising and communication. The lived experience of persons with psychosocial disabilities, positive examples and knowledge transfer help to successfully overcome prejudices. Disability-inclusive development in international cooperation focuses on the following five benchmarks:

1. Persons with disabilities and their representative organizations are involved in every stage of the project cycle management.
2. Non-discrimination is practised and evidenced in all programmes, policies, position papers, guidelines and action plans.
3. The voice, choice and autonomy of girls, boys, women and men with disabilities are respected in programmes.

4. Programmes demonstrate that measures are taken to create equal opportunities for girls, boys, woman and men with disabilities.
5. All aspects of programmes and operations are fully accessible in line with the principles of Universal Design.

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 **GOOD EXAMPLES**

In Muzaffargarh, Pakistan, CBM supports a project in the area of CBID and disaster risk reduction (DRR). By actively participating in vocational training programmes, trainings in business management, barrier-free access to the job market and start-up support, persons with disabilities can set up their own company. Based on market analyses, they decide themselves in which field they want to work in. Improvements in inclusive basic healthcare services have increased access to basic treatments for persons with disabilities. In addition, thanks to inclusive disaster risk reduction measures, they are better protected from flooding. Improved participation in social life has been achieved by enhanced accessibility of public areas. Persons with disabilities have played an active role in all these interventions. Importantly, the community as well has benefitted from improved governmental services and the broader support base for economic activities.

*Accessible language sections provided by CHANGE (first page)*



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## **LINKS AND INFORMATION**

### **Disability Inclusive Development Toolkit (CBM)**

<https://www.cbmswiss.ch/did-toolkit>

### **University of Melbourne, Nossal Institute for Global Health**

<https://mspgh.unimelb.edu.au/centres-institutes/nossal-institute-for-global-health>

### **Inclusion Made Easy (CBM)**

<https://www.cbmswiss.ch/inclusion-made-easy>