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STRATEGY FOR PROMOTING AND PROTECTING THE RIGHTS OF CHILDREN WITH
DISABILITIES IN AFRICA
AFRICAN COMMITTEE OF EXPERTS ON THE RIGHTS AND WELFARE OF THE CHILD (ACERWC)

STRATEGY FOR PROMOTING AND PROTECTING THE RIGHTS OF CHILDREN WITH DISABILITIES IN AFRICA
1. BACKGROUND

Disability often arises from war and inhumane treatment. Moreover, according to the World Report on Disability, lower income countries have a higher prevalence of disability than higher income countries. An estimated 80 percent of persons with disabilities live in developing countries, many in conditions of poverty. Disability is a development issue because of the bidirectional link to poverty: disability may increase the risk of poverty and poverty may increase the risk of disability.

Researches have indicated that the consequences of disablement are particularly serious for children. Children with disabilities are discriminated against on two grounds: age and disability, and often they have less access to essential services such as health care and education. Children with disabilities are among the most stigmatized and excluded, often suffering marginalization within the family, community, at school, and in the wider society, leading to poor health and education outcomes, affecting chances for participation and putting them at higher risk for violence, abuse and exploitation.

It is in consideration of the special needs of children with disabilities that Article 13 of the African Charter on the Rights and Welfare of the Child (ACRWC) states that children with disabilities shall have the right to special measures of protection. In particular, the Charter prescribes that State Parties have to ensure that children with disabilities have effective access to training, preparation for employment and recreation opportunities in a manner conducive to the child achieving the fullest possible social integration, individual development and his cultural and moral development.

To address the plight of people with disabilities in general and children in particular, various treaties have been made, initiatives have been in place at the UN Level. Examples of such instruments and initiatives include: The Convention on the Rights of Peoples’ with Disabilities (CRPD) the Convention on the Elimination of All Forms of Discrimination against Women; the Convention against Torture and other Cruel, Inhumane, or Degrading Treatment or Punishment, and the Convention on the Rights of the Child. Moreover, the UN Decade of Disabled Persons (1983-1992) raised awareness of disability issues and facilitated progress in the prevention of disability, mainstreaming of disability issues in society, and the rehabilitation of persons with disabilities.

In Africa, the first African Decade of Disabled Persons (1999-2009) did not have much impact. Even though most African countries have ratified the international and regional treaties in relation to people with disabilities in general and children with disabilities in particular, limited attempts have been made to integrate these measures into national laws, policies and basic services provided. Hence, the Second Session of the African Union Conference of Ministers in Charge of Social Development (CAMSD2) in 2010 decided that there was a need to launch an extended African Decade of Persons with Disabilities to last from 2010 till 2019. The Continental Plan of Action for the African Decade of Persons with Disabilities 2010-2019 (CPoA) contains several proposed priority
areas for the Second Decade of Disabled Persons, to be implemented by the Member States.


To complement the implementations of these instruments and frameworks, the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) has identified the theme ‘The Rights of Children with Disabilities: The Duty to Protect, Respect, Promote and Fulfill’ for the Commemoration of the 22nd Day of the African Child in 2012. Hence a Concept Note was sent to all Member States to guide them on the objective and activities of the DAC. According to the Concept Note, the ACERWC proposed to Member States to undertake various activities to address the challenges of children with disabilities in Africa. After reviewing the status of implementation of its recommendations, the ACERWC has decided to develop a Strategy to further strengthening the process of protection of accorded to children with disabilities in the medium term. This strategy will further facilitate the promotion and protection of the rights of children with disabilities so that their abilities are not overlooked, their capacities are recognized and their needs given the priority it deserves.

2. VISION

The vision of this strategy is:

Creating an Africa fit for children with disabilities, where children with disabilities fully enjoy all their human rights and fundamental freedoms on an equal basis with others; their dignity is ensured and where their self-reliance and active participation in the community is promoted.

