

**Entwicklung ohne Ausgrenzung:  
Menschen mit Behinderung als entwicklungspolitisches  
Querschnittsthema im Kontext der Menschenrechte**

Dokumentation der internationalen Fachtagung  
am 8. Mai 2002 in Berlin

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**Der Verband Entwicklungspolitik deutscher Nicht-Regierungsorganisationen e.V. (VENRO)**

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## **Einführung**

Fast ein Zehntel der Weltbevölkerung sind Menschen mit Behinderung. Davon leben ca. 80 Prozent in Entwicklungsländern. Eine Expertenkommission der Vereinten Nationen schätzte bereits in den 80er Jahren, dass in den südlichen Ländern 25 Prozent der Bevölkerung direkt oder indirekt von den Folgen von Behinderung betroffen sind. Nach Schätzungen internationaler Organisationen werden jedoch lediglich drei bis vier Prozent der Menschen mit Behinderung in den südlichen Ländern durch angemessene entwicklungspolitische Maßnahmen erreicht.

In der Vergangenheit wurde die Förderung von Menschen mit Behinderung unter rein karitativen Gesichtspunkten betrachtet und ihrer Unterstützung wenig bis keine entwicklungspolitische Bedeutung beigemessen. Das in der Entwicklungszusammenarbeit gängige Konzept von „community-based rehabilitation“ hat in den vergangenen 10-20 Jahren sicherlich dazu beigetragen, dass Menschen mit Behinderung in den Ländern des Südens zunehmend besser durch entwicklungspolitische Maßnahmen erreicht werden konnten. Angesichts der nach wie vor gravierenden Unterversorgung wird aber deutlich, dass die bisherigen Konzepte nicht ausreichen, um im Sinne der Menschenrechte das Recht auf Entwicklung für alle Menschen umzusetzen.

Im Rahmen des Konzeptes von „inclusive development“ haben verschiedene europäische Länder, z.B. Schweden, Norwegen oder Großbritannien, die Förderung von Menschen mit Behinderung bereits in ihre entwicklungspolitischen Leitlinien aufgenommen, oder sie planen, dieses zu tun. Auch auf der Ebene der Europäischen Union hat die AKP-EU-Versammlung Ende 2001 eine Resolution verabschiedet, die die Einbeziehung von behinderten Menschen in entwicklungspolitische Programme fordert.

Die VENRO-Arbeitsgruppe „Behindertenarbeit in Entwicklungsländern“, die sich seit einigen Jahren für eine bessere Förderung von Menschen mit Behinderung engagiert, hat diese Entwicklung zum Anlass genommen, um im Rahmen einer internationalen Fachtagung am 8. Mai 2002 in Berlin das Konzept des „inclusive development“ vorzustellen und Konsequenzen für die deutsche Entwicklungszusammenarbeit zu diskutieren. Während der Veranstaltung wurde deutlich, dass in dem Bestreben, Menschen mit Behinderung als Querschnittsaufgabe in der deutschen Entwicklungszusammenarbeit zu verankern, auf Erfahrungen anderer OECD-Länder zurückgegriffen werden kann, und dass mit den vorhandenen Selbsthilfegruppen von Menschen mit Behinderung in vielen Ländern kompetente Projektpartner zur Verfügung stehen.

Ein Ergebnis der Fachtagung war die Einrichtung einer gemeinsamen Arbeitsgruppe mit Vertretern des BMZ und von Nichtregierungsorganisationen (NRO), die Leitlinien für die Einbeziehung von behinderten Menschen in die deutsche Entwicklungszusammenarbeit erarbeiten soll. Mit der Einrichtung dieser Arbeitsgruppe verbindet sich aus Sicht der NRO die Hoffnung auf einen wirkungsvolleren Beitrag der deutschen Entwicklungszusammenarbeit zugunsten der bislang weitgehend aus dem Entwicklungsprozess ausgegrenzten Gruppe von Menschen mit Behinderung.

Bonn, im Juli 2002

Gabriele Weigt, Sprecherin der VENRO-AG Behindertenarbeit in Entwicklungsländern

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## **Including Disability in the Development Policy Agenda**

### **Introduction**

As affirmed by United Nations reports and recently re-stated by Bengt Lindqvist, UN Special Rapporteur on Disability and Social Development on his 2002 report, "it is obvious that in developing countries, as in more developed areas, persons with disabilities and their families are more likely than the rest of the population to live in poverty. It is a two-way relationship: Disability adds to the risk of poverty, and conditions of poverty increase the risk of disability. Prejudice and social stigma affect the lives of both children and adults with disabilities and lead to isolation and exclusion from the life of their communities."

According to the World Bank's latest World Development Report 2000/2001: *Attacking Poverty*, to achieve major reductions in poverty it is necessary to have a more comprehensive approach that directly addresses the needs of poor people in three important areas: opportunity, empowerment, and security. This most detailed-ever investigation of global poverty - adds that economic growth is often not sufficient to create conditions in which the world's poorest people can improve their lives.

The report builds on the view that poverty means not only low incomes and low consumption but also lack of education and poor nutrition and health. Based on changes in thinking about poverty, the report expands the definition of poverty to include powerlessness, "voicelessness", and vulnerability.

As expressed by World Bank Chief Economist and Senior Vice President, Nicholas Stern, "We know that economic growth is crucial to sustained poverty reduction. But we also recognize the fundamental role of institutional and social change to the strength of development processes and the inclusion of poor people."

Even taking into consideration that the World Bank has some experience in addressing disability issues and understands the importance of including the disabled population in the general poverty reduction agenda today, we still don't see the topic mentioned in its most recent general documents such as the World Development Report, when describing measures to promote poverty alleviation and inclusion of all.

Past development practice discloses a serious oversight or neglect of a disability perspective in program design and implementation. There have been major missed opportunities, for instance, in a number of post-conflict infrastructure and natural disasters reconstruction projects in terms of cost-effective accessibility.

### **Purpose of this Paper**

This paper discusses the inclusion of disability issues into the development agenda, suggests the establishment of political and economical partnerships for the advancement of inclusive public policy while focusing on poverty alleviation.

We will comment on the impact of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities and of an upcoming UN Convention, and the new approaches brought by the current human rights perspective that has been introduced to replace the

former medical model, on the quality of life and dignity of persons with disabilities around the world.

Finally, we will consider ways of using these international human rights and disability related treaties to guide, support and monitor the development of inclusive projects and policies in an effort to build a society for all.

## **Overview of Disability and Development**

Although the situation of disabled people in developing countries still has not improved to an acceptable level, we must acknowledge the many positive changes that have happened worldwide.

One of the most relevant changes was the shift from the medical to the social and now, the Human Rights model to approach disability issues.

Historically, and universally, the medical model has been applied on both national and international levels to consider disability issues. There are many definitions of the medical model, but in essence, it is an individual model, placing the responsibility on the individual with a physical or mental impairment to find the best way to adjust to or fit into society as it is.

In the last 30 years, the medical model has gradually been superceded by the social model, put forward by academics and activists to identify society as the main obstacle to the inclusion of disabled people in its midst. The social model articulates that both attitudinal and architectural barriers have been erected by society and must be dismantled by legal and educational means. At the heart of the social model and of many disability rights campaigns is the recognition by the disability leadership that the actual impairments themselves cause far fewer problems than marginalization, exclusion and prejudice.

Following the World Programme of Action concerning Disabled Persons (1982), The Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993) brought a new dimension to our field - the human rights dimension. In their new report commissioned by the UN High Commissioner for Human Rights, lawyers Gerard Quinn and Theresia Degener explain that, "in essence, the human rights perspective on disability means viewing people with disabilities as subjects and not as objects. It entails moving away from viewing people with disabilities as problems to viewing them as rights holders." This shift is based on human rights values such as dignity, self-determination, equality and the ethic of solidarity.

With these concepts now being introduced and gradually accepted, it is time to explore new approaches to cover issues that have not been addressed or not sufficiently addressed under the existing international documents and initiatives.

## **Where We Are**

The process of disability emancipation began in the North in the 1960's, and although the process in the South has only about a 20-year history, we have accomplished a lot. Since 1981, with the unprecedented stimulation given to the disability field by the International Year of Disabled People, we can now say that we are starting to be included in the self-image or concept of society. In most parts of the world, we now have specific legislation, and in some cases, constitutional protection, as well as some kind of government structure pertaining

to disability. In my opinion, the most important achievement has been the conceptual shift that is gradually moving disability from the medical to the social and human rights model.

The advancements achieved during these last 20 years, in large part, were results of newly introduced international philosophical, institutional and financial support. These regional structures such as special years and decades, while imperfect, provide a structure for setting goals and monitoring advancement. The multitude of demonstrations and public protests resulting from grassroots organizing in the South, seem to also be progressing the disability agenda forward through advocacy and increasing civil participation.

From a sociological perspective, we have accomplished elevating the status of 600 million disabled people in the world to human beings and potential citizens. From a socio-economic perspective, this is still not the case.

Much more work needs to be done to integrate and accommodate disability concerns in development policies and programs.

### **Including Disability**

In developing countries, where there is an overwhelming lack of resources and money for infrastructure, sanitation, education; where there is no real widespread understanding of what citizenship or social and economic justice means; where legislation and public policies are not effective for the majority of the population and no monitoring practices are applied; the reality is that disability issues are still left at the bottom of the list of priorities. And it is difficult to change this situation without a long-term vision of a new society.

Among the main paradigms that have guided us through the past two decades, in opposition to exclusion, paternalism and marginalization, were the concepts of “empowerment”, “equalization of opportunities” and “inclusion”. All of these concepts were very important steps in helping us define the right ways of approaching disability issues; helping us understand a very complex issue that was not part of our knowledge-base as a society before.

We are entering this new century confident in our clear perspective that (1) disability must be addressed as part of the development agenda; (2) it is a horizontal, crosscutting issue involving all aspects of the human condition; (3) disability rights are human rights; (4) institutions or approaches that practice segregation or benign oversight must be eliminated and (5) the disabled population and disability issues must be mainstreamed.

But when we take into consideration that there are and will always be specificities and special needs to be addressed, how are we to mainstream disability into development programs, projects and policies without creating special programs, projects and policies?

Three main relatively new concepts attempt to offer solutions for most of the cases: “respect for diversity”, “inclusion” and “universal design”. Does this mean that if we apply these concepts than we can completely mainstream disabilities into societal life? This is still to be proven and that’s our challenge.

### **Searching for Development as Part of the Whole**

There was a time when it was important to build a whole identity for the population comprised of people with disabilities. The 10% political data was very important and all special measures, in the context of legislation, public policies and development-related

projects were extremely relevant, because we were talking about “adapting” society to receive us. Now we are talking about changing society to include all.

With this thinking in mind, we now have a new challenge: instead of proving we are a 10%, we must convince society we are an irreplaceable part of the 100%. This may seem pure rhetoric but it is a very crucial switch in the disability field’s approach for development.

We must no longer plan our physical spaces and our services just for the mythical average man anymore, but for real people, including elders, children, pregnant women, obese, people temporarily impaired, wheelchair users, blind or visually impaired, deaf or hearing impaired and so on... In this “reconstruction” project, we have to conceptualize a new society, inclusive, to be planned for all. The guidelines for this process should be the principles of Universal Design.

By definition, universal design is the design of products and environments to be used by all people and to the greatest extent possible without the need for adaptation or specialized design. The intent of universal design is to simplify life for everyone by making products, communications, and the built environment more usable by as many people as possible at little or no extra cost. Universal design benefits people of all ages and abilities.

### **Safeguards for Development**

If we are projecting a society for all, no development funds and loans should be spent in projects that are not accessible for all. The concept of “inclusive and universal design” should guide all new projects to receive international financial support. This must be adopted by the international agencies as a safeguard for all money spent in development.

Today, international development institutions, such as the World Bank and other bilateral and multilateral agencies are beginning to attempt to insert disability components into existing and future programs, projects, and structures showing that mainstreaming disability into all aspects of society instead of creating special programs, institutions, or structures is the process to be followed.

There have been some positive developments, but they tend to be ad hoc. If the World Bank can incorporate, for instance, gender considerations into its total structure (such as a gender and transportation policy or gender and infrastructure policy etc), it should also adopt an equivalent approach for disability concerns.

It is clear that disability issues must be mainstreamed and that any investment in the old medical and institutional models should be abandoned. However, to achieve such a challenging goal, society, governments, and organizations need to build capacity, provide information, stimulate and support civil society, and collect and monitor feedback from the community.

This kind of approach should be stimulated and supported by the disability community through the establishment of a proactive relationship in international, regional and country levels. We have to work with our governments, through the disability related agencies and grassroots organizations, and to approach our national development agencies on the need for inclusionary programs and projects. People with disabilities must participate in decision-making at all levels.

We should concentrate all our efforts to educate policy-makers and funding agencies on the concept that money used for construction, reconstruction or general infrastructure, if not applied within the basis of universal design, will be serving to create and perpetuate barriers



to access for a large portion of the population, in present and future generations, and this is an inadmissible waste in a world where so many people live below the poverty level.

It has been estimated by the UN that approximately two-thirds of the world's disabled people live in developing countries. Taking into consideration that this is where international development financial resources are being directed, such an approach would have a tremendous impact in the short, medium and long terms.

For instance, countries such as Guatemala and El Salvador recently affected by natural disasters already had a high percentage of their population living in poverty and with disabilities. During the calamity situation generated by Hurricane Mitch, poor people were affected the most and, from them, more people acquired disabilities. It is crucial that from now on, reconstruction and poverty alleviation measures must address disability issues, including access.

The benefit of such kinds of projects/investments would result in a major positive impact on the quality of life and development for the whole population, including people with disabilities. Our common disability-specific projects sponsored by small and sporadic grants would never achieve or would require generations of effort to achieve such broad goals. If we start right now to implement such measures, we will be starting to construct the society of the future, a truly inclusive society.

In developing countries, where poverty and infrastructure problems are so dramatically difficult to solve in a short-mid term, I cannot help thinking that this approach would be a much easier and faster way of addressing disability needs at the same time as attacking other social and economic priorities; and probably it would be cheaper and more cost effective than convincing governments to only invest in special and isolated disability programs.

### **Transition of Disability Concerns into Mainstream Development Programs**

One question before us is: what about the specific needs that disabled persons have, such as special lifts in public transportation, special educational resources in regular schools, accessible clinics, immediate need of training and working opportunities?

Our first and most important paradigm to work with is “recognition of diversity”, and concepts like “inclusion” and “universal design” serve almost as tools for us to find ways of putting this into practice. People are different and have different needs. The idea is not to see the population on a mass scale eliminating unique qualities, but to be able to see each individual that comprises the population. We need to acknowledge and include all specificities.

The establishment of permanent enforcement and monitoring systems is our main challenge. At the same time that we work towards the goal of building an inclusive society, we – all the different actors - need to be (1) working on the creation and implementation of local, regional and international legislation and public policies; (2) actively participating in building local, regional and international capacity and structures to include disabled people; and (3) continuing to advocate for our rights - always.

A big challenge though is how to go through the transition process from exclusion to mainstream, without preventing people with disabilities from receiving the immediate necessary assistance.

Many industrialized countries have started to acknowledge the need for a protectionist public policy such as “affirmative action” in the U.S.A., as a way of guaranteeing that some

philosophical political advances are converted into practice since society has a cultural resistance to new concepts. This approach has been and is applied in relation to other so-called “minority” groups besides disabled persons. This has been a controversial concept for many, but studies show that the practice can help to effect immediate positive responses and results in the process of social transformation.

Agencies, such as the World Bank, the regional development banks, and other donor agencies, have a key role to play in the transition from segregation to inclusion, from the medical to the social and human-rights model of conceptualizing disability issue. Such a role would include the establishment of internal guidelines for inclusionary programs to be used in bilateral agreements; and capacity support for the development of public policy and cooperation among the countries, the regions and the international community. Certainly, this is not an easy role to play, and demands focus, capacity building, structure, investment, and consistency.

For such a complex issue as disability is, if combined with social, economic and cultural issues in the development world, all measures should be considered simultaneously. We should always keep the broad vision of what we want to achieve in the society of the future, but never with complacency or negligence of our current and cruel reality: society is far from being ideal.

### **Participation of People with Disabilities in the Decision-Making Process**

One of the key aspects of ensuring effectiveness and quality in the process of including disabilities into development programs and policies is the involvement of disabled people in decision-making at all levels, from planning to evaluation. The concept that guides and enforces this need is clearly explained by international disability organizations, through the statement “Nothing about us, without us”. In all disability and development related projects, disabled people should be able to represent their interests, speak on behalf of themselves and to decide for themselves what is better for their lives and how to achieve their goals.

