

# Article 26 - List of illustrative indicators on habilitation and rehabilitation

## Access to habilitation and rehabilitation services and to assistive devices

| Attributes/<br>Indicators | Cross sectoral rehabilitation systems and services   | Availability, knowledge and use of assistive devices and technologies for habilitation and rehabilitation   |
|---------------------------|--|---|
| <b>Structure</b>          | <p>26.1 Legislation enacted providing access habilitation and rehabilitation services to all persons with disabilities, in line with the human rights based approach to disability,<sup>i</sup> and that:</p> <ul style="list-style-type: none"> <li>- Prohibit discrimination against persons with disabilities on the basis of disability, including the provision of reasonable accommodation, or any other grounds, including nationality and migrant status.</li> <li>- Uphold explicitly the right to give and refuse prior, free and informed consent and protect persons with disabilities from imposed habilitation and rehabilitation services.<sup>ii</sup></li> </ul> <p>26.2 Adoption of a national strategy/plan to organize, strengthen and extend comprehensive, cross-sectoral, accessible and affordable habilitation and rehabilitation services, including peer support.<sup>iii</sup></p> <p>26.3 Appointment of independent authorities to conduct regular monitoring and inspections of all public and private facilities and programmes designed to deliver habilitation and rehabilitation services for children and adults with disabilities, with the competence to initiate legal proceedings for the enforcement of related legislation, including preventing and combating violence (based on 16.8)</p>  | <p>26.4 Adoption of a national strategy or policy to promote the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation, including through the use of public procurement.<sup>iv</sup></p> <p>26.5 Legal and regulatory provisions to facilitate access by persons with disabilities to affordable assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation.<sup>v</sup></p>   |
| <b>Process</b>            | <p>26.6 Number of professionals trained and certified for the provision of habilitation and rehabilitation services in line with the CRPD, including the human rights based approach, disaggregated by kind of professional, sector of practice and geographical location.<sup>vi</sup></p> <p>26.8. Awareness raising campaign and activities to disseminate information in accessible formats to persons with disabilities, their families, relevant professionals and the general public on the existing entitlements of, and offers available to persons with disabilities in the area of habilitation and rehabilitation, including on services and related assistive devices and technologies.</p> <p>26.9 Consultation processes undertaken to ensure active involvement of persons with disabilities, including through their representative organizations, in the design, implementation, and monitoring, in coordination with appointed independent authorities, of laws, regulations, policies and programs related to the provision of habilitation and rehabilitation services and related assistive devices.<sup>vii</sup></p> <p>26.10 Number of received complaints on the right to habilitation and rehabilitation, investigated and adjudicated in favor of the complainant, disaggregated by kind of mechanism, and the proportion of these complied with by the government or duty bearer.</p> | <p>26.7 Budget allocated and spent to promote the availability of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation, including through public procurement.</p>  |
| <b>Outcome</b>            | <p>26.11 Number and proportion of persons with disabilities who have access to rehabilitation services (based on WHO and IDDC indicator),<sup>viii</sup> disaggregated by age, sex, disability, kind and sector of service, and geographical location.</p> <p>26.12 Number and proportion of persons with disabilities who needed rehabilitation services in the last 12 months and did not get the services they needed (based on WHO and IDDC indicator), disaggregated by age, sex, disability, kind and sector of service, and geographical location.</p> <p>26.13 Level of satisfaction of persons with disabilities with habilitation and rehabilitation services received, disaggregated by age, sex, disability, kind and sector of service, and geographical location.<sup>ix</sup></p>   | <p>26.14 Number and proportion of persons with disabilities who have access to assistive devices and technologies, appropriate to their needs, disaggregated by age, sex, disability, kind of product, and geographical location (based on WHO and IDDC indicator).</p> <p>20.15 Number of persons with disabilities benefiting from specific measures, such as tax and customs exemptions, or financial support or subsidies, to access assistive devices and technologies specifically for habilitation &amp; rehabilitation purposes, disaggregated by age, sex, disability, geographical location, and kind of measure.</p> <p>26.16 Number and proportion of persons with disabilities using assistive devices and technologies disaggregated by age, sex, disability, kind of product, and geographical location (based on WHO and IDDC indicator).</p> |

## ANNEX

<sup>i</sup> This requires that the organization, provision and delivery of comprehensive services is based on the free and informed consent of the individual; they must be non-discriminatory, participatory, available, affordable, accessible and community-based.