3. GENERAL PRINCIPLES

The general principles adopted by this Strategy are the following, as set out in Article 4 the ACRWC and Article 3 of the Convention on the Rights of Persons with Disabilities (CRPD):

(a) The best interests of the child, which shall be the primary consideration in all actions concerning the child undertaken by any person or authority;

(b) Respect for inherent dignity, individual autonomy including the freedom to make one’s own choices, and independence of persons;

(c) Non-discrimination;

(d) Full and effective participation and inclusion in society;
(e) Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;

(f) Equality of opportunity;

(g) Accessibility;

(h) Equality between men and women;

(i) Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

4. AREAS OF CONCERN

This Strategy identifies seven areas of specific concern that compel urgent attention from all actors. These areas are:

1. The links between poverty and disability

2. Social attitudes, stigma and discrimination

3. Right to education,

4. Right to health

5. The right to be heard and to participate

6. Violence against children with disabilities

7. The Importance of statistics, research and evidence gathering

These areas of concern are aligned with the eight strategic thematic areas identified in the Continental Plan of Action for the African Decade of Persons with Disabilities (2010–2019). They also conform to the rights guaranteed in the ACRWC and the CRPD. These alignments are included in the discussion below.

5. DEVELOPMENT OF THE MEDIUM-TERM STRATEGY

5.1 General approach

It is recommended that Member States should adopt a three-fold approach to develop a medium-term strategy consisting of development, implementation and monitoring and evaluation. These three aspects should not necessarily be seen as sequential (i.e. monitoring can only start once implementation is fully in place), especially where Member States have duties that must be fulfilled immediately rather than realised progressively. However, these three aspects should all receive due attention in the process of respecting, protecting and fulfilling the rights of children with disabilities. In addition to taking the above three-fold approach, the medium-term strategy should also include measurable and time-bound indicators to show whether stated objectives have been met.
5.2 Development phase

The development phase should include, at a minimum, the following:

5.2.1 National action plans

Member States should compile and adopt national plans of action to protect, respect, promote and fulfil the rights of children with disabilities with specific reference to the six areas of concern and the outcomes to be achieved. In compiling these plans, countries should consult with children with disabilities and their Representative Organisations.

The action plans should be accompanied by implementation plans with clear indications of sustainable resource allocation, with specific reference to the resource allocation for the implementation of the policy framework for inclusive education.

5.2.2 Review of legislative and policy framework

During the development phase, Member States should pay attention to -

1. Conducting a review of the national legislation and policy framework to align it with the normative human rights framework at regional and international level and the commitments undertaken as member states of AU;

2. Ratification and domestication of ACRWC and CRPD and its Optional Protocol, where this has not yet been done.

The reviewed legal and policy framework should at a minimum -

(a) Prohibit discrimination on grounds of disability in constitutional provisions and in specific anti-discrimination laws or legal provisions; and

(b) Aim to respond to violence against children and young people with disabilities by making explicit and specific mention of their particular rights and needs in national child protection and sexual violence legislation and policies; and

(c) Aim to provide for equal access to child protection services for children with disabilities in national children’s legislation, with reasonable accommodation where required;

(d) Aim to include a guarantee of the right to inclusive education of children with disabilities in constitutional provisions and national children’s legislation as well as education legislation; and

(e) Include a policy framework for inclusive education at central (national) level to support a practice and culture of inclusive education at all levels of the education system, including early childhood development.

5.3 Implementation phase

The implementation phase should include, at a minimum the following:
5.3.1 Strengthening service provision

Member States should pay attention to strengthening all areas of service provision (including healthcare and community-based rehabilitation) to accommodate and include children with disabilities. This reinforcement should include every aspect of service provision, ranging from training of service providers to ensuring that facilities are accessible and affordable to all.

5.3.2 Complaints mechanisms

Member States should introduce or reinforce accessible mechanisms where children with disabilities, their families and the general public may lodge complaints when their rights are disregarded or violated. These complaints mechanisms should be widely publicised, including to disabled children’s organisations.

5.4 Monitoring and Evaluation

Monitoring the implementation of this strategy at national level is the responsibility of Member States. It is therefore important to ensure, when developing the national plans of action described above, that monitoring mechanisms are also put in place. These consist of identifying firstly measurable indicators, and secondly who will be responsible for the monitoring activities. The reporting template, to be developed based on the outcomes outlined below, may be used in listing these indicators.

There are already a number of monitoring mechanisms required, for example, under Art 33 of the CRPD as well as the CPoA, and it is recommended that the monitoring of this Strategy should be integrated with existing mechanisms, rather than to create new ones. However, the addition of new functions to existing mechanisms must be accompanied by appropriate additional resource allocation.

