OVERCOMING OBSTACLES TO THE INTEGRATION OF DISABLED PEOPLE

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INTRODUCTION

"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"


Disability as a Human Rights Issue

Disabled people have traditionally been marginalised in social development discussions. This report outlines the magnitude of obstacles to the exercise of disabled people's human rights and how these obstacles may be overcome. It is intended as a contribution to the debate on the social construction of disadvantage and effective measures for overcoming such disadvantage. Current debates about the nature of disability in society are now being focused on discrimination and the redefinition of disability as a human rights issue. This shift has been marked by the development of an increasingly politicised disability movement at all levels.

However, despite important advances at international level, and a sea-change in attitudes towards disabled people in some countries, the situation for the vast majority of the world's disabled people remains bleak.

The 1987 Mid-Term Evaluation of the United Nations Decade of Disabled Persons (1983-1992) found "that very little progress has been made throughout the world, especially in the least developed countries, where disabled people are doubly disadvantaged by economic and social conditions", and that "the situation of many disabled people may indeed have deteriorated during the last five years". In 1993, the United Nations' report on Human Rights and Disabled Persons, by Special Rapporteur Leandro Despuoy, described, in considerable detail, the miserable condition of the majority of the world's disabled people.

The World Summit on Social Development provides a timely opportunity for a shift in attitudes to, and implementation of, social policy and development. It is axiomatic that if new approaches are to be examined and debated, then the people concerned must be at the forefront of those approaches and discussions.

Traditionally, disabled people's issues have been marginalised and categorised as "special" or "different", and the concept of "integration" has been based on changing the individual to conform to society, rather than promoting social change that liberates, empowers and incorporates the experiences of disabled people. The recommendations of the World Programme of Action concerning Disabled Persons (1982), the emphasis on equalisation of opportunities during the United Nations Decade, and the focus on human rights for the United Nations
International Day of Disabled Persons (3 December), all acknowledge integration as an issue of social change: changes in legislation, policy and awareness of disability as a human rights issue.

Disabled people will not be assimilated into their societies through the goodwill of the powerful. Disabled people will change society through their increased participation, their skills, experience and insights.

The Need for Information

A major problem in compiling a report such as this one is the shortage of factual evidence. Many countries cannot provide accurate and detailed information about the status of their disabled people. In addition, many of the people involved in successful disability work are "going to school without books". Remaking disability policy and practice from a rights perspective is a difficult, ground-breaking activity and documentation, inevitably, lags some way behind.

It is impossible to underestimate the work needed to empower disabled people everywhere; to bring some measure of human dignity to millions who languish in corners, deprived of basic necessities and any social contact with their peers. Some individuals do withdraw from their work to write, involving a loss to grassroots work.

Others are too involved at the grassroots to write. The second half of this report focuses on some solutions to the barriers disabled people face. It does not aim to be in any way comprehensive and no criticism is implied by omission. The intention is to examine the newly established models of working that are developing all over the world and to attempt to draw out conclusions about the central principles and methods which are successfully contributing to disabled people’s emancipation, empowerment and inclusion.

By the mid-point of the UN Decade of Disabled Persons, it had became clear that the best projects were being controlled and run by disabled people. Now, the transition to disabled people taking control in community-based services and their participation in community development is clear. There has been a corresponding shift in the identity of professionals and professional organisations and a redefinition of the relationship between aid agencies and disabled people.

Though disability organisations, particularly democratic organisations of disabled people, are grossly under funded, successful projects share essential concepts – commitment and creativity from management and staff; aims based on the principles of inclusion and equal rights. In many ways, it is those at work at the grassroots who best understand these principles. At a time when governments are increasingly recognising disability as a human rights issue and accepting that disabled people are the experts on disability, the need for empirical research and
evaluation of projects is urgent. It is needed by governments and the international community to inform policymaking, and by the disability movement as a development tool.

**Research Methods**

Funded by UNESCO, this research project has been based on a participatory framework. Data has been compiled from the Disability Awareness in Action (DAA) database, international disability organisations, experts in different regions of the world, UNESCO and other United Nation agencies. In keeping with the participatory framework of the research, disabled people were consulted about how various projects are working. Developing valid measures of the quality of proven solutions requires input from the people using services and programmes, or affected by specific policies. Consumer satisfaction has been a key criterion for analysis.

Research for this report was conducted under the overall direction of UNESCO and Rachel Hurst, Director of DAA. Ms. Hurst has considerable experience of the status of disabled people worldwide and has been directly involved in disabled people's organisations at local, national and international levels since 1978. She has been involved in participatory research on housing, Independent Living, discrimination, legislation and images of disability. Collation and synthesis of the evidence has been carried out by Agnes Fletcher, who came to DAA with experience of academe and journalism. She has responsibility for the production of resource kits and DAA’s monthly international newsletter.
THE DEFINITION OF DISABILITY

The World Health Organization (WHO), in the context of its health experience, defines disability as restriction or lack (resulting from an impairment) of the ability to perform an activity in the manner, or within the range, considered normal (our italics) for a human being.

While the WHO definition has been useful for statistical purposes, giving some degree of homogeneity to domestic legislation and even in standardising clinical criteria internationally, increasing numbers of disabled people are arguing that it is an inadequate definition of their experience. They reject the notions of "normal for a human being", positing that some degree of impairment is normal for most human beings at some point in their lives and that the restrictions and deprivations experienced by disabled people actually arise from the assumption that they are outside the norm; that their lives should be organised and managed by institutions outside the mainstream until such time as they are able (through rehabilitation or cure) to regain an approximation of "normality" and, therefore, to have their needs catered for through mainstream provision once more.

The term "disability" is now used by many disabled people to represent a complex system of social restrictions imposed on people with impairments by a highly discriminatory society. Disability, therefore, is a concept distinct from any particular medical condition. It is a social construct that varies across culture and through time, in the same way as, for example, gender, class or caste.

The way that society is constructed - the characteristics of a particular built environment and the dominant attitudes and expectations of a people - can lead to restrictions on certain groups which deny them equal opportunity to participate in all areas of life. This occurs either through conscious discrimination or because society has not adapted to those groups' needs.

The different physical, sensory and intellectual capacities of some groups do not necessarily lead to social exclusion. For example, people who are colour blind are not excluded because, on the whole, societies are not ordered and regulated by colour recognition. Also, while people who are left-handed still face problems because most objects in society were designed for use by people who are right-handed, social attitudes to left-handed people have changed and they are no longer at risk of being burnt to death as witches - as they were in 17th century Europe - or forced to try to write with their right hands - a common practice in many parts of the world until recent decades (Liberty, 1994).

Our research demonstrates that using the medical definition of disability has been an important factor in the concept of disabled people as "different" and has resulted in the provision of specialised solutions that emphasise that difference rather than integrate it.
Throughout this report, references to "disabled people" include people with sensory, intellectual and physical impairments and people with mental health difficulties. The statistics used in this report are based on data supplied by the United Nations and its agencies and on some recent country findings (Canada, Finland, Sweden, the United Kingdom, the United States and Zimbabwe).
THE STATUS AND EXPERIENCE OF DISABLED PEOPLE

THE INCIDENCE OF DISABILITY

Former United Nations Secretary General Perez de Cuellar described the situation of disabled people around the world as "the silent emergency".

Numbers of Disabled People

Accurate figures on a world-wide scale are difficult to collect. Many countries have not carried out research, and definitions of disability and impairment vary.

In many respects, the figures given are a poverty or development index. Lower socioeconomic status and higher poverty levels are directly associated with higher numbers of disabled people. The figures clearly show the long-term consequences of economic and social isolation, hostile environments, war and disease on disabled people, their families and the whole community.

Economic and technological advances are leading to new causes of impairment, such as traffic accidents, industrial accidents, heart and circulatory diseases, drug abuse and environmental pollution. This means that though there are countries which are beginning, as a result of the progress made, to eliminate some causes of impairment (malnutrition, poliomyelitis, measles, etc.), new causes are emerging and they require different policies of prevention (Despuoy, 1993). Not least of these new causes is the dramatic impact of AIDS on populations.

According to United Nations estimates, there are 500 million disabled people worldwide. Of these:

- 55 million are blind (11%)
- 70 million are deaf (14%)
- 130 million have a severe intellectual impairment (26%)
- 20 million have epilepsy (4%)
- 160 million have some sort of mobility impairment (32%)

The incidence of impairment varies according to age, geographical and economic status.

Age

**Developed countries**

- 66% of disabled people are over 65 years of age, i.e. 8% of the total population.
- This is likely to rise to 16% by 2025.

**Developing countries:**

- 20-50% of the general population over 65 are disabled.
These percentages with regard to the general population will increase due to longevity.

**Gender**

*Developed countries:*
- 52% of the disabled population are women.

*Developing countries:*
- 51% of the disabled population are women (although in Asia there are more disabled men than women).
- There are 350 million disabled people.
- Approximately 50% become disabled in the first 15 years of life.
- 98% have no rehabilitation.
- 20 million who need them are without wheelchairs.
- In Nepal, more than 50% of impairments are due to disease.
- In Afghanistan, more than 50% of impairments are due to war.

**Rural and Urban Figures**

In a few of the developing countries, such as Thailand and the Central African Republic, there are more disabled people in the urban areas. This is also true in Europe.

But in the United States and most of the developed world, the ratio of disabled people in rural areas compared to those in urban areas goes from 2:1 (in the USA) to 9:1 (in Mali).

In India, 80 per cent of the disabled population live in the rural areas.

**Causes of Impairment**

Sixteen million people are disabled by iodine deficiency. Despite immunisation campaigns, polio still affects 400,000 people a year, causing varying degrees of impairment.

In Kenya, motor accidents leave 2,000 people dead and 7,000 disabled every year.

Major causative factors of "disability" are:
- Malnutrition 100 million (20%)
- Accidents/trauma/war 78 million(15.6%)
- Infectious diseases 56 million(1.2%)
- Non-infectious diseases 100 million (20%)
- Congenital diseases 100 million(20%)
These figures are not straightforward. For example, some congenital (pre-birth) conditions are linked to malnutrition, which is preventable and fundamentally related to poverty.

Similarly, many infectious and non-infectious diseases are secondary to poverty-related factors such as the drinking of polluted water.

**Poverty**

A large percentage of those in developing countries do not get enough to eat. Added to this is the problem of dietary deficiencies.

*One hundred million people have impairments caused by malnutrition.*

In India, for example, 15,000 children go blind every year from lack of Vitamin A, because their families have no land on which to grow vegetables and no money with which to buy them. Globally, an estimated 200,000 children go blind each year because of Vitamin A deficiency.

Gross national product (GNP) per capita, under-five child mortality rate, and life expectancy are three indicators of relative deprivation and poverty. The table below compares the United States and the United Kingdom with some developing countries.

<table>
<thead>
<tr>
<th>Country</th>
<th>GNP per capita $</th>
<th>Under-5s mortality rate</th>
<th>Life expectancy per 1000 live births</th>
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<tr>
<td>USA</td>
<td>18,530</td>
<td>13</td>
<td>75</td>
</tr>
<tr>
<td>UK</td>
<td>10,420</td>
<td>11</td>
<td>75</td>
</tr>
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<td>1,810</td>
<td>32</td>
<td>70</td>
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<td>1,570</td>
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<td>Belize</td>
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<td>113</td>
<td>59</td>
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<tr>
<td>Sudan</td>
<td>330</td>
<td>181</td>
<td>50</td>
</tr>
</tbody>
</table>


**Injury from Accidents and War**

Seventy-eight million people worldwide (15.6 per cent of all disabled people) have impairments caused by accidents and trauma (including road accidents). Hazardous working conditions are common in the developing world: because people are so desperate for work they will tolerate very dangerous working
conditions; companies may have deliberately based themselves overseas to escape European and American health and safety legislation in order to produce goods as cheaply as possible. The mining and chemical industries are notorious for dangerous practices.

Rehabilitation International and UNICEF workers visiting Angola, Mozambique, Nicaragua, El Salvador and Afghan refugees in Pakistan reported:

- 150,000 children killed every year by war.
- 500,000 children physically impaired by war.
- For every child killed, three more are wounded or permanently impaired.

The number of landmines worldwide increased by 1.8 million in 1994. Although 200,000 were removed, the United Nations estimates that the 65 million mines planted kill 800 people each month. In Afghanistan, the current yearly average is 8,000 civilian deaths or serious injuries.

A conservative estimate at January 1995 of the total number of global victims of mines is 700,000 but the figures may well be far higher since:

- many hospitals do not include upper limb and facial injuries
- lesser injuries are often treated by dispensaries or not at all
- many injured do not reach hospital and are not recorded
- the figure is rising by 15,000 per year
- victims of more recent conflicts have not yet reached the log books
- many countries do not record how many are injured.

Though figures available are good estimates, the true number will never be known.

Source: UK Working Group on Landmines.

**Female Genital Mutilation**

There is growing evidence that wide variations of mutilation are performed on female children in different countries. It is estimated that over 100 million girls and women in more than 28 countries in Africa alone are genitaly mutilated. At the current rate of population growth in Africa, two million girls a year - some 6,000 per day - are estimated to be at risk of female genital mutilation (FGM).

However, information available on total prevalence and rates by type of operation is incomplete. It is often based on anecdotal reports or biased samples using unclear or faulty methods of data collection. The only country with reliable nationwide data on FGM is Sudan, where three surveys included data on this group of practices.
Outside Africa, FGM is practised in Oman, north and south Yemen, the United Arab Emirates, Babrain, Qatar and some areas of Saudi Arabia. Reports from doctors and midwives working in the Middle East indicate that the most severe form, infibulation, is practised widely by immigrants from Sudan and Somalia. However, the extent of the practice in the Middle East is unknown and research data is required to confirm its prevalence and type. FGM is practised by the Ethiopian Jewish Falashas who have recently settled in Israel.

Clitoridectomy is reported to be practised in developing world by some indigenous people in Peru, Colombia, Mexico and Brazil. Again the extent of the practice is unknown. Excision of the external female genitals is said to be practised by the Muslim populations of Indonesia and Malaysia and by Bohra Muslims in India, Pakistan and East Africa.

In developed countries - Europe, Australia, Canada and the USA - immigrant women from areas where FGM is practised are reported to be genitaly mutilated, but there are no studies on its prevalence in immigrant populations nor on the numbers of girls at risk. There is little doubt, however, about the physical and psychological consequences of these practices, which range from mobility difficulties, impaired sexual function and infertility because of infection, to an increased risk of HIV infection.

