



## Statement by Waqar Puri Transforming Communities for Inclusion (TCI Global)

### UNESCAP Meeting, 8<sup>th</sup> Session of the Committee on Social Development

---

**Q 1 - Given your experience in building a network of organizations of persons with psychosocial disabilities at national and regional levels, what would be the effective strategy to enhance multistakeholder engagement to influence the global discourse on the inclusion of persons with disabilities? How do you mobilize diverse actors for the cause?**

My name is Waqar Puri, I am working with TCI, transforming communities for inclusion, as senior programs manager, TCI is a global and independent OPD of persons with psychosocial disabilities having network members in more than 50 countries,

I am happy and delighted to be with you all today in this session and share about the work we do in TCI for contributing to the implementation of the Jakarta declaration,

First of all, I would like to start by expressing my deepest gratitude to all of us in this room for the contributing to the implementation of the Jakarta declaration in the light of UN CRPD And I want to express my hearty thanks to the UNESCAP for inviting us and supporting the voice of people with psychosocial disabilities in this CSD meeting, so that we can contribute to the discourse on how together we can contribute for effective implementation and policy making for disability inclusive development,

So first to give a little context,

I want to emphasize that we are still far behind in providing a legal identity, fundamental human rights, and ensure community inclusion of persons with psychosocial disabilities to live an equal, independent and adequate standard lifestyle,

As you may know that still today persons with psychosocial disabilities are still seen as non-persons, we are seen as people who have committed sins, and are curse of god, we are tagged with different labels and identities, such as mad people, people with mental illnesses, mental patients, people having an unsound mind, etc. etc.

and based on these identities persons with psychosocial disabilities continue to be discriminated, sent to the institutions, remains as uncounted population, and have no access to social, political, cultural and economic opportunities,

In TCI our approach has always been to work at the national level and empower OPDs of persons with psychosocial disabilities, to dialogue with a variety of stakeholders including civil society organization, development agencies, and governments to promote a gender-responsive life cycle approach to disability inclusion by strengthening community support systems and services for people with psychosocial disabilities at grassroot communities, and our closest allies in this work have been our cross disability



supporters,

There were two types of major issues, we wanted to address 1, in many countries we realized that there were no OPDs of persons with psychosocial disabilities existed, and even if they existed, they had a very medical approach, and on the other side the 2<sup>nd</sup> issue was we did not have a very prominent visibility in the larger disability community and we are left out of many policy circles at national regional and global levels,

To counter this issue we have been using our program instruments such as fellowships, OPD support grants, thematic community inclusion grants and holding multistakeholder workshops at national and regional levels, focusing on three major strategies, and which all of must adopt to promote multisectoral support for disability inclusion

Firstly, Leadership development of persons psychosocial disabilities, ----- At TCI we have been facilitating in establishing an OPD of persons with psychosocial disabilities at national level and if an OPD had already existed we work with them on paradigm shift from medical model to Human Rights Model, to work with stakeholders on their inclusion in development,

Secondly, we have been working with the OPDs leaders and prepare them for rights based advocacy at national level, and together we really need to a lot more in terms of building capacity, and facilitate working in partnership with the cross disability leaders. So that the work which OPDs do is supported by cross disability stakeholders including other stakeholders, and we are doing this in TCI quite a lot, and it has really supported to mobilize a movement and build a momentum at national level,

Thirdly, our core focus and key element has been to Create a stakeholder engagement at national and regional levels, and we take the opportunity to dialogue with them for our inclusion in disability inclusive development and not see us from the mental health or medical perspective, but to see us and involve us from the human rights and CRPD perspective,

Over the years TCI has cultivated various opportunities for its members and has been a bridge for national member OPDs to connect with stakeholders in global spaces and work on UN Human rights mechanisms, and other platforms, for example, at engaging members at COSP, CRPD reviews, contributing to strategies of funding agencies, and working with the committee on DI guidelines,

So these are kinds of steps which we have been taking to mobilize actors at national and regional levels, and

From our movement of persons with psychosocial disabilities we express our hearty thanks to many cross disability and development stakeholders here who have supported our advocacy, and our work, a lot has changed till today, but there a lot more to do,

**Q 2- Within the remaining years of implementation of the Asian and Pacific Decade, what would be a priority to employ a whole-of-society approach undergirded by multisectoral support and collaboration? What role can civil society play in this endeavour?**



Followed by my response on collaborations and working in a multi sectoral approach, in the light of Asia Pacific decade, in TCI we plan to continue our advocacy on the identity of persons with psychosocial disabilities and we have been using this to steer conversations around redefining the entry point. And because it is the starting point, until we are known as persons with disabilities, stakeholders will continue to confine us to the box of mental health,

We say in TCI for e.g. imagine there are two doors,

1 – The mental health door, where there is only medical approach to psychosocial disability, which lead to asylums, mental hospitals, identity of being patients, no education, no social protection, no employment, no legal capacity, no we don't need that,

2 – There is another wider door a CRPD door, where we are people have access to rights, have access to different opportunities, can have education, social protection, employment, housing, supported decision making, where no one is institutionalized, so we choose to stay in the CRPD door only,

In the light of Jakarta declaration, TCI will sustain to promote a gender-responsive life cycle approach to disability inclusion, by conducting different studies, developing inclusion tools, supporting initiatives on community inclusion at grassroot communities, and making the existing grassroot support programs CRPD compliant, our core focus will remain on the community inclusion of persons with psychosocial disabilities,

Which means, that communities must be empowered and prepared to enable support for each other, especially for people who are most marginalized and excluded members. Community support systems are a viable social entity that needs to be recognized in our Asia Pacific countries,

For e.g. There is a normative that if all assistive devices, interpretation services, employment, housing, social protection and personal assistance is provided, then inclusion is done and will happen. Yes, this is important but we also need to see, what are the additional elements that will support those people to access all those available services,

What we have learnt from our grassroot communities is that, there is a need to highlight and emphasize on community support systems by actively engaging communities and families, building stronger community networks, strengthening peer support networks and establishing more informal support systems inside communities, to prevent institutionalization and facilitate people with psychosocial disabilities to live inside mainstream communities,

and then most importantly,

with reference to what Sawolak mentioned, forced insti, involuntary hosp, forced strealization in institution, DI remains our core areas of work,

Institutions, in any form or shape, can never be places of care or residence for us and coercion is not care.

TCI was intensively engaged with the development of the 'Guidelines on De-institutionalization including in emergencies' which serve as a new reference point for CRPD jurisprudence around 19, we are part of the global coalition on DI and are also working very closely with the Korean disability forum to establish a



multi sectoral, Asia pacific coalition on DI,

We will focus working with our members by supporting them to document the alternatives to institutionalization, supporting programs at grassroot that have elements of preventing institutionalization and to prepare individuals for living in the community and transforming communities for inclusion. Because it is important to document good practices to facilitate other and new OPDs to work at grassroot communities,

At TCI we have been working relentlessly to change the status quo, and we keep building bridges and solidarity with all kinds of stakeholders with the sole aim of true and meaningful participation and inclusion of persons with psychosocial disabilities.

In TCI we have always believed in the power of a movement, of people moving together with peers and not in silos and hence we plan to keep fostering strong collaborations with all kinds of stakeholders during our work in the Asia and Pacific,

and I would also like to extend an invitation to you and request for a partnership for global multistakeholders workshop in Novembers.

---