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Overview

The chapter describes the incidence of disability in Colombia, the laws that have been introduced to protect the rights of individuals with disabilities, and in particular the concept of community-based rehabilitation (CBR) that plays a central role in the delivery of rehabilitation services in the country. We will analyze the key components of CBR and the ways in which they are being implemented. We will also briefly address some of the rehabilitation issues resulting from the long-standing war conflict within multiple armed groups in the country; this includes a brief review of key legislation that has been enacted to compensate victims of war (at both sides of the conflict) and the specialized rehabilitation services

that have been developed to treat the war victims and support their reinsertion into civil society.

Learning Objectives

Upon completion of this chapter, the readers should be able to:

1. Learn about the demographic characteristics of individuals with disabilities in Colombia
2. Understand the construct of community-based rehabilitation and how it is being introduced in Colombia
3. Learn about the role of self-help and empowerment of people with disabilities (PWDs) in the process of implementing rehabilitation services
4. Understand disability related to the armed conflict in Colombia
5. Learn about the efforts by the Colombian government to provide rehabilitation services to the individuals who acquired disabilities as a result of the conflict

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Introduction

According to the Pan American Health Organization (PAHO, 2012), the prevalence of disability in Colombia increases with age, from 6.6% for the population from 18 to 29 years old to 45.51% for those who are over 60 years old. The number of people who acquired their disability as a result of the armed conflict in Colombia is

153,947 (Ministerio de Salud y Protección Social [MINSALUD], 2016, June). With regards to access to the general system of social security and health in Colombia, only 71.5% of the individuals with disabilities are receiving services and almost 79% live in conditions of poverty (MINSALUD, 2014a). With regards to unemployment, the tendency is getting worse for women with disabilities (from 68% in 2005 to 82% in 2012) compared to men (60% in 2005 to 72% in 2012) (MINSALUD, 2014b). Most people with disabilities report that their highest level of education is primary school (43.2% for men and 44.6% for women) or no education (28.8 for men and women), while only 17.6% of men and 17.1% of women report graduating from high school (MINSALUD, 2014a). Prevalence of disability was higher in the Pacific, Orinoquía, and Amazon regions (these are remote areas, scarcely populated by African descendants in the Pacific and native populations in the other regions and with limited services and access). Among all disabled persons, the 2005 census revealed that 44% had a visual impairment and 29% had a physical impairment (Departamento Administrativo Nacional de Estadística [DANE], 2005).

Relevant Legislation The Colombian Congress developed the National System of Disability (NSD) in 2007, which established a series of guidelines, norms, activities, resources, programs, and institutions that allow for the formulation and implementation of disability public policy in the country. The NSD operates in coordination with various institutions at the national, regional, and local levels, with the participation of key actors in the framework of human rights (National System of Disability Law 1145 of 2007) (Congreso de la Republica de Colombia, 2007, Julio 10). In accordance with the legislation, action planning at the national and regional levels is implemented by groups that include consumers with disabilities, service providers, and government officials. These groups are responsible for the implementation of the policies and resource allocation to make sure that the needs of the population of individuals with disabilities are met.

In 2009, the Colombian Congress ratified the United Nations Convention on the Rights of People with Disabilities (UNCRPWD, 2006, December 6), which commits the Colombian government to assure and promote the full exercise of human rights and fundamental freedoms of PWDs without discrimination based on their disability. The Colombian government adopted the definition of disability from the UNCRPWD (2006, December 6), which proposes that disability is an evolving concept that results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others. In order to comply with regulations specified in the UNCRPWD (2006, December 6), the Colombian government established a national registry system for locating and characterizing PWDs across the country. This is an information system allowing for continuous and up-to-date data collection by state, municipalities, and cities across the country (see MINSALUD, 2016, June). This information is then utilized for the development of plans, projects, and programs oriented at guaranteeing the rights of PWDs in Colombia. In 2013, the Congress of the Republic issued Law 1618 (Congreso de la República de Colombia, 2013) which has statutory status to promote the implementation of the UNCRPWD (Correa-Montoya & Castro-Martínez, 2016).