At a Glance:

- **Some Facts About Disability**
- In some countries, 90 per cent of disabled children will not survive beyond the age of 20; 90 per cent of intellectually impaired children do not survive beyond the age of five.
- 98 per cent of disabled people in developing countries are totally neglected.
- Most people with spinal cord injuries in the developing world die within two years of injury due to lack of facilities.
- The majority of countries have no free medical care or social security system.
- In the US, Canada and the UK, 60 per cent of disabled people live below the poverty line.
- In developing countries, disabled children are unlikely to get an education or find a job.
- In the developed world, the majority of disabled children receive a segregated, underachieving education and are twice as likely to be unemployed when they grow up.
- 80 per cent of disabled people live in Asia and the Pacific but they receive just 2 per cent of resources allocated to disabled people.
- No country has all its transport systems accessible.
- Only a few countries legislate for accessible public facilities.
- In many countries, disabled people are unable to vote.
- Sign Language is suppressed in many countries.


THE EXPERIENCE OF DISABILITY

Introduction

Statistics do, sometimes, have the power to move and to motivate. However, they can also have the effect of overwhelming people, making them feel that nothing they do will make much difference. What is often more affecting than statistics of incidence, distribution and cause - the medical aspects of disability - is information about the social experience of disabled people - the human face behind the numbers. It is disabled people's collective examination of this experience of avoidable exclusion and prejudice which has provided effective solutions to disability.

In his United Nations special report on Human Rights and Disabled Persons, Leandro Despuoy points out in relation to statistics:

"this quantification alone is not a sufficient basis for evaluating the actual gravity of the problem, since these persons frequently live in deplorable conditions, owing to the presence of physical and social barriers which prevent their integration and full participation in the community... It is estimated that only 1 per cent of these 300 million persons [those disabled people living in the developing world] have access to assistance, rehabilitation and appropriate services, with the result that there may well be 297 million disabled persons in these countries who have no possibility of living a dignified life, with full participation in society and equality of opportunity. As a result, millions of children and adults throughout the world are segregated and deprived of virtually all their rights, and lead a wretched and marginal life." [Despuoy, 1993]

The rest of this section on the experience of disability looks briefly at a number of major areas where disabled people are disadvantaged in relation to their peers and where they experience discrimination.

Poverty

Disabled people are grossly over-represented among poor people. They experience levels of economic and social deprivation rarely encountered by other sections of the population (Barnes and Mercer, 1994). In Britain, Canada and the United States, over 60 per cent of disabled people live below the poverty line (New Internationalist, 1992).

While disabled people in developed countries live below the "bread line", with an
extremely poor quality of life compared to their fellow citizens, in the developing world, there is often no bread at all and disabled people simply do not survive. The causes of poverty among disabled people include poor education and discrimination in employment.

The impoverishment of disabled people is exacerbated by the frequent failure to recognise and address the additional expenses of impairment, such as extra heating, special diet and clothing, laundry and medication, and the extra costs of living in an inaccessible environment, such as special transport and inaccessible places of employment.

Disabled people require higher incomes than non-disabled people to maintain the same living standard, yet most have lower incomes. These expenses do not diminish when disabled people are in employment. The combination of disproportionately low wages and the added costs of disability forces a great many disabled people out of the labour market altogether (Barnes, 1991).

While disability - the barriers of attitude and environment experienced by disabled people - means that most remain desperately poor, poverty is also a major cause of impairments. Vitamin A and iodine deficiencies, malnutrition and unhygienic environments are widespread causes.

As long ago as 1976, statistics showed that, in the developed world, people who are black, poor or uneducated are more likely to be disabled than the rest of the population. The United States Survey on Income and Education in that year indicated that black Americans are significantly more likely to be disabled than white Americans: 17.6 per cent of the black population surveyed were found to be disabled, compared with 13.7 per cent of the white population. A more striking contrast can be found in the 18 to 64 age group, in which 19.4 per cent of the black population and 12.6 per cent of the white population were found to be disabled.

According to the same survey, the prevalence of impairment varies inversely with education. In the 18 to 64 age group 38.5 per cent of those with less than an eighth grade education, 10.3 per cent of those with a high school education and 5.3 per cent of those with a college degree were disabled.

Adopting the Federal poverty line as a benchmark, the Survey of Income and Education found that poor people in the 18 to 64 age group were much more likely to be disabled than non-poor working age people (28.7 per cent as against 11.8 per cent). Another way of stating the relation between disability and poverty for this age group is to point out that disabled people were more than twice as likely to be poor than non-disabled people (18.7 per cent as against 7.1 per cent).

The direction of causation between poverty and disability has been much
debated. Does poverty cause disability or does disability cause poverty? Based on US national survey data from the 1960s, Howard Luft of Stanford University estimated that at least 30 per cent of disabled Americans were poor because of their impairments, reporting that among white males the figures rose to 75 per cent. This reflects the definition of disability prevalent throughout the 1960s and 1970s: that a disabled individual's disadvantage relative to a non-disabled individual's situation was entirely due to their impairment; was the "problem" of the individual, rather than a situation arising out of the individual's interaction with a hostile, inaccessible environment. What was clear then, as now, is that individuals whose situation of disadvantage is influenced by their sex, age, race, class, caste, education or sexuality experience double or compound disadvantage if they are also disabled (DeJong and Lifchez, 1983).

**Health and Rehabilitation**

It has been estimated that existing services are reaching no more than 2 per cent of those in need in developing countries. Rehabilitation is almost totally inaccessible to those living in rural areas. The international situation is thought to be no better now than 25 years ago (O'Toole, 1991).

This bleak assessment is based on reports from all corners of the developing world, where the available rehabilitation facilities are concentrated predominantly in urban areas. Surveys in Pakistan, Indonesia and the Philippines reveal that a very small percentage of the population has access to the nation's rehabilitation services, which are based in the cities.

Despite the WHO target of Health for All by the Year 2,000, the majority of disabled people do not participate in health programmes (as evidenced, for example, by the higher death rate from AIDS of Deaf people). The rehabilitation that they do receive is through the provision of services run by voluntary organisations, aid agencies and religious organisations.

**Social Support**

In the majority of developing countries, there is very poor provision for social support for disabled people. Occasionally, money is available for technical aids and appliances or there is a small allowance for food. Social support, where it is available, tends to be through community-based rehabilitation projects, which are few and far between, or it relies heavily on the activities of non-governmental organisations and charities.

In many developed countries, the new concept of "community care" has meant a move from institutional care into the "community" for some disabled people.
However, these policies, though laudable in theory, have not always had the necessary financial backing. As a result, there have been numerous reports of negligence or abuse of disabled people, particularly those with intellectual impairments or learning difficulties. In the case of people with psychiatric difficulties, there have been a few, highly and sensational publicised instances of violence by such people released into the community without appropriate support. These reports have contributed to the extreme prejudice experienced by this group.

In all countries, where social support or community care is available to disabled people, it is often the first set of services to be cut or to have budgets reduced.

**Education**

Zimbabwe:
- 52% of disabled children get no education at all.
- 16% receive only primary education.
- 99.4% get no secondary education.
- 99.95% get no post-secondary education.

Hong Kong:
- 25% of disabled people receive no education. India.
- 97-98% of disabled male children receive no education.

United Kingdom:
- 0.03% of the university population is disabled.
- 28.4% of disabled people attend a special school.

Canada/Australia:
- 41% of disabled people have primary education only.
- 10.8% have post-secondary education.
- 17.6% of disabled people in Australia attend a special school.

Education, the basic tool for any individual's empowerment, is being denied to most disabled children. In many countries, educational establishments are physically inaccessible to disabled people and do not provide adequate support. The same applies to vocational training and to academic study. In some cases, the law itself stipulates that disabled children must attend special schools, where a "safe environment" is more important than academic achievement. Elsewhere, the obstacle to attendance is lack of transport, both in cities and rural areas. This is particularly true in developing countries, where most disabled children receive no education at all.

Despite the fact that every child, whether disabled or not, learns at a different rate (and this difference should be incorporated into mainstream provision), traditionally, education authorities have provided special education within special
schools, rather than mainstream provision that unlocks the potential of all children in an integrated environment.

Non-recognition of Sign Language has meant that, in the developing world particularly, Deaf children have no access to education or communication.

In developing countries, even special schooling is rare. The International League of Societies for Persons with Mental Handicap (ILSMH) carried out a continent-wide review of the coverage of special schools for children with specific learning difficulties or intellectual impairments. The figures recorded were: Nigeria, 0.7 per cent; Zambia, 2.9 per cent; Botswana, 4.7 per cent; Kenya, 4.5 per cent. Moreover, these were regarded as "rather generous estimates" (ILSMH, 1990).

Australia has 1,282 per 10,000 pupils receiving special education classes within an integrated environment, Italy has 143 and the US 685. (These tend to be pupils with physical or sensory impairments.) Japan, however, has no disabled pupils receiving supportive education in an integrated environment (OBCD, 1994).

**Employment**

UK and USA:
- 67% of disabled people aged 15 - 64 are unemployed.
- 32% of the non-disabled population of the same age are unemployed.

Tunisia:
- 85% of disabled people aged 15 - 64 are unemployed. Disabled women find it four times harder than disabled men to get work and are more likely to be low-paid and unskilled.

Zimbabwe:
- Less than 1% of disabled people are contributing actively to the economy of the country.

United Kingdom:
- 75% of disabled people live below the breadline.

An extremely high percentage of unemployment is one of the central problems facing disabled people and a high percentage of beggars are disabled people. According to the International Labour Organization, the level of unemployment worldwide is two or three times as high as for other people, and in many developed countries where unemployment is very widespread, the employment prospects for disabled people are minimal or non-existent. An unemployment figure for disabled people of 67 per cent (UK and US) would be viewed as totally unacceptable for other sections of the population. It is unnecessary and unacceptable for disabled people as a group, represents an incalculable waste of
human resources and puts an unnecessary burden on the social and economic support services.

In addition to the fact that many workplaces are not accessible to disabled people, employers often fail to understand that a physical impairment does not necessarily involve intellectual impairment, or that people with almost any form or severity of impairment can perform useful work. In addition, fellow-workers may be opposed to the employment of disabled people because of ignorance, prejudice or embarrassment.

Ignorance and prejudice are undoubtedly the greatest obstacles to disabled people trying to gain employment, and the opportunity to engage in useful work is often vital to self-esteem and the enjoyment of other aspects of social participation. The increasing numbers of disabled people's cooperatives indicate that assumptions about disabled people's capacities are usually incorrect. Research done in the United Kingdom and the United States has shown that disabled people have better productivity levels and attendance records than their non-disabled colleagues. As with figures for women in employment, these results may be because of disabled people's need to prove themselves. Nevertheless, they are a clear indication of disabled people's ability to perform useful work efficiently.

In the developing world, the extremely high percentage of unemployment among disabled people means that they are forced to beg to survive. The few who do obtain jobs must accept very low levels of pay unrelated to their productivity. Moreover, in some countries employers compel disabled people to refrain from joining unions. The World Federation of the Deaf notes that, in addition to the lack of technical assistance and necessary interpretation services, prejudices in general are one of the main factors making it difficult, or impossible, for people with hearing impairments to become fully integrated into the labour market.

**Transport**

- In the developed world, one in three disabled people cannot use public transport.
- No developing country has accessible public transport.
- No developed country has all its public transport systems accessible. In only a few countries is the present and future right to accessible transport enshrined in legislation.
- Only three airlines routinely carry in-flight wheelchairs; only one has Sign language interpreted announcements.

No access to transport has serious effects on disabled people's integration and economic activity. It prevents disabled people forming self-help groups or taking control of their own lives.

The provision of public transport is seen as an essential requirement for even the
least developed countries. Failure to provide accessible means of transport is highly discriminatory in its effects and presents a considerable obstacle to independent life for disabled people, leaving them segregated or excluded from education, employment and social and political life.

Reasons for non-provision of accessible transport are generally based on cost and prejudice. For example, a disabled man brought a court case of discrimination against Dutch Railways in 1993. He lost the case. The judge said that as Dutch Railways was providing a public service it should provide that service equally to the general public. However, he also stated that since the disabled man wasn't equal to the rest of the general public, he couldn't expect equal treatment.

The following is taken from paragraph 3.3 of the judgement:

“The position of the plaintiff that the plaintiff is unlawfully and wrongfully treated by the defendant because assistance to disabled people is not permanently available at the station in Delft, or at any rate is not being expanded considerably, we consider for the time being incorrect. With respect to the defendant, the plaintiff is now not equal to passengers who can board by themselves.”

**Housing**

Making new buildings accessible creates additional costs of only 0.4%.

Sri Lanka:
- 2.8% of disabled people live in institutions.

United Kingdom:
- 6.7% of disabled people live in institutions, with the figure for those below 65 being 1.4%.
- Of those people living in communal institutions, 15% receive no visitors.
- 4% of disabled people are institutionalised in private homes. There are 4 million people with mobility impairments, and only 80,000 accessible homes, therefore, 98% of those people are living in inaccessible housing.

Sweden:
- 0.2% of disabled people below 65 live in institutions.
- 4.6% of those over 65 live in institutions. Of those not living in institutions, 85% are in inaccessible housing.

Throughout the world, inaccessible housing and transport combine to imprison many people with mobility impairments in their own homes. Physical access is not the only obstacle to suitable housing for disabled people. Family feelings of
shame mean that many disabled people are locked in back rooms with little or no stimulus from the outside world. In January 1994, for example, Portuguese radio and television reported that Antonio Costa, a boy of 16 with learning difficulties, had been found living in a pigsty on the farm of his parents' employer (The Guardian newspaper, United Kingdom, 1 January 1994). In areas where local authorities provide supported housing for disabled people, non-disabled residents have banded together to oppose planning position and have waged unpleasant campaigns against such homes.

Even in highly developed countries, inaccessible buildings are still being constructed. The use of wheelchairs, for instance, is extremely difficult, or even impossible, in many apartment buildings and individual houses. As a result, disabled people are ghettoised in "special" housing with no opportunity to visit the homes of non-disabled relatives and friends. Though the concept of "homes for life", suitable for all family members at all stages of life, is gaining some ground, the problem of housing for disabled people remains severe.

**The Built Environment**

Many of the above observations apply to other premises such as office buildings, restaurants, cinemas, theatres, libraries, hotels and sports facilities. Apart from the obstacles presented by building design, prejudices often exist which render the access of disabled people to premises such as restaurants or bars difficult or impossible. It is common to hear the management of such establishments say that there are no tables free when a group of disabled people want to enter. Department stores have claimed that wheelchair users constitute a fire risk in their attempts to validate policies excluding them. The concept of the disabled person as a potential consumer is often overlooked. Prejudice and ignorance over-ride even the values of the market.