When discussing with development agencies, common explanations for the lack of such participation are:

1. People with disabilities are not interested in development activities; Projects such as the MIUSA Exchange Programs ([www.miusa.org](http://www.miusa.org)) and others that create international exchange opportunities for disabled people from around the world should be encouraged and supported in their development.
2. It is too difficult for people with disabilities from the North (where agencies are located) to travel to developing countries; Agencies should include in their job announcements a specific request or encouragement for people with disabilities to apply for educational and working opportunities overseas.
3. It is too costly to have disabled people as project-officers in the field because of reasonable accommodations; These budget and accommodation excuses cannot be accepted as reasons to exclude and discriminate people with disabilities from actively participating in development projects. Agencies should include a percentage in every project-budget to cover costs such as personal assistance and other individual-specific needs to guarantee full participation. One good example to be followed has been the approach of the Swedish Agency for Disability and Cooperation ([www.shia.se](http://www.shia.se)), which includes 10% of its budget for reasonable accommodations.

## **Exporting the Medical Model**

Another important aspect that we should pay careful attention to is the exportation /reproduction of old models that are now being questioned and replaced in the developed world. When missions of government and organizations from the Global South come and visit the modern and more developed countries to learn the best disability-related practices that can be applied to their own countries, they are often taken to large highly structured institutions that are still in existence in these areas, but they are rarely exposed to new models such as independent living centers or community based/inclusive projects which also abound throughout those regions, and have proved to be effective in using the new model approaches.

Again, people with disabilities should be involved in the planning of visitors' programs to assure that the social and the human rights model is being "exported" and disseminated adequately.

## **International Convention**

In December 2001 the UN General Assembly adopted a resolution calling for the creation of an Ad Hoc Committee "to consider proposals for a comprehensive and integral international convention to protect and promote the rights and dignity of persons with disabilities."

Developments are following rapidly in early 2002, as in February the UN Special Rapporteur on Disability Bengt Lindqvist, submitted to the UN Commission for Social Development (CSD) his report "Monitoring the implementation of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities". In his report, Mr. Lindqvist stressed the importance of the "twin-track approach" to human rights and social aspects of the problem; improved cooperation between United Nations bodies in the field of disability; and continued monitoring of policy development.

In the report, the Special Rapporteur also included a proposed supplement to the Standard Rules called "Reaching the most vulnerable" to address the remaining shortcomings and gaps in the original document, such as adequate standards of living, housing, disabled people in emergency situations, violence and abuse, gender issues, the situation of children, and elderly people with disabilities.

The entire discussion around a Convention is leading to a consensus that a treaty must be an open, inclusive process and must be comprehensive, covering the full range of civil, political, economic, social, and cultural rights.

## **Conclusions**

Since human rights must be followed by civil rights, including socio-economic development, we should finally consider ways of using these international human rights and disability related tools to guide, support and monitor the development and implementation of inclusionary projects and policies in an effort to build a society for all.

We now must apply the knowledge gathered and take action to integrate disability concerns into general plans and programs, to establish cooperation between governments, funding agencies and the disability-related organizations, and to help define and establish future options for the UN involvement in disability policy development.

Besides the above-mentioned recommendations, some of the very concrete measures that should be taken by government agencies, non-profit and private sectors are:

- Establishment of a “disability desk” to build capacity within agency structures;
- Development of internal criteria and mechanisms for reporting, enforcing and monitoring on mainstream versus special programs;
- Stimulate and promote the development, implementation and dissemination of best practices through mechanisms such as “Request for Proposals” on inclusive projects;
- Use of experts with first person experience of disability as consultants and employees within the agencies, specially in development related positions;
- Maintain consistent pressure for the realization of inclusionary programs and projects;
- Create standards and criteria for internal or member’s use on how to include disabilities (e.g. as currently adopted for gender policies);
- Provide support for special programs to go through the transition process into inclusion in order to guarantee that the disabled population does not stop receiving necessary assistance;

Disability rights are human rights. Thus, disability should be part of the development agenda, as it is integrally linked to development objectives relating to poverty and social exclusion, as well as “education for all” and similar social change initiatives.

Our generation of disability leaders has had the privilege of helping to generate new paradigms for the future, within the universe of diversity. Now we have the chance and the challenge to contribute to their actual implementation. We will only be able to do this if, serving as individuals and institutions, we apply these new paradigms of this still utopian inclusive society as the basis for our daily decisions and personal and professional actions.

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**Menschen mit Behinderung in der deutschen Entwicklungszusammenarbeit**

In ihrem Aktionsprogramm 2015 formuliert die Bundesregierung einen breiten Armutsbegriff, der Armut nicht nur als fehlendes materielles Einkommen definiert, sondern mangelnde Beteiligungsmöglichkeiten am politischen und wirtschaftlichen Leben, mangelnden Zugang zu Ressourcen und fehlende persönliche Sicherheit mit einschließt. Denn Armut hat ihre Ursache sehr häufig darin, dass die Menschen an den Rand der Gesellschaft gedrängt und damit auch ihrer Selbsthilfefähigkeit beraubt sind. Armutsbekämpfung muss daher daran ansetzen, die Integration der Menschen in Politik, Wirtschaft und Gesellschaft und damit auch ihre Selbsthilfefähigkeit und ihr produktives Potential zu fördern.

Für Menschen mit einer Behinderung sind die Risiken, von der Gesellschaft weitgehend ausgeschlossen und in Armut und leben zu müssen, noch um ein Vielfaches höher. Daher stellt die Zusammenarbeit mit dieser Zielgruppe ganz besondere Herausforderungen an die Entwicklungszusammenarbeit. Denn auch wenn sich generell alle unsere Maßnahmen auch an behinderte Menschen richten, brauchen sie zur Förderung ihrer spezifischen Bedürfnisse besondere Berücksichtigung in gezielten Maßnahmen.

Zu einer ganzheitlichen Rehabilitation Behinderter gehören neben der medizinischen Betreuung auch Maßnahmen der beruflichen und sozialen Reintegration. Sie sind notwendig, um zu verhindern, dass selbst gesundheitlich versorgte Behinderte ins soziale Abseits geraten. Um dies zu erreichen, ist ein koordiniertes Vorgehen der staatlichen Einrichtungen aus verschiedenen Sektoren (Arbeit, Soziales, Erziehung, Gesundheit etc.) sowie von nichtstaatlichen Organisationen nötig. Ansätze zu einem solchen koordinierten Vorgehen befinden sich in vielen unserer Partnerländer noch im Anfangsstadium und sollten in Zukunft intensiviert werden – wie ja im übrigen auch bei uns zur besseren Integration behinderter Menschen in allen gesellschaftlichen Bereichen noch einiges zu tun ist.

Das BMZ unterstützt über seine staatlichen und nicht-staatlichen Vorfeldinstitutionen Maßnahmen in unseren Partnerländern, die besonders auf die Integration behinderter Menschen zielen und hierbei insbesondere die genannten multisektoralen Ansätze unterstützen. Lassen Sie mich einige Beispiele aufführen:

Besonders stark betroffen von der Herausforderung, eine große Anzahl behinderter Menschen integrieren zu müssen, sind Nachkriegsländer wie Angola. Diese Länder befinden sich ohnehin in einer schwierigen wirtschaftlichen, sozialen und politischen Situation. In dieser Lage ist die Situation von Behinderten besonders schwierig. Ihre fehlende Mobilität und die geringen Chancen am Arbeitsmarkt teilzuhaben, führen sie häufig in krasse Armut, Isolation oder die Flucht in Alkohol oder andere Drogen. Der Verlust des Selbstwertgefühls ist häufig die Folge. Neben einer hohen Zahl von Versehrten infolge von Krieg und Minen, gibt es auch eine steigende Zahl von Polioerkrankungen und anderen Infektionskrankheiten mit anschließender Lähmung und Funktionseinbußen der Extremitäten. Belastet wird die Situation in vielen krisengeschüttelten EL außerdem durch eine Zunahme an Trauma-Opfern, z.B. infolge von Verkehrsunfällen, kriegerischen Auseinandersetzungen oder Naturkatastrophen.

Ein durch die deutsche TZ unterstütztes Vorhaben in Angola trägt zur sozialen und wirtschaftlichen Integration Körperbehinderter bei. Dabei wird der Partner durch die

institutionelle Förderung von staatlichen und nichtstaatlichen Organisationen langfristig in die Lage versetzt, die orthopädietechnische Versorgung von Körperbehinderten und deren umfassende Reintegration sicherzustellen. Über die Kooperation von NRO mit dem Gesundheits- und Sozialministerium wird darüber hinaus die Weiterentwicklung der Sozialpolitik Angolas in Richtung auf eine partizipative Entwicklung gefördert. Die Nachhaltigkeit des Projekts soll durch die Einbeziehung des privaten Sektors zusätzlich gesichert werden.

Ein weiteres großes Problem in diesem Zusammenhang sind Minenopfer. Die genaue Zahl der Minenopfer weltweit ist nicht bekannt, jedoch kommen nach UNO-Angaben jeden Monat mindestens 2.000 direkt Betroffene dazu. Meist handelt es sich bei ihnen um Zivilisten, besonders stark betroffen sind Frauen, Kinder und Jugendliche. Die daraus resultierende Behinderung beeinträchtigt nicht nur das selbstbestimmte Leben der Einzelnen, sondern zieht auch das gesellschaftliche Umfeld in Mitleidenschaft. Die in intakten gesellschaftlichen Strukturen häufig spontan verlaufende Integration von Menschen mit Behinderungen ist nach kriegerischen Konfliktsituationen erschwert. Denn neben der zerstörten Infrastruktur sind oft Familien auseinandergerissen und soziale Netze zerstört.

Die verstümmelten Minenopfer haben in Nachkriegssituationen kaum eine Perspektive auf Ausbildung und Selbständigkeit. Ihr Leistungspotenzial wird nicht ausreichend genutzt, was zu Demotivation, Armut und Isolation führen kann. Es müssen deshalb Wege gefunden werden, das Selbstbewusstsein und die körperlichen Fähigkeiten der Betroffenen zu stärken und damit auch ihre Zukunftschancen zu erhöhen. Hier bieten sich z.B. Sport und Bewegungsspiele an, da sie neben der körperlichen Leistungsfähigkeit auch das Selbstbewusstsein stärken und somit Wege zur Rehabilitation und Integration erschließen.

Ziel eines überregionalen Vorhabens der Technischen Zusammenarbeit (TZ) in Kambodscha und Angola ist es daher, ein Konzept über leicht umzusetzende sportliche Aktivitäten für minen- und kriegsgeschädigte Menschen, insbesondere Kinder und Jugendliche, in postkonfliktiven Regionen zu erarbeiten. Dabei sollen auch die Möglichkeiten und Grenzen einer orthopädischen Versorgung berücksichtigt werden.

Generell ganz besonders beeinträchtigt in ihren Entwicklungschancen sind behinderte Kinder und Jugendliche. Die Förderung dieser Zielgruppe sollte darauf zielen, die körperlichen Fähigkeiten und das Selbstbewusstsein zu stärken, um die Rehabilitation und damit langfristig auch die Fähigkeit zu unterstützen, zukünftig ein eigenständigeres Leben zu führen. Hierdurch kann für die Betroffenen und ihre Familien Armut verhindert bzw. gemindert werden. Dazu sind sowohl fachlich qualifiziertes Personal als auch eine adäquate Unterbringung und entsprechende Hilfsgeräte notwendig.

Zur Integration behinderter Kinder und Jugendlicher kann gerade auch der Sport einen wichtigen Beitrag leisten. Denn nicht-wettkampforientierte Sportspiele vermitteln über die körperlichen Fertigkeiten hinausgehend wichtige Erfahrungen mit einer positiven Herausforderung und Auseinandersetzung. Junge Menschen lernen, dass Wettstreit und Konflikte auch ohne zerstörerische Aggression ausgetragen werden können. Dies ist ein wichtiger Beitrag zu Konfliktbearbeitung und –vermeidung. Der sozial integrative und –erzieherische Wert des Sports hat sich in einigen Vorhaben der EZ bereits positiv gezeigt.

In vielen Ländern werden jedoch die Möglichkeiten sportlicher Aktivitäten bei Behinderten nicht ausgeschöpft, häufig wegen Verunsicherung und Unwissenheit darüber, was Behinderte leisten können und was nicht. Dort wo schon – in der Regel positive – Erfahrungen mit Sport für Jugendliche gemacht worden sind, sind Mädchen meist vernachlässigt worden. Für sie

müssen – je nach kulturellem Umfeld – die Sportarten sorgfältig ausgewählt und ggf. gesondert angeboten werden.

Für Maßnahmen zur Integration behinderter Kinder und Jugendlicher gibt es einige positive Beispiele in der deutschen EZ: So werden in Nigeria, Pakistan und China körperlich beeinträchtigte Kinder und Jugendliche gefördert, andere Maßnahmen richten sich auch an Kinder mit psychischen Problemen, wie z.B. in China, oder mit geistiger Behinderung (Venezuela). Auch gehörlose Jugendliche und sprachgestörte Kinder werden durch gezielte Maßnahmen in Jordanien bzw. Kirgisien unterstützt. Verschiedene Maßnahmen in Mosambik, Angola, Kambodscha und El Salvador richten sich an Kinder und Jugendliche, die unter körperlichen oder psychischen Folgen nach Kriegserfahrungen leiden.

Wie Sie sehen, handelt es sich bei der Förderung von Menschen mit Behinderungen um einen sehr sensiblen Bereich, oft in Ländern mit einer konfliktgeprägten Vergangenheit und einer instabilen politischen und gesellschaftlichen Situation in der Gegenwart. Hier gilt vielleicht noch mehr als in anderen Bereichen, dass die Problematik von unseren Partnern zunächst selbst aufgegriffen werden muss, bevor externe Unterstützung etwas Sinnvolles beitragen kann. Insoweit bedarf es nicht selten der Überwindung erheblicher psychologischer Sperren. Es ist von daher nicht verwunderlich, dass auf diesem Gebiet viele Partnerregierungen noch keine Anträge an uns gestellt haben. Wir sind jedoch offen, bei entsprechendem Engagement unserer Kooperationsländer die positiven Erfahrungen, die wir in einigen Ländern gemacht haben, auszuweiten.

**Eva Falkenberg**

*Swedish International Development Cooperation Agency (Sida)*

## **Inclusive Development as Crosscutting Issue of Sweden's Development Policy**

### **Introduction**

I shall try to give you some information about how Swedish development co-operation deals with promoting the Human Rights and improvements in the living conditions of People with Disabilities (PWD)

Firstly a few words about my background. I am a lawyer and have worked for the different ombudsmen in Sweden, the ombudsman against ethnic discrimination, the disability ombudsman and the Children's Ombudsman. I have worked for Sida for the last 2 and 1/2 years as a Disability Adviser. When this post was established, it was placed in the Division for Democratic Governance. I am very pleased that my job is in this division because it is here that we mainly work with issues of democracy and human rights. Previously, disability issues tended to be considered as a health issue rather than an issue concerning the human rights of people with disabilities

The Swedish International Development Co-operation Agency, Sida, has produced guidelines named "*Sida's Development Co-operation for Children and Adults with Disabilities*". Together with other strategy documents, these guidelines describe how Sida works for People with Disabilities in development co-operation.

As you might know; the overall objective of Sida's development strategy is Poverty Reduction and promoting development. This strategy is now being revised and we hope to have a new Development and Poverty Reduction Strategy very soon.

In March this year, a parliamentary commission presented its findings on the future Swedish Policy for Global development in a report entitled "*Towards a more Equitable World Free from Poverty*". This report will now be circulated for comments and probably the Swedish parliament will take a decision in the matter next spring. There are three main objectives in the report ;

- More equitable global development
- Preventive and sustainable management of common global concerns, and
- Improving the living conditions of poor individuals.

This last mentioned objective is a very important objective when it comes to people with disabilities. Poverty means a lack of opportunities, power and security. This is often the situation of persons with disabilities (PWD). The commission emphasises the importance of focusing on the individual, and opportunities and needs in all different dimensions for the individual. All of us here today know that it is often the case that poverty causes disability and disability causes poverty. We have to break that vicious circle. Combating poverty is a very important way of doing this.