A key objective of the legislative process is to promote *social inclusion and integral rehabilitation* for PWDs in Colombia. Social inclusion refers to appropriate access to goods and services, participation in the political process, guaranteeing of the citizen's rights, and the elimination of practices that could lead to marginalization and segregation of any type. Furthermore, the process of inclusion promotes access to all social, cultural, political, and economic spaces with equal opportunities for people with disabilities and their families. *Integral rehabilitation* implies a continued provision of supports and services directed at the individual with a disability and his/her family as needed. Services are provided in coordination with multiple agencies. The primary function of these agencies is to facilitate the

promotion, prevention, rehabilitation, and social inclusion of PWDs through enhanced access to health and education, as well as increased participation in labor, culture, recreation and sports, communication, and transportation (Republica de Colombia, 2013). Unfortunately, as the data mentioned indicates, there is a gap between the intents of the legislation and the actual implementation and availability of services to individuals with disabilities, particularly in rural areas.

It should also be pointed out that before this system was in place, services to PWDs were based on class status. Families with increased resources were able to afford some assistance. For the most part, low-income PWDs were limited to emergency room services in a few hospitals for the poor and a few NGOs that provided limited access to assistive devices (i.e., wheelchairs). In general, low-income individuals had very limited ways to subsist (begging in the streets), limited to nonexistent access to education or social services, and very limited participation in society. There were also efforts to fund services for people with disabilities through programs similar to the Jerry Lewis Telethon fundraising events. These efforts are based on pity toward people with disabilities and charity as a way to fund services and access to some assistive devices. These initiatives have been rejected by some policymakers and most organizations of people with disabilities because they reinforce negative attitudes and perceptions about disability. In the next section, we examine in more detail the CBR model that is guiding the implementation of rehabilitation policy in the country.

Community-Based Rehabilitation in Colombia

A key construct driving the national policy on rehabilitation in Colombia is community-based rehabilitation (CBR), which has been defined as “a strategy of community development for the rehabilitation, the promotion of equal opportunities and the social integration of all people with disabilities” (Organización Mundial de la Salud, Organización Internacional del Trabajo, &

UNESCO, 2004, p. 2). This is a strategy of economic development and social inclusion that addresses the basic needs of PWDs, while creating opportunities and developing the capacities of PWDs to participate and take leadership roles. The process includes the development of PWDs’ organizations and support groups, involving the participation of multiple sectors of society and local governments (MINSALUD, 2014c).

The CBR shares the same spirit of primary health care, which represents not only an operational modification of traditional services but expresses a shift in its fundamental values and principles. The CBR model was established to improve access to rehabilitation services for PWDs in low- and middle-income communities through the optimal use of local resources (Organización Mundial de la Salud, Organización Internacional del Trabajo, UNESCO, IDDC, 2012a, b). In the last 30 years, through multiple collaborations with other agencies of the United Nations, nongovernmental organizations, and organizations of PWDs, the CBR model evolved into a multi-sectoral strategy to address the broad needs of people with disabilities, ensuring their effective participation and inclusion in society (WHO, 2015). The CBR model tries to “democratize rehabilitation” by expanding services to people with disabilities in coordination with the local network of primary health-care attention, including access to assistive technology.

The initial attempts at implementing CBR in Colombia started in the late 1980s and were based on different conceptual approaches, operated according to local institutional criteria, and some of them were unaware of the WHO guidelines for implementation (MINSALUD, 2014c). For these reasons, in 2009, staff from the Ministry of Health and Social Protection in collaboration with representatives from disability organizations, foundations, and nongovernmental organizations (NGOs) developed the National Guidelines for community-based rehabilitation following the CBR framework proposed by the WHO (1978, September). This initiative was welcomed by several disability organizations at the national and local levels, which participated in national meetings of CBR, contributed to the

development of the guidelines, and participated in internal discussions and in the creation of the Network of Networks of CBR in Colombia. The following is an overview of the objectives set forth by the CBR model:

- To generate coordinated actions for community development between representatives from the civil society and government institutions that promote equal opportunities, poverty reduction, and the social inclusion of persons with disabilities, their families and caregivers
- To foster the social inclusion processes through the development of opportunities, capacity building, and the promotion of participation of organizations of people with disabilities in policy, community, family, and personal contexts, within the framework of collaboration with government agencies and local NGOs
- To integrate initiatives in the areas of health, education, social, livelihood, and social mobility in order to promote the social inclusion of people with disabilities and the effective exercise of their rights
- To facilitate contexts of community and social development that benefit all people and acknowledge their differences (MINSALUD, 2014c)

Guiding Principles of CBR The principles which guide the planning process and strategy development of CBR were derived from the United Nations' Convention on the Rights of Persons with Disabilities (Article 3) which include (a) respect for human dignity and individual autonomy, including the freedom to make one's own choices and to seek independence; (b) nondiscrimination; (c) full and effective participation and inclusion in society; (d) respect for the differences and acceptance of people with disabilities as part of the diversity of humanity; (e) equality of opportunities; (f) accessibility; and (g) equality between men and women (UNCRPWD, 2006).