The built environment implies more than buildings. It also includes roads and pathways. People with mobility and visual impairments can be at considerable risk if these are cluttered or unevenly constructed, while making them easy and safe to use benefits a wide range of people.

**Information and Communication**

Lack of information is a great problem for the majority of disabled people and is often under-rated as a cause of discrimination. Physical inaccessibility and lack of provision for people with visual, hearing and intellectual impairments drastically impedes disabled people's ability to learn about the world and their opportunities to take part in and to shape that world.

Disabled people's needs are not considered in general information-giving. For instance, tourist information does not usually include details of which facilities are
accessible, advertisements for cars do not consider their suitability for elderly or disabled drivers or passengers. Most written material is not also available in braille or on tape. This lack of accessible information is not just isolating, it is potentially fatal. Based on figures for October 1992, the proportion of Deaf people in the United Kingdom who have died of AIDS-related illnesses is one in 3,200 of the Deaf population, compared with one in 68,000 of the whole population.

**Private Life**

Disabled people are much less likely than non-disabled people to get married - the numbers range from 4 per cent less likely in Europe to 45 per cent less likely in the Philippines. Disabled women are less likely to marry than disabled men; they also tend to have a higher divorce rate.

The restrictions on many disabled people's privacy, particularly in institutional settings (see the following section), are severe.

Evidence gathered by Disability Awareness in Action indicates that disabled people experience considerable difficulty establishing intimate relationships and exercising their right to found a family. Obstacles are raised by relatives, local authorities, the state and religious leaders. Examples include restrictions on people who cannot procreate and wish to many, forced sterilisation to control disabled people's fertility (sometimes demanded as a condition of marriage), and forcible segregation of the sexes.

In Africa, some professionals have advocated the castration of disabled boys and sterilisation of disabled girls (Malinga,1993). In many countries, sterilisation and eugenic abortion are strongly promoted in health policies; in China, this eugenic ambition has become law.

**Institutionalisation**

- In Thailand, patients who remain in hospital for more than five years usually occupy more than 30 per cent of hospital beds; 22 per cent of chronic psychiatric patients continue to be confined in institutions.
- Between 4 and 10 per cent of elderly people throughout the world live in institutions.

Institutionalisation is one of the most severe and common forms of exclusion. Many residential facilities, banished through prejudice to unpopulated rural areas, are physically remote from the community, which only serves to increase this exclusion.

Within institutions, life bears little or no relation to life in the community, or even to that of other disabled people living outside. Freedom to associate is usually limited by segregation of the sexes. It is very common for inmates to have their
mail opened and to be denied other means of communication with the outside world. They are prevented from marrying and having children and, in some cases, even from voting. Internment often leads to excessive use of drugs and other forms of behavioural control.

Institutionalisation is still the preferred choice of many governments and local authorities for managing the lives of older people and those with severe physical impairments, even though a number of studies indicate that independent, supported living in the community is more cost-effective and better for the health of disabled people. The 1994 Direct Payments Project of the UK's Policy Studies Institute, which focuses on severely disabled people who receive direct payments towards their support (some of whom are in employment) provides evidence of this.

Although accurate figures of the total number of disabled children and adults institutionalised around the world are difficult to come by, there is growing evidence of their experiences. In the United Kingdom in September 1994, a secret county council report on the physical, sexual and emotional abuse of adults with learning difficulties in residential homes became available: "It is difficult to convey the scale of humiliation, deprivation, torment and punishment to which residents were subjected... the basic humanity of residents was denied" (The Independent, 16 September 1994).

In Texas in December 1993, it was revealed that 57 children had recently died in nursing homes or sustained serious injuries because of the negligence of workers who were not trained in the care of children with impairments. Others had been found severely malnourished, consistently unbathed or locked up for long periods in isolation (Ball, 1994).

Since 1990, the situation at the Greek State Mental Hospital on the Island of Leros in Greece has been widely known: people with intellectual impairments and people with psychiatric impairments herded together, given no privacy, adequate clothing, hygiene or a decent diet. The media brought attention to these horrendous human rights abuses, a testimony to disabled people's history of persecution and victimisation. Radical improvements have been made but it is impossible to be sure that other Leroses are not waiting to be discovered. ('Link', 1994.)

In Bulgaria, new Leroses were revealed to the world in December 1994. Patients with mental health difficulties and intellectual impairments are being left to die from the cold and from beatings by fellow inmates in squalid institutions that the country can no longer afford to run. In one home, 24 patients, a quarter of the total, died during 1994. Most of them were under 50. One man who had repeatedly tried to escape was kept shackled to a bed in an unheated room. His leg had scars from wearing a manacle and he pleaded continually for food. A senior Bulgarian social worker has likened the institution to a concentration camp.
Legal Rights

• Profoundly Deaf people are deprived of the right to a defence because judicial and investigating authorities do not have permanent interpreters, essential in such cases.
• Profoundly Deaf people who are unable to express themselves in writing are considered legally incapacitated, although other effective means of communication, such as Sign language, already exist or can be developed.
• Blind people are barred from acting as guardians, when they are perfectly able to act as parents, and therefore also as guardians.
• In some Latin American countries, blind people are not permitted to vote or to stand for election, on the dubious grounds that it is difficult for them to vote responsibly or to preserve secrecy.
• Poverty denies most disabled people access to expensive legal systems.

Political and Social Participation

• Disabled people are excluded from the political process because of inaccessible buildings and information, and because of a failure to see disability as a political issue.
• In the United Kingdom’s 1992 general election, 88 per cent of polling stations were inaccessible (Scope, 1992).
• In most countries, disability issues are low on the political parties’ agendas and often ignored by the media.
• Political information is rarely available in braille or on tape.
• Many religious orders do not allow disabled people to become priests or leaders.
• Very few disabled people attain high political office.
• Disabled people are frequently prohibited from emigrating or seeking asylum (Salford Law Centre, 1995).
• Except in a few countries with appropriate legislation (Canada, New Zealand, Sweden, the United States of America), very few leisure facilities are accessible to disabled people; nor is information on accessibility readily available.
• There is rarely any protection or redress from the prejudice disabled people face in social participation. In the autumn of 1992, a judge in the city of Flensburg, Germany granted a tourist couple a ten per cent refund on their travel costs. The grounds for this were that their holiday enjoyment was compromised since they had to eat their meals in a hotel restaurant where a group of disabled people also ate.

The Media

The media plays a major role in provision of information and in influencing our perceptions of the world. The link between impairment and all that is socially
unacceptable was first established in classical Greek theatre. Today, fictional characterisations of disabled people, particularly in film, theatre and television, still use stereotypes of them as evil; as eternal, asexual children; or as objects of pity to demonstrate the compassion of non-disabled heroes (Barnes, 1992).

The way news items and features about disabled people are presented also prejudices the way they are viewed. Disabled people are frequently seen as overcoming their impairment, through cure or rehabilitation. The real struggles of disabled people's lives - poverty, inaccessibility and discrimination - receive little attention, so that images of disabled people as real people, rather than as cardboard figures to be feared, admired or pitied, are not available to the general public.

**Representation, Consultation and Influence**

The lack of representation of disabled people in decision-making processes and the lack of participation in all sectors of society presents a barrier to development and social change. As the 1987 Global Meeting of Experts to Review the Implementation of the World Programme of Action concerning Disabled Persons pointed out:

"While there had been, during the first half of the Decade, an increase in the participation of disabled people in different sectors of society, the goal of full and equal participation was far from being achieved. That the obstacles identified by the participants existed was in large part a consequence of the fact that disabled people were not an integral part of the decision-making process or the administrative machinery of intergovernmental bodies, regional entities, governments or organisations.

"While the creation of organisations of and for disabled people had been an important development during the past five years, their numbers, coverage, effectiveness and funding were insufficient. Until such organisations were able to develop their full potential and to participate fully in the work of society, the interests of disabled people would not be fully represented. The lack of coordination in most countries between local and national authorities and disabled persons' organisations was a further obstacle to the improvement of the situation of disabled persons."

While educational and financial opportunities are so limited, the chance to take part in decision-making processes in their own lives, let alone in a wider political sense, is not available to the vast majority of disabled people. It is through the self-advocacy organisations of disabled people that this lack of influence and control is beginning to be redressed.
Disability and the Developing World

- 75 per cent of disabled people live in developing countries.
- 300 million disabled people live in the Asia-Pacific region; 70 million of them are children.
- 50 million disabled people live in the African region.
- 34 million disabled people live in Latin America.

Unlike the developed countries, where ageing is a major cause of impairments, in the developing world, where malnutrition, disease, war and accident are major contributory factors, the age-distribution of the disabled population is skewed much more to the younger group.

In the developing world, disability is often perceived by governments and aid agencies as a problem, but not as a priority. Income, access to land and jobs, basic health care, the infant mortality rate, and the provision of sanitary living conditions and clean water are all seen as more immediate priorities. In the rich countries of the developed world, when the Independent Living movement talks about access, it usually means such things as ramps, elevators and accessible transportation and information. But for most disabled people in the developing world - as for most non-disabled people - the main access issues are how to avoid destitution; how to access enough food, a reasonably safe and healthy environment and primary health care.

These basic needs are becoming more and more difficult to meet for the growing number of poor and marginalised people, including disabled people. Poverty and disability are increasing worldwide, as a result of unfair distribution of opportunity, wealth and power, and the huge foreign debt of poor countries.

In the last ten years or so, there has been an increasing effort by national and international agencies - and by disabled people's organisations - to reach the countless disabled people whose needs and potential remain unknown and unmet.

Particular Problems Encountered in Developing Countries

- Slowing but still high population growth rates.
- Re-occurring drought, hunger and famine.
- Other natural and artificial environmental catastrophes.
- Continuing armed conflict, destruction and growing violent crime in many countries.
- Growing refugee populations fleeing famine and conflict.
- Falling value of primary export commodities, increasing debt and the advent of corrective "structural adjustment programmes".
- Decreasing government budgets and civil services, resulting in decreasing expenditures and personnel for the education, health and social services.
sectors, among others.

• Increasing gap between rich and poor.
• Uncontrolled environmental degradation and natural resource depletion.
• Inadequate social infrastructure (including basic facilities such as water, sanitation, primary health care, elementary education, housing, transportation).
• Inadequate provision for basic human rights.

**Especially Vulnerable Groups**

Individuals who belong to more than one oppressed group experience multiple discrimination, on the grounds of impairment and age, race, gender, class, caste, economic status or sexuality.

Of the estimated 250 million women in the world who are considered disabled, approximately three quarters live in developing countries. International development programmes, however, even those specifically focusing on women, have rarely addressed the needs of disabled women, nor have they included disabled women in community development ventures.

Disabled women experience double discrimination for being both female and disabled. In poor countries, they are more likely to be unemployed and destitute, to receive less food, to be illiterate and without vocational training. Stigmatised within families, they are often hidden and isolated, are less likely to marry and more likely to be abandoned with children.

Disabled women also lack access to reproductive information and face unauthorised sterilisation and having their children removed from their care. The few rehabilitation services that exist prioritise men and neglect the needs of disabled women.

There is a higher rate of disability amongst indigenous people than in the general population. In Canada, 26 per cent of Inuits are disabled, against an incidence of about 12-13 per cent in the rest of the population. Disabled people who form part of a racial minority (or, in some cases, majority) in a community or country also experience compound discrimination and are often last in line for services. Disabled people may also be more vulnerable to racist violence.

There has only been one piece of research done on disabled refugees, which produced a figure of 3 per cent of the refugee population being disabled, but this did not include mental illness. There are many reasons why this figure is so low: disabled people do not survive the journey to the refugee camps; they are last in the queues for food; and they die more quickly.

People with particular types of impairment can also experience particular forms of oppression. According to information received from the International League of
Societies for Persons with Mental Handicap:

"In everyday life, mentally handicapped persons are not treated equally with their neighbours, colleagues, etc. In addition to being frequently refused entry to bars, restaurants, swimming pools, discotheques, etc., they are often not allowed into hotels and regularly face enormous difficulties in finding accommodation, even in apartments, particularly when they are in groups.

"In the legal sphere, for example, many instances of discrimination can be found in immigration laws. Many national laws prevent mentally handicapped persons from entering the country, not only as permanent residents, but even as tourists for a limited period of time. Attention is drawn to the fact that it is in the most developed Northern countries (Canada, France, Switzerland, United States) that this type of restrictive legislation is most frequently applied on the grounds, in many cases, that the presence of mentally handicapped persons from abroad will impose 'excessive demands' on health or social services.

“The worst form of discrimination against the mentally handicapped is the campaign to legalise the termination of life of severely handicapped new-born children...”

EXAMPLES OF VIOLENCE AND ABUSE OF RIGHTS

The following examples of abuses have been passed to DAA from around the world. They are taken from the direct experience of disabled people. Many include the location of the incident. It should be emphasised that abuses of disabled people's human rights take place in every country of the world. These few examples are included to indicate the effects of abuse and discrimination experienced by disabled people and to allow disabled people to express this themselves.

Many of these contributions are taken from a project entitled 'Letters from our Lives', during which DAA collected more than 600 testimonies from disabled people in over 100 countries. The letters were presented to the Secretary General of the United Nations in 1992 as a permanent record of the experience of disability.

Anne McDonald was born with cerebral palsy in a small town in Victoria, Australia in 1961. She was placed in St. Nicholas Hospital in Melbourne at the age of three and remained there until her eighteenth birthday, when she left to live with her teacher Rosemary Crossley. Anne has been to university and written a book about ethics and disability.

“To be imprisoned inside one's own body is dreadful. To be confined in an institution for the profoundly retarded does not crush you in the same way; it just
removes all hope.

I went to St Nicholas Hospital when I was three. The hospital was the state garbage bin. Very young children were taken into permanent care, regardless of their intelligence. If they were disfigured, distorted, or disturbed then the world should not have to see or acknowledge them. You knew that you had failed to measure up to the standard expected of babies. You were expected to die.

Never seeing normal children, we were not sure what they were like. Where did we fall short? In your ugly body it was totally impossible that there could be a mind~ Vital signs showed that your title was 'human'; but that did not entitle you to live like normal children. You were totally outside the boundary which delineated the human race.”