## **How do We Work with Disability Issues at Sida?**

The point of departure of our work is more or less the Standard Rules. It is really interesting to see how universal these rules are. It makes no difference whether you work in Sweden, Bangladesh or South Africa - the Standard Rules provide good guidelines for your work. I would like to quote this text from the Introduction in paragraph 15. It says:

*"In all societies of the world there are still obstacles preventing persons with disabilities from exercising their rights and freedoms and making it difficult for them to participate fully in the activities of their societies. It is the responsibility of States to take appropriate action to remove such obstacles".*

We shall have this in mind and I find this very fundamental part of the Standard Rules. We have to fight the obstacles, and we have to be aware that there still are many obstacles. They may be different in different countries and societies. I know that Mr Bengt Lindqvist, the UN rapporteur, has initiated a project that will be implemented by York University in Canada. He has taken an initiative to make a survey of these obstacles or rather the violations of the Human Rights of PWD. Recently Sida supported this project, the *"Disability Rights Monitor Systems"*, with an initial grant. I also would like to mention article 22 since at this meeting we are dealing with the question of international co-operation. You are all familiar with the article but it can be repeated. It states:

*States will participate actively in international cooperation concerning policies for the equalization of opportunities for persons with disabilities.*

*1. Within the United Nations, its specialized agencies and other concerned intergovernmental organizations, States should participate in the development of disability policy.*

*2. Whenever appropriate, States should introduce disability aspects in general negotiations concerning standards, information exchange, development programmes etc.*

*3. States should encourage and support the exchange of knowledge and experience between:*

*(a) Non-governmental organizations concerned with disability issues;*

*(b) Research institutions and individual researchers involved in disability issues;*

The project I mentioned is in accordance with this rule.

Sida also bases its work on other universal documents. The first document I have in mind is the *Universal Declaration on Human Rights* which recognizes that all human beings are born free and equal in dignity and rights. There are also the two main conventions on human rights that most of the governments of Sida's partner countries have signed: *The International Convention on Civil and Political Rights* and *The International Convention on Economic, Social and Cultural Rights*. Examples of rights covered by the conventions are:

- Civil rights: Right to personal security, freedom of thought, religion and opinion, equality before the law. Right of the child to birth registration and citizenship.
- Political rights: Freedom of assembly, association and speech. Right to vote and to stand for election.
- Economic rights: Right to work and decent working conditions. Right to form and join trade unions and to strike. Right to food and to be free from hunger.

- Social rights: Right to highest attainable standard of health. Right to social security. Right to housing. Right of the child and youth to protection from abuse and exploitation.
- Cultural rights: Right to education, to cultural identity, religion and language of ethnic group/minority. Right to participate in the cultural life of a society.

All these rights are just as essential for PWD as for persons without disabilities.

There is also the *Convention on the Rights of the Child*. When it comes to the Rights of the Child and the Rights of the Child with a disability, it is good to know that the CRC is a convention which almost all States have ratified. This gives more weight to the articles than to the articles in the Standard Rules. Article 23 in the CRC it is one way of reminding States of their responsibility for children with a mental or physical disability.

All these different Human Rights standards are based on the inherent dignity and worth of every human being and aim at securing freedom from fear and want, and at protecting the mental and physical integrity of the human being.

So how do we interpret these rules and standards in our daily work at Sida? In our Sida guidelines on disability we have identified areas for participation on equal terms and some rules. They are:

- Information and research should be extended and statistics collected.
- Policies: The needs and interests of persons with disabilities should be included in general development plans and not treated separately.
- Legislation: A combination of general and special laws may be desirable.
- The Budget: States should include disability issues in the regular budget.
- Coordination: States should ensure that disability issues are coordinated.
- Organisations of persons with disabilities: States should recognise the advisory role of organisations of persons with disabilities and their right to represent persons with disabilities.
- Personnel training: States are also responsible for ensuring that there is adequate training for all staff within the disability field. Training of staff at local level is particularly important in developing countries.
- Evaluations. States are responsible for continuous monitoring and evaluation of national programmes and services. They should also disseminate information on the background to and results of the evaluations. States should participate in international cooperation to develop a common system for national evaluation in the disability field and should encourage coordinating committees to participate in this work.

In the field of technical and economic cooperation: States have a joint responsibility for improving living conditions for persons with disabilities in developing countries. The measures to achieve participation and equality for persons with disabilities, including refugees, should be integrated into development programmes. Such measures must be included in all forms of cooperation. To develop the skills, common knowledge and capacity of persons with disabilities, developing and disseminating appropriate technology and know-how shall be given priority .

International cooperation: States shall participate in the development of a disability policy in the UN, its specialised agencies and other intergovernmental organisations. When appropriate, states shall include disability issues in negotiations on standards, exchanges of information, development programmes, etc. and they shall encourage and support exchanges of knowledge and experience

## **What Methods Do We Use?**

A large part of development cooperation in the disability field is provided in the form of support through Swedish NGOs. Support is also given to methods development, exchanges of information, and a selection of regional and international organisations. Within the bilateral country programmes, the ambition is that the number of special projects directly aimed at persons with disabilities should increase, at the same time as increased attention will be paid to the integration of disability issues in development co-operation programmes.

Now in May we are making a survey of the Sida support for persons with disability. We want to analyse and describe what areas we are supporting and the amount of money submitted. We also look at what has been submitted from 1996 until 2001.

We also make country analyses/strategies, produce statistics and do fact-finding.

Whenever relevant to the aims of development cooperation, the situation of persons with disabilities should be explained in key documents such as country and sector analyses and strategies. Analyses of democracy and human rights, social development, education and health care, and the situation of children shall include information about the situation of persons with disabilities. Any discrimination shall be noted, as shall the role of the organisations of persons with disabilities in the country in question. Disability issues shall also be included in other relevant studies and compilations of statistics and facts that Sida funds or participates in.

The Policy dialogue is another relevant area.

It is an important instrument to influence both governments and non-governmental and international organisations.

The development of relevant skills and institutions in partner countries shall be given priority. Courses in Sweden for personnel from recipient countries shall be used sparingly as a method for developing skills. It is important to make use of Swedish experience in the disability field through the participation of the Swedish resource base in development cooperation.

Collaboration, and in some cases coordination, between Sida, various interested parties and NGOs in Sweden is important in order to attain the most effective development cooperation possible. In its partner countries, Sida will endeavour to collaborate and coordinate its support with other interested parties, for example local and national NGOs, various ministries and sectors, as well as other donors. The promotion of the partner country's own coordination is the most important issue here.

In Sida's internal organisation there is this focal point for work with disability issues within Sida. This work is based on the Standard Rules and devotes particular attention to the situation of girls and boys with disabilities.

In our guidelines we have also pointed out some objectives.

They are the following.

## **Objectives**

The long-term objective for Sida is that disability aspects are taken into account and integrated into relevant development cooperation planning and that development cooperation thereby contributes to realising the rights laid down in the Standard Rules and in the Convention on the Rights of the Child.

We also have some objectives in a short-term perspective. These are:

1. As part of its cooperation with two or three countries, Sida will take into account the rights of persons with disabilities. This will be done both in the overall analysis and dialogue, and in the preparation of development work in the disability field and in priority sectors.
2. Sida will monitor that girls and boys with disabilities are not discriminate against in Sida's education and health work.
3. Sida will take into account girls and boys with disabilities in connection with the preparation of new agreements within the education and health sectors.
4. Sida will integrate disability components in connection with the preparation and extension of sub-projects in the education sector concerning teacher training, curriculum development, teaching aids, education sector reforms and policy development.
5. Sida will integrate disability components in connection with the preparation and extension of sub-projects in the health sector concerning district and primary health care, health sector reforms and policy development.
6. Sida will pay attention to disability aspects in connection with the preparation and extension of projects within other fields such as statistics development, human rights, urban planning and humanitarian assistance.
7. In those countries where support to persons with disabilities is provided within one or more sectors, Sida will work for a national coordination of these and other disability activities in the same country.
8. Sida will develop methods to integrate information on the situation of persons with disabilities in country analyses and strategies and in Sida's work with the development of methods to combat poverty.
9. Sida will work internationally - primarily within WHO, UNESCO and UNICEF - to ensure that disability issues are given attention and taken into account in development and assistance planning.
10. Sida will contribute to global normative method development work in the disability field, in particular within the areas I just mentioned and finally.
11. Sida will enhance the knowledge of Sida's personnel on how disability aspects can be taken into account in development cooperation work.

I would also like to inform you about some of the projects Sida has supported that mainly target persons with disabilities.

We have several bilateral projects. I can mention that Sida supports CBR, community-based rehabilitation projects in the West Bank/Gaza and Sri Lanka. In India we supported the Lok Jumbish project: an education project where children with minor disabilities are integrated in the schools.

In South Africa we have four-year programme of support to the Office on the Status of Disabled Persons amounting to over 3 million US dollars. The OSDP is a governmental body placed strategically in the office of the President. With the support of Sida, the OSDP has produced a white paper on "*An Integrated National Disability Strategy*". The paper calls for a change in approach to the issues of disabled people - from the medical model to the HR /development model. It is a programme to ensure that the constitutional protection offered to disabled persons in the Bill of Rights becomes a reality.

Sida also gives support to different NGOs that work in this field. The main Swedish organisation in this area is SHIA (Swedish Organisations of Disabled Persons International Aid Association). Their projects focus on supporting and cooperating with local DPOs. Another Swedish NGO is Rädde Barnen or Save the Children. Many of their projects focus on disabled children, for example DICAG, Disabled Children's Action Group in South Africa.

I would like to mention some projects we support that are regional or global.

1. Currently we are dealing with support for the African Decade of Disabled Persons. As you might know, together with the disability movement in Africa, the Organisation of African Unity has declared the years 2000 - 2009 to be the Decade of the Disabled. Just like the Asian and Pacific Decade of Disabled Persons was declared the years 1993-2002. We have received a project proposals from the Pan African Federation of Disabled Persons. Sida has given them support to develop a Business Plan and for arranging a meeting for discussion of the BP. We have also given support for a women's seminar/workshop where the BP was examined in a gender perspective.
2. An other global project Sida is supporting is a proposal from The Rights of Disabled Children's Group. This is a very interesting and important project. The Rights of Disabled Children Group is a group of persons who are working closely with reports to the CRC committee to make sure that the rights of disabled children are not overlooked in the reports.

The project, which is administrated by Disability Awareness in Action, aims to set up a Rights Abuses and Good Practice and provide a stronger voice for disabled children.

3. There is also another international project I would like to mention. It is the project *"Electoral and Political Enfranchisement of Citizens with Disabilities"*. I see this project as a real crosscutting project. It is in a completely other field. It has to do with the fundamental political rights. The right to vote. This project has been initiated by IFES, the International Foundation of Election Systems. IFES has in this project followed some parliamentary and presidential elections and promoted the voting rights of PWD. The elections in Ghana, Peru, Nicaragua, Bangladesh, Zambia and Ukraine have been observed.

I can also tell you that last week I returned from a mission in Vietnam. There we have plans to support Vietnam Blind Association. It deals about a pilot project to support a school and the Association with IT for visually impaired persons.

These are some examples of the types of Sida projects that directly support PWD.

I believe, though, it is important not only to look at projects that directly target disabled persons. We have to ensure that, in all the planning at Sida, we are aware of the rights of disabled persons or rather that we have to ensure that there are no abuses of the rights of disabled persons. It can be a question of building a road or housing. How are the schools built? But I know that you are very much aware of this.

In Swedish development co-operation we produce country strategies every third year to identify important areas for co-operation. In this work we know it is important to have a poverty perspective, a gender perspective, an environment perspective, a HIV/AIDS perspective, a HR perspective etc. But it is also important to make my colleagues aware of the implications the strategies will have for persons with disabilities. Often there is no difference, or rather the same implications as for non-disabled persons. But you should bear in mind that there can be different implications and that certain measures have to be taken to ensure that disabled persons are not discriminated against.

Raising awareness is an important part of promoting the rights of disabled. When it comes to education for instance. If Sida is giving support to the education sector in a country, we often stress the importance of the education of girls, but it is just as import to stress that children with disabilities shall have the same access to education as non-disabled children.

I would like to quote what I often hear “Nothing about us, without us”. This is very important and at Sida we work to a great extent together with the DPOs.

Today an important step has been taken from health support to HR support. I don't mean that health support is less important, but the health support needed shall be given on the basis of human rights.

The right to education is another important area of support to PWD. Our Education Division has produced an interesting position paper on Education, Democracy and Human Rights. In this document education is described as a human right and democracy and education is viewed from a rights perspective.

I hope you have obtained an idea of how Sida works with development cooperation in the area of PWD. We believe it is a crosscutting issue and we regard it as a very important human rights issue.

I would like to end by once again quoting the Universal Declaration of HR.

*"All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood"*

**A.H.M. Noman Khan and Nazmul Bari**

*Executive and Assistant Director, Centre for Disability in Development (CDD)*

## **Community Approaches to Handicap in Development. A Strategic Venture for Mainstreaming Disability Issues in Bangladesh**

### **A Situation Analysis in the Context of Bangladesh**

Poverty plays a significant role in terms of disability and handicap. It is now well accepted that poverty is both a major cause and consequence of disability. Poverty and disability reinforce each other contributing to increased vulnerability and exclusion.

Negative attitudes and practices reinforced by poverty and external causes create impairments. These factors also create barriers that results to a lack of assistance leading impairments to disabilities followed by exclusion. A lack of assistance at this stage results in isolation, marginalization and premature death. All these feed back and reinforce negative attitude, practices and poverty situation.

Poverty is underdevelopment that results in symptoms that can cause impairments, disabilities and handicap. Development is primarily focused on eradication of poverty and a large part of development activity focus on changing the attitudes and practices of people. Impairment, disability and handicap are primarily development issues because of their close links to poverty. Besides, it is also required to address the issues of attitudes and practices of people and organizations while dealing with issues related to impairment, disability and handicap.

Issues related to disability had been widely overlooked in Bangladesh. It was not recognized as a crosscutting development issue. With time and effort the interpretation of disability is gradually being seen more as an issue of right than charity. But this appropriate recognition and acceptance is far limited reflecting itself in large-scale isolation of Persons With Disabilities (PWDs) from mainstream development and social interactions.

Inadequate attentions leading to minimal flow of resources and efforts have left Bangladesh immensely short of availability of therapeutic services for PWDs and positive environment supporting inclusion of PWDs and disability issues in all spheres of life and development. Established in 1996 CDD came to the scene advocating disability as a crosscutting development issue.

The PWDs and issues related to disability have its presence in all aspects of human domain, be it development or social affairs. The needs of PWDs are first as human beings. Their needs to be educated, skilled and economically involved are fundamental human rights and a responsibility of the nation and all of its citizens. They deserve equal right to available services of all range. It has to be accepted that development for a nation can only occur if it includes all groups and classes of its people. The motto of "Education for all" has no meaning if it excludes any groups or cluster of people like the PWDs. Inclusion of PWDs does not compulsorily require creation of separate mechanism. Major groups of PWDs can be included into existing development components. Just as it is important to include PWDs and disability issues into existing development process, it is equally essential and imperative to consider the issues in all phases of planning relevant to new development initiatives and interventions. Besides this realization and drive, the inclusion of PWDs and disability issues also demands supplementary initiatives. Misconceptions on disability and subsequent negative attitudes are a major barrier in the inclusion process. The process of eradication of negative attitude

towards an environment of positive atmosphere is crucial. PWDs, according to their type and degree of disability, also require therapeutic interventions to allow them to develop their capacity to avail the scopes available for them to be included.

With these conceptual understanding, CDD developed itself as a resource organization on disability and development.

PWDs are scattered in their millions all over the country. But the services and scopes that were available in the country were far too inadequate to meet the needs of the total nation. It was also humanly impossible for a sole organization, like CDD, to even dare and venture to physically address this colossal issue single handedly. Development organizations in the country have long history. These are scattered geographically with development interventions, basically of similar nature. But most of them were not addressing the issue of disability, more because of lack of understanding, information and skilled human resource than limitation of interest. These organizations were identified by CDD as a strength and entry point on disability issues into their respective working communities. If these organizations could be tapped and their resources and capacity developed to address disability issues than large number of PWDs could be reached at a quicker time with maximum utilization of limited resources. But this process of working in partnerships with development organizations would also be limited in its reach and effectiveness if the other resources like institutions, agencies, public bodies, forums and most important of all the Government were not tagged into the process.

### **The Birth of an Approach - CAHD**

As an effort to systematically and strategically address the issue of disability and development, CDD developed and embarked on the concept termed “*Community Approaches to Handicap in Development*” (CAHD). It is a concept for implementing CBR. CAHD recognizes impairment, disability and handicap as development issues. It is an interactive process that strives for “Recognition of the existence of disabled people and people with impairments, the inclusion of these people in society and the subsequent provision of services to meet their needs.” CAHD, and the processes necessary to implement it, are designed to be included into the ongoing activities of existing organizations. Using existing organizations to establish CAHD is one of the core strategies in this concept. Implementing the CAHD concept means expanding existing program activities.