A key emphasis of the implementation of the CBR strategy was to ensure access to rehabilita-

tion services in remote areas of the country that had limited services and with an approach that sought to complement the institutional system of care. However, with the evolution from a medical model to a social model of disability based on a human rights approach to services and supports, the goals of the rehabilitation process were redefined to a process focused more on helping people claim their right to live with dignity and to achieve social inclusion. The process was implemented at the national level by regional committees, but some local groups had significant insights as part of their deliberation and participation. For example, the group from the local health authority in the capital Bogotá (Buitrago, García, López, & Rojas, n.d.), after analyzing and systematizing the process of implementation of the CBR, concluded that:

- The CBR experiences follow a cycle that is related to the formulation, implementation, monitoring, and evaluation of the programs and in some cases has to return to a process of redrafting.
- Some initiatives emerge over collective actions and eventually generate individual actions from PWDs and/or their families.
- Others initiatives arise from working with children, youth and their families, which are eventually redirected toward processes in collective scenarios.
- Some experiences are developed under a participatory action research framework, and its milestones have two main characteristics—they are temporary and represent the transformation of the experiences of models of intervention in the CBR process and they are in some cases proposed by university professionals.

In this context, the group from Bogotá indicated the presence of other related processes such as:

- The gradual transformation of the concept of disability, which went from being supported on the biomedical model to the social model of disability.
- The enactment of the Convention on the Rights of Persons with Disabilities was a

milestone for the development of the CBR, becoming a human rights approach.

- The formulation and implementation of policies that acknowledge the different approaches and/or populations within the national territory.
- The organizations and social movements of people with disabilities have gained strength in political advocacy and are impacting their local governments (MINSALUD, 2014c).

In short, the regional committees have played a critical role in defining programs and policies that guide the implementation of the CBR at the local and regional levels. The participation of people with disabilities, NGOs, and universities in addition to local government officials from the various agencies involved has allowed the introduction of best practices and a critical review of programs that in some cases have been changed based on their poor results. This is quite unique, since even in the United States, it is often hard to modify federal or state policy even when the empirical evidence suggests that the program(s) may not be generating the results expected.

The Community-Based Rehabilitation Matrix

The CBR Matrix is the framework that identifies the key areas and primary functions of interventions of the community-based rehabilitation approach (see Table 23.1). The table summarizes the five main life areas—health, education, livelihood, social, and empowerment—and identifies the primary functions and main goal for each area as well as specifies the role of CBR in each area. Within each life area, there are five primary functions. The first four areas relate to key personal needs, reflecting the multi-sectored approach of CBR (WHO, 2010a). The final component is related to empowerment as the process of strengthening people with disabilities' capacity to advocate and transform their own communities. This last component is essential to ensure access to each of the other components and thus improve the quality of life and enjoyment of human rights for people with disabilities.

Health Colombia has made remarkable progress in providing health-care services to the population. In 2010, only 4.3% of the population remained without health coverage (PAHO, 2012). In general, the health system is responsible for providing medical attention and rehabilitation services, including assistive devices. Basic health-care services are provided at the local level; however, the health-care system can play a key role in referring people to specialized services outside of their own communities, including PT, OT, speech therapy, prosthesis, and in some cases corrective surgery, particularly in rural areas. Local health centers and regional hospitals provide comprehensive and integrated care, including health promotion, disease prevention, diagnosis, treatment, and rehabilitation of people at all levels of complexity to ensure a higher level of welfare for system users. To this end, it is recognized that the CBR model has a component of community intervention but involves a process of impact on the local political arena, where participation becomes the linchpin. Thus, the processes of health counseling and intervention are geared toward promoting the social inclusion of PWDs. The country is making efforts to improve services in remote rural areas and address structural deficiencies in order to enhance coverage. In fact, recent studies have reported that many people are not satisfied with the institutional health services, because they have many access barriers, and in many locations they exclude disabled people from rehabilitation services (Molina-Achury, Mogollon-Perez, Balanta-Cobo, Moreno Angarita, Hernandez-Jaramillo & Rojas-Castillo, 2016).