Annie’s Coming Out, by Rosemary Crossley and Anne McDonald, Penguin Books, 1980

"Here in Turkey, we disabled people are in a terrible state. We are four disabled brothers who have received no help or training from the Government except a meagre monthly benefit of 250,000 Turkish lira (about UK£2), which is not at all sufficient to buy even our daily tea. We put our heads together and converted the kitchen of our home into a small business to enable us to earn some money but the Government has now confronted us with tax demands.

We disabled people would like to lead a happy and comfortable life. We would like all difficulties to be removed from our path. We would like to live in peace, in a peaceful world." Mebmet Akay, Turkey "I have a problem of deafness and I cannot talk. I have two kids, my husband died. My parents are very poor... What I need is a well at my home."

Gertrude Neube, Zimbabwe

"If I lose my job, I will receive only half my current salary - which means I won't be able to afford my home and will have to move to an institution.

I would rather die than let that happen.

There as no system of personal assistance, or home assistance, for disabled people who need help. We can only be helped by our families - most of us are rejected by them (as in my own case). If the family members have to work, we are left on our own or have to move to an institution, of which there are few, and live with older people. This can only be avoided if we are rich enough to pay a maid for this help.

Only the very, very poorest disabled people receive a social pension from our
government This is less than half the minimum salary - about £85 per month.

Most of these disabled people can only live as beggars and are seen by society as such. What else can we be and what chance do we have of a reasonable quality of life? And yet these people are considered a burden for the government which thinks it does a lot to help disabled people and shows them no respect at all"

Gilberta Couto E. Silva, Portugal

"I am Deaf I have six children, whose father left me a long time ago and is no longer alive. Jam orphaned of father and mother with no other means of support. What I need is financial aid to start working and to meet the needs of my poor children, above all with their studies."

Pale Solange, Republic of Mali

"The past 60 years have witnessed many positive changes in social attitudes towards the blind, yet the goals of equality of opportunity and freedom from discrimination continue to elude millions of us. Attitudes towards blindness are embedded deep in our culture. They shape the personality of the blind child and determine his levels of aspiration and achievement. It was only on rare occasions that my parents took me out to weddings or other social functions. We are two brothers but when visitors came home, my mother often said: "I have just one son."

The blind person is either regarded as completely helpless or as a genius who could achieve almost anything. Rarely is the blind person credited with normal capacity and treated in the same manner as an "average" individual"

Lai Advani, India

"Ten years ago, I had a fall which left me in this wheelchair. I lost more than half my movement. This, and the fact that my husband subsequently abandoned me, was so traumatic that I tried to commit suicide.

I am a very humble person, of the lowest class economically, which meant I was used to working like a mule from 3am to 10pm to give more advantages to my two sons and to try to achieve a life, not of comfort but at least with fewer constraints.

It was in hospital that I had the idea of forming a group of people who, like me, were paralysed. In fact, our group includes friends with paralysis, rheumatic fever, epilepsy, cerebral palsy, polio and other types of impairment. Doctors urge us to have these people permanently hospitalised but in the hospitals they say there is no money and that families should be educated to reintegrate people into
society. This is all very well, but many disabled people are rolled into a corner of their home, where guests and neighbours cannot see them. When they die, many people say: 'There was a disabled person in that family. I never knew.'

There is a 30-year old disabled woman and her mother who, at the age of 80, is declining due to malnutrition and lack of medical attention. The mother attends to everything and, with tears in her eyes, she begged me to help 11ft her daughter. She has dropped her twice and fallen herself The only help they have is her son who has amputated kg. Who will take care of this young woman when her mother dies? She can 't walk, talk or eat on her own.

I have a small piece of land and I would like to be able to build some therapy rooms. I am totally alone in this fight, without even the members of the group I set up. They are all abandoned mothers who have not only their disabled child but also five or six other children to feed, dress and educate."

F. Evalia Fuentes Duana, Mexico

"I am 22 years old and severely disabled. Till 1990, people in Romania had no idea about the existence of disabled persons and the mentally impaired; even now we don't know the real number of disabled people. We had only the right to die.

Now, we are recognised but we have no possibilities for social integration because of the existence of architectural barriers, lack of working conditions for disabled people and no access to any public means of transportation. Unfortunately, it is the reality that our rights and laws for disabled people are not respected.

In spite of the fact that I would like to learn, there were and are no possibilities for study for people with severe impairments. I cannot write or read but I can think.

Therefore, I think that the United Nations should intercede in our favour, or maybe representatives should come to see our reality. My dream is to have my own life, a dignified life, independent and fulfilled; to be respected by society."

Dan Alexandru Antoci, Romania

"At the outset, my mother was told by the doctor: 'Forget about this little girl. Place her in an institution. You have other children' ".

Etta Ginsberg-McEwan, USA

"The disadvantages of disabled women begin in childhood, because parents look on their disabled daughters as a curse from God. As in any other African society,
all girls have very little chance to go to school. They are to stay at home, help their mothers in household activities, get married and bring cows and wealth to the family. The situation worsens when you are disabled. First of all, there is no hope of you bringing cows and other material wealth to the family, since it is widely believed that you will not marry because you are disabled. As if that was not enough, parents say they won't waste their money sending disabled children to school when they don't have enough resources to send their able-bodied children."

Betty Kinene, Uganda

"As you know, in our country there has been a war for [several years]. The situation is becoming more and more difficult. Right now in Sarajevo there are about 500 Deaf and hard of hearing people, and their number is growing because of the war's activity. Among them are many disabled people who have lost limbs as a result of the shelling. We, from the Federation of Deaf and Hard of Hearing People of the Republic of Bosnia and Herzegovina, try to help as much as possible in these dramatic circumstances. In spite of our efforts, we cannot help in the most important thing: the food which we have not got Hunger is knocking more and more loudly, first at the door of Deaf people and of others who are the most vulnerable."

Radlovic Sanja,, Bosnia and Herzegovina

"Disabled people are an integral part of society. No one is immune to impairment, not even the Secretary General of the United Nations. The circumscribed role and status of disabled people, as well as the lack of opportunities, is deeply ingrained in the institutions and in the underlying social stereotypes; these are a function of culture, not nature.

The time has come for the United Nations to shift from rhetoric and misdirected sympathy to disability issues and to accord them the attention they deserve. The major task of the United nations at international level and governments at national level, is to eliminate human prejudices and negative stereotypes against disabled people, who are the victims of discriminatory attitudes that militate against their dream of equal opportunities in jobs, education, health and social integration. The rising tide of disability awareness is an indicator of goodwill and well-meaning appreciation by society. However, the most urgent task ahead is a comprehensive evaluation of achievements so far."

Mukhtar Abdi Ogle, Kenya
"My parents do not care for me. I am having pain because of my wheelchair. I need crutches and money to go to school. My parents decided to send all the other children to school but me."

Esnath Williams, Zimbabwe

"Afghanistan being a war-torn country, there is much destruction and much grief. There are hundreds of thousands of disabled people who are facing very hard circumstances. Technology should bring people closer to each other; but many disabled people lost their limbs through technology made by human for the disablement of human.

The main reason for helping disabled people is the human right to access to appropriate treatment and to equality of opportunity to pursue active and gainful lives. Potentially, we have much to contribute socially and economically to our families and society. There are now so many disabled Afghans that the traditional system of family responsibility cannot cope. Vigorous education, vocational training and employment support is needed.

Disability is not inability; charity is not the solution to our problems. We need equality and our rights as human beings in all sectors of life. Disabled people have much to contribute."

Abdul Rahnman Sahak, Free Welfare Society for Afghan Disabled

"My polio was devastation to my mother, since society at that time felt it was obeh or a curse from God. My mother tied me to heavy furniture while she went out to work in the rice fields. My school days had many difficulties of mockery and fights with little help from teachers."

Michael Menzies, Guyana

"I am 26 years old. I was working with my father repairing a house when I was electrocuted. I spent three months in hospital, under went five surgeries, including having my legs below the knee and my arms below the elbow amputated. I need a motorised wheelchair but there is no such thing here and I don't even have enough money to buy a manual chair.

Now I am retired and receive a small amount of money. I don't have any kind of insurance. In this country, there is no policy for disabled people and we don't receive any kind of support"

Mauricio Meira de Oliveira, Brazil
"Seeing the ragged disabled people begging on the streets of Lagos elicits sympathy from the passers-by - so that they go as far as dipping their hands into their lean pockets to give alms to the beggars. It is therefore disheartening to know that these so-called unfortunate members of society, who have no choice but to go on the streets to beg, are actually planted by able-bodied people who go to remote villages and lure disabled people to Lagos on the pretext that they want to help them. These unsuspecting disabled people and the elderly are kept at various strategic points on the streets in the most pathetic conditions to draw out the greatest amount of sympathy. Their managers, who live in comfort in posh houses, now organise vendors to supply food to their money-making 'beasts'. These beggars give their daily proceeds to their managers whom they refer to as their 'kings'."

Cosmas I B Okoli, Nigeria

"Your impressions of Taiwan may be of a rich and developed nation. We are that, but the presence or absence of wealth on a per-capita average cannot be substituted for a good look at the actual condition of individual human lives. From the past to modern times, disabled people have been viewed in Taiwan as a burden on society and family. Many families with disabled members were impoverished. Parents would kill mentally retarded children and Deaf people would band together into groups of thieves to earn a living.

Some say to be rich (as we in Taiwan), in a rich environment (such as we enjoy here), is its own reward. We feel the worst case is for poor people to live in a rich environment. This situation engenders feelings of helplessness and hopelessness which cannot be imagined by ordinary citizens. Most of the two million disabled people in Taiwan know this sort of misery."

Tsai Ying-Bo, Taiwan

"Agonies and problems faced by disabled people have obviously been neglected in the past and are still neglected. Although there are organisations for disabled people, as well as government agencies providing welfare, facilities and limited protection, there are still hidden solutions to be found by disabled people themselves. Only they can solve their own problems, supply their own needs and lessen their agonies."

Yong Sin Kong, West Malaysia
"While the topic of 'women' is high on the agenda of so many nations worldwide for discussion (though sometimes this is cosmetic), while disabled women are talked of as facing a double disadvantage of being female and disabled, I feel that disabled women in developing countries like Uganda face triple disadvantage: that is, being female, disabled and poor."

Sylvia Nalule, Uganda

"The hands of the clock stopped at two in the afternoon on 11 April 1960. I was going to work in the outskirts of Panama City. I took a bus and a short time later felt a violent jerk. I woke up a week later. I was paralysed. I decided that the only thing to do was to overcome the situation; to try to reach certain goals, step by step. First: learn to walk with orthopaedic equipment and crutches. Second: learn something that could earn me money. The third goal was the hardest: how to get work? I tried many times, always with the same response: 'There is no work for you. 'All the doors were shut in my face. I had to fall back on some of the institutions in this country, since my position was very difficult. I got negative results because there are few sources of work for disabled people and the ones that exist are very limited."

Luij Lopez, Panama
THE CULTURAL CONTEXT

Community Opinion

Disabled people do not exist in isolation. Even when marginalised, they are part of a larger community. It is the willingness of this community to include its disabled members in the full range of social, cultural, religious and civic activities, as well as in work and play, rather than the experience of a particular impairment, which determines quality of life for a disabled individual.

Community attitudes and policies are based on culturally accepted and shared ideas about the origins of impairment and the abilities and rights of disabled people. There are some marked differences in the statistical, cultural, social and medical concepts of what constitutes disability in a particular society at a particular time, as the anthropologist Dr. Nora Groce has illustrated. There is no agreement cross-culturally on what the social consequences of disability might be, nor is the degree of social stigma necessarily closely correlated with the severity of the impairment. In some cases, a person with a mild impairment can be seriously socially disabled. For example, a young adult with a slight limp may be considered an unsuitable marriage partner; a child with mild seizures bewitched.

The power of these culturally-based beliefs cannot be underestimated and they constitute obstacles which disabled individuals and their families must confront on a daily basis. A newly adopted piece of legislation that guarantees the right of a disabled child to an education means little in a community where, by tradition, such a child is not allowed to walk to the end of the street and back unmolested. A job training programme may be considered unnecessary by local villagers if customs dictate that disabled adults may only work as beggars.

Groce provides an example of a community in Ecuador which was unsure "about efforts to eliminate Iodine Deficiency Syndrome. Menial tasks traditionally have been given to affected mentally retarded individuals. If better nutrition would have eliminated future affected individuals, people asked, who would haul the wood, watch the sheep, or draw water?" (Groce, 1990).

Cultural Acceptance

Cross-culturally, the acceptance of disabled individuals and ideas about their appropriate social roles varies widely. Some societies have traditionally been receptive to disabled individuals. Others, by custom, are repressive. Many more are indifferent (Groce, 1985). Moreover, it is particularly common to find the same society responding differently depending on the type of impairment: blind individuals may be treated compassionately, for example, while the mentally ill are shunned.
At present, only the sketchiest of information is available and most of this has been reported on a national basis. Yet there is often as much diversity in attitudes towards disabled individuals within nation states as between them. Folk beliefs about disability can vary by region, tribe or ethnic group, and are strongly influenced by religious beliefs, socio-economic status, educational background; indeed, beliefs about disability may vary from one village to another, depending on local history and epidemiology. This is particularly true in those areas where chronic infectious diseases (such as river blindness or leprosy), inherited impairments (such as deafness or albinism), or environmental factors which can cause disabling conditions (such as endemic goitre, xerophthalmia or black lung), make the regular appearance of affected individuals common, less frightening and more acceptable.

Two examples of this are:

- Deaf members of an Amazonian tribe who were accorded full social inclusion because of the ability of the whole tribe to use Sign language (Farb, 1975).
- A village in Mexico where blindness was perceived as a divine intervention and so blind people were provided with guides, while social structures assured their full participation (Gwaltney, 1970).

**Disability as Tragedy**

One of the commonest responses to impairment, however, is to perceive it as an unmitigated personal and social disaster or tragedy; a loss or deficiency (some countries define disabled people by percentages, i.e. one can be 50 per cent of a "normal" person). These powerful negatives elicit either fear, pity, or admiration, depending on how the disabled person "copes". The negative response of most non-disabled people to disabled people is based mainly on ignorance: they assume that disablement is a catastrophe, and they fear it; fear creates awkwardness, avoidance, and prejudice (Coleridge, 1993).