The vision of CAHD is to establish activities that will minimize the negative impacts of impairment, disability and handicap. In other words to create changes in attitudes to counter the existence of or to eliminate handicap. To reach towards the vision of CAHD, programs focus on activities that:

1. “Change the attitude of people and their organizations to create a more equitable sharing of resources of all people, especially those who are disabled”,
2. “Change the social environment and the attitudes of people and their organizations to eliminate the barriers that result in the exclusion of disabled persons”,
3. “Reduce the impact of impairment and disability on individuals and families through prevention of impairment and provision of adequate services”

CAHD is comprised of four components on which interventions are directed. Simultaneous activities are essential in all of these four components. These are:



### ***Social Communication (Awareness and Attitudinal)***

Providing knowledge to people and organizations about:

- Causes of impairment, disability and handicap.
- Roles of family members and organizations, in creating handicap.
- Activities that will prevent impairment, disability and handicap.
- Rehabilitation practices that will minimize the impact of impairment and maximize the personal development of disabled persons.

### ***Inclusion and Rights (Inclusion and Participation into Development and Socio-Political Activities with Equal Status and Rights)***

Providing disabled persons the equal opportunity to access their rights as citizens and to participate in all of the activities in their families and communities enables:

- Disabled persons to improve the quality of their lives.
- People and their organizations have positive experiences with disabled persons, which will change their attitudes.
- Organizations to include disabled persons in their existing programs to give them equal access to opportunities for education, economic activities, and health services.
- Disabled persons to promote their right to play active roles in social and economic activities in their families and communities.
- National organizations to promote for legislation, policy and regulations for recognition of the rights of disabled persons.

### ***Rehabilitation (Therapeutic Interventions)***

Providing assistance to people who have impairments and disabled persons that will minimize the functional difficulties that are the result of their impairments and maximize their personal development by:

- Providing basic rehabilitation service in the community.
- Providing referral and transfer services to meet the special needs of disabled persons.
- Developing linkages and transfer options between basic therapy service delivery in the home and referral services.

### ***Management***

An organizational function necessary to make sure that the previous three activities are implemented simultaneously and that these activities are relevant, `efficient and effective by:

- Developing a monitoring, research and evaluation system.
- Capacity building of local partners.
- Including disabled persons, their families and the community in the design and monitoring, research and evaluation process to ensure accountability of the CAHD system.
- Developing and facilitating networks.
- Documenting the development and evaluating the impact of the CAHD system.
- Using monitoring, research, documentation, and evaluation information to facilitate and direct the creation of changes to the CAHD system.

Effectiveness of CAHD requires implementation of intervention activities in the following three sectors:

- Primary: The micro-level, family situations, where people live out most of their lives,
- Secondary: The first macro-level where people, as members of organizations, work to provide governance or goods and services, and create social change, in the primary sector, and
- Tertiary: The second macro-level where people, as members of organizations, work to provide in-direct governance, manufacture goods, provide in-direct services, and create social change in the primary sector.

### **Implementing CAHD**

CAHD, and the processes necessary to implement it, are designed to be included into the ongoing activities of existing organizations. Using existing organizations to establish CAHD is one of the core strategies in this concept. Implementing the CAHD concept means expanding existing program activities.

CAHD requires the involvement of many different organizations, from government bodies to small local NGOs. Implementing CAHD requires the fundamental involvement of the following types of organizations:

1. Initiating organization: The organization, usually an international non-government organization (INGO) or a local organization supported by an INGO, that has the interest, technical skills and resources to facilitate the development of CAHD in a particular region or country.
2. Implementing organization: Community development or community based rehabilitation (CBR) organizations that are actively providing assistance to people in communities.
3. Research Organization: An organization with the technical skills and capacity to develop monitoring, research and evaluation activities as part of a CAHD program.
4. Referral organizations: Organizations that have the capacity to provide professional medical and rehabilitation services to disabled persons.
5. CAHD Networks: Informal groups of organizations that work together to achieve a common purpose such as the implementation of CAHD.

### **CAHD Implementation Process**

CAHD follows the following fundamental steps in implementing CAHD. These are

1. Starting the Development of CAHD by initiating organization.
2. Situational analysis.
  1. Developing training capacity.
  2. Developing CAHD in implementing organizations.
  3. Implementing social communication.
  4. Including disabled persons in family and social activities.
  5. Including disabled persons and their families in development activities.
  6. Including disabled persons in secondary and tertiary sector organizations.

7. Providing rehabilitation and referral services.
8. Developing network in the secondary and tertiary sectors.
9. Including beneficiaries in the monitoring process.
10. Establishing reporting and information sharing system.

### **CAHD Implementation Mechanism by CDD**

CDD is placed at the tertiary sector of the CAHD framework. It acts as a training and resource organization on CAHD. CDD has direct working links with the secondary sector and also with the other actors of the tertiary sector. The primary sector is linked with CDD through the secondary sector.

The first link is created once the community development organizations (secondary sector) contacts CDD (or vice versa) showing interest to work on disability issues. The applicant organizations are next screened in accordance to a pre-set policy and criteria. Once the organizations are selected they qualify to be a partner and receive long term technical support from CDD. These support come in the form of training, materials for community education, monitoring, networking, and, in some cases, financial assistance to strengthen the inclusion of disability issues into mainstream development and society.

The managers of the organizations are first invited for a six-day orientation course (CAHD Orientation: Program design and Management) to allow them to possess a comprehensive understanding of the CAHD approach and the means of initiating and implementing the program in their own organization and locality.

A group of staff of the selected organization is next trained (Social communication on Disability and Handicap) for 10 days and provided with educational materials that they can apply in their efforts to induce positive environment in the community and families of PWDs for better acceptance and inclusion of PWDs. The increase in the level of awareness would also facilitate strengthening of preventive measures of disability.

Another separate group of staff is trained to respond to the needs of people of all ages and disability. These staff receives a group of four training courses of combined 95 days duration under the banner of “Community Handicap and Disability Resource Person (CHDRP)”

All of these training courses are supplemented by other advanced and need based training courses, conferences and seminars, information and training materials, technical and program follow-up, monitoring and networking support.

A CDO after receiving these supports is involved in a variety of activities. The major ones are; social communication at field level for increased awareness and positive attitude, networking for sharing of local resources, advocacy for the rights of PWDs and ensuring availability of accessible services, rehabilitation for addressing special needs of PWDs, inclusion of PWDs and their family members into development and social affairs and prevention of disability with early detection and intervention.

To support the CAHD implementation at the secondary and primary sectors, CDD is actively involved with other actors in the tertiary sectors. A strong working relationship has been established with the National Forum of Organizations Working with the Disabled (NFOWD). Through the forum CDD has been able to advocate at the national level to the Government and other agencies for policy development and application. The specialized organizations on rehabilitation expertise and referral institutions have been approached for further extension of

existing services and creation of new ones to make service access more convenient for PWDs and their families. The donor agencies are also being sensitized to extend more support to the cause of disability issues. Extensive national level sensitization on disability issues is being carried out through the national media inclusive of television and satellite channels.

### **Outcomes and Impacts of CAHD in Bangladesh**

CAHD program interventions are gradually yet steadily bringing changes at local and national levels. Changes can be observed at different areas: in the person, family, community, organization, etc.

#### ***CDD as an Organization***

CDD has been established and recognized as a resource organization in the field of disability. It has developed the capacity to provide approximately ten thousand person days of training in different fields of disability issues.

#### ***Disability Recognized as a Development Issue***

Disability issue is now considered as an integral part of development by a large number of development organizations. These organizations are showing their keen interest to include disability issues into their existing and new development interventions. They also recognize the need of skilled human resources, appropriate information, materials and technical back up on disability issue.

#### ***Request for Training and Technical Services***

Each year the number of new organizations requesting CDD for training and technical support is also increasing steeply. CDD is continuously receiving requests for additional training support from trained organizations. From a total request of 50 in 1997, new requests in year 2001 alone were more than 200.

#### ***Presence of Human Resources on Disability Issues***

The number of skilled manpower has been steadily increasing as an impact of CDD training over the past years. More than 2,400 persons had received training from CDD till December 2001.

#### ***Presence of Materials on Disability Issues***

The different materials developed by CDD are now available at organizational and community level of organizations implementing CAHD. This is playing an important role in creating positive attitude at the local level and also opening access to a wide range of information to the service providers, PWDs, families and communities.

#### ***Acceptance of CHDRPs as Professionals***

Over the past four years more than one hundred and fifty organizations (December 2001) have procured rehabilitation training from CDD for their staffs. These trained people are termed as Community Handicap and Disability Resource (CHDRPs). At present 225 CHDRPs (July 2001) are working with extreme sincerity and hard efforts in their battle to

improve the lives of the PWDs and bring showers of relief to their families. From a situation of almost no services, at least there are some now at the grassroots level in many communities in Bangladesh.

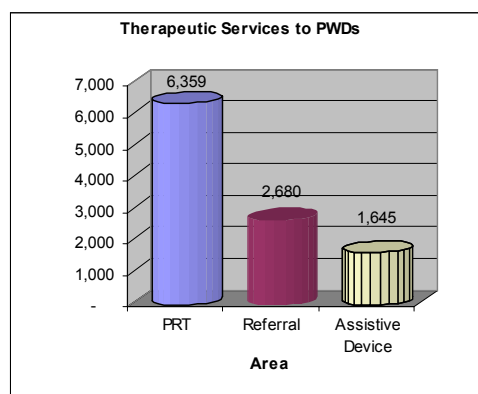
Because of previous wrong beliefs, fear and superstition CHDRPs and their activities was underestimated by the community. But with time, the commitment and sincerity of CHDRPs and the visible effects of their work have lead them to be well known and accepted as a resource person in the community. The profession of CHDRPs is now recognized by development organizations. Employers are requesting applications for the post of CHDRPs with in their respective organizations.

### ***Change in Attitude***

There has been a visible effect of the growth of positive attitude in the CAHD implementing areas. The attitude has changed with in the implementing organization, PWDs and their families, the working communities, the locality etc. The wave of this change has also to a great extent influenced at the national level.

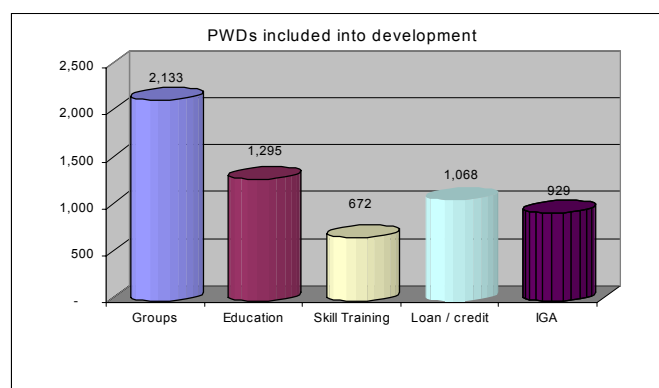
### ***Presence of Rehabilitation Services***

Primary Rehabilitation Therapy (PRT) services is now available with 150 organizations (December 2001) all over Bangladesh. According to available information from 120 organizations up to July 2001 a total of 9,918 PWDs have received CAHD services from the CHDRPs and their organizations. They have also received assistive devices and had access to referral information and services. A demand and need has been created for the presence of advanced referral services at regional levels, to make these services accessible and cost effective for PWDs and their families.



### ***Inclusion into Development Services***

The initiation of CAHD by CDD trained organizations have lead to the inclusion of thousands of PWDs (6,097) and their family members (7,825) into existing and new development components. They have been included into education, saving groups, credit and income generation programs, health services, etc.



### ***Creation of Accessibility for PWDs in Infrastructures***

Accessibility for PWDs has been gaining focus over the recent years. Accessibility features have been added into different infrastructures including homes of PWDs, educational institutes, health centres, etc.

### ***Network and Advocacy***

CDD trained organizations and trainees are getting involved with networking and advocacy activities. This is resulting more development organizations to be interested on disability issues. Government sectors along with International Donors are also facilitated to come forward. The training courses of CDD are also gradually being more recognized and gaining in importance. This is resulting in the demand for more training.

Regional informal networks with CAHD implementing organizations are forming with the objective of resource, experience and opinion sharing and undertaking of joint efforts to address issues of common interests. At present four such informal networks are gaining in strengths and initiatives in four regions of the country.

### ***Additional Impacts***

Families are receiving skills to help their PWD family members. Some families are acting as counsellors to others. Local and central government agencies are extending their cooperation. National media are focusing on disability issues. Donor communities are more interested to fund in the development of human resources and disability program interventions. Different International days on disability issues observed at local level.

### **Generation of further Needs**

Over 120 organizations are implementing CAHD in Bangladesh. The efforts and services of these organizations have enabled families, communities and organizations to comprehend and acknowledge the importance of continuation and expansion of services for the inclusion of disability issues and PWDs into mainstream development. As the acknowledgement of services enhance, the demand for more skilled human resources increase to meet up the growing demand. Even though requirement of financial resources under CAHD are minimal yet there are certain costs that have to be borne by implementing organizations, especially expenses related to rehabilitation. As the organizations are expanding their rehabilitation services to include more beneficiaries, it is becoming over burden for the implementing organizations to bear all the costs associated with rehabilitation. Even though the organizations are trying to generate community contribution towards the process, the general poverty situation does not allow adequate contribution. Besides disability is still not a prime issue among donors and as such it is difficult to find funding to support the initiatives. For CDD also it is difficult to find adequate training sponsorships to meet the growing demand of human resources by the CAHD existing and new implementing organizations. The need for assistive devices and referral services are also steeply increasing. Advocacy is being done towards the specialized organizations to bring their services further closer to the communities in different regions of the country.

### **Acknowledgement**

*The Community Approaches to Handicap in Development (CAHD) has been developed in Bangladesh in 1997 by CDD, with support of Handicap International (HI) France, and Christoffel Blindenmission (CBM) Germany. This process has been duly supported by other international organizations like ActionAid Bangladesh (AAB), Save the Children Fund (Sweden) and Foundation for Children's Welfare Stamps (SKN) Netherlands, Nippon Foundation, Japan, CBRDTC Indonesia. CAHD would not have arrived at this stage with out the cooperation of the CAHD implementing organizations at grassroots and the community people, especially the people with disabilities.*

**Alex Ndeezi**

*Member of Parliament, Republic of Uganda; Chairperson, National Union of Disabled Persons of Uganda (NUDIPU); Co-ordinator, African, Disability Network (ADN)*

## **Disability and Development: A Success Story from Uganda**

### **Purpose of this Paper**

The purpose of this paper is to briefly articulate the experience of the estimated 2.4 million people with disabilities in Uganda in the areas of:

- Formation of organisations of people with disabilities (PWDs) to act as their voice/mouth piece in the struggle for human rights and in initiating programmes to improve upon their well being in general.
- The participation of PWDs in decision making/politics in Uganda and the impact or the consequences on PWDs in the country and other countries.
- Lessons learnt and the remaining challenges/problems.

The paper is a contribution to the global movement for human rights, through the process of learning by way of sharing experience on particular cases; and applying such to the resolution of problems in specific contexts in a careful and appropriate/relevant manner.

The paper is intended for all individuals and organisations which believe in social justice, human rights for all of mankind and empowerment of historically marginalised groups.

### **Introduction to the Disability Movement in Uganda**

Uganda is one of the three East African countries, (Uganda, Kenya, Tanzania). It has a total population of 24 million people - 2.4 are estimated to be PWDs. The GDP is approximately \$28 billion, income per capita is approximately \$1,200, life expectancy - 43 years. It is one of the 11 poorest countries of the world but with an impressive GDP growth of 6% which is ranked amongst the highest in the world. The economy is heavily dependant on foreign support - IMF, World Bank, European Union Countries etc. It has a fledging democracy under what is called a movement system - an umbrella system where election to office is based on individual merit and not party affiliation.

The history of disability movement in Uganda dates us back to about three decades ago.

By 1976, disability activists in Uganda had hatched the idea of forming a national umbrella organisation of persons with disabilities (PWDs) to provide them with a strong unified voice. This was after the realisation that PWDs and disability issues had been isolated and ignored from the society's mainstream concerns. The PWDs were themselves divided along largely medical lines and also largely dependent on handouts. This scenario stifled individual initiatives, morale, self esteem, and led to lack of confidence amongst PWDs. Society's negative attitudes towards PWDs served to reinforce marginalisation, denial of basic human rights and services.

Amidst the height of forming the umbrella organisation, the 1979-liberation war against Dictator Idi Amin broke out in the country. This war interrupted the process for almost 8 years. The idea became a reality when the National Union of Disabled Persons of Uganda

(NUDIPU) was formally formed and launched in November of 1987. NUDIPU started as a humble organisation with not more than 100 individuals and with a very simple structure. It has over time, evolved into a nation-wide organisation with a complex structure embracing millions.

## **How have PWDs Participated in Politics in Uganda?**

*"Nothing for us without us"*

Right from the day NUDIPU was formed, it was realised that the political decision-making process had an enormous bearing in determining the quality of lives of all people including PWDs. It was thus recommended that NUDIPU should strive to promote participation of PWDs in politics to ensure that decisions made by politicians are disability sensitive or friendly or take into account real needs of PWDs.