Education Between 1980 and 2010, social progress helped to diminish the educational gap between Colombia and developed countries. However, as mentioned in the introduction, the public education system in Colombia is still struggling to accommodate and address the need of all children with disabilities. Access to preschool remains at 48% for all children under 3 and 75% for children under 4 years old; access to primary and secondary education still remains at under 50% (MINSALUD, 2014d). There are

Table 23.1 Community-based rehabilitation matrix

Components	Primary Function	Goal	Role of CBR
Health	Promotion; prevention; medical care; rehabilitation; assistive devices	People with disabilities achieve their highest attainable standard of health	To work closely with the health sector to ensure that the needs of people with disabilities and their family members are addressed in the areas of health promotion, prevention, medical care, rehabilitation, and assistive devices. CBR also needs to work with individuals and their families to facilitate their access to health services and to work with other sectors to ensure that all aspects of health are addressed
Education	Early childhood; elementary; high school and higher; nonformal; lifelong learning	People with disabilities access education and lifelong learning, leading to fulfillment of potential, a sense of dignity and self-worth, and effective participation in society	To work with the education sector to help make education inclusive at all levels and to facilitate access to education and lifelong learning for people with disabilities
Livelihood	Skills development; self-employment; wage employment; financial services; social protection	People with disabilities gain a livelihood, have access to social protection measures, and are able to earn enough income to lead dignified lives and contribute economically to their families and communities	To facilitate access for people with disabilities and their families to acquiring skills, livelihood opportunities, enhanced participation in community life, and self-fulfillment
Social	Personal assistance; relationships (marriage and family); culture and arts; recreation, leisure, and sports; justice	People with disabilities have meaningful social roles and responsibilities in their families and communities and are treated as equal members of society	To work with all relevant stakeholders to ensure the full participation of people with disabilities in the social life of their families and communities. CBR programs can provide support and assistance to people with disabilities to enable them to access social opportunities and can challenge stigma and discrimination to bring about positive social change
Empowerment	Advocacy and communication; community mobilization; political participation; self-help groups; disabled people's organizations	People with disabilities and their family members make their own decisions and take responsibility for changing their lives and improving their communities	To contribute to the empowerment process by promoting, supporting, and facilitating the active involvement of people with disabilities and their families in issues that affect their lives

Source: World Health Organization (2015)

shortcomings in terms of funding and trained personnel capable of making appropriate accommodations, especially in rural areas and small towns. The Ministry of Education is committed to making improvements, but this is a process that is going to take more time. Historically, Colombia has had a parallel and unequal educational system of private and public education in midsize and large towns. Most middle- and upper-income families send their children to private schools, while the public educational system is utilized primarily by lower, middle, and poor families. In order to attain the general goal of “education for all,” it is imperative to establish cooperation between the communities and the educational sector. In this task, the local community schools play a critical role. The Ministry of Education is increasing its support of public schools in order to make them more inclusive. In large towns, there are a number of privately operated segregated schools for children with severe disabilities. The CBR approach seeks to join efforts to prevent exclusion and discrimination in the public schools, working in collaboration with the Ministry of Education, local school(s), communities, and families. The CBR emphasizes inclusive and accessible education with universal design in order to promote access to learning, where students can develop their potential, with an effective participation that meets the diversity of their needs and their rights, attempting to reduce barriers that hinder their right to learn.

Livelihood According to Correa-Montoya and Castro-Martínez (2016) and based on the 2005 census, of the approximate 3 million persons with disabilities in Colombia, 52.3% are adults in productive age (about 1.6 million people), but only 15.5% (480,000 persons) have a job, and just 2.5% reported earning the minimum salary or more (which is about 236 USD per month). A productive and well-remunerated job is essential for the social and economic integration of PWDs. A job offers income, self-esteem, a sense of belonging, and opportunities to contribute fully within one’s community. It is essential that the programs related to CBR collaborate with the labor sector in order to guarantee that youth and

adults with disabilities have access to training and job opportunities in the community. These development-oriented strategies intend to reduce the economic cost of disability by increasing the functionality of PWDs and reducing the barriers that limit their access to economic and social opportunities (Metts, 2004).