M. Mathias, Secretary of the Karnataka Parents' Association for Mentally Retarded Citizens in Bangalore, India, explains his feelings at the birth of his disabled daughter Tanya: "I felt I had let my family down on three counts: to start with, my first child was a girl; second, I had brought 'mental illness' into the family; and third, the doctor had said she would be the ruination of my family. What was my reaction at that point? The normal human response: shock, guilt, denial. I think it took me about 20 years to accept my daughter's disability. My wife reacted the same way. But she is over-protective to some extent, which is another form of escape. I think I personally have finally accepted her, although I have had a few knocks when it has been clear that I have been kidding myself. I have adapted to the situation" (Coleridge, 1993).
Stigma

The intensity of stigma throughout history has created psychological barriers which have go against acceptance of disabled people to this day:

“For the handicapped individual, they are socialised into their disadvantaged situation and at the same time learn to incorporate the standards against which they fail. Through socialisation, most members of society will gain some understanding of various types of prevailing stigma. Therefore, people compare their conduct with that of recognised stigma types” (Page, 1984).

Culturally Perceived Causes of Disability

The culturally perceived "causes" of disability are of particular importance as they can affect society's attitude towards disabled people. For example, disability is often seen as a form of punishment: the disabled individual, his or her family or an ancestor has violated a taboo, sinned, or been cursed by God. In societies where belief in reincarnation is strong, impairment is often seen as direct evidence of past transgression in a previous life. Disabling inherited traits are sometimes viewed as a "family curse". Where disability is seen as a punishment, the presence of a disabled child may be something of which the family is deeply ashamed (Groce, 1990).

Disabling illnesses such as malaria or tuberculosis may also be attributed to an imbalance of elements (or humours) within the body. Found widely throughout Latin America and Southeast Asia in particular, this belief system again places the burden of responsibility for disability squarely on the shoulders of the affected individual, who must try to re-establish his own equilibrium, and by extension "good health". A permanently disabled individual who cannot be fully "healed" within this conceptual system may be perceived as existing in a continually "impure" or "diseased" state.

Finally, in some societies, witchcraft is strongly linked to disability. An individual who has been bewitched is presumed to be a victim but is not necessarily seen as innocent. The reason for the witch's curse is subject to public discussion; close association with such a person, it is believed, may place others at risk from witchcraft.

In all these cases, the social pressure and ostracism placed not only on the disabled child or adult, but also on his or her immediate and extended family may be enormous. Even when families are aware of the need for special services, they may be reluctant to participate in programmes, fearing that these will call attention to their relative's physical or intellectual limitations. Where blame is attached to disability, families who appear to be uncooperative or unenthusiastic about participating in programmes may be basing their actions on a much
broader set of social factors than programme coordinators have considered. For example, when the traditional belief is that an impairment "runs" in a family, or is evidence of divine retribution, a family with siblings of marriageable age may be more likely to hide a disabled member away so as not to lessen the chance of finding suitable mates for their other children. In many cases, parents and other family members may fear losing work, social status, or "face" should their child's condition become widely known.

These traditional beliefs do not necessarily disappear simply because somebody explains the way infectious or genetic inheritance works. For a strong believer, the issue is not how a disease spreads but why one particular person, of all those in the community, is the one affected. This is not to suggest that up-to-date information on impairments should not be provided to families and communities but it does mean that programme providers should continue to monitor how new information and ideas are integrated into the established community belief system (Groce, 1990).

**Eugenics**

Ideological legitimacy for the intensified oppression of disabled people that began in Europe during the eighteenth and nineteenth centuries can be found in the ascendant egocentric philosophies of the period, which stressed the rights and privileges of the individual over and above those of the group or state, in relation to property rights, politics and culture. "Scientific" authenticity was forthcoming in 1859 with the publication of Charles Darwin's On the Origin of the Species, which outlines his theories on the process of natural selection, the survival of the fittest, the notion that evolution is progress and that progress is inherently beneficial.

Out of the general tendency to apply Darwin's theories to human affairs emerged the eugenics movement in Europe. Concerned mainly with what they saw as racial degeneration through the birth of disabled children, the eugenicists reiterated ancient fears that disabled people were a serious threat to society. Eugenics theorists reinforced traditional myths that there were genetic links between physical and intellectual impairments, crime, unemployment and other social evils. The stated aim of the eugenicists was to improve the race by preventing the reproduction of "defectives" by means of sterilisation and segregation. In America in the 1920s and 1930s, sterilisation of the "mentally defective" became compulsory in a number of states (Barnes, 1991).

Eugenic ideals reached their logical conclusion during the 1939-45 war with the extermination of between 80,000 and 100,000 disabled people by the Nazis (Wolfensberger, 1980). But while outrage at the atrocities of Nazi death camps put an end to the overt persecution of disabled people in Europe, there remains tacit support for similar ideas among some sections of the population.
The advent of the Human Genome Project and the burgeoning practice of pre-birth genetic assessment, while offering in some cases the hope of cure or alleviation of life-threatening conditions, is experienced as a threat by many disabled people, who feel that the implication is that it would have been better if they had never been born.

**Expectations for Survival**

Not only is an understanding of the socially perceived causes of disability important, an accurate understanding of the traditional expectations about the health and well-being of disabled children as they grow is imperative. The persistent belief in many societies that more severely disabled children will simply not survive makes the allocation of scarce resources such as food and medical care to "healthy" children seem more reasonable to families. The withholding of these necessities turns cultural expectation into self-fulfilling prophecy. The more tradition-oriented the parents and the extended family, the more likely it is that these beliefs will influence their decisions in these matters.

**Traditional Roles**

Nor do problems end when the disabled individual survives early childhood. Where tradition dictates a few limited occupational roles for disabled individuals, the time, energy and expense invested in educating disabled children may be regarded by community members as unnecessary.

In many societies, the roles given to disabled individuals outside the home may be severely restricted. Begging is commonly reported cross-culturally and specific occupations such as pottery or rope-making, story-telling or singing, lift / elevator operator, telephonist or car park attendant are often specified for certain groups, such as blind people, within the larger disabled population.

Though a lack of formal education and occupational training can limit them, most disabled people can acquire as wide a range of skills (each human has particular aptitudes and limitations) and can contribute significantly within their households and family units. Indeed, there are probably few families which can afford to allow any but the most severely disabled of family members to remain idle. Particularly in rural areas, child-care, housekeeping, the growing and processing of foods and other household responsibilities done by disabled children and adults frequently make important contributions to the overall functioning of the family unit.

**Disability and Religious Beliefs**

Religion is often at the centre of community life. Many religious organisations give substantial support to disabled people and disability organisations worldwide. At
the same time, religious teachings dating from a particular historical and cultural context but embraced as timeless and universal, have provided some of the most negative attitudes towards disabled people.

Traditional conceptions of disability, for example, highlight the condition as being a punishment for past misdeeds. In the Buddhist collection of teachings Nihon Re Iki, which appeared in the 9th century, there is a story which describes how a disabled child that could neither walk nor feed itself by about 10 years of age was considered to be a reincarnation of a person to whom the mother owed a debt in a previous existence. It is interesting to note that such stories place the onus of the birth of a disabled child on the woman. Even in the KoJiki and the Nihonshiki, disablement was seen as a result of women's immorality and disrespect to the subservience of women to men.

The Shinto concept of purity leads to contempt for disabled people. Under this practice, all worldly sources of defilement such as contact with-death, sickness, childbirth and menstruation were avoided. Even today, the stigma of contact with death still remains. Disabled people came to be included in the category of hin-nin' or "non-people" (Shimizu, Matsuya, Ktazawa, 1985).

The laws of some Muslim countries inflict physically disabling punishments to fit a particular crime, such as amputation of a hand for stealing, which reinforces the supposed link between punishment and disability.

In Christianity, the parables are all based on disability as sin and the concept that if you have enough faith you will be cured. Obversely, as a non-disabled person, you are more likely to go to heaven if you are good to a disabled person (the Parable of the Good Samaritan). In the Old Testament, much of the book of Leviticus is devoted to a reiteration of the physical and mental perfections deemed necessary for all aspects of religious ritual (Leviticus 21:16-20). Indeed, only lately have people with intellectual impairments been allowed to receive some sacraments in the Roman Catholic Church (Barnes, 1991).

Judaism too has problems reconciling its teachings on disability with the reality of disabled people's lives.

**Language**

Often, words used by communities to describe disabled people reinforce negative attitudes. 'Kasiru' is a common term used by Ugandan society to refer to Deaf people. It means stupid. In the United Kingdom, the word "spastic", technically an adjective relating to muscular spasm, is used as a term of abuse among non-disabled people to mean someone who is clumsy, incapable or incompetent.

Changes in language occur over time, reflecting changes in attitudes. As attitudes
to women and to black people have changed, language attaching value judgements to race and gender has slowly disappeared.
POLITICAL ACTION

An analysis of the situation and experience of disabled people is incomplete without evidence of what has been, and is being done to remedy this worldwide human crisis of segregation, poverty and discrimination.

Below are documented a number of policies and programmes at all levels that support the equalisation of opportunities and the rights of disabled people. These are the actions and mechanisms that disabled people themselves consider effective. They have been put in place despite the prevailing ignorance and intolerance, and despite the fact that disability rates so low on all political agendas.

THE UNITED NATIONS

Although the Universal Declaration on Human Rights (1948), the International Covenants on Civil and Political Rights, and on Economic, Social and Cultural Rights (1966), the conventions outlawing discrimination on the grounds of race (1965) and against women (1979) do not specifically target disabled people, clauses stipulating that they include "all people" without exception imply that disabled people are included.

These documents have rarely been used to support disabled people's rights, because of the traditional view of them as objects of welfare and service provision, rather than people whose rights need to be defined and upheld.

In 1971, the United Nations recognised the rights of mentally retarded [sic] persons in a Declaration, which was followed in 1975 by a Declaration on the rights of all disabled persons. These Declarations were the first international documents to specifically acknowledge that disability is a human rights issue. The United Nations then recognised that there had to be a considerable advance in awareness to ensure that these newly defined rights were assured.

The International Year of Disabled Persons in 1981 was the first conscientising effort. The Year's objective was the "full and equal participation of disabled persons in society", which was repeated in the 1982 World Programme of Action concerning Disabled Persons (WPA) giving member states recommendations on how to implement the right to full and equal participation.

The WPA has the stated principle and objective that disabled people are the experts on their own lives and should be consulted about all policies and programmes that directly affect them. The Programme reflects the belief that it is through their own direct experience that disabled people have provided the best solutions to ensure their integration in society.
The production of the WPA, which was written in close collaboration with disabled people and their organisations, gave the United Nations a clearer picture of what needed to be achieved. As a result, the United Nations Decade of Disabled Persons (1983-1992) was launched. Progress during the Decade was slow but saw considerable development of disabled people's organisations at all levels and a growth in understanding of the rights element to disability.

Reflecting this assessment of disability as a human rights issue and the experience of the Decade, the United Nations General Assembly, at the Special Plenary Sessions to mark the end of the Decade in October 1992, declared that 3 December each year would be the International Day of Disabled Persons. The United Nations Commission on Human Rights passed a resolution appealing to member states to observe the Day, declaring its objective to be "the achievement of the full and equal enjoyment of human rights and participation in society" by disabled people. The Third Committee of the General Assembly later adopted the United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities on 28 October 1993.

The Standard Rules were developed on the basis of experience gained during the Decade. The International Bill of Human Rights, the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, as well as the World Programme of Action, form the political and moral foundation of the Standard Rules.

The Rules do not have the full force of international law and they are not anti-discrimination legislation. There is still no binding international instrument, such as a convention, for disabled people; although a Special Rapporteur has been appointed, the post has very limited funding.

Although they are not compulsory, the Standard Rules can become international customary rules when they are applied by a large number of States. They imply a strong moral and political commitment on behalf of States to take action for equalisation of opportunities. Important principles for responsibility, action and cooperation are included. Areas of importance for disabled people's quality of life and for the achievement of full participation and equality are highlighted. The Rules offer an instrument for policy-making and the basis for technical and economic cooperation among States, the United Nations and other international organisations.

**UNITED NATIONS AGENCIES**

The United Nations agencies have played a substantial role in the international disability field. Throughout the Decade, annual inter-agency meetings allowed discussion of policy and programmes between the agencies and the international non-governmental organisations related to disability. These meetings raised the
priority of disability programmes within the agencies and stimulated action. The exchange of information and the networking that took place were as valuable as many of the programmes themselves. Indeed, it is regrettable that these meetings have been discontinued. The agencies have also produced important international instruments in specific areas.

International Labour Organization

ILO Convention Concerning Vocational Rehabilitation and Employment (Disabled Persons), 1983, and ILO Recommendation Number 168 Concerning Vocational Rehabilitation and Employment (Disabled Persons), 1983 were the first instruments to stress the right to equal opportunity to work for all disabled people.

World Health Organization

WHO Declaration of Alma Ata, 1978 recognised the right to Health for All and the importance of promotion of community-based projects. Of particular importance was the recognition by the World Health Organization that building costly tertiary care systems devastated countries financially and had no impact on overall disease patterns.

United Nations Educational, Scientific and Cultural Organization

Three UNESCO instruments are of relevance to disabled people. UNESCO Convention Against Discrimination in Education, 1960 states that special education should provide similar standards and use similarly qualified staff as regular provision. The Sundberg Declaration, 1981 proclaims that every disabled person must be able to exercise his or her fundamental right to full access to education, training, culture and information.

The Salamanca Declaration, 1994 provides principles, policy and practice in special needs education, with the objective of full equality and integration for disabled children.

United Nations Children's Fund

UNICEF has been the focal point for pushing forward the Convention on the Rights of the Child, 1989, which makes specific reference to the rights of disabled children.

United Nations Development Programme

UNDP, through its affiliate IMPACT, was responsible for the two Leeds Declarations, 1981 and 1992, which clearly outline the need for preventative
measures, recommend action, and set well-defined targets.

INTERNATIONAL NON-GOVERNMENTAL ORGANISATIONS

International non-governmental organisations (INGOs) directly representing disabled people began to take political action at the international level in the early 1980s, with their contributions to the International Year of Disabled Persons and the formation of the World Programme of Action concerning Disabled Persons.

As the voice of disabled people, the experience and knowledge of the INGOs have provided a pioneering influence, whether on general human rights issues or on the special perspective of a particular impairment group. The INGOs have developed their membership, strengthening organisations of disabled people at national and local level worldwide, and have worked together on a number of important projects, sharing their resources and expertise.

For the World Summit on Social Development, a joint position paper has been drawn up by Disabled Peoples' International, the World Federation of the Deaf, the World Blind Union and the International League of Societies for Persons with Mental Handicap.