The formation of NUDIPU as an umbrella organisation of PWDs has been the foundation and landmark event in the history and success of disability movement in Uganda. NUDIPU now has its structure running from the lowest government administrative structure in the village to the national level. This structure constitutes a strong network of PWDs throughout the country and it makes mobilisation of PWDs one of the easiest tasks. NUDIPU membership is drawn from district cross-disability coalitions or unions found in all the fifty-six districts of Uganda. The network of NUDIPU is strengthened by the good working relationship with the national uni-disability organisations like Uganda National Association of the Deaf (UNAD) and Uganda National Association of the Blind (UNAB) and National Union of Women with Disabilities in Uganda (NUWODU). With its establishment, NUDIPU forms a very strong voice for PWDs and a powerful lobby and advocacy tool.

NUDIPU and PWDs participation in politics is largely manifested in their influence on the decision making process and their representation in most decision-making bodies in the country. The beginning of it started with PWDs representation in the Constituent Assembly that enacted the 1995 constitution of Uganda. Only one member/delegate represented PWDs in the 284-member constituent Assembly-charged with debating and promulgation of the constitution of Uganda. The lone/one delegate performed excellently because he was backed by NUDIPU and other disability organisations. The disability friendly provisions in the constitution are a result of the stated representation. The provisions set the grounds for all other laws and policies to be passed and those already passed. Amongst the various disability-friendly provisions in the constitution are:

- Objective XVI, "Society and the State shall recognise the rights of persons with disabilities to respect and human dignity."
- Objective XXIV, (c) The State shall "promote the development of a sign language for the deaf..."
- Article 32(1), "Notwithstanding anything in this constitution, the State shall take affirmative action in favour of groups marginalised on the basis of gender, age, disability or any other reason created by history, tradition or custom, for the purpose of redressing imbalances which exist against them."
- Article 35(1) "Persons with disabilities have the right to respect and human dignity and the State and society shall take appropriate measures to ensure that they realise their full mental and physical potentials."
- Article 35(2) "Parliament shall enact laws appropriate for the protection of persons with disabilities."



- Other provisions relate to gender balance and fair representation of marginalised groups (PWDs inclusive) in decision making organs.

It is also important to note that as per Uganda's constitution, major decision making powers in Uganda rest with the Parliament and the Local Government Councils (LCs). So let us briefly outline how PWDs participate in these political organs.

### ***The Parliament***

In the 6<sup>th</sup> Parliament (1996-2001) and the current Parliament (2001 - 2006) there were/are five members representing PWDs elected by PWDs on affirmative action ticket. The participation of these MPs were and is still significant. In the 6<sup>th</sup> and 7<sup>th</sup> Parliament PWDs MPs were strategically elected on key committees;

- Finance, Planning and Economic Developments
- Public Service
- Local Government
- Social Services
- Presidential appointment

His Excellency the President appointed one of the MPs Minister of State in charge of Disability and Elderly. One of the roles of the Minister is to ensure that disability issues are taken into account by the Executive Arm of the State. The Minister also bridges that gap between the executive and the entire disability community.

The MPs managed to influence quite a number of legislations and policies, a few of which I will outline later with their key provisions.

### ***The Local Government***

Following the decentralisation policy, the local government structure has become an important decision making structure of government - from district to the lowest level. The local government structure is established by the Local Government Act, 1997. The special provisions for PWDs at all levels guarantee their participation by way of providing seats for PWDs at all levels. There are now up to 50,000 disability politicians/councillors in the entire local council system in the country. The amended Act, of year 2000 further strengthened PWDs participation by ensuring special seats for PWDs on key committees like the District Public Service Commissions, and Local Tender Board and Executive Committees.

## **Participation and Achievements**

*"We advocate for equalisation of the rights and opportunities of PWDs with other citizens of Uganda"*

With the benchmark set by the disability friendly provisions in the constitution, subsequent Acts of Parliament have thus been greatly influenced by NUDIPU to include PWDs in government structures and address their concerns. Coupled with strong advocacy and lobbying strategies of NUDIPU, PWDs are now represented on most political decision making bodies at all levels. As a result PWDs have managed to influence quite many decisions of government in their favour. The following are examples:

1. The Rules of Procedures of Parliament (1996) have specific provisions that ensure that members with disabilities fully participate in the business of the House and Committees.

Parliament is at its own cost required to provide personal assistance services e.g. interpreters guides and helpers. The new rules also permit members to enter the chambers with mobility aids and other gadgets.

2. In the 1997 local government elections, 47,000 PWDs were elected in local councils far above the 933 originally proposed by provision of the government countrywide. The number will be about 50,000 in 2002.
3. Five seats in Parliament are reserved for PWDs. As more PWDs compete for mainstream constituency seats, the number of MPs with disabilities has risen to 10.
4. The creation of the Ministry of State for Disability and Elderly in the Ministry of Gender, Labour and Social Development now headed by a PWD.
5. Under the Universal Primary Education programme, children with disability take priority over others for government sponsorship. Over 170,000 children with disabilities are being sponsored by government under this programme.
6. The Uganda Communication Act, 1997 provides that research be done in communication techniques and technologies that are accessible to the Deaf.
7. The Land Act, 1998 stipulates that any measure relating to land that denies PWDs their rights to tenure, ownership and land management is null and void.
8. Uganda Traffic and Road Safety Act, 1998, among others provides that *"No person with disability shall be denied driving permit by reason of his/her disability"* Sec.42.par3. This has made it possible for PWDs to have access to driving permits
9. The Movement Act, 1998- The establishment of the Movement System also provides for the representation of PWDs at all levels of the movement structure.
10. The Children Statute, 1996 ensures early intervention by parents and government to treat children with disabilities and rehabilitate them and to take care of their education.
11. The workers Compensation Act, 2000 defines disability for the purpose of secure terms and conditions of employment and compensation.
12. The Universities and Other Tertiary Institutions Act, 2000 provides for affirmative action in favour of students with disabilities in admission to Universities and ensures that the University/institution facilities are physically accessible. It also provides that special needs of students with disabilities are taken care of. In Makerere University today, a student with disability has 3.5 weighted average points advantage for admission over others.
13. Some local councils have put in place programmes and budget lines for PWDs e.g. to facilitate mobilisation/sensitisation/awareness raising.
14. Local councils providing assistive devices e.g. wheel chairs.
15. Bursaries for children with disabilities.
16. Increased self-esteem amongst PWDs - recognition in councils and government with the pride that goes with it.
17. National and Local Elections:  
In 1996, Parliament passed the Parliamentary Elections Statute, 1996. To facilitate participation of PWDs in the election processes, there were key provisions, one of which provides for sign language to be used for voters education and another provides that polling stations be physically accessible for PWDs. The Presidential Elections Act, 2000

provides measures to ensure that PWDs are able to make the right choices for their candidates.

18. Clear Leadership and Vision:

To promote active participation of PWDs politicians and leaders of the disability movement at all levels, clear aims, vision, mission and philosophy of the disability movement has been formulated and consistently articulated. Clarity of vision, aims and philosophy motivates PWDs to participate in politics. They are also empowered/given the necessary confidence to articulate issues in councils without fear. NUDIPU has also heavily invested in the training of the councillors to promote their confidence, effectiveness and capacity generally, to advocate for human rights and lobby for services for PWDs at all levels. The training programme is seen as an ongoing/continuous empowerment process.

19. Lastly, it is important to note that Uganda's achievements in the area of empowering PWDs have been looked upon in the entire world as examples of good practice. Our achievements have also inspired many other countries to aspire for and struggle for similar or related achievements with varying degrees of success.

### **What Are the Factors for Our Success?**

*"united we stand, divided we fall"*

The major factor has been clear vision/mission philosophy and the unified voice of PWDs under the umbrella organisation- NUDIPU. Success was also enhanced by commitment, patience and positive attitudes adopted by PWDs and their leaders. All these were not in isolation. Other contributing factors include:

- The disability friendly/sensitivity to disability in development co-operation especially by Nordic countries has made it possible for the disability movement in Uganda to gain access to the much needed funding to enable various programmes be implemented. It is important to note that for a country like Uganda whose total annual budget/expenditure is supported through development co-operation to the tune of between 50 and 52%; donor policies play an important role in determining the extent to which efforts of PWDs and their organisations can succeed.
- Our co-operation with European disability organisations e.g. Danish Council of the disabled (DSI) and Norwegian Association of the Disabled (NAD), EDF etc. has led to increased sharing of information and knowledge and access to European funding.
- Positive Political climate, especially recognition and support by government, NGO and other civil society organisations has provided fertile grounds for our work.
- Decentralisation- giving decision making power to the lower levels of governance as well as PWDs participation.
- Access to information on developments in the world disability movement e.g. the United Nation Standard Rules on equalisation of opportunities for PWDs and access to information on activities of European DPOs motivated us and also partly influenced our way of thinking about disability from a human rights perspective.

### **Challenges**

*"nothing good is good enough"*

The implications of these developments to disability movement in Uganda are many;

Even though substantial progress has been made in the area of awareness raising and political empowerment of PWDs, there is need to strengthen the disability organisations especially at local/lower levels of governance so as to be able to sustain themselves. E.g. There is need to build capacity in the member district unions so that they are able to take over the roles of NUDIPU central leadership/secretariat.

1. The political agenda of disability movement may over ride the development objectives of the movement.
2. The needs and aspirations of disability movement in Uganda and else where are expanding. Hence need for capacity building at all levels and fronts.
3. There is danger of complacency (over celebration of achievements)
4. The donor dependency is a time bomb - NUDIPU financially depends on donors to the tune of 99%.
5. Reliance on political will, which can be withdrawn, is another time bomb.
6. Even though there is active participation of PWDs in decision making process, Uganda being one of the 11 poorest countries of the world- has not been able to effectively manage the transition from translating political recognition to economic empowerment. This is an uphill task. That is why our people are still the poorest of the poor.
7. Uganda's overall national budget depends on donor support to the tune of approximately 50% to 52%. Donors include EU and its member countries, IMF and World Bank. The policies of donors determine the extent to which the programmes they fund are friendly to vulnerable groups like PWDs. Unfortunately, despite efforts being made by European disability organisations to lobby for inclusion of the disability dimension in development co-operation, very few donors have responded positively.

## **Conclusion**

- From our experience, it is important for vibrant organisations of people with disabilities to be established so as to champion the crusade for human rights. The organisations must not operate in isolation but seek mutual alliance with other relevant and useful partners e.g. NGOs and churches and other institutions.
- PWDs should make an effort to influence the agenda of the political system - bearing in mind that politics determines the basic conditions of social-economic life and yet PWDs are largely the poorest and most marginalised in most countries of the world.
- With the emergence of globalisation, the need for co-operation between disability activists and development agencies in the North and South and for searching global solutions to disability issues is more wanting than ever before in the history of humanity. The need to mainstream/incorporate disability in all development co-operation policies is such area that needs greater focus. When developing such policies, programming and strategies for mainstreaming; PWDs and their organisations should be actively consulted and involved.
- For organisations/initiatives in the south, emphasis should be on "donor fuelling" and not "donor driving" - for the later is neither empowering nor sustainable. The search for a solution to disability issues from a pity and charity perspective is neither empowering and nor sustainable.
- The focus should be a social development and human rights perspective. Forming organisations of PWDs and seeking political representation is one of such rights that should gradually result into realisation of economic rights and improvement of the qualify of lives of people with disabilities.

- Developed nations, development NGOs in the North, donor agencies etc, are called upon to set aside resources to fuel the humble efforts being undertaken in the third world countries to bring about realisation of the human rights and dignity of million of PWDs who are still the poorest of the poor and the most deprived of the deprived.

**Dr. Sunil Deepak**

*Amici di Raoul Follereau (AIFO)*

## **Including Disability: Improving Access to Medical & Rehabilitation Services**

Amici di Raoul Follereau (AIFO) is based in Bologna, is in official relationship with World Health Organization (WHO) and collaborates with Disability and rehabilitation unit (WHO/DAR). AIFO has been collaborating with DAR over the last ten years and over the last three years I have been working as a project manager for a WHO-AIFO joint initiative. I am not speaking today as official spokesman of WHO/DAR but some of my observations related to their strategies have been agreed with their department.

I shall like to start my presentation by talking about the declaration of Alma Ata in 1978 when different country members of UN met in Alma Ata and came up with the declaration on primary health care and decided the objective of “Health for all by the year 2000”. The first important concept of health as it came up in Alma Ata was that health is not the mere absence of disease but it is seen as a state of physical, social and mental well being.

The second basic concept of health as it was defined in Alma Ata was to recognise that communities have the right to decide their own health priorities. For reaching the goal of health for all, it was decided to propose the concept of primary health care services, which were supposed to provide promotive, preventive, curative and rehabilitative health care services.

For different reasons, this basic concept of health and of primary health care services as envisaged in Alma Ata declaration was never fully realized. The primary health care services, which came up following Alma Ata focused mainly on some specific curative services and a few preventive services, while rehabilitation was often left out of these and communities did not have any role in deciding about their local health services.

Coming to the **role of WHO/DAR** the challenges facing the world are:

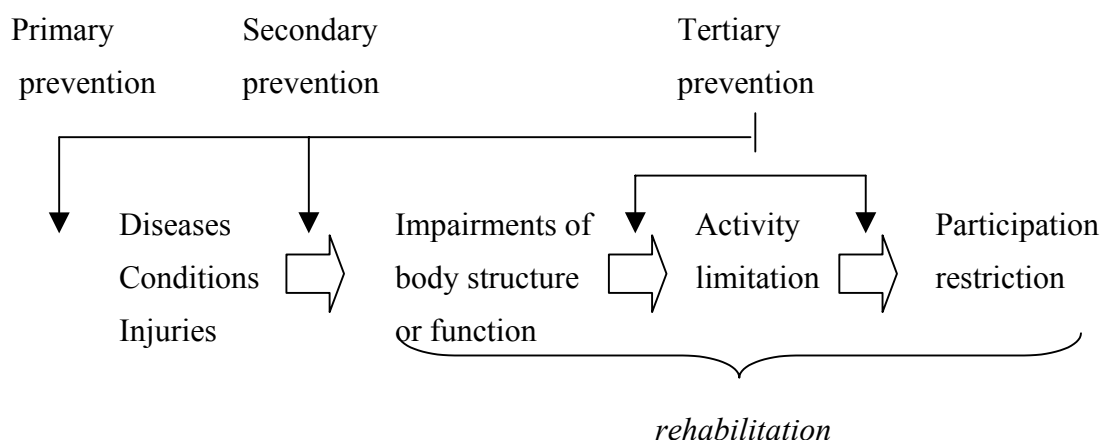
1. Disabled persons make up to 10% of the world population.
2. Not all the persons who are classified as disabled persons require medical services of rehabilitation.
3. Disability is a big issue because it affects the whole families in terms of its economic implications and implications for quality of life of persons. It is estimated that it may affect up to 25% of all families directly or indirectly.
4. Majority of persons with disabilities live in areas far away from the medical services of rehabilitation and most of them have insufficient access to rehabilitation services.
5. There are changing trends in disabilities all over the world as the number of persons with impairments is increasing due to many reasons. Chronic diseases like hypertension, arthritis, diabetes, heart diseases, etc. are also increasing. At the same time, the medical services are organized in a manner, which is more suitable for responding to needs for acute care rather than chronic or long term care. Hospitals and health care services tend to provide acute interventions and are not planned for long term needs.

The **activities of WHO/DAR** focus on three main areas. WHO is a specialized agency of United Nations for giving advice and guidance to member states of United Nations on health issues and health care.

The three areas of focus for DAR are:

1. Helping national governments to develop adequate national policies and guidelines related to disability and medical rehabilitation services.
2. Helping the national governments in strengthening of national rehabilitation services.
3. Reviewing community based rehabilitation strategies and supporting national governments in adopting CBR strategies.

It may be important to clarify the concept of rehabilitation and the level at which it works in terms of medical and rehabilitation services. Promotive and preventive activities work before a disease occurs - thus vaccination of mother and child, antenatal care, health education, etc. are all promotive and preventive activities. Once a disease occurs, early diagnosis and proper treatment are needed to decrease the risk of disability. The role of rehabilitation services covers the part when the impairment has already occurred, which results in limitation of activities and limited participation in the community and family life.



*The term “**rehabilitation**” refers to a process aimed at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric and/or social functional levels, thus providing them with the tools to change their lives towards a higher level of independence. (From UN Standard Rules)*

Medical component of Rehabilitation services can be of three different kinds:

1. Institutional rehabilitation services are specialized institutions where persons with specialized expertise are present. Persons with disability need to come to these institutions. These institutions need properly trained staff like doctors in physical medicine, surgeons, orthopaedic surgeons, physiotherapists, speech therapists, etc. and need specialised equipment. Therefore these services have a high cost and in developing countries, these may not have adequately trained personnel or may not always have sufficient resources to maintain and buy equipment. These services are also placed in big cities and may not have sufficient capacity to answer the needs of city dwellers. In any case, these may be in-accessible in terms of cost, transport, and distance to persons coming from rural areas or smaller cities.
2. Outreach services are created when specialized personnel from institutions go to community health services to provide their service. As this requires even higher costs,

these are usually available to small groups or communities and may not be sustainable even in developed countries.