Similarly, Member States may note that the information required in the reporting template may be drawn from other country reports, for example, initial or period reports to the Committee on the Rights of Persons with Disabilities, and therefore does not impose additional burdens of monitoring or information-gathering, provided that monitoring and evaluation mechanisms are appropriately set in place during the development phase. In this regard technical assistance may be provided by research centres and other specialized agencies/organisations with experience in this aspect.

Member States are required to include information regarding implementation of this Strategy in their reports to the ACERWC. The required steps will then be taken by the Committee at its level to work with Governments and all Actors to ensure greater compliance with the duties to protect, respect, promote and fulfil the rights of children with disabilities.

6. AREAS OF CONCERN: OUTCOMES AND ACTIVITIES

6.1 AREA OF CONCERN 1: LINKS BETWEEN POVERTY AND DISABILITY
OUTCOMES: Social protection measures are taken to:

(a) Address the additional costs associated with disability;

(b) Provide adequate support for families with a child with disability.

PRIORITY ACTIONS FOR MEDIUM-TERM TO ACHIEVE ABOVE OUTCOMES:

1. Include disability as a criterion in poverty reduction and other development programmes submitted for funding by development partners.

2. Social assistance in the form of cash transfers or in-kind transfers should be made to poor families to alleviate the financial burden of caring for a child with disability and to help pay for disability-related expenses.

3. Families of children with disabilities should be given priority in microloan and wealth creation schemes.

4. Create awareness among the families and caregivers on available social protection programmes such as financial assistance, affordable services, devices, technology, etc. for disability related needs.

6.2 AREA OF CONCERN 2: SOCIAL ATTITUDES, STIGMA AND DISCRIMINATION

OUTCOMES: Customs, practices and perceptions that stigmatize and discriminate against children with disabilities are addressed through public awareness and education activities.

Strategic Thematic Area: Article 1(3) of the ACRWC: ‘Any custom, tradition, cultural or religious practice that is inconsistent with the rights, duties and obligations contained in the present Charter shall to the extent of such inconsistency be discouraged’

Priority Action Area: Non-Discrimination
PRIORITY ACTIONS FOR MEDIUM-TERM TO ACHIEVE ABOVE OUTCOMES:

1. Information on what constitutes abuse/violation of rights and where to report it, must be widely disseminated through the media, public institutions such as schools and health facilities, community based organisations, places of worship, etc. Authorities dealing with cases of abuse/violation of rights, including traditional authorities, must be properly trained in how to deal with it.

2. Conduct general public awareness campaigns to dispel myths, and specify harmful cultural practices. Involve traditional healers, traditional authorities in such initiatives.

3. Encourage and support the establishment of community based organisations, organisations of families with children disabilities, mother-to-mother support groups, voluntary class assistantships, etc. to make children and their families more visible and accepted in mainstream community life.

4. Ensure that all protective services are age, disability and gender sensitive.

6.3 AREA OF CONCERN 3: RIGHT TO EDUCATION

OUTCOMES: Government compliance with existing commitments for realisation of the right to education of children with disabilities is improved.

Priorities for Medium-term to achieve above outcomes:

1. Transforming mainstream schools to be more inclusive; which would include the provision of properly trained and sensitized teachers, material resources such as audio recorders, adaptive technologies, assistive devices and infrastructural adjustments.

2. Training of teachers (both in-service and pre-service) in inclusive teaching practices and methodologies such as sign-language;

3. Measures taken to ensure regular attendance of children with disabilities at school and reduction of ‘drop-out rates’;
4. Reasonable accommodation of children with disabilities to enable equality of learning opportunities

5. Ensure early childhood development strategies and programmes cater for children with disabilities

6. Emphasize early detection of disabilities, such as screening for language problems, hearing loss, learning difficulties, neurological disorders and other impairments, during school health programmes.

7. Promote inclusive vocational training and make vocational training centres accessible to over-aged learners and those who display and aptitude and interest in acquiring such marketable skills

6.4. AREA OF CONCERN 4: RIGHT TO HEALTH

OUTCOMES: Government compliance with existing commitments for realisation of the right to health of children with disabilities is improved.