The labor sector promotes vocational development and access to employment opportunities and improved job conditions. Unfortunately, as mentioned in the introduction, a significant proportion of PWDs in Colombia are unemployed given the barriers to access and opportunities in the job market, the lack of awareness about their abilities, and their limited access to appropriate vocational training programs. Within the CBR framework, there is an emphasis on promoting vocational training to develop the skills and competencies of individuals with disabilities so they can become employed. Through the CBR strategy, PWDs and their families can have access to training processes and job opportunities that also opens their possibilities of access to livelihood programs and social protection in pursuit of a better quality of life in their familiar environments. There is also an urgent need to educate employers and the general public about the importance of offering employment opportunities to PWDs, their rights, the prejudice and misconceptions commonly held about PWDs, and their success in retaining jobs once they become employed. There are many barriers that remain in part because of a long history of assistance toward people with disabilities and the unemployment and underemployment rates.

Social Among the most frequently mentioned topics in this area are disability pensions, technical assistance devices, housing, and coordination with various service agencies in order to gain access to specialized services. This area can involve multiple community organizations, including religious, social clubs, sports, and many support groups. There are also NGOs both at the national and international levels that contribute to the development of the CBR framework. Some of the NGOs, particularly in the area of landmines removal, are making important con-

tributions to the development of services and supports to individuals with disabilities in Colombia (see case story 1 and 2 from Handicap International). The CBR strategy fuels the public policy through mobilization, institutional agreements, and active participation of PWDs. In addition, many people with disabilities feel they are the only ones facing a particular problem, but when they meet people with similar problems, they may find that their problems are shared and that there are common solutions. Being together helps to minimize isolation and to increase mutual support.

Empowerment This is a process that requires developing a critical understanding of the social reality in which people live and the contextual forces that impact their lives (Balcazar, Suarez-Balcazar, Adames, Keys, Garcia-Ramirez, & Paloma, 2012). Change must start with people with disabilities shifting their mindset from being passive receivers to active contributors. This shift in thinking is important for overcoming the attitudinal, institutional, and physical barriers that may be present in the community. CBR programs can facilitate this process by raising awareness, providing information, building capacity, and encouraging participation, which can lead to greater control and decision-making. Awareness is the level of understanding that individuals have of themselves, their situation, and the society in which they live. Raising awareness assists people to recognize that there are opportunities for change if they become engaged in the process of pursuing such a change. The empowerment component turns the CBR into a strategy of exercise of human rights that drives the search for equal conditions for people with disabilities in a framework of social responsibility (WHO, 2010b). From this perspective, the CBR:

- Considers people with disabilities as subjects of law and not only of assistance
- Is itself a process of inclusion
- Is based on the principle of jointly responsible participation
- Contributes to decreasing attitudinal barriers, overcoming the invisibility of PWDs

- Allows the participation of PWDs in the decision-making process
- Does not impose actions that respond to a hierarchical order (MINSALUD, 2014c)

From its inception, the CBR framework is identified with the principles of the social movement of disability which question traditional assistance, denouncing the segregating nature of the asylums and emphasizing the need for inclusion of PWDs in society. The framework also promotes organizations of PWDs, which, based on the approach of rights and social justice, seek to exercise their citizenship and equal opportunities with others.

Disability Related to War

Colombia has been strongly affected by armed violence as a result of a conflict that has already lasted for over 50 years. Colombia has the second highest number of victims of antipersonnel landmines in the world—more than 10,000 in 25 years and more than 1000 of those victims were children (Human Rights Watch, 2007). Today, Colombia has 11,426 victims of antipersonnel landmines (Dirección Contra Minas Presidencia de la República, 2016, Minsalud, 2015).

Case Study 1: Meet Irma, the Landmine Survivor Turned Educator (Handicap International, 2015)

“It was very near our house, in a spot where we always went looking for wood,” says Irma. “Suddenly, I stepped on something that exploded and caused a great cloud of dust. I was lying wounded on the ground screaming that I didn’t want to die.” Irma had stepped on a landmine—one of such countless devices planted in Colombia over the course of 50 years of conflict between the government, armed opposition groups, drug traffickers, and others. Irma survived the accident, but she would need lifelong care for her leg. During her treatment she

was referred to Handicap International, which has supported Colombian landmine survivors since 1998.