3. Community based rehabilitation (CBR) services are based in the communities and use the existing personnel and resources present in the communities. We shall talk much more about CBR services in a little while.

As far as primary health care services are considered, in many developing countries such services do not cover all the population. Thus in some areas, people may need to walk long distances because there is no health centre nearby or it is there but it does not have any staff.

Even where primary health care services exist, these may not be accessible to persons with disabilities. Disabled persons may face greater problems in reaching the health centres. If they manage to reach the health centres, there may be physical barriers like stairs, so that they can't go inside. If they reach inside the centre, there may not be any person who understands sign language so that a person with hearing disability may still be excluded. When all these problems are solved, still the health centre staff may refuse medical care because they lack knowledge about disability and rehabilitation or feel that rehabilitation services should take care of disabled persons. Thus disabled children may be refused vaccination or treatment for fever and diarrhoea. Even if the primary health care services should also provide basic rehabilitative care, this aspect is not covered under PHC and nurses and para-medical workers do not receive any training on these aspects.

In late seventies, the first ideas of CBR came up at the same time as the Alma Ata declaration. WHO prepared a manual, which focused on basic rehabilitation activities and preparation of simple orthopaedic appliances, which could be used by family members and community volunteers for greater autonomy of persons with disabilities in activities of daily living. During the same time, there were other initiatives using the same idea with some minor variation like David Werner in Mexico, where parents of disabled children came to the Projimo project and were involved in learning basic skills of rehabilitation.

Soon, other specialized agencies of UN like UNESCO and ILO came up with similar approaches for promoting education for disabled children and promoting employment or self-employment of disabled adults. For a long time, there has a debate about these different approaches to CBR known as WHO model, ILO model, Werner model, etc.

Realizing that to be effective rehabilitation has to look after all the different needs of medical care, employment, employment, etc. in 1994 ILO, UNESCO and WHO came up with a joint position paper on CBR saying that all these approaches are complementary. This paper has recently been updated with a new position paper, which has been signed also by UNICEF.

The basic idea of CBR is multi-sectoral - it should involve all the different aspects. CBR should also be responsive to the local needs and thus the basic approach remains the same but it has to be adapted to local social and cultural context and may seem very different from country to country and from project to project.

CBR approach should be based firmly in the community, which needs to look at the priorities and resources. Disabled persons themselves, their families and their organizations together are the first community groups who should take charge of the CBR process. Other community leaders, religious leaders, local organizations, youth groups, etc. all have a role in the CBR approach and all need to be involved.

The following definition has been taken from the updated Joint Position Paper (draft, 2001) on CBR by WHO, UNESCO, UNICEF and ILO.



*“CBR is a strategy within general community development for rehabilitation, equalization of opportunities and social inclusion of all children and adults with disabilities. CBR is implemented through the combined efforts of people with disabilities themselves, their families and communities, and the appropriate health, education, vocational and social services.”*

There are many CBR projects and programmes in a large number of countries. However these still face lot of problems. Most often, CBR activities remain limited to some project areas and answer the needs of limited group of persons. The multi-sectoral approach, which implies activities covering health, education, occupation, sport, recreation, social life, community life, etc. is not very easy and requires lot of effort, especially in terms of collaboration between different governmental ministries and departments.

Bottom-up approach, meaning that initiative starts from persons with disabilities and from communities themselves are considered to be appropriate for community ownership and responsive to local needs. However, these remain limited to small areas. Promoting top-down CBR programmes through national or state governments, which can ensure wider coverage to reach more persons, may ignore local needs and community ownership may be difficult to reach. Thus a more pragmatic approaches which combine the two are probably needed.

Organizations of persons with disabilities (DPOs) and disabled persons don't seem to have much role in many CBR programmes, which become “professionalized”. Many countries have national policies advocating CBR but lack resources to implement these programmes. Finally without support from local health centres, it may be difficult to promote CBR.

There is a clear link between poverty and disability. The poor population groups are more vulnerable to be disabled while to have a disabled person in the family may mean loss of family income and increased financial burden on the family so that disabled persons face greater risk of poverty. It can be seen as a vicious cycle where poverty aggravates disability, which in turn aggravates disability. Many diseases which produce disability like leprosy, iodine deficiency are specially affect poor families.

The joint WHO-AIFO initiative for studying strategies for promoting CBR in vulnerable population groups like slum communities, refugee camps, nomadic populations, etc. is a result of this same understanding that persons with disabilities in poor families and specific groups have more difficulties in accessing health and rehabilitation services. At the same time, this strategy starts by keeping in mind that even the poor and marginalised communities can contribute to the well-being of the poorest and most disadvantaged persons amongst themselves.

The last thirty years have also seen another parallel development, which has links with disability and rehabilitation - that is the development of social model of disability. While traditional thinking has been to look at disability as an individual issue where it is person with disability who is considered as “defective” and needs to be repaired or rehabilitated, so that the person can become “as normal as possible”. This basic idea of medical view of disability has been prominent in deciding how different medical, educational and occupation rehabilitation services are organized. The social model of disability is a result of coming together of persons with disabilities to share their experiences, to form their organizations, the DPOs. They present a different view of disability - as a result of barriers created by majority non-disabled society, which does not acknowledge that there are persons with different needs in the society and creates disability. Thus the social model changes the focus from repairing or rehabilitating the individuals to repairing and rehabilitating the society and fighting the barriers. In the developed world, this model has been important in challenging some of the

barriers like access to roads and to buildings. The social model also brings forward the view of disability as a human rights issue, where disabled persons and DPOs advocate changes in discriminating policies and practices which affect their lives.

People's Charter for Health - Medical Rehabilitation services as part of Right to Primary Health Care: I shall like to briefly touch upon this initiative. Grass-root organizations and NGOs had been behind the adoption of Alma Ata declaration. However the failure of implementation of this declaration, as well as increasing commodification of health services under the guidance of World Bank and International Monetary Fund, which have made access to health service even more difficult for poor population groups, promoted NGOs, grass-root organizations and activists to organize a People's Health Assembly (PHA). The first PHA was held in Bangladesh in December 2000, which resulted in People's Charter for Health. Charter's main appeal lies in its recommendation of answering the basic health needs of all citizens, without regarding their economic status or disabilities etc., by adopting human rights approach. For increasing access to rehabilitation services, it is important that all development programmes keep in mind the needs of disabled persons and make that they are benefit from the activities.

In **conclusion** I shall like to briefly touch the main points of my presentation -

1. There is need to review the medical care paradigm to move from acute care view of services to long term view.
2. Countries need to be helped in reviewing their national policies on disability issues.
3. The civil society institutions, especially organizations of disabled persons need to be strengthened.
4. It is important to make sure that all existing services and programmes, including projects by international development corporations are aware of disability issue and make sure that all interventions, programmes and services are accessible to persons with disabilities.

**Dr. P.K. Gopal**

*International Organization for Integration, Dignity and Economic Advancement (IDEA), India*

## **People with Disabilities as a Cross-Sectoral Topic of Development in the Context of Human Rights.**

The Need for Participation of People with Disabilities in India: Self-Help Groups in the South India Illustrated by the Experience of IDEA.

### **Introduction**

The population in India has been steadily increasing from the time of independence in 1947. Now the population have crossed one billion. The population of disabled people have also been raising but there was no proper census. As per 1981 census there were 3.18 per cent of disabled people in India. The leprosy disabled people were not included in the census. In the 1991 census totally the disabled people were not included. People were not educated about the need to register the disabled persons in the family with the Government. Therefore, the correct data on the disabled people now in India is not available. The services for the disabled have been developed based on voluntary reporting of the disabled persons.

### **Persons Disabled due to Leprosy**

India has the highest number of persons affected by leprosy in the world. The National Leprosy Control Programme was started in 1955 with a vertical programme. Separate health department for leprosy control with number of staff both at the hospitals and at the field level were created. Periodical door to door survey of the population was conducted by the field staff to detect the leprosy patients and to provide treatment. Because of this well developed infrastructure all over the country, the data of patients, cured persons, physical deformities, etc, were recorded and they were well maintained.

Before the introduction of multi-drug therapy there were about 4 million leprosy patients in the country. At that period among the States in India, Tamil Nadu had the largest number of persons suffering from leprosy. There were about 800,000 patients in Tamil Nadu. The stigma level in Tamil Nadu was also very high for number of reasons. Public awareness about the scientific facts of leprosy was very low. There was no drug at that time for definite cure of the disease.

As a result of the combined factors mentioned above there was so much fear about the disease among the public. Persons afflicted with leprosy were segregated from the families and communities. When there was a leprosy affected person in a family, the entire family was socially and economically affected. People refused to marry a girl from that family. When the patient had visible deformities or ulcer it was very difficult for the family to find a house for rent to live. Thus the family was socially boycotted by the community. Therefore, keeping in mind the welfare of the family, in some cases the patients themselves had left the families for the good of their families by saving them from the social ostracism.

The Indian Leper Act 1898 prohibited leprosy patients to do any business or employment which come into contact with the public. But this was not enforced. There was no law to compulsorily segregate the patients from the community in the country. That was also

impossible to implement because of enormous number of leprosy patients through out the country. But the patients were abandoned by the community due to fear of the disease. Husbands could easily abandon their leprosy afflicted wives. In some cases even the parents disowned their children. The sons and daughters were unable to support their aged leprosy afflicted parents due to economic reasons and social stigma. There was no Government leprosarium to admit and permanently take care of such patients abandoned and neglected by the community. So the disease played a havoc in totally destroying the social fabric of the families of persons affected by leprosy.

These persons, who completely lost their social and economic positions and driven away to the streets due to leprosy, were forced to beg for their living. They started to beg near the tourist places, Hindu temples, churches, mosques, bus and railway stations and on the streets. In these places they met each other and started to live as groups in a particular place nearer to the towns. They married among themselves and started to have children. Thus they have their own families. Since the community did not want them, they started to live away from the towns and cities or nearer to the big leprosy hospitals. They felt the need to form themselves as a self-help group. They elected their own leader of the group and the secretary. The board constituted by them were registered with the Government legally as a Society. These places in due course were called as “leprosy colonies”. In some other countries these places were called as ‘leprosy villages’.

Leprosy and begging reduced their social status in the community and they were completely socially isolated. Hence these people driven to such miserable conditions developed attitude against the community and Government. They sometimes were forced to indulge also in some anti-social activities. Some anti-social elements used these people for their own activities and they were well paid for these work. Public opinion about these colonies were not good.

In some places christian based organizations started to work with them, helped them to construct houses and provided medical treatment. These leprosy colonies were not properly studied.

### **IDEA India work with Self-Help Groups**

The International organization for “*Integration, Dignity and Economic Advancement*” shortly known as *IDEA*, a non-profit organization was started by persons affected by leprosy in 1994. This organization have about 30000 members from different countries. Various socio-economic empowerment programmes are conducted by IDEA to improve the quality of lives of persons affected by leprosy.

IDEA India was started in 1997 and managed by persons affected by leprosy. Through a well established network, IDEA India provide a common platform to leprosy affected persons to voice their opinions, discuss their problems and address their needs, facilitating local action in perspective with global thinking.

IDEA India recognise that fundamental change in the situation of persons affected by leprosy could be brought only by involving these persons as partners for their own development. Therefore, IDEA India decided to conduct a study among the self-help groups - the leprosy colonies in India. There are about 300 leprosy colonies in different states of India. The states have been divided according to the language and culture of the people. Therefore, it was decided to take up the study first in Tamil Nadu and then to move on to other states. The funding assistance for the study was provided by the Emmaus-Switzerland Leprosy Relief Organisation, Switzerland.

A team was constituted to undertake the study. Information about the colonies was gathered by the team. It was found that there were 42 leprosy colonies in the state of Tamil Nadu. All these colonies joined together established a Central Office which deal with the general problems of the leprosy colonies and arrange regular meetings. Two representatives from each leprosy colony attend a regular monthly meeting in the Central Office at Chennai. The Central Office took the responsibility to establish a good rapport with each leprosy colony in the state and informed them about the purpose of the study and visit of the team. The team also included the President and Secretary of the Central Office.

The team members visited 23 leprosy colonies and collected data through questionnaire, by discussion with the people and by observation. The data collected represent only the colonies visited. However, the collected data and other information gave an overall picture of the leprosy colonies in the State.

*There are 1056 families living in the leprosy colonies. Among them there are 813 men, 704 women and 610 children. The average age of the persons affected by leprosy in the leprosy colonies is middle age and above. The total number of persons living in the leprosy colonies is more than 3000 persons. Many of them have been begging to earn money for their living. Only some persons who have less or no physical deformities do some manual work and earn money for their living.*

A significant good feature noted in all the colonies is that none of the children are used for begging by the persons affected by leprosy. The parents do not want their children to beg though that would give additional income to them. Instead, somehow they manage to admit their children in regular schools and with so much difficulty they educate them.

All leprosy affected persons in the leprosy colonies requested to arrange assistance for education of their children. Only in 4 colonies toilets and bathrooms facilities are available. Water facility is available only in 4 colonies. They requested for drinking water facilities, toilets and bathrooms.

The immediate genuine needs of the persons living in leprosy colonies are as follows:

Medical facilities required:

- 1) Facilities for ulcer dressing.
- 2) Provision of special footwears
- 3) Treatment for leprosy related and general physical complaints.
- 4) Care of eyes and supply of spectacles.

Non-medical requirements:

- 1) Assistance for education of children.
- 2) Socio-economic rehabilitation for persons who are eligible for it.
- 3) Housing facility for colonies which are in a very bad condition.
- 4) Toilet and drinking water facilities

IDEA INDIA have taken up some developmental activities in the leprosy colonies. Children Education programme and Socio-economic rehabilitation assistance with funding assistance from Sasakawa Memorial Health Foundation, Japan are being implemented in the leprosy colonies. The Central Office of leprosy colonies have taken up the responsibility of identifying the eligible children to get support for education and persons who need assistance for socio-economic rehabilitation.

They also help in monitoring the progress of the children in their studies. Since they are involved as partners they cooperated well in the implementation of the programmes. The persons who received help under economic rehabilitation have stopped begging.

### **Advocacy Workshops**

One of the main activities of IDEA India is to work for the “Empowerment” of persons affected by leprosy. It is being done through conducting Advocacy and Capacity Building Workshops for the persons from self-help groups and persons affected by leprosy living in communities. In such workshops the local NGOs and Government Officials are also invited to participate. A conducive atmosphere is created in such workshops for the persons to interact with the Government officials and the local NGOs for the development of their social and economic living conditions. Persons affected by leprosy sit with the Government officials and the NGO representatives without any discrimination and eat together during the workshop. This helps to reduce the stigma and provide many opportunities for the persons affected by leprosy to plan for their good future. The persons were also educated about decent way of living which would bring them dignity in the society. It is an on going programme, need to be continued for some years with necessary assistance so that good results could be achieved.

For many persons to attend such workshops is a new experience. IDEA stand behind them to build up their confidence by encouraging and motivating them. Few persons who have leadership qualities make use of the given opportunity, freely speak about their needs and problems to lead a normal life in the society. Need assessment is taken during the workshop and the persons are motivated to find ways and work for solving their problems. In this process they take the responsibility to work for themselves and they expose themselves to the real situations in the Government and society. They realize what are their reasonable and unreasonable demands and what they could achieve by their initiative. Their attitude towards themselves, about the Governments and NGOs also change on the positive side.

There has been a great success in the treatment of leprosy, but the persons cured of the disease still have got physical, social, psychological and economic problems. These problems stand as barriers for them to lead a normal life in the society. They were not involved in the planning and implementation of programmes meant for them. People were reluctant to take them as partners. The situation is changing due to the activities of IDEA. I would like to draw the attention of international and national non-government organizations on these problems and request for their support to alleviate the sufferings of leprosy affected persons.

***Pamela Dudzik***

*Disability and Development, The World Bank*

## **Inclusion of People with Disabilities. The New Approach of the World Bank**

### **Early Years**

Although including persons with disabilities in development strategies and projects has been broadly perceived as a human rights issue (e.g., United Nations Standard Rules), the human capital and poverty dimensions were largely ignored even though they are interrelated with human rights. However, these dimensions are equally important and are central to the World Bank's mandate, and thus the World Bank started working on disability issues.

In the past, the disability team was comprised of a very part time leader/coordinator and a full time consultant. The mission was to assist Bank staff in raising the quality and quantity of Bank products serving persons with disabilities in client countries so that they can better manage the risk of poverty. The focus was on the Human Development Sector (education, health, and social protection) since this is where it was located within the Bank structure, despite it being a cross-cutting issue.

