

Good Practice case study

How to develop community-based rehabilitation services for people with disabilities at the local level?

Relevant articles of the CRPD: 7, 19, 20, 25, 26

Country: UN administered province of Kosovo

Region: South East Europe

Good practices available in: English (full report available in Albanian and Serbian)

HandiKos: DPO and Service Provider in the UN Administered Province of Kosovo

Description of the practice and the process involved

HandiKos (Association of Paraplegics and Child Paralysis of Kosovo) is an association of people with disabilities established in 1983. Its mission is to **support the full inclusion and participation in society of people with disabilities.**

The organisation has three main objectives:

- **Political development and self-representation** - lobbying and advocacy for policy changes, monitoring of implementation of policies, awareness and campaign for inclusion and participation,
- **Service provision for people with disabilities** - lobbying and promotion of community-based services and management of 10 community centres, organisation of sport and leisure activities, distribution of orthopaedic appliances,
- **Financial independence for people with disabilities** - lobbying and advocating for proper legislation for employment of people with disabilities, organisation of public round table discussions.

HandiKos has established a **network of 10 community centres** in major municipalities where children with disabilities can benefit from **Primary Therapy Rehabilitation and psychosocial activities** provided by so called 'community social workers'.

The factors that made this practice possible

It was initially developed **without** formal links to the health and social welfare system. This was due in part to the difficulties encountered in the **post-emergency period** and the **lack of proper institutions** to govern the new initiatives. It was developed to **fill the gap** left by medical and social rehabilitation services, which were still not developed or accessible within ordinary services system.

This development of a community based rehabilitation system was made possible mainly due to the **strong financial and technical support** of international humanitarian organisations.

Some of the difficulties encountered

This large outpouring of support during the emergency phase has resulted in HandiKos now **struggling to sustain these centres financially and technically**. This is due to the **drastically decreased support** from the international community and **the lack of involvement** of public stakeholders. During the last year though, a **strategy of lobbying** for including CBR services within the general health and/or social welfare system has been initiated in a dialogue between HandiKos and the relevant ministries.

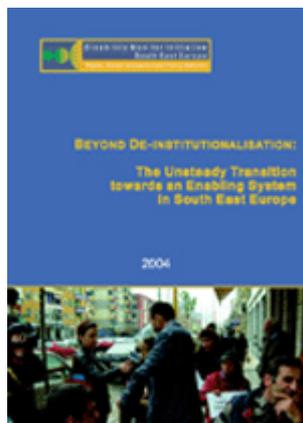
All these difficulties also have to be viewed within the **overall situation** in the UN administered province of Kosovo, which still **does not have a defined legal status or proper legal system**, as well as **poor enforcement mechanisms**. Few services and organisations are able to **sustain** their activities in such conditions.

Background and context

Full project report: [Beyond De-Institutionalisation: The Unsteady Transition towards an Enabling System in South East Europe \(DMI SEE, 2004\)](#)

Criteria for the good practices: see page 21 of the full report.

Recommendations from the good practices: see page 91 of the full report



Links to further resources:

[Full text on article 7 – Children with disabilities](#)

[Full text on article 19 – Living independently and being included in the community](#)

[Full text on article 20 – Personal mobility](#)

[Full text on article 25 - Health](#)

[Full text on article 26 – Habilitation and rehabilitation](#)