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<thead>
<tr>
<th>Strategic Thematic Area:</th>
<th>Article 14(1) of the ACRWC: ‘Every child shall have the right to enjoy the best attainable state of physical, mental and spiritual health’</th>
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<td>Priority Action Area:</td>
<td>Health and Health Services</td>
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PRIORITIES FOR MEDIUM-TERM TO ACHIEVE ABOVE OUTCOMES:

1. Educate parents/caregivers and the general public on the scope of practice of different medical and rehabilitation practitioners such as audiologists, speech-language pathologists, dieticians, occupational therapists, orthopaedic technicians/specialists so they are able to better advocate for support to children with disabilities

2. Conduct in-service, and pre-service sensitization and training of health practitioners on the management of patients with disabilities in a holistic manner

3. Put in place systems for early detection, referral and reporting of disabilities from the time of birth and during health checks.

4. Promote the provision of free health care to pregnant women and infants up to the age of seven

5. Sensitize government agencies and non-governmental organisations working on water and sanitation programmes about disability-causing diseases and the importance of building facilities that are accessible to children with physical and visual challenges

6.5 AREA OF CONCERN 4: VIOLENCE AGAINST CHILDREN WITH DISABILITIES

OUTCOMES:
1. Access to justice for children with disabilities who have experienced violence is improved;

2. Capacity of child protection services to respond to children with disabilities is improved;

3. Disability-appropriate violence prevention initiatives are introduced.

PRIORITIES FOR MEDIUM-TERM TO ACHIEVE ABOVE OUTCOMES:

1. Introduce accessible, safe and child-sensitive and disability-sensitive measures to report violence

2. Collaborate with relevant stakeholders

3. Sensitize community and opinion leaders to prevent all forms of exploitation, violence and abuse against children with disabilities

4. Take adequate legal, administrative, educational and other measures for the protection of children with disabilities

5. Ensure adequate care, including psychosocial support, for children with disabilities and their families/caregivers who became victims of violence and abuse

6. Launch national communication strategies and campaigns to promote positive attitudes towards children with disabilities.

7. Educate duty-bearers such as teachers, health professionals, law enforcement officers and civil servants in general on polices and strategies for promoting the rights and wellbeing of children with disabilities and on their own responsibilities in this regard.

6.6 AREA OF CONCERN 5: STATISTICS AND DATA COLLECTION

OUTCOMES: The collection of disaggregated data on children with disabilities is strengthened.
**PRIORITIES FOR MEDIUM-TERM TO ACHIEVE ABOVE OUTCOMES:**

1. The creation of a national observatory for research, documentation and protection of rights of children with disabilities: introduction of computer software for the collection of data and monitoring

2. To promote scientific and academic research on the issue of children with disabilities

3. The regular publication of reports and research on the situation of children with disabilities

4. Agree on a standard definition and methodology for population censuses, household surveys, etc. in order to produce reliable and comparable data that accurately reflects the situation of children with disabilities

5. Government departments, especially those responsible for education, health, social development, social protection, to include information specific to children with disabilities in their information systems such as Education Management Information System, Health Information System, etc.

7. Birth registration must be free and accessible to allow children with disabilities to claim their rights in accordance with national laws and government services.

**6.7 AREA OF CONCERN 7: THE RIGHT TO BE HEARD AND TO PARTICIPATE**

**OUTCOMES:** Inclusive and meaningful consultation takes place on matters relating to the duties to protect, respect, promote and fulfill the rights of children with disabilities.

**PRIORITIES FOR MEDIUM-TERM TO ACHIEVE ABOVE OUTCOMES:**

1. Strengthen the capacity of organizations representing disabled children

2. Provide information to the general public on persons with disabilities in accessible formats and appropriate to different types of disabilities in a timely manner and by using technologies without additional cost
3. Facilitating the use of language and tactile signs, Braille, alternative communication and other modes of communication

4. Ensure the representation of disabled children in parliaments and children's forums

7. Roles and Responsibilities

7.1. Member States: Member States are expected to comply with their obligations set under the various international and regional treaties with regard to the rights of children with disabilities and the current strategy document. While submitting their reports to Regional monitoring bodies like, ACERWC, and other international treaty monitoring bodies, Member States are also expected to report on the progress they have made in complying with the principles enshrined in this Strategy, regional and other international instruments.

7.2. ACERWC: The ACERWC follows up on the implementation of the current strategy and receives reports on the implementation of the ACRWC and requires State Parties to include information regarding implementation the required steps taken by Governments to ensure greater compliance with the duties to protect, respect, promote and fulfill the rights of children with disabilities.

7.3. Partners: Partners are responsible to provide Member States and the ACERWC with financial and technical assistance to implement this Strategy.