Its main points are:

- Social policy should be formulated, developed and implemented with the leadership involvement of the people that such policy is designed to help. Representatives of international organisations of disabled people should be officially involved at the highest level of decision-making at every stage of the planning and implementation of the Social Summit.
- Consideration of the situation of disabled people should not be limited to any special subcommittee or sub-meeting, but should be an integral component of every agenda item and event.
- Representatives of authentic self-advocacy oriented national and international disability community NGOs should be given funding and other assistance necessary to enable them to participate in the planning of the Summit, and the Summit itself. This is particularly important in the case of representatives of disabled people in developing nations.
- Participating nations should be encouraged to include in their delegations to the Summit disabled people who are authentic representatives of the disability communities of their nations.
- Every social policy recommendation of the Summit should be in total harmony with certain fundamental principles: legally mandated equal rights; the development of social services and environments that empower all people to be fully proactive, fully equal, fully productive participants in every aspect of their cultures; self-determination in the development and operation of integrative social services.
It is clear that the development of these organisations, their unity of purpose and continued political involvement at all levels will be an important element in the achievement of equality of opportunity, integration and full human rights for disabled people.

REGIONAL ACTION

How regions organise themselves politically varies but all have some mechanism which sets and monitors standards of behaviour for governments. Particularly in the last few years, there has been a greater recognition that the rights of disabled people should be included in those mechanisms.

Africa

The African Charter on Human and Peoples' Rights, 1986 follows most international human rights instruments but specifically states in Article 18 that elderly and disabled should have the right to special measures of protection.

Asia-Pacific

The United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) has played a pivotal role in social progress within the region, expanding its membership to 58 member and associate member governments, covering the entire region.

Recognising that not enough had been done to protect the rights of disabled people during the United Nations Decade, ESCAP proclaimed 1993-2002 as the Asian and Pacific Decade of Disabled Persons. This Decade has not been proclaimed in a vacuum but is the result of collating national policies as a background to a programme of action.

Europe

Europe is unique among the regions in having a democratically elected sub-regional body - the European Union, with its Commission and Parliament, which has powers of direction over member states.

The European Convention for the Protection of Human Rights and Fundamental Freedoms, 1953 does not specifically include disabled people; nor does it exclude them. However, European Union policy did not, until 1994, include disabled people except as recipients of social rehabilitation.

In 1993, the European Union adopted the International Day of Disabled Persons as a European Day. A parliament of disabled people was held in the hemicycle of the Parliament building in Brussels on 3 December 1993, during which a series of
resolutions were adopted on the human rights of disabled people.

These were ratified by the European Parliament itself and a commitment to implementing the Standard Rules, finding mechanisms for implementing Europe-wide anti-discrimination legislation and including non-discriminatory measures for disabled people in the 1996 Treaty were included in the White Paper on Social Policy of 1994.

**The Americas**

The American Convention on Human Rights was agreed in 1969 in accordance with, among others documents, the Charter of the Organisation of American States. This Convention includes a Commission for monitoring, evaluating and supporting petitions. An additional protocol of 1988 ensured that disabled people were included in all areas of the Convention.

**NATIONAL ACTION**

The World Programme of Action requested that member states establish well-functioning and effective national committees or similar bodies to attain the objectives outlined in the Programme. However, relatively few countries have established or maintained such bodies.

The WPA also recommended that member states examine suitable legislation to define and protect the rights of disabled people. Traditionally, legislation in the disability field, where it has existed at all, has focused on rehabilitation and the right to benefits. In the last 20 years, starting in Canada, this has begun to change to focus increasingly on the outlawing of discrimination against disabled people. Acceptance of disability as a human rights issue at international level has meant that effective, comprehensive national legislation is increasingly seen as a priority:

"The Special Rapporteur shares the view that anti-discrimination legislation, particularly when it refers specifically to disabled persons, is an appropriate way of combating certain reprehensible attitudes, particularly insofar as it affords the possibility of suing owners of bars, hotels and other public premises who have practised discrimination and to bring claims against national or local authorities whose officials have been guilty of discrimination" (Despuoy, 1993).

A brief survey of recent legislation follows. It is not comprehensive but covers various approaches.

**Australia**

In 1993, Australia passed the Disability Discrimination Act at federal level, which
appointed a Disability Discrimination Commissioner to the Human Rights and Equal Opportunity Commission. The Act is comprehensive anti-discrimination legislation covering people with all impairments or a history of impairment. It has an enforcement mechanism through the Commission but the burden of proof is on the disabled people. Each state of the Commonwealth of Australia has its own legislation on access and provision of services. These laws vary in their effectiveness.

Canada

Canada was the first country in the world to support equality for citizens in its Constitution. The Canadian Charter of Rights and Freedoms says that "every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability".

The Canadian Human Rights Act says that "every individual has an equal opportunity with other individuals to make for himself or herself the life that he or she is able and wishes to have ... without being hindered in or prevented from doing so by discriminatory practices based on race, national or ethnic origin, colour, religion, age, sex, marital status, family status, disability or conviction for an offence for which a pardon has been granted". The Act sets up a Human Rights Commission for complaints about discrimination.

In 1980, Ontario was the first province to say that every child, whatever its impairment, is worthy of an education appropriate to his or her particular needs. In 1976, New Brunswick included disabled people in its human rights legislation. By 1984, all 10 provinces had made legislation to extend human rights protections to disabled people.

Unfortunately, there is no mechanism for enforcement of these laws, except through individual legal action by disabled people.

Germany

Disabled people were included in the new German Constitution (Article 3 of the 1994 Grundgesetz). Article 3 is the equal protection clause, stating that:

- all human beings are equal before the law
- men and women are equal
- there shall be no discrimination based on race, language, nationality, social origin, beliefs, religious or political opinion, disability.

The Constitution regulates the relationship between the state and the individual. As a general rule, constitutional rights have no effect on private contracts or
other civil and private relationships. The inclusion of disabled people in the Constitution did not actually change the law. It repeated what had already been the general legal opinion (expressed by the Supreme Constitutional Court and legal theorists) and puts no requirement on providers of services or utilities to make reasonable accommodations to end discrimination.

**Hong Kong**

In July 1994, the Hong Kong government announced plans to introduce comprehensive legislation to outlaw unfair discrimination against disabled people. Harassment and vilification of disabled people will also be outlawed. Disabled people will have redress to an Equal Opportunities Commission if they believe they are the targets of discriminatory practices. The legislation will cover people diagnosed HIV positive and people with AIDS.

The proposed legislation would contain provisions to cover discrimination at work, in recreation and education, housing, access to and use of buildings. But it would not impose general requirements on employers to provide more jobs or better facilities to disabled people. "Unjustifiable hardships" and the "inherent requirements" of a job can be used as exemptions.

**Libya**

Libya has the People's General Congress LawNumber 3 of 1981 on Disabled Persons, stating that every disabled person is entitled to housing, care services at home, prostheses and appliances, education, rehabilitation, employment, exemption from income tax, accessible public transport, buildings and resorts, and exemption from custom duties on imported appliances.

**Nepal**

Introduction of the Disabled Protection and Welfare Act 1982 was a major step by the Government of Nepal in line with its commitments made during the International Year of Disabled Persons. The Act is comprehensive and has 25 headings, dealing with the political and socio-economic needs of disabled people. The Preamble of the Act states that, to enable disabled people to participate as active and productive citizens, provisions will be made to protect their welfare through prevention of impairment, health education, training facilities and employment opportunities, and by defining a fundamental right to equality (ESCAP, 1993).

**New Zealand**

There were many changes in New Zealand during the United Nations Decade of Disabled Persons. Laws were passed dealing with access, television subtitles,
attendant care and the development of the Disabled Persons Assembly. The Employment Equity Act of 1990 meant that the government had to set up a Working Party to look at barriers which prevent women, ethnic minorities and disabled people from taking part in employment.

On 1 February 1994, the Human Rights Act was passed, which is enabling, enforceable, comprehensive legislation covering discrimination on the grounds of race, gender and impairment, ensuring that providers of public service facilities make reasonable accommodation against discrimination.

**Philippines**

The Government of the Philippines has a comprehensive national disability policy establishing a coordinated approach to disability. It has adopted a five-year Plan for Disability Prevention and Rehabilitation incorporating the programmes of both the government and private sectors (ESCAP, 1993).

The Magna Carta for Disabled Persons (Republic Act No. 7277) was enacted on 24 March 1992 and is considered the centrepiece of Philippine efforts to protect and promote the interests of disabled people. The Act provides for "the rehabilitation, self-development and self-reliance of disabled persons and their integration into the mainstream of society". It lays down very clearly the principles for giving rights and privileges to disabled people and also serves as a framework for future legislation to realise the goals of "full participation and equalisation of opportunity".

It provides special privileges for disabled people and gives incentives to those who employ disabled people. It prohibits discrimination against disabled people in employment, transportation services, use of public facilities and provides for rehabilitation efforts, self-development and self-reliance to enable disabled people to integrate into Philippine society.

A distinctive provision in the 1987 Philippine Constitution recognised the needs and rights of disabled people: "The State shall establish a special agency for disabled persons for their integration into the mainstream of society." The National Commission Concerning Disabled Persons was named as an all encompassing consultative forum advising and coordinating all matters pertaining to the welfare of disabled people.

Also embodied in the Philippine Constitution are significant provisions relevant to the needs of disabled people, such as:

- The right of disabled persons to vote without the assistance of other persons.
- The selection of a sectorial representative for disabled persons.
• A comprehensive approach to health development which makes available essential goods, health and other social services to all people, with priority given to the needs of the underprivileged including disabled persons.
• The right to participate in all levels of social, political and economic decision-making.
• The protection of rights of all citizens to quality education at all levels. This provided impetus to education programmes for special groups and for free public education for disabled students at both the elementary and secondary levels.
• The provision for vocational skills training for disabled persons along with adults and seniors and of school-aged youth.

The Batas Pambansa 344 (also known as the Accessibility Law) requires installation of special parking spaces, ramps on doorways and stairs, bars in public toilets and other assistive devices for disabled people. The White Cane Act declares 1 August each year as White Cane Safety Day. In 1984, the Philippinong Maykapansanan, Inc. (Disabled Filipino, Inc.) was organised as the first national organisation of disabled people. It was replaced in 1990 by the Kapisanan ng mga Maykapansanan sa Pilipinas, Inc. (Organisations of Disabled Persons in the Philippines).

**Thailand**

During the United Nations Decade there was a concerted attempt by the Government of Thailand to draft the Welfare and Rehabilitation Law for the Disabled. Components of the draft were carefully reviewed by the concerned authorities at different levels. This piece of legislation was enacted on 25 November 1992.

The legislation establishes a Commission for Rehabilitation of Disabled Persons, a registration scheme for those entitled to services. These services include medical and educational services, including advice and consultation about employment, and legal advice.

Employers are required to accept disabled people as employees. If they do not want to accept disabled people, they must pay into the Rehabilitation Fund. Employers who accept disabled people as employees are allowed to deduct from their income double the amount of the wages paid to these employees. Similarly, owners of buildings, vehicles and other public services who have added equipment to facilitate mobility or communication for disabled people will have the right to deduct double the amount of the expenditure for these purposes from their net income, or the net income of the year in which expenditure occurs, for tax purposes (ESCAP, 1993).
United States of America

In the United States of America, many states have adopted their own human rights, equal opportunity and protection laws. They have used the example of civil rights legislation passed by Congress, particularly the 1964 Civil Rights Act and the 1973 Rehabilitation Act, which makes discrimination by federally-funded schemes or organisations against "otherwise qualified handicapped persons" illegal.

The Federal Department of Health, Education and Welfare decided that new legislation was needed to change programmes and services, in order to break down the barriers that exist for these "otherwise qualified handicapped persons.

At the federal level, which automatically affects all states, laws have been drawn up which, for the first time, affect the private sector as well as the public sector. This is the Americans with Disabilities Act (ADA), which came into force in 1992. It extends the 1964 Civil Rights Act protecting women and ethnic minorities to 43 million disabled Americans. Anyone connected with disabled people, for example a partner or relative, is also protected.

The Act covers four areas - employment, public services (including transportation), private sector "accommodations" and services for disabled people's needs, and telecommunications.

Employment:

the Act stops US employers from discriminating against "a qualified individual with a disability". They are expected to make "reasonable accommodation" for disabled employees, such as making existing facilities accessible, allowing part-time work, getting or changing equipment, providing training materials or policies and qualified readers and interpreters.

Public services:

the Act says that "no qualified individual with a disability shall, by reason of or such disability, be excluded from participation in or be denied the benefits of the services, programmes, or activities of a public entity, or be subjected to discrimination by any such entity".

To make public transport accessible, there are long and complicated provisions which require bus, train and coach operators to meet the needs of disabled people, including those who use wheelchairs, on all routes. The service provider can, however, escape the duty if it will mean "an undue financial burden", or if it isn't possible for technical reasons.
Private sector services:

The Act says that private sector service providers are those who provide services or goods to the public, although they are privately owned and run. This includes shops, cinemas, restaurants and schools.

This section of the Act lists the discriminatory acts or non-acts which are now unlawful. Denial of participation, limited participation and unjustified segregation of services are outlawed. There are bans on unnecessary screening practices; failure to change the service to make it available to all; failure to remove architectural barriers or to provide appropriate "auxiliary aids", such as qualified interpreters.

Telecommunications:

The Act says that telecommunications equipment must be changed so that it can be used by hearing-impaired and speech-impaired people.

Congress believes that the Americans with Disabilities Act will eventually pay for itself:

preventing employment discrimination will raise tax revenues and lower welfare payments; making sure that goods and services denied to disabled people in the past are now accessible will create new consumer groups and benefit the national economy.

This process is underway, with thousands of new products and services on the market and many more disabled people in employment.

Zimbabwe

The Zimbabwean Disabled Persons Act of 1992 provides for the welfare and rehabilitation of disabled people and aims to achieve equalisation of opportunities to make sure that disabled people have all community and other services.

The Act established a Director for Disabled Persons’ Affairs, who works with ministries and local authorities to put the Act into practice.

The Act also sets up a national disability board, of the Director, ministers and representatives of disabled people’s organisations. One of the aims of the Board is to draw up policies that will:

• bring about equal opportunities for disabled people, by making sure that they have education and employment, can take part in sporting, recreation and cultural activities, and have full access to community and
social services
• help disabled people to lead independent lives
• prevent discrimination against disabled people as a result of their impairment
• encourage employment for and income generation schemes by disabled people
• provide orthopaedic appliances
• generally improve the social and economic status and condition of disabled people.

The penalties for discrimination as outlined in the Act can be a fine of up to $4,000 and/or imprisonment for up to a year.
PRACTICAL ACTION

The practical solutions cited in this section come from all over the world and have made a profound difference to disabled people. They are only a tiny sample of the successful work being done; the intention is not to be all inclusive.