Activities undertaken during this time were the following:

- Knowledge creation in the area of the link between poverty and disability with an emphasis on Human Development related activities since that is where it was located within the World Bank, and an attempt to locate and distribute information on good practice.
- Knowledge dissemination through the Disability web site ([www.worldbank.org/sp](http://www.worldbank.org/sp) click on Disability under Topics), and lunchtime seminars.
- Partnership efforts were both internal and external. Internal partnerships were usually created on one-on-one basis except for Disabilities Thematic Group, a community of Bank staff working on the issue to contribute to knowledge sharing and raise awareness. External partnerships were vital since the World Bank was just beginning to work in the area. In addition, there were internal efforts such as human resources efforts, building modification, and the establishment of an Accommodation Fund to enable managers to hire persons with disabilities without worrying about any additional minimal costs.

### **Evolution of Approach**

Over time, the goal shifted slightly. It became to ensure that the issue of disability is understood Bank-wide rather than just within Human Development, and to begin to mainstream the issue into Bank-wide activities. There was a recognition that the Bank must focus much more on educating people on the impact of disability and create a means of incorporating disability in activities. During this period there was a very part time staff member.

Activities included creating background papers on disability and major sectors in the Poverty Reduction Strategy Papers (Health, Information and Communication Technology, Transport, Education), co-sponsoring seminars such as Transport and Disability, and, importantly,

locating funds to undertake three major activities: the creation of an Advisor position on Disability and Development, a Baseline Study on Inclusion and Disability at the World Bank, and the establishment of the Norwegian Trust Fund for Disability and Development.

The presidential support for disability issues became clear on December 3, 2000 (International Day of Disabled Persons), when World Bank President James Wolfensohn announced the creation of Advisor on Disability and Development, funded in part by the President's Office. Given that this was a crucial position to the mainstreaming of disability issues within the Bank, great care was taken that the selection process produce a candidate of high quality. The Advisor on Disability and Development, Judith Heumann, started work June 3, 2002. The Baseline Study on Inclusion and Disability at the World Bank, funded through consultant trust funds by Canadian International Development Authority, would inform activities of the Disability Advisor. (This study has just been completed, and results will be made public within the next several months.)

The Norwegian Trust Fund for Disability and Development (NTFDD) has four major components, all of which are solely for internal use, and all of which work towards mainstreaming disability in Bank activities.

- **Inclusion Fund.** This Fund supports World Bank Task Managers to hire consultants to help build a disability dimension into a project. We are in the process of building our pool of consultants. It actually is one example of partnerships paying off. We have the contacts to find the people needed. Over time we will hopefully develop good practices from this.
- **Country Study.** A country study is a study of how disability is currently addressed in all topic areas within the country. In addition, for these studies the Bank portfolio will be examined to determine how disability can be incorporated.
- **Household Survey.** Given the lack of reliable data on disability, one survey a year would be supported in a country. For 2002, a disability component will be inserted into a module in Uganda.
- **Partnerships.** A small pot of money is available to enable staff to travel to disability related activities such as conferences. The NTFDD cannot pay for Bank staff time, so this must be contributed by the department.

### **Future of Disability at the World Bank**

The goal is to ensure that the issue of disability is understood Bank-wide, including in Human Resources activities. This means that there will be a strong focus on mainstreaming the issue into Bank-wide activities, using Bank's comparative advantage to contribute to the disability field, and strengthening partnerships with other donors.

Activities are planned in the area of knowledge creation and dissemination and include the development of a framework for International Child Find, various analytical papers on topics to be determined, an update of the disability web site (including a consultant roster), and training (seminars/conferences) based on information gathered.

There will also be an effort to identify best practice in investment projects serving people with disabilities and disseminate this information to Bank staff and external partners. These interventions will span the age ranges and their associated issues: from the education of children, to labor market inclusion of adults, to the specific needs of aging individuals. Finally, the NTFDD will continue and hopefully expand, due to its impact on project activity.



There will also be a focus on strengthening the internal Disabilities Thematic Group, and the Disability Advisor will participate in the Working Group on Disability Issues which focuses on internal activities such as human resources, accessibility of World Bank buildings, and the like.

External partnerships will focus on increasing and strengthening links with key outside institutions addressing disability issues to share information and potentially collaborate on projects. Examples include participation in the International Consultation on Reviewing CBR in April-June 2003 (WHO/DAR, other UN agencies, NGOs and DPOs), and Disabled Peoples International Conference in Japan in October, as well as upcoming Asian Development Bank, Rehabilitation International, and ESCAP meetings.

### ***Note to NGOs Worldwide***

*The World Bank is increasingly recognizing the important role that nongovernmental organizations play in meeting the challenges of development and welcomes the opportunity to work with civil society. The NGO and Civil Society website keeps civil society groups informed about increasing opportunity for interaction with the Bank, and contains information on potential funds available to NGOs.*

*NGO and Civil Society Web Site: <http://wbln0018.worldbank.org/essd/essd.nsf/NGOs/home>*

**Alexander Phiri**

*Southern Africa Federation of the Disabled (SAFOD)*

## **Self-Help Groups in the South as Partners in Development Cooperation**

### **Introduction**

The Southern Africa Federation of the Disabled (SAFOD) is happy to be associated with the disability conference in Berlin whose theme of “Development without Discrimination” is very relevant to our core business in Southern Africa, and indeed to the work of the disability related fraternity. We extend our many thanks to the German Association of Development NGOs (VENRO) for giving us this rare opportunity of being here so that we can share with you our experiences and views in development work. We are also happy that we are able to learn from other conference participants new ideas that we can use to strengthen our work and networks.

### **Movement Building**

One of the major changes that have occurred in Southern Africa over the last twenty years or so is the increase in the number of organisations or self-help groups of people with disabilities.

When SAFOD was formed in 1986 there were only one or two organisations of disabled people in Zimbabwe, and perhaps none in other Southern African countries. The idea to form SAFOD was mainly to achieve the following goals and/or objectives:

- To support and encourage the formation of organisations of disabled people in Southern Africa and to strengthen existing ones;
- To support and encourage the formation of national umbrella organisations of disabled people;
- To promote the training of administrative personnel and leaders of organisations of disabled people;
- To coordinate activities of organisations of disabled people in the region;
- To promote and coordinate development efforts and self-help groups and schemes among disabled people and their organisations in the region;
- To encourage and facilitate full participation and equality of disabled people in social, political and cultural activities within their communities;
- To urge all national governments and authorities in the region to formulate and enforce special legislation and/or national disability legislation which promotes and protects rights and interests of disabled people and thereby assure disabled people of access to all community services.

Today, as a result of SAFOD's work, there are large and small organisations or self-help groups that are run and controlled by people with disabilities in all the SAFOD member countries in the SADC region. In each of these countries there is an umbrella organisation that unites or brings together all the different organisations and self-help groups so that they speak within one voice on issues of common concern.

It is important for people with disabilities to identify issues of common interest and speak out on those issues themselves because the best representative of the disabled people are disabled people themselves.

Historically, people with disabilities have been an oppressed group, and oppressed groups tend to organise themselves into self-help groups or organisations to agitate for their rights and entitlements. Through self-help groups they manage to articulate their needs. It is in this context and for the above reason that organisations of disabled people were formed in Southern Africa. Details of the work of SAFOD and its member organisations will be dealt with in this presentation later.

## **Poverty**

Poverty, in its comprehensive sense, can be defined as a failure of human capabilities to get:

- enough food;
- adequate health care;
- functional literacy;
- access to clean water and sanitation;
- opportunity to participate in decisions determining one's destiny;
- opportunity to be a functioning member of society.

Supporting this definition and concept, the International Labour Organisation (ILO) and the United Nations Development Programme (UNDP) say the key indicator to poverty is the degree to which people are excluded from accessing basic goods and services, and poor people do not have sufficient income to purchase goods.

By and large, people with disabilities, not only in Southern Africa but Africa as a whole, find themselves in this situation of deprivation. They find themselves experiencing a lot of difficulties in terms of accessing fundamental rights mainly due to exclusion from development activities. There is a strong relationship between disability and poverty. For example, the vulnerability of poor people manifests itself in such disadvantaged groups as people with severe mental disabilities, people disabled by violence and war and people living with HIV/AIDS. In other words, poverty makes people become more vulnerable to disability and disability reinforces and deepens poverty. Consider the birth of a disabled child in the family which may lead to further poverty in the family due to isolation of the family by other family members and the attendant breakdown in marriage.

Exclusion of people with disabilities in Southern Africa and the rest of Africa manifests itself in many other ways. For example, only a few countries in Africa have laws which uphold the rights of people with disabilities and where these rights are included in a constitution or in special pieces of law, they are not always enforced. People with disabilities in some African countries do not have the right to vote and political information is not given to them in the format they can comprehend or understand; and very seldom are they consulted by policy-makers on issues which directly concern them. Negative attitudes, the physical and social environment and a lack of information and services also prevent disabled people from being included in society, including in the area of employment.

## **SAFOD's Work**

What has been done in Southern Africa to address the situation of exclusion and poverty among people with disabilities?

Over the past two decades disability organizations and self-help groups have been working very hard to reposition disability as a human rights issue, and not a medical or charity issue. What we have now is a model of disability that is founded on the principle of equality and on the premise that if society, governments and other social institutions can not cater for people with disabilities, it is these societal institutions that must change in terms of their thinking and acceptance of disability. Obviously, this model requires substantial changes to the physical or the built environment. The major objective has been to help create a conducive environment for people with disabilities to play a full, participatory and more rewarding role in society. This, in fact, is in keeping with the SAFOD mission statement which calls for the "Transformation of society into a new society where all people, including disabled people, women and workers, men and children are treated with dignity, respect and on the basis of equality."

In this respect, SAFOD is running the following programmes which are all aimed at raising the profile or visibility of men, women and children with disabilities in Southern Africa:

1. **Capacity and Institutional Building Strategy (CIBIS)**  
This programme seeks to strengthen organisations of disabled people in Southern Africa that are members of SAFOD. This is done through supporting leadership exchange visits, training workshops and seminars and funding of special projects on social, economic and political development.
2. **Women's Regional Development Programme (WRDP)**  
The programme helps women with disabilities to build self-confidence and acquire leadership skills in order to increase their participation in mainstream development and activities. Self-help activities for women with disabilities are also promoted through this programme.
3. **Human Rights Programme**  
For promoting the human rights of people with disabilities. The programme aims to raise the legal literacy and advocacy skills of the disability movement through lobbying society and governments to put in place laws and mechanisms that protect the legitimate rights of disabled people.
4. **Disabled Children's Programme**  
It aims to encourage and mobilise parents of children with disabilities to set up self-help support groups and parents' organisations (POs) for the benefit of their disabled children. It is also the strategy of the programme to raise the profile/status of children with disabilities and to promote the delivery of their rights in the region.
5. **Conscientisation and Public Education (COPE) Programme**  
The purpose of this programme is to conscientise leaders and activists of the disability movement about the underdevelopment and marginalisation of disabled people and to educate governments and the public at large on the plight of disabled people. A quarterly newsletter, "Disability Front Line", and the "Disability Dialogue" are produced under this programme through which SAFOD members and other NGOs and individuals share the experiences on disability work and situations. A Disability Resource Centre (DRC) and Information Services for Southern Africa under this programme, with funding support

from a British donor agency has been set up at the SAFOD headquarters in Bulawayo, Zimbabwe.

6. Small Scale Enterprises for Economic Development (SEED) Programme

This programme basically seeks to address the “bread and butter” issues of people with disabilities. Through this programme people with disabilities are enabled to engage in self-help activities through provision of training in business management and soft loans for income generating projects.

7. Health Information and Prevention Programme (HIPPI)

The negative impact of HIV/AIDS on people with disabilities in SAFOD member countries is becoming a cause for concern. There is therefore the need to increase the knowledge of disabled people about the devastating effects of HIV/AIDS. For example many publications and other written materials on HIV/AIDS are not being accessed by disabled people.

The programme is therefore about disseminating information on HIV/AIDS and other health related issues to people with disabilities.

All we are doing through these programmes is to set an example of what can be done to address the social, economic and political needs of people with disabilities. The resources to run these programmes and our organisations are not easy to come by, and when we do obtain these resources they are usually from outside Africa. And yet the ultimate responsibility to cater for people with disabilities should be with our own governments. Unfortunately, disability and development is not a priority with many of our African countries and the on-going African Decade of Disabled Persons programme, which I will elaborate towards the end of this presentation, is specifically aimed at putting disability on the social economic and political agenda of African governments.

### **Working Together for Civil Rights**

Over the years in SAFOD we have learnt that to achieve inclusion of people with disabilities in development programmes and activities, organisations of people with disabilities must work together with the rest of societal structures and systems. We should not be an island of our own. The challenge is for people with disabilities to share their knowledge and experiences with the general public, the media, policy-makers, and governmental and non-governmental agencies. Only by working together with community structures and getting their issues known can people with disabilities achieve equal opportunities. Hearing about disabled people's lives and experiences helps non-disabled people to understand disability and to promote a positive attitude towards disability.

We have also learnt a lot from the experiences of other social groups, such as the women's organisations, trade unions and other civil rights movements who have constantly inspired us to come together in our own organisations; and as disabled Africans we have realized that we have many things in common and that we are in the best position to know the solutions to the problems we face. As a result of our work there are many positive changes that are happening or that have happened:

- Organisations of disabled people have influenced policy-makers in some countries to pass legislation on disability;
- Organisations of disabled people have been actively involved in constitutional review processes;

- Some countries have members of parliament and cabinet ministers with disabilities who are either elected by disabled people or appointed by their respective heads of state.

### **African Decade of Disabled Persons**

Earlier on I alluded to the African Decade of Disabled Persons (2000-2009). This is a continental programme which was launched following the shortcomings of the United Nations Decade on Disability (1983 - 1992) and which was largely ignored by African governments.

Following intense lobbying by the African disability movement, the OAU Heads of State meeting in Togo in 2000 made a very strong proclamation and commitment in support of the following African Decade objectives:

1. Poverty alleviation among people with disabilities and their families;
2. Awareness raising and sensitisation on disability;
3. Combating causes of disability;
4. Strengthening the African voice of people with disabilities;
5. Putting disability on the social, economic and political agenda of African governments;
6. Spearheading the implementation of the UN Standard Rules on the Equalisation of Opportunities for People With Disabilities, and ensuring the use of the 22 Rules as a basis for formulation of policy and legislation to protect the rights and interests of people with disabilities in Africa;
7. The application of all UN Human Rights Instruments to promote and monitor the rights of people with disabilities;
8. Addressing issues pertaining to children, youth and women with disabilities.

In January 1999, a consortium of six major disability organisations and representatives from 14 African countries, together with SHIA, conducted the African Seminar on Development Cooperation on Disability and Human Rights in Cape Town, South Africa, where the focus and priorities of the African Decade of Disabled Persons were discussed for the first time, and it was then agreed to develop a framework for the Decade work which later became a Decade Business Plan. Following the Cape Town meeting was a meeting of representatives of African disability organisations called by the African Rehabilitation Institute (ARI) in Harare, Zimbabwe in March 2000 at which the Pan African Federation of the Disabled (PAFOD) was mandated to take the lead in planning, coordination, monitoring and evaluation of the Decade at the continental level.

At regional level the Decade activities will be coordinated and monitored by the following five regional federations of disabled people which are PAFOD affiliates:

- Southern Africa Federation of the disabled (SAFOD);
- East Africa Federation of the Disabled (EAFOD);
- West Africa Federation of the Disabled (WAFOD);
- North Africa Federation of the Disabled (NAFOD);
- Central Africa Federation of the Disabled (CAFOD).

Another important meeting concerning the Decade was a Nordic meeting on what was called the Disability Cooperation held in Copenhagen in December 2000 at which PAFOD and

representatives from disability organisations in Uganda and South Africa met to discuss the promotion of the Decade. The Nordic Development Cooperation ministers were approached by the African delegates through a joint statement requesting the Nordic countries to inform their respective governments, including diplomatic missions abroad, about the African Decade and to realign their development cooperation programmes for the purposes of contributing meaningfully to the objectives of the African Decade. The ministers were asked to focus on influencing multi-lateral institutions for support to the implementation of the African Decade.

The Nordic initiative was very encouraging as it paved the way for the inclusion of disability issues in development cooperation and especially in multilateral programmes.

It also paved the way for the channeling of financial and material resources from the North towards the African Decade Programme; and this is very important given the situation of underdevelopment prevailing in a majority of African countries. Infact, following the Copenhagen meeting SIDA in Sweden became one of the first development agencies from the North to respond positively to a PAFOD request to support some of the Decade programmes and activities. With time, it is hoped that there will be an increased and meaningful flow of support for disability programmes from other Nordic countries, the European Union (EU), United Nations and other developed countries including Germany.