Irma still struggles with memories of her accident and the challenges of being a single mother with a disability. Monica, a Handicap International mental health advisor, provides Irma with emotional support through regular counseling. “Sometimes I panic, when I don’t have money for food or nappies for my daughter,” says Irma. “Fortunately, Monica can calm me down with her good advice.” To help ensure others do not have to go through what she has gone through, she has become an ambassador and regularly visits people in their homes to raise awareness and give people the information they need to reduce the risk of accidents happening. “By helping others stay safe, something good has come from my loss.”

According to Handicap International (2016a), 80% of the survivors of armed violence have a disability, and landmines are an omnipresent feature of the conflict zones. The victims are primarily civilians from the poorest social classes, who live in the most remote and deprived areas in terms of health services. As a result of their injuries, these individuals are no longer able to work in their farms, forcing them to migrate to the larger urban areas in an often futile search for other employment opportunities. (Campaña Colombiana Contra Minas, 2016)

Colombia signed the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Antipersonnel Mines and on their Destruction on December 3, 1997 (United Nations, 1997) and ratified it on September 6, 2000, and it entered into force on March 1, 2001. As part of this treaty, Colombia has thus committed itself to establish and enhance health-care services needed to respond to the immediate and ongoing medical needs of landmine victims, increase national physical rehabilitation services, develop capacities to meet the psychological

and social support needs of landmine victims, actively support the socioeconomic reintegration of victims, ensure that national legal and policy frameworks effectively address the needs and fundamental human rights of landmine victims, develop or enhance national landmine victim data collection capacities, and ensure that in all victim assistance, emphasis is given to age and gender considerations (Human Rights Watch, 2007).

In 2011, the Colombian Congress approved the “Ley de víctimas y restitución de tierras No. 1448” (República de Colombia, 2011, June 10) that established a process for the integral assistance and reparation of victims of the internal armed conflict. This law articulates the rights of those individuals to access health-care, physical, and mental rehabilitation services and specifies a process humanitarian assistance (lump-sum payments) to facilitate community reintegration, since most of these individuals and their families were displaced by the war. The government seeks to address the needs of this population and coordinate the efforts of multiple agencies both public and private in order to guarantee the victims’ rights to justice and reparation. The law established a new Administrative Department of Social Inclusion and Reconciliation, which is in charge of providing direct services and attention to the victims, supporting their social and economic reintegration. Finally, the law also establishes a “Center for Historic Memory” responsible for compiling and recovering relevant materials and information—including testimonials from victims—in order to educate future generations of Colombians about the facts that led to the violation of the rights of the victims and the human consequences of the conflict. The law is based on the premise that in order to achieve prosperity, the country needs security, employment to help people overcome poverty, and integral reparation including restitution and rehabilitation, as well as assurances that the conflict will not be repeated.

One of the challenges of the law’s implementation is that the law establishes relatively short deadlines for applying for the benefits (request for assistance must be made within 1 year of the injury). Meeting this deadline can be difficult for

survivors who are busy dealing with the consequences of their injuries, especially those who do not receive information about the reparation programs in the immediate aftermath of their injuries. (Ministerio De Trabajo, Republica de Colombia, Decreto 1352, 2013) According to Human Rights Watch (2007), many victims of antipersonnel mines end up applying for benefits when it is already too late to claim them.

On the other hand, the government of Colombia and the largest leftist guerrilla organization (Frente Armado Revolucionario de Colombia [FARC]) signed a comprehensive peace agreement in Habana, on August 24 2016, which is going to establish a policy for integral agrarian development reform, guarantees for political participation, an end of the armed conflict and a permanent cease fire, a program for substitution of illegal drug farming in territories formerly controlled by the FARC, and victims' reparations. This historical event is going to enhance the activities for removal of antipersonnel mines in the country and enhance opportunities for economic development in most of the areas affected by the armed conflict for many years.

Recommendations to Service Delivery

The community-based rehabilitation process has many positive aspects, including the increase of social ties and solidarity among people with disabilities. In Colombia, this process has resulted in more positive attitudes toward people with disabilities, which has let them to increase their participation and contributions to the communities in which they live. Some families of children with disabilities are also aware of how the disability requires them to advocate for their children's rights.