Analysis of successful models of working can provide principles for overcoming obstacles to disabled people's enjoyment of their rights. The evolution of these principles gives a clue to success in fields outside disability: disabled people themselves have formulated and evaluated these principles through their own direct experience; they have been directly involved in transforming policy into practice.

Each one of these solutions affects disabled people at a local level, is appropriate, cost-effective and empowering. They are projects where any resources involved support disabled people and are not used for expensive buildings or funding hierarchies of professionals or administrators.

I. INCOME GENERATION

Income generation is the solution to poverty for individual disabled people and for the state. Through projects that generate a livelihood for individuals, disabled people are able to contribute to the economy of the community. As the following examples indicate, income generation projects bring improvements to all aspects of disabled people's lives. They increase skills, allow social interaction, give a new role and status to disabled people within family and community. They require funding to start and expand but returns are considerable, not just in financial terms.

Self-Help Association of Paraplegics: Soweto, South Africa

Need:
A large number of people were disabled in the struggle against apartheid in South Africa.
Before 1981, welfare practice for people in Soweto with paraplegia was to give them a meagre disability pension and a wheelchair, then close the file. Disabled people had little chance of survival in such an inaccessible and hostile environment, let alone a decent standard of living.

Solution:
In August of 1981, eight individuals with paraplegia, under the leadership of Friday Mandla Mavuso, rebelled against the system, launching the Self-Help Association of Paraplegics (SHAP). They reasoned that a gainfully employed disabled person would be in a stronger position to help him or herself in all areas of life. They decided to operate a factory employing only disabled people, doing
work on a sub-contract basis for industry. In consultation with their fellow disabled people, they devised the concept of the self-help factory, a business development project creating employment for disabled people.

With start-up funding from corporations and trust funds, the first SHAP Centre opened its doors in late 1983, and the second in 1989. They decided to operate a factory employing only disabled people, doing work on a sub-contract basis for industry. They found that, if you know where to go, sponsors are relatively available for building, equipment and vehicles (in that order), and to a lesser extent, for cash. SHAP has found markets for its products and services in the traditionally conservative mining industry, in medium-sized South African companies, among small business people, as well as multi-national corporations eager to become involved with developing black businesses.

The SHAP factory now employs 150 disabled people with differing impairments to do packaging and assembly work, manufacturing protective clothing and sewing products, and repairing sophisticated mechanical and electronic devices, such as cameras and calculators.

All administrative and supervisory positions are held by disabled people. SHAP operates on strict business lines, where price, quality and service are the only determinants of success, and staff participation is determined only by the ability to produce.

Today, SHAP only seeks funding from the community for capital projects and in support of its partially self-funded service programmes on education, health, transport, recreation and housing. These programmes grew out of the expressed needs of SHAP members.

SHAP is not just an employer. It provides work for its employees but it also provides a sense of community, emotional support and a glimmer of hope in an otherwise desperate situation.

SHAP’s success has been widely publicised by the media. The self-help factory concept has fired the imagination of disabled people throughout South Africa and its leaders have been approached for advice on how others might also organise themselves to undertake a similar self-help venture. SHAP now gives freely of its time and experience to some 30 emergent groups around the country in township and rural situations from KwaZulu to Cape Town who are seeking to emulate the SHAP example within their own circumstances.

Control of the project is vested in the management committee, which is made up of a majority of disabled people elected by the members of the self-help organisation, all of whom are themselves disabled people. There are no shareholders and any profits derived from the factory’s activity are put back into the
business or used to fund service programmes in the interests of the members, e.g. transport, education, health, recreation, etc. The project is, therefore, owned by the constituted Association rather than the members, although the members typically develop a strong "sense of ownership".

**Outcomes**
- More than 150 disabled people employed.
- Building up markets.
- Support services.
- Social amenities.
- Transport.
- Growth potential.
- Setting an example.

**Problems**
- Civil unrest and curfew difficulties have created difficulties in fulfilling orders on time.
- Funding for expansion.

**Reasons for Success**
- Empowerment of disabled people in particularly difficult circumstances.
- Self-sufficiency.
- Disabled people providing support services.
- Group solidarity.

**Kampala Disabled People's Business Association: Uganda**

**Need:**
To provide an alternative to begging for disabled people.

**Solution:**
In April 1989, a large number of disabled people who made their living by begging were told by Kampala City Council that they would no longer be able to beg on the streets of the city. The disabled beggars got together and agreed that they would not conform to the "clean up" of the city streets without something in return. After persuasion, the Council decided to offer the disabled people an alternative. It made a small plot of land next to the main Kampala bus park available to them. Eighty disabled people formed the Kampala Disabled People's Business Association (KDPBA).

In the last six years, the small plot of land has developed into a thriving "university of small business". The KDPBA now leases plots to other business people, including a catering co-op which provides food as well as 'rent. The Association has over 200 members, is involved in sporting, theatre and disability
rights activities, and runs a very successful rotating loan scheme. Members now pay tax and contribute to the community’s economy in a number of other ways.

**Outcomes**
- Income generation for over 200 people.
- Social and political activity.
- Loan scheme.
- Highly visible integration of disabled people into community life.

**Problems**
- None specified by participants.

**Reasons for Success**
- Local solution to local need.
- Empowerment of disabled people.

**RESCU: Bulawayo, Zimbabwe**

**Need:**
To provide employment for disabled people unable to obtain it elsewhere.

**Solution:**
RESCU is a project started 25 years ago by parents of intellectually impaired children to provide employment for young men and women who were not being employed elsewhere. Through fund-raising efforts a number of workshops have been completed, occupied and paid for. From small beginnings, these workshops have expanded. Since 1988, they have manufactured Hotchkiss wheelchairs and other technical aids and appliances and sold them to a rapidly expanding market. RESCU employs 70 disabled people, all of whom earn slightly above the minimum wage. Two-thirds are people with intellectual impairments; the rest have physical or sensory impairments. There are seven instructors, five of whom are disabled people. Over 20 of the male employees were homeless, so RESCU purchased a nearby hotel which has been converted into a hostel.

Every effort has been made to run the workshop as a commercial concern and to improve design and marketing. At a recent conference of disabled people in Zambia, at which RESCU exhibited, they received enough orders to pay their staff for three months.

**Outcomes**
- Empowerment of disabled people, particularly those with intellectual impairments
- Accessible housing.
• Potential for growth

Problems
• Lack of information on technical advances.
• Funding for expansion.

Reasons for Success
• Self-help, collective ethos.

II. COMMUNITY-BASED SERVICES

In 1981, the World Health Organization Expert Committee on Rehabilitation defined Community-Based Rehabilitation (CBR) as an approach which "involves, utilises and builds on existing resources in disabled persons themselves, their families and communities" (CBR News, 1989). Since then, experiments, research and much time and effort have gone into exploring exactly how this strategy can work in a variety of settings in a variety of countries.

CBR is based on the concept of community development: when individuals are empowered to take action to improve their own lives, they become contributors rather than a drain on depleted or scarce resources and the entire community benefits.

For example, a road that is improved to help villagers who use a wheelchair or scooter for mobility also helps people who ride bicycles, delivery people who use animals to carry heavy loads, and elderly people who have difficulty seeing and walking. An improved system of early detection of impairments ensures that children who might, through neglect, be more severely disabled are identified and treated as early as possible and to the fullest extent possible, thereby utilising fewer of the scarce community resources. The visibility of these children helps them to become "salespersons" to the parents of children who might not otherwise search for help.

CBR has a grassroots, collective ethos and operates in different ways in different parts of the world. Projects provide far more than rehabilitation in the tradition sense. They are revolutionary in effect, touching every aspect of disabled people's lives.

PROJIMO: Ajoya, Mexico

Need:
The health initiative Project PLAXTLA, which led to the formation of PROJIMO, began in 1965 in the mountains of western Mexico. At that time, 34 of every 100 children died before the age of five. (Today, 5-7 in 100 die.)
In most third world countries, people with spinal cord injuries usually die within one or two years of becoming paralysed: nursing care and rehabilitation are inadequate in most hospitals, where patients often develop pressure sores and urinary tract infections; the aids and appliances necessary for integration, and indeed any quality of life, are unavailable. They are sent home with little or no instruction on how to prevent or manage common but life-threatening problems. People with quadriplegia and paraplegia tend to remain totally dependent on their families. They die, sometimes slowly, sometimes more speedily, from boredom and infection.

**Solution:**
The Programme of Rehabilitation Organised by Disabled Youth of Western Mexico - better known as Project PROJIMO - was started in 1981 as a rural CBR programme run by disabled villagers to serve disabled children and their families. It is based in Ajoya, a small mountain village reached only by a three-hour truck drive through bumpy and bandit-ridden terrain. When news about PROJIMO's successes spread, people with a variety of impairments, and in particular spinal cord injuries, began to show up from every corner of the country. After rehabilitation, many chose to stay on to help others.

During the last few years, PROJIMO has changed - in response to changing needs - to become a haven for physically and socially damaged young adults, many with spinal cord injuries resulting from Mexico's expanding subculture of alcohol, drugs and violence.

"PROJIMO changes lives." Project PROJIMO is the last stop for many families. They have spent months, and most of their money, seeking treatment and rehabilitation. They have nowhere else to go. PROJIMO provides an alternative, a programme run by, and for, disabled people. Disabled children and adults see other disabled people managing their rehabilitation, see them working, supporting their families and are given renewed hope. Cost-effective solutions to rehabilitation problems are found by disabled people themselves.

The PROJIMO grassroots self-help approach serves as an inspiration and model for groups of disabled people, parents and health workers worldwide. The manual, Disabled Village Children, by PROJIMO founder Dr. David Werner grew out of the PROJIMO experience and is in use in at least 13 languages. It contains over 4,000 line drawings and 200 photographs which help make the information clear even to those with little formal education.

PROJIMO has run courses on an informal basis for a long time but in the last two years this has become more formal and more intensive, covering issues such as wheelchair-building, disability rights, sexuality, organisation and administration. New leaders are trained for PROJIMO and for other programmes.

Two spinal cord injured young women who came to PROJIMO in its early years
have become the leaders of the Programme. This is a strong point for PROJIMO. Indeed, in a macho society, it is extremely unusual.

An independent evaluation of Project PROJIMO in 1985 observed that 95 per cent of parents of children receiving rehabilitation gave the programme high ratings. Eighty per cent of parents felt they had a good understanding of the physiotherapy exercises. Eighty-five per cent felt more hopeful concerning their child’s future after attending the project.

The evaluation recorded that the majority of clients felt "improved", "less dependent", and more integrated into society". In the evaluation of 43 clients, 21 per cent were judged "not to have improved", 35 per cent saw "little improvement", while 28 per cent were judged to have "moderately improved", and 18 per cent to have "markedly improved" (Villegas, 1985).

**Outcomes:**
- Services and rehabilitation available to disabled people in rural areas.
- Services for the poorest disabled children.
- World recognition of CBR through the manual Disabled Village Children.

**Problems:**
Ajoya is on the drugs trail and families are frightened for their own and their children’s safety. Disabled leaders do not always make way for new leadership.

**Reasons for Success:**
- Self-help ethos.
- Keeping families together.
- Empowerment of disabled people.
- Those who understand the need are discovering and defining the solution.

**Community-Based Rehabilitation in Zanzibar**

**Need:**
To reach isolated disabled children to aid their rehabilitation and facilitate their integration.

**Solution:**
The Zanzibar association of disabled people, Umoja Wa Walemvu Zanzibar (UWZ), has a CBR programme. The team includes disabled and non-disabled people and consists of a physiotherapist, community nurse and rural health assistants who are all paid and seconded by the government. The programme has a CBR committee consisting of disabled people, parents, members of the CBR team and local government officials. The programme focuses on disabled children, providing home visits and playgroups. Mobility aids are made locally, either by local carpenters with design
help from the rural health assistants, or in the city hospital at Zanzibar which has a workshop.

Although a part of UWZ, the CBR programme is run separately and appears to have a small stake in the rest of the organisation, whose main focus is income-generating projects for disabled people. It was set up as a pilot initiative with the hope that the government would use it as a model for a nationwide strategy. Though it provides the main financial support, in the form of transport and personnel, the government has not yet found the impetus to create a nationwide programme.

To a certain extent, parents have begun to take over the running of the playgroups and an attempt has been made recently to encourage parents to volunteer to carry out home visits when the programme begins to expand into new areas.

**Outcomes:**
- Disabled children in six villages have rehabilitation and can look to an empowered future. Involvement of the whole community.

**Problems**
- Despite its success, the government is not extending the project.

**Reasons for Success**
- Organisations of disabled people working directly with government departments. Working with the whole community.

**Loneliness dominated the life of Ramadhani, son of a peasant family at Dole, 20 kilometres west of Zanzibar Town.** For him, life meant staying indoors. Occasionally, he sat or lay outside his home watching other children on their way to and from school. While they ran up and down while playing different games, Rama played the role of a spectator. The launching of the CBR programme in Dole marked the start of a fresh drive to liberate Rama from a world of loneliness. With the help of the CBR workers, fresh efforts were made to help Rama stand up and move. After weeks of concentrated rehabilitation, Rama managed to stand up with the help of parallel bars which were locally made. Today, Rama is an active participant in the day-to-day activities of his home and the surroundings. He walks three kilometres up and down to school, either alone or in the company of colleagues.

**IMPACT India**

**Need:**
To prevent the rising number of impairments in the slums of Bombay, caused by disease, poverty and malnutrition. Twenty-five per cent of impairments in India
are caused by vaccine-preventable diseases.

**Solution:**
IMPACT India is a national foundation set up through IMPACT, an international initiative against avoidable disablement, and sponsored by WHO, UNICEF and UNDP. IMPACT India has a board of trustees consisting of leading Indian business people, medical professionals and fund-raisers. Working to policy guidelines based on community action, in 1986 their objective was mass immunisation against six childhood diseases in the urban slums and squatter camps that are home to 10 million people in Bombay.
Using film stars and ceremonial elephants, posters, "shouting rickshaws", trade union networks and radio announcements, street theatre, puppet shows and students going from house to house, parents were encouraged to bring their children for immunisation at local wayside centres. Local companies provided trained staff, transport and vital materials. The only costs involved were associated with the vaccines. An attendance rate of 20 per cent was achieved. Every year, in February and March, there is a "top-up" campaign for children under three.

In 1987, there were 1,052 reported cases of polio. By 1992, the figure had dropped to 206.