Talking about Germany it is encouraging to note that last year the German government, through the Federal Ministry for Economic Cooperation and Development drew up an action plan to help address world poverty. The Programme of Action 2015 describes 10 priority areas in which the German government plans to make a "contribution towards halving extreme poverty worldwide" by the year 2015. The priority areas include improving the economic opportunities of the poor, strengthening their political participation, and fostering social protection. These are similar objectives to the African Decade of Disabled Persons. The action plan further acknowledges the need for a broad and comprehensive approach to achieve the goal of the Programme of Action at the global level, in partner countries and in Germany itself.

### **The Way Forward**

The commitment of such developed countries as Germany to reduce world poverty by 2015 and thus give poor people the opportunity to live in dignity is excellent development that we hope will not discriminate against people with disabilities who are the poorest of the poor in Africa. Support of development programmes in Africa by wealthy nations is by and large currently excluding people with disabilities as a target group. During the African Decade we want to see a change of attitude at local, national and international level that will enable people with disabilities to assert their political, social and economic rights. There should be a continual flow and exchange of information between the North and the South. Inclusion of disabled people in development efforts is a shared responsibility of the North and the South.

A majority of development aid agencies in the North tend to have negative attitudes towards or are ignorant about the poverty situation of people with disabilities in the South. There is therefore the need to urge or sensitise development aid agencies to seriously consider introducing a disability dimension in their policies with a view to incorporating the needs of disabled people in their development aid programmes.

## **People with Disabilities in Southern Africa**

According to World Health Organisation (WHO) estimates not less than 10% of every population is people with a disability of one form or another. In the SAFOD member countries there is a combined population of 106.922.000 people, which means that 10% are disabled (see table 1 below).

**Table 1: Number of disabled persons in the Southern Africa Region**

Country	Population	Number of Disabled	Physical	Blind	Deaf
Angola	12.000.000	1.200.000	1.020.000	120.000	60.000
Botswana	1.570.000	157.000	133.450	15.700	7.850
Lesotho	2.060.000	206.000	175.100	15.700	10.300
Malawi	10.340.000	1.034.000	878.900	103.400	51.700
Mozambique	18.800.000	1.880.000	1.598.000	188.000	94.000
Namibia	1.600.000	160.000	136.000	16.000	8.000
South Africa	39.600.000	3.960.000	3.336.000	396.000	198.000
Swaziland	952.000	95.200	80.920	9.520	4.750
Zambia	8.700.000	870.000	739.500	87.000	43.500
Zimbabwe	11.300.000	1.130.000	960.000	113.000	56.000
<b>Total</b>	<b>106.922.000</b>	<b>10.962.000</b>	<b>9.088.370</b>	<b>1.069.220</b>	<b>534.610</b>

Population according to WHO1998.

Disabled Persons are 10% of population

Physically disabled are 85% of disabled persons

Blind are 10% of disabled persons

Deaf are 5% of disabled persons



***Sophie Beaumont***

*Secretariat Disability Intergroup of the European Parliament & Parliamentary and Policy Officer for the European Disability Forum (EDF)*

## **Disability as Cross-Cutting Issue in Europe's Development Policy**

### **Introduction to the European Disability Forum**

The European Disability Forum is the umbrella body representing the European disability movement. EDF exists to represent disabled people in dialogue with the European Union and other European authorities. Its mission is to promote equal opportunities for disabled people and to ensure disabled citizens' full access to fundamental and human rights through their active involvement in policy development and implementation in the European Union. EDF has member organisations reflecting a broad geographical base and a wide range of concerns across the disability movement. The membership includes the national councils of disabled people from the 15 EU countries, plus Norway and Iceland, representing the national disability movements. In addition, there are broad range of organisations representing different disability groups and campaign interests in Europe.

### **Why EDF Has Got Involved?**

EDF Nordic members have been active in the field of development cooperation for a number of years and they called on EDF to become involved in this field of work in particular in influencing the position of the EU institutions regarding their development cooperation policy which has been giving very little (or no) recognition to disability.

It was clear that disability policy was not mainstreamed into EU development policy at all.

EDF aims to ensure the disability agenda is mainstreamed across all EU policy areas and no exception should be made in relation to external relations and development cooperation policy. The wider membership of EDF welcomed the call for EDF to be active in this field.

### **The Importance of the EU in Development Cooperation**

The EU accounts for 50% of financial assistance to developing countries so is very important. The EU budget as a whole was 100 billion EURO of which 5% was dedicated to external actions but mainly towards the enlargement countries of Eastern Europe. Only 2 billion EURO was earmarked for development; half of this amount went towards emergency, food aid and humanitarian aid.

The priorities of the EU are poverty alleviation, education and health.

The Commission communication on development policy and the related Council Resolution did not contain any reference to disability.

The reorganisation of the European Commission DG on Development has meant more money was being allocated to the Commission delegations.

Considerable EU development funds would also be allocated to transport and infrastructural development but disability was not being considered in this area.

## **Results so Far**

12 months ago, EDF began working in this area but using the expertise of its Nordic members and the other relevant networks such as IDDC – working in close partnership with them and also the International Disability Alliance.

EDF is expert in lobbying the EU institutions but, while familiar with issues facing disabled persons in Europe, EDF is less familiar with the issues facing disabled persons in Africa, Asia and Latin America. For these reason a partnership arrangement with expert disability NGOs working in this field is essential.

Over the last 12 months EDF has built up good contacts with DG Development Cooperation and Europe Aid of the European Commission. Also had contacts and meetings with the European Commission DG External Relations.

EDF understands from the EU Commissioner for Development Cooperation, Commissioner Nielson, that to seek to mainstream disability across the whole field of development cooperation would be unrealistic at this time.

EDF was advised that it would be more realistic to focus on establishing real recognition of disabled people in key EU development priorities such as health, education, employment and poverty reduction.

EDF is also using its role as secretariat of the Disability Intergroup of the European Parliament to raise awareness of the issue in the European Parliament – in particular relations with the Development Committee of the European Parliament and the Committee on Human Rights and the EU-ACP joint parliamentary committee.

The Joint Parliamentary Committee is a consultation forum made up 600 Parliamentarians from the European Parliament and the Afro-Caribbean and Pacific countries. It has an important role in influencing development cooperation policy of the EU and ACP countries.

The Disability Intergroup has been instrumental in raising the profile of disability in EU work on development and has held round table meetings with the European Commission to discuss how to proceed as well as introducing a proposal for a disability and development budget line.

Also, organised a fringe meeting on disability at the EU-ACP joint parliamentary Assembly and initiated and secured the adoption of a Resolution on disability and age in developing countries.

Specific meetings held in the European Parliament:

3 October 2001, Meeting on Disability and Development

31 October 2001, Fringe meeting on development at EU-ACP joint parliamentary Assembly

## **Outcomes**

### ***EU-ACP Resolutions***

For the first time the EU-ACP Joint Parliamentary Committee discussed the issues of disability in November 2001 leading to the adoption of a specific Resolution

There was a follow-up discussion and Resolution adopted in March 2002 on public health also included references to disabled people regarding access to health care and called for the EU and ACP countries to implement measures to reduce discrimination in this sector.

Resolution on the rights of the disabled people and older people in ACP countries ACP-EU 3313/01/fin.

[http://www.europarl.eu.int/intcoop/acp/bru2001/resolutions\\_en.htm](http://www.europarl.eu.int/intcoop/acp/bru2001/resolutions_en.htm)

Resolution on health issues, young people, the elderly and people living with disabilities ACP-EU 3398/02/fin.

[http://www.europarl.eu.int/intcoop/acp/south\\_africa\\_2002/resolutions\\_en.htm](http://www.europarl.eu.int/intcoop/acp/south_africa_2002/resolutions_en.htm)

### ***EU Budget***

In the 2002 EU budget we successfully included amendments to budget lines on development cooperation.

Also to include specific reference to disability (B7-625N) including the adoption of a new specific budget line on disability and development cooperation – although so far a pour memoire line (ie without funding allocation).

The aim of the line has been to raise awareness across the EU development cooperation activities as is the case with the gender line (B7-622) with the aim of developing a legal base for placing funding on the line in future budgets.

### **Progress on European Commission Commitments to Disability**

1. The Commission, DG Development Cooperation are now producing a guidance note on disability to circulate to all country offices on how to best incorporate the needs of people with disabilities into future programming.
2. EDF and IDDC are advising the Commission on this work.
3. During 2002 the Commission intends to work on a communication (i.e. a policy memorandum) on social policy in Community development co-operation and will include the disability perspective.

EDF will also work to influence this communication and will campaign for there to be a follow up paper from the commission which would focus specifically on disability in development cooperation.

### **Conclusion**

EDF will continue work with IDDC and other interested parties to pressure the EU institutions in particular in the lead up to the European Year for persons with Disabilities 2003, which is an important opportunity for all EU decision makers to focus on disability.

EDF is also becoming increasingly involved in the work of the UN Convention campaign and succeeded in securing an amendment in the European Parliament Human Rights report 2002 to support the work for the UN Convention.

## **Anhang**

### ***Tagungsprogramm***

VENRO-Fachtagung „Entwicklung ohne Ausgrenzung: Menschen mit Behinderung als entwicklungspolitisches Querschnittsthema im Kontext der Menschenrechte“ am 8. Mai 2002 in Berlin

**09:30 - 11:30 Uhr**

***Dr. Hans-Joachim Preuß, VENRO-Vorstandsmitglied,***  
Begrüßung

***Rosangela Berman Bieler, Inter American Institute on Disability, USA,***  
Including disability in the development policy agenda

***Staatssekretär Erich Stather, BMZ,***  
Menschen mit Behinderung in der deutschen Entwicklungszusammenarbeit, insbesondere im Kontext der Armutsbekämpfung

***Eva Falkenberg, Swedish International Development Authority,***  
Inclusive development as cross-cutting issue of Sweden's development policy

**12:00 - 13:00 Uhr**

***Noman Khan and Nazmul Bari, Centre for Disability in Development/Bangladesh,***  
Community approaches to handicap in development (CAHD) in Bangladesh as an example of Inclusive development

***Kalle Könkkölä, ATLAS Alliance/ FIDIDA/Finland,***  
The role of self-help groups in the north concerning the inclusion of people with disabilities in general development programmes

**14:00 - 15:30 Uhr**

***Alex Ndeezi, NUDIPU/Uganda***  
Disability and development: A success story from Uganda

***Dr. Sunil Deepak, AIFO/Italien,***  
Including disability: On the way to making medical care and rehabilitation available to everyone

***Dr. P. K. Gopal, IDEA/Indien,***

The need for participation for people with disabilities in India: Self-help groups in the south – illustrated by the experience of IDEA

**16:00 - 17:30 Uhr**

***Pamela Dudzik, Disability and Development, World Bank/U.S.A,  
Inclusion of people with disabilities. The new approach of the World Bank,***

***Alexander Phiri, South Africa Federation of the Disabled/Zimbabwe,  
Self-help groups in the south as partners in development co-operation***

***Sophie Beaumont, Secretariate Disability Intergroup of the European Parliament &  
Parliamentary and Policy Officer for the European Disability Forum (EDF),  
Disability as cross-cutting issue in Europe's development policy***

**18:00 Uhr**

***Podiumsdiskussion: Zukunftsperspektiven für die Förderung von Menschen mit  
Behinderung in der deutschen Entwicklungszusammenarbeit***

Teilnehmer: *Rosangela Berman Bieler, Inter American Institute on Disability, USA; Sophie Beaumont, EDF Dr. Angelika Köster-Loßack, MdB, Alex Ndeezi, NUDIPU, Uganda; Gisa Paul-Mechel, Christoffel-Blindenmission*

Moderation: *Francois De Keersmaecker, Handicap International*

## Anhang

### *Teilnehmerinnen und Teilnehmer*

Alker	Raquel	Verein zur Förderung der Kultur und des Kunsthandwerks Lateinamerikas
Baning	Heinz	
Beaumont	Sophie	European Disability Forum
Berman Bieler	Rosangela	Inter American Institute on Disability, USA
Bernet	Ulrike	Gemeinschaft Sant'Egidio
Braun	Susanne	Handicap International
de Keersmaecker	Francois	Handicap International
Deepak	Dr. Sunil	AIFO, Italy
Dombrowsky	Jens	
Dudzik	Pamela	World Bank
Falkenberg	Eva	Swedish International Development Authority
Fleig	M. K.	Lebenshilfe
Gopal	Dr. P.K.	IDEA, India
Grosch	Edmund	Deutsches Aussätzigen-Hilfswerk
Gumprecht	Linda	
Hammelehle	Jürgen	Deutsches Aussätzigen-Hilfswerk
Hisch	Ernst	Deutsches Aussätzigen-Hilfswerk
Jäger	Dr. Christine	
Kasack	Sebastian	medico international
Khan	Noman	Centre for Disability in Development, Bangladesh
Könkkölä	Kalle	ATLAS Alliance FIDIDA, Finland
Köster-Loßback	Dr. Angelika	MdB
Lemberg	Karl	HCC Berlin
Müller	Jens	
Nazmul	Bari	Centre for Disability in Development, Bangladesh
Ndeezi	Alex	NUDIPU, Uganda
Noussi-Tedjui-Scheba	Katharina	Christoffel Blindenmission
Paul-Mechel	Gisa	Christoffel Blindenmission
Pehle	Jutta	Deutsches Institut für ärztliche Mission Verein zur Förderung der Kultur und des Kunsthandwerks
Pfeiffer	Yanela	Lateinamerikas
Phiri	Alexander	South Africa Federation
Preuß	Dr. Hans-Joachim	VENRO
Rittmann	Silke	Christoffel Blindenmission
Roth	Marlies	Evangelischer Entwicklungsdienst
Runge	Peter	VENRO
Schwinge	Mirella	Netzwerk
Stather	Erich	BMZ
Vanneste	Natalie	Verein für Ruandisch-Rheinland- Pfälzische Partnerschaft
Weigt	Gabriele	Behinderung und Entwicklungszusammenarbeit
Weimann	Mike	Habanna Vieja
Wiese	Steffen	HCC Berlin
Yamazaki	Emi	Centre for Disability Studies University of Leeds
Yeo	Rebecca	ADD

Folgende VENRO-Arbeitspapiere sind bisher erschienen:

**Arbeitspapier Nr. 1: Arbeitspapier zur Zukunft der EU-AKP-Zusammenarbeit**  
VENRO-Positionspapier zur Zukunft des Lomé-Abkommens vom 13.2.1998

**Arbeitspapier Nr. 2: Der Internationale Währungsfonds – neuer Akteur in der Entwicklungszusammenarbeit?**

Dokumentation des VENRO-Studientages am 13.1.1998

**Arbeitspapier Nr. 3: Initiatoren, Wächter oder ungebetene Gäste? Die Rolle von NRO beim Aufbau einer Global-Governance-Architektur**

Dokumentation der Fachtagung am 29.10.1998

**Arbeitspapier Nr. 4: Handel statt Hilfe? Das Lomé-Abkommen vor dem Umbruch**

Dokumentation des VENRO-Studientages am 4.11.1998

**Arbeitspapier Nr. 5: Der neue Lomé-Vertrag – Welche Rolle für die NRO?**

Dokumentation des Studientages am 14.2.1998

**Arbeitspapier Nr. 6: Schuldenkrise vor der Lösung? Die deutsche Schuldeninitiative für den G8-Gipfel: Werden die Schulden der ärmsten nun auf ein tragbares Maß reduziert?**

Dokumentation des VENRO-Studientages am 17.3.1999

**Arbeitspapier Nr. 7: VENRO-Kampagne „Deutsche EU-Präsidentschaft“**

Textsammlung zur Kampagne im ersten Halbjahr 1999, Juni 1999

**Arbeitspapier Nr. 8: Nachhaltigkeit in der Humanitären Hilfe**

Diskussionspapier im Rahmen des Projekts „Qualität in der Humanitären Hilfe“ (deutsch/englisch), September 1999

**Arbeitspapier Nr. 9: Die Reform der EU-Entwicklungspolitik: Aufbruch oder Abbruch?**

Dokumentation zum VENRO-Studientag am 18.9.2000, Bonn

**Arbeitspapier Nr. 10: „Globales Lernen“ als Aufgabe und Handlungsfeld entwicklungspolitischer Nicht-Regierungsorganisationen.**

Grundsätze, Probleme und Perspektiven der Bildungsarbeit des VENRO und seiner Mitgliedsorganisationen, Dezember 2000, Bonn

**Arbeitspapier Nr. 11: Den ärmsten Ländern neue Chancen eröffnen!**

NRO-Beiträge zur UN LDC III Konferenz vom 14.-20. Mai 2001 in Brüssel