<sup>ii</sup> Access to habilitation and rehabilitation services should not be:

- conditioned upon undergoing or complying with treatment or living arrangements that preclude the individual's choice, will and preferences, or contravene the Convention's provisions and principles (e.g. requiring institutionalization to access rehabilitation services)
- a pre-condition to choose where and with whom to live (e.g. having to undergo habilitation or rehabilitation in order not to be institutionalized);
- a pre-condition to be eligible for benefits (e.g. undergoing rehabilitation to be entitled to social protection benefits).
- conditioned to accepting a permanent and particular living arrangement, such as living in an hospital or institution, beyond the initial requirements of a rehabilitation process.

<sup>iii</sup> The strategy or plan should:

- encompass all persons with disabilities, irrespective of their impairment, sex, gender or age;
- exclude or eliminate financial criteria (income criteria) for eligibility to access habilitation and rehabilitation services;
- ensure services are based on the principles of, and target, participation and inclusion of persons with disabilities in the community;
- ensure a cross-sectoral approach to organize, strengthen and extend services, in particular in the areas of health, employment, education and social services;
- ensure services are provided on the basis of a multidisciplinary assessment of individual needs and strengths;
- ensure accessibility, timely delivery and continuity of services, in or as close as possible to the community;
- Include measures to develop, support and strengthen a diversity of peer support programs;
- include training for parents of children with disabilities receiving early intervention services; and
- ensure appropriate resource allocation, including through international cooperation.

<sup>iv</sup> Public procurement policies can contribute to ensure the supply, quality, affordability, multiplicity and variety of choices of assistive devices for persons with disabilities. Regulations and calls for tender should aim at ensuring the availability of quality products at low rates in order to: increase access by beneficiaries of State administered schemes; and to contribute to shaping the market by lowering prices to ensure affordability.

<sup>v</sup> Measures could include, among others:

- tax and customs exemptions to import assistive devices and technologies designed for persons with disabilities, particularly when not locally available or affordable.
- financial support, including allowances or low interest loans, for the purchase of assistive devices and technologies designed for persons with disabilities.
- fair reimbursement schemes in order to prevent additional costs.
- direct provision of publicly funded assistive technologies for habilitation and rehabilitation.
- adopting a Priority Assistive Products List to facilitate provision and delivery (See [WHO website](#)). This must not prevent persons with disabilities to access unlisted products for their habilitation and rehabilitation.

The related administrative procedures should be transparent and accessible to persons with disabilities to prevent any additional costs and/or administrative burden for persons with disabilities in accessing assistive devices and technologies for habilitation and rehabilitation purposes.

<sup>vi</sup> including e.g. specialized medical doctors in health-related rehabilitation, job development and placements specialists and work adjustments specialists in the sector of work and employment.

<sup>vii</sup> This indicator requires verifying concrete activities undertaken by public authorities to involve persons with disabilities in decision-making processes related to issues that directly or indirectly affect them in line with article 4.3 of the CRPD, including consultation meetings, technical briefings, online consultation surveys, call for comments on drafts legislations and policies, among other participatory methods. In this regard, see General Comment no 7 of the CRPD Committee (CRPD/C/GC/7) where it is elaborated that States must:

- ensure that consultation processes are transparent;
- ensure provision of appropriate and accessible information;
- not withhold information, condition or prevent organizations of persons with disabilities from freely expressing their opinions;
- include both registered and unregistered organizations;
- ensure early and continuous involvement; and
- cover related expenses of participants (e.g. transport and other expenses to attend meetings and technical briefings).

<sup>viii</sup> Several outcome indicators are based on the proposal by the World Health Organization and the International Disability Development Consortium in "[Capturing the difference we make. Community-based Rehabilitation Indicators Manual](#)". For the purpose of this table, the indicators must not be limited to the area of health-related rehabilitation services.

<sup>ix</sup> Surveys on the level of satisfaction of persons with disabilities on habilitation and rehabilitation services might prove useful as an assessment tool that captures the view of right holders.