The Colombian government prepared a report to the United Nations regarding its compliance with the Convention on the Rights of Individuals with Disabilities (República de Colombia Informe Inicial, 2013, June). Although Colombia has made significant progress with regard to the enactment of policies and laws that protect the

Case Study 2: Flavio, from Landmine Victim to Pro Athlete (Handicap International, 2016b)

In 2000, Flavio lost his left leg after he stepped on a landmine in a field where he was working. The accident happened in Putumayo, a region plagued with conflict between armed opposition groups, the army, and criminal gangs. Several years after his accident, Flavio moved to Medellin seeking better care for his leg. "When I first arrived I was using a makeshift prosthesis that was held together with band aids and tape," says Flavio. "I got my current prosthetic leg from Handicap International. It is finally a proper prosthetic leg that allows me to be completely mobile." Then Handicap International Physical Therapist Yanrieth encouraged Flavio to start swimming as part of his rehabilitation. "Swimming made me feel better, both physically and mentally, and I gradually increased the intensity of my training," says Flavio. He is now competing to qualify for the 2016 Paralympics in swimming.

rights of people with disabilities and conducted many activities to implement the CBR matrix guidelines, much work still remains. There is a big need to improve the institutional system of rehabilitation in order to provide better services and improve rehabilitation outcomes for people in need. (Ministerio de Trabajo, Republica de Colombia, 2016) The institutional rehabilitation process is still very deficient, outdated, and often only available in a few state capitals (Molina, et al., 2016). Even when CBR appears as a promising strategy to address the needs of many people with disabilities, barriers to implementation include:

- The need to increase funding for health, education, employment, and social services for people with disabilities who unfortunately have to compete with multiple national priorities, including the current investment in the

process of peace and reconciliation with the FARC guerrillas.

- The need to train professionals and service providers in ways that allow them to implement best practices in multiple areas of need, especially in isolated rural areas. Although there are many universities and even some that are designed to train people in remote areas through web-based learning, the quality of such programs tends to be poor.
- The need to invest resources to increase the accessibility of buildings, streets, and the transportation systems.
- The continued need to educate the general public about the importance of including people with disabilities at all levels of civil society, without pity and assistentialism approaches.
- The need to replace a deficit vision of disability with a resilience and empowerment approach.
- The need for the health system to provide appropriate psychosocial support for people involved in armed conflict situations.

In addition, a universal framework to enhance service delivery for all PWDs—regardless of the cause of the disability, particularly in the case of individuals who acquired their disability as a result of the armed conflict—is essential in order to avoid duplication of services and optimize resource utilization. With regard to the victims of war, some individuals become revictimized because they have to offer proof of having been assaulted, raped, injured, and/or traumatized. For most of the victims of violence, the humanitarian assistance is not enough. They often do not feel that money or a prosthesis will compensate for their losses. This is particularly true when the conditions have affected their health and their identity due to the fact that many have to move into refugee camps, they have to abandon their farming occupation, and their disability situation makes them, at least in the early stages of recovery, dependent on other family members.

A primary challenge for Colombia moving forward with the peace process is to influence public policies and strengthen community work to find and remove the thousands of landmines dispersed in rural areas, so people can come back

to their normal activities. In many ways, international cooperation and NGOs' interventions have been extremely helpful to individuals affected by antipersonnel mines. However, those agencies cannot go beyond the humanitarian and emergency phases, and it is up to the Colombia government to develop the infrastructure to effectively serve the individuals in deed and address the problem of landmine removal.

Summary

Community-based rehabilitation can be an effective strategy to promote community efforts for increasing opportunities for individuals with disabilities that support their human rights, reduce their poverty, and enhance their integration. The World Health Organization, the International Work Office, and UNESCO highlighted the importance of:

1. The participation of people with disabilities in the planning and implementation of CBR programs.
2. The need for greater collaboration among the various government sectors that provide services to people with disabilities.
3. The need for local governments to support the implementation of CBR policies. Additionally, it seems that one of the most powerful impacts of CBR initiatives is on people's empowerment, so they become more aware of their rights and their need to be proactive in the pursue of their own rehabilitation and community inclusion goals. This is what makes them more engaged in taking steps related to their own life's projects.

The social commitment to the inclusion of people with disabilities must overcome multiple contextual barriers and the fear of exclusion of those who live with a disability. The value approach of CBR creates an important option for people with disabilities because of its objectives, its link to empowerment, and its focus on allowing individuals to access better occupational, educational, health/rehabilitation, and social

opportunities. We believe that government entities, universities, corporations, NGOs, and people with disabilities' organizations can work together in Colombia to make the peace process real to all involved. They can take a proactive role in rebuilding the areas affected by the years of war. They can support the return of the hundreds of thousands of displaced families. They could become partners in creating a better future for all Colombians, especially for those with disabilities and the victims of war.

Learning Exercises

Self-Check Questions

1. What is community-based rehabilitation (CBR)?
2. What are the objectives of the CBR implementation in Colombian?
3. What were the most important conclusions after analyzing and systematizing the process of implementation of the CBR by the local health authority in the capital Bogotá?
4. Which first four areas relate to key personal needs, reflecting the multi-sectored approach of CBR?
5. How do you define empowerment of people with disabilities and how can this process operate in the context of CBR?

Experiential Exercises

1. Ask some of your colleges to simulate that you represent the Colombian government at the United Nations meeting in Geneva, about the CBR implementation in Colombia. The UN Committee on the Rights of Disabled People demands that Colombia adopt policies on rehabilitation and social inclusion of disabled people who have been victims of armed conflict. Can you make some recommendations? List at least three programs you could propose.
2. One of the big challenges for including PWDs in Colombian society is to change the common perception of them as victims and the stigma associated with it. Imagine that as an expert you have been asked to make a slogan

for a public campaign to try to address the issue. What phrases would you propose to inspire Colombians to move toward a more inclusive society?

3. You are a journalist and need to write an article in a local newspaper about disability, CBR, and the armed conflict in Colombia. What would be your three main ideas for developing your article?

Multiple-Choice Questions

1. What is the highest level of education that Colombian disabled people reported?
 - (a) Preschool
 - (b) None
 - (c) Primary school
 - (d) High School
2. The National System of Disability (NSD) was established in Colombia as:
 - (a) A set of normative rules and implementation guidelines
 - (b) A series of guidelines, norms, activities, resources, programs, and institutions that allow for the formulation and implementation of disability public policy in the country
 - (c) A complementary program for the implementation of policies referred to disabled people
 - (d) A mandatory program for promoting the inclusion of disabled people in Colombia
3. The Colombian government adopted the definition of disability from the UNCRPWD (2006, December 6), which proposes that disability is:
 - (a) A natural process of aging and dependency that is gradually experienced
 - (b) A relation between the body and context in which people live
 - (c) An illness that affects the process of self-care and autonomy
 - (d) An evolving concept that results from the interaction between persons with impairments and attitudinal and environmental factors
4. The CBR model was established to:

- (a) Improve access to rehabilitation services for PWDs in low- and middle-income communities through the optimal use of local resources
- (b) Promote the rights for PWDs in isolated areas with several programs
- (c) Promote services for PWDs and their families
- (d) Improve health services in the rural areas
5. The CBR matrix is the framework that identifies the key areas and primary functions of interventions of the community-based rehabilitation approach. The five main life areas are:
- (a) Nutrition, security, education, housing, and freedom
- (b) Health, education, social services, family support, and income
- (c) Health, education, livelihood, social, and empowerment
- (d) Education, health, counseling, treatment, and social support
6. The characteristics of Colombian victims of war are:
- (a) The poorest social classes
- (b) Those who live in the most remote and deprived areas in terms of health structures
- (c) No longer able to work in their farms, forcing them to migrate to the larger urban areas
- (d) All the items
7. Bogota's report on CBR considers that a milestone for the development of the CBR is:
- (a) The Law 1618 of 2013
- (b) The enactment of the Convention on the Rights of Persons with Disabilities
- (c) The support offered by International NGOs
- (d) The research produced about CBR
8. CBR is an approach based on:
- (a) The Ecological Model
- (b) The Sociopolitical Model
- (c) The Activism Model
- (d) The Human Rights Model
9. A primary challenge for Colombia moving forward with the peace process is:
- (a) To deliver rehabilitation services for PWD and their families
- (b) To implement health services for all the Colombian population
- (c) To influence public policies and strengthen community work to find and remove the thousands of landmines dispersed in rural areas
- (d) To create programs based on community participation
10. Empowerment is defined as a process that:
- (a) Requires a set of cognitive resources
- (b) Requires a social capital that supports the process
- (c) Requires family support and training
- (d) Requires developing a critical understanding of the social reality in which people live and the contextual forces that impact their lives

Key

- 1-c
2-b
3-d
4-a
5-c
6-d
7-b
8-d
9-c
10-d

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