All children seen were checked for other conditions, such as rickets and the after-effects of polio, and help was given on the spot where possible.

The long-term aim is to ensure sustainability through identification of newborn babies, 99 per cent of whom are born in hospital. IMPACT has developed and run an innovative computer system which matches birth records and immunisation of the child with health workers near the child’s home. Two hundred thousand children are born in Greater Bombay every year. Eventually, a valuable database will be available for all health and rehabilitation programmes.

**Outcomes:**
- Seventy per cent immunisation rate.
- Knowledge of health and immunisation among a wide section of the community.
- Sustainable action.

**Problems:**
Keeping the vaccine cold is always difficult when refrigeration is not available.

**Reasons for Success:**
- Commitment from IMPACT.
- Involvement of the wider community.
- Cost-effectiveness.
III. APPROPRIATE TECHNOLOGY

The basic premise for community-based services and Independent Living applies to appropriate technology: disabled people are involved at all levels in policy-making and service-provision. Through technology programmes, they not only get appropriate appliances for their individual use but also employment - not "sheltered", poorly-paid employment but dignified, useful work in a supportive environment.

Naturally, all technology should be appropriate to individual use and to the environmental context. It should take into consideration the socio-economic, cultural and technical aspects of the whole community. There are now a huge range of organisations producing technological support for disabled people. This work is enormously important in liberating and improving the lives of disabled people, and in providing models for work worldwide.

Jaipur Foot: India and Worldwide

Need:
There is a need for prosthetics in all parts of the world. Loss of limbs is caused by disease, accident, warfare and the indiscriminate use of landmines. Several western agencies, employing western technology, have tried to provide artificial limbs to people, particularly to the large numbers injured by landmines. But these efforts have made little impact on the situation, despite considerable sums of money being spent. This has been due to inappropriate design and materials and a lack of understanding of the social and cultural needs of the people affected.

Solution:
The Jaipur Foot, designed in India, provides an alternative. It is appropriate to disabled people's needs, can be produced locally, using local skills and materials. It can be sustained without the aid agencies and can survive both urban and rural use.
The Foot has been developed over the last 20 years by Dr. P. K. Sethi, an orthopaedic surgeon, in Jaipur, India. He found that the traditional western-designed limbs were unsuitable for the needs of people who walk bare-foot and need to squat or sit cross-legged. Dr. Sethi developed his design by listening to disabled people themselves about their needs. The Jaipur Foot was developed to suit rural third world amputees and to enable them to return to their vocations and lifestyle. It can also be used by people in urban areas with amputations. The Jaipur Foot is simple to produce; uses inexpensive and freely available local materials and skills; is' aesthetically excellent; is strong, flexible and waterproof, is versatile and can be worn with or without shoes; can be sustained without long-term external aid. Transfer of the necessary skills is simple and mobile units can make and fit limbs in remote villages.
Outcomes:
More than 10,000 limbs are currently being fitted annually in India alone, and thousands more in Sri Lanka, Bangladesh, Honduras, El Salvador, Nicaragua, Kenya and Cambodia. It has been used successfully by more than 100,000 people in many countries in Asia and Latin America. Disabled people who have benefited from the Jaipur Foot have had access to opportunities to increase their participation in the economic and social life of their communities.

Reasons for success:
• Appropriate technology meeting the practical, social and economic needs of people with amputations in developing countries.
• Disabled people involved in design of their own rehabilitation aids.

Wheeled Mobility Center: International Wheelchair Program

Need:
Twenty million disabled people in developing countries need wheelchairs but less than one per cent own or have access to them.

Solution:
The Whirlwind wheelchair was originally developed in Nicaragua and the Philippines between 1980 and 1985 by local rider/builders working with Wheeled Mobility Center Technical Director Raif Hotchkiss, himself a wheelchair "rider" - as he likes to term it. The wheelchair is designed to meet extremely high standards, set by the wheelchair riders themselves, who are often wheelchair designers and builders. The chair is nearly as light as some of the best commercial ultra-light wheelchairs. It is manufactured indigenously in small or medium-sized workshops with an investment, including startup, of about US$2,000-4,000 per skilled worker. In most countries, depending on local labour and material rates, the wheelchair is manufactured and sold for between US$150 and $250.

The constant global flow of ideas has generated astounding results. New welding fixtures came from the Philippines; easier brake adjustments were developed in Malawi; improvements on the folding frame emerged from Siberia. One of the most remarkable advances came from Zimbabwe via India, Siberia, Mexico, Thailand and the Appalachian Mountains of the US.

To keep up with the needs of the growing network - and to tap the flow of ideas - the Wheeled Mobility Center was opened at San Francisco State University in 1989.

Between 1980 and 1992, the Whirlwind Wheelchair Network helped to start more
than 25 wheelchair workshops in 20 developing countries. The workshops are usually led by skilled technicians who are wheelchair riders. Over 150 mechanics have been trained.

About 10,000 wheelchairs have been produced, demonstrating the viability of small shop production in developing nations. These low-cost wheelchairs can meet - even exceed - the performance standards of the best wheelchairs produced in industrialised nations. The Whirlwind technology transfer manual Independence Through Mobility, written by WMC Technical Director Ralf Hotchkiss, has been translated from English into Spanish and distributed to people throughout the world.

WMC provides both domestic and international training in wheelchair production. A regular 15-week wheelchair building course is offered each semester at San Francisco State University. By special arrangement, international scholars can receive an accelerated six to eight week course at the university. WMC staff also gives several training sessions each year at foreign sites. Outcomes: More than 10,000 low-cost appropriate wheelchairs have been built and sold. New wheelchair designs manufactured. Involvement of disabled people.

Problems:
- None specified by participants.

Reasons for Success:
- Appropriateness.
- Cost-effectiveness.
- Technical knowledge and support developed.
- Information-giving.

IV. EMPOWERMENT

Empowerment involves disabled people understanding their right to be citizens and being given the tools for equality and participation. It is achieved principally through disabled people coming together to share their experiences, to gain strength from one another and to provide positive role models. It means breaking away from an identity of grateful passivity and finding the will and the power to change one's own circumstances. This is not an easy or comfortable process for disabled people or for the wider community. However, it is an essential component in the struggle for full participation and equality of opportunity.

Social Action on Disability in Rural India

Need:
Isolation and destitution among disabled people in rural areas.
Solution:
Action on Disability and Development - India (ADD-India), with a board having a majority of disabled trustees and under the direction of Balakrishna Venkatesh, pioneered the concept of integrating social action on disability into existing programmes through empowerment of disabled individuals and collective action. Working with three rural development organisations, ADD-India is providing training and background assistance to disabled people to obtain benefits from the government to set up income generation projects.

ADD-India's disabled staff of three make regular field visits to give training in social analysis, communication skills, leadership skills, cooperative management and administration, and help with planning and evaluation. One staff member, Saraswadhi, works only with disabled women, in clear recognition that, within disability cooperatives, domination by men is a problem.

When Venkatesh first appeared in a village and gathered the disabled people together, their first reaction was typically, "What are you offering? What can you give us?" His answer was: "I am offering nothing. I as a blind person have worked on myself, have found my place in society and can make a contribution. You can too." Venkatesh also insisted from the beginning that none of the development organisations should contribute financially to the cooperatives: the cooperatives should raise their own money for any expenses, such as bus fares, from their own resources. This was essential to break the expectation of reliance on external agencies.

The most common benefits applied for through the cooperatives are loans, reduced cost bus passes, pensions and scholarships for schoolchildren. The availability of these benefits places India in a rather different position from most poor countries in the developing world. However, they tend to be applied selectively or to applicants who can ~ Loans tend to be refused on the grounds that a disabled person is "not a good risk"; the cooperative can then play a part in showing that if the disabled person has sufficient support he or she is just as good a risk as anybody else.

If a local official is seen to be guilty of corruption, the embarrassment of having a large group of disabled people camped on his doorstep is considerable, and likely to be an effective spur to a decent response. In Dampetla, one member of the group is Deaf and uses Sign language but he has made it his speciality to accompany other members on their forays into officialdom and see that officials deliver. If they do not, the matter is discussed in the cooperative and action is taken.

These experiences of forming a group, lobbying officials and taking action over their own affairs are themselves greatly empowering for disabled people in Indian villages. They report a new-found confidence in themselves and a new respect
from the community.

**Outcomes:**
- Disabled people view themselves in a positive way, as providers of their own rehabilitation, and are economically active.
- They are also integrated in social activities.
- The wider community views disabled people differently.
- There is group solidarity and pressure for social justice.
- Disabled people with different impairments are involved.

**Problems:**
- Ensuring equal involvement of disabled women.
- Severing ties with development agencies.

**Reasons for Success:**
- Empowerment of disabled people.
- Self-sufficiency after initial start-up financing by an outside agency.
- The cost of one salary has allowed a group to be set up in each of 44 villages, reaching hundreds of disabled people.

Ramu is the leader of a sangham [cooperative] and lives with her daughter, aged 8; her husband has left her. She applied to the government for a loan to buy a pair of goats. Initially it was refused but with pressure from the sanghain it was eventually granted.

Ramu explains:

‘By myself I did not have power to persuade the bank to give me a loan for the goats, but when the sangham came in behind me, they eventually agreed. The sangham gives me energy and strength. But it is not only because we can get loans through it: we are more confident in ourselves now. And because we are in a group, the other people in the village respect us more now. Before, we were just forgotten individuals. Now, we are people who can do something” (Coleridge, 1993).

**National Union of Disabled People in Uganda’s Education Media Workshops**

**Need:**
Lack of adequate information is one of the major causes of problems affecting disabled people. It is therefore vital that effective communication is achieved if solutions are to be realised. The method of disseminating information effectively remains a very big challenge to all those in search of solutions.

**Solution:**
The National Union of Disabled People in Uganda, a cross-impairment countrywide organisation, has regional branches throughout the country.
The strategies employed to achieve one of NUDIPU's broad objectives of awareness-raising are focused on disabled people themselves, on government and on the general public. NUDIPU's aim is to increase knowledge so as to change the negative attitudes, beliefs and practices which contribute to and perpetuate disability. Forms of media in use in NUDIPU:

- **Radio**: weekly programmes are run in two local languages and other programmes are put on radio when necessary. The programmes reach a cross-section of people living in both urban and rural areas. People without radios do not benefit from these programmes and it requires a mechanism of getting a feedback from the beneficiaries to help produce the required information at the right time.

- **Television**: major functions of the organisation such as the General Assembly are covered and viewed during news time or other programmes. This form of media serves only those who can afford to buy TV sets and are in areas where the TV system works, i.e. the elite.

- **Newspapers**: local and national papers are used to cover functions like workshops and other gatherings. People in rural areas who do not know how to read or who cannot afford costs of the papers do not benefit from this form of media. Efforts to have a column in one of the daily papers are bogged down by lack of a full-time worker to research and produce the required material regularly.

- **Video**: the organisation has acquired some educational videotapes which are viewed during workshops/seminars. They increase people's understanding and stimulate discussion. At present, they can only be shown in areas where electricity is readily available. NUDIPU hopes to find a way to show the videos in areas without power.

- **Leaflets**: a leaflet on NUDIPU is produced and circulated worldwide. Many people have come to learn about NUDIPU and its activities through this leaflet. They normally write back expressing their interest and making further inquiries. Currently the leaflet is only in English.

- **Reports**: financial and progress reports are circulated to important offices for the purposes of sharing information. Feedback shows the trust and confidence this helps build in the organisation.

- **Role Play**: during meetings, workshops and other gatherings, pictures, cartoons, case studies and role play are used instead of lecturing. These methods have helped to stimulate discussion and self-discovery. People do not easily forget what they have discovered themselves.

- **Newsletter**: NUDIPU News is produced twice a year by disabled people. It has greatly helped to publicise the philosophy and the activities of the organisation. In the end, people change their attitudes towards disabled people by recognising their potential and capabilities.
Outcomes:
- Awareness-raising.
- Community action.
- Empowerment

Problems:
- Lack of funds for essentials.
- Illiteracy levels among disabled people.

Reasons for Success:
- Disabled people defining disability by talking about themselves.

Women's Literacy Project, El Salvador

Need:
Illiteracy leads to low self-esteem and drastically restricts disabled women's opportunities for social participation and employment.

Solution:
Asociacion Cooperative del Grupo Independiente Pro Rehabilitacione Integral (ACOGIPRI) is a self-advocacy organisation founded in 1981 by disabled people with various impairments. ACOGIPRI started to talk about disabled women's issues amongst disabled women themselves and in January 1987 in San Salvador it started programmes specifically for disabled women. The literacy project started in 1991 as a "functional literacy project for disabled women. It has reached about 250 women from the Central American countries. From articles and poems written by these women, and also from their participation in group activities, it can be seen that most of the women who have participated in the programme have developed a sense of self-esteem, raising their status within the family, the community and their organisations. Their chances of skilled employment are also considerably increased.

In El Salvador and Nicaragua, disabled women are included in most of the activities of the mainstream women's movement. This is not always the case in other parts of the world.

Four evaluations have been done, which have shown that literacy is a great tool for allowing women to speak up for themselves. The programme has not been able to reach a large number of severely disabled women, who are still very isolated, or the totally illiterate women. However, the project can be seen to be worthwhile from the organised groups of disabled women that have been formed as a result.

Outcomes:
Increase of skills, self-esteem and employment prospects.
Problems:
Lack of statistics for more comprehensive evaluation.

Reasons for Success:
• Peer support.
• Positive role models.
• Group unity.

V. INDEPENDENT LIVING

Independent or Self-Determined Living is the direct result of the self-advocacy of disabled people and is usually operated through local, non-residential centres of enablement. It is fundamentally important to stress that these centres are under the direct control of disabled people themselves, to provide the necessary support and services they require to lead fully independent lives, and to become fully participating members of an integrated community.

It must also be strongly emphasised that it is not the role of centres of Independent Living to duplicate existing services which meet genuine needs in a satisfactory way. But research, linked with practical experience, has shown that there needs to be a major re-direction of resources in terms of planning, design and service delivery for, and by, disabled people. Independent living can also become a focus for developing services with existing agencies. Empowering disabled people in this way leads to more efficient expenditure of resources and, at the same time, increases disabled people's skills and enables them to lead an improved quality of life.

Access Legislation: Sweden

Need:
Independent living - the opportunity to lead self-directed and full lives - is a civil right that has been consistently denied to disabled people.

Solution:
For almost 20 years, Swedish building codes have required accessibility in all new multi-family housing. According to these codes, apartment houses built after 1977 have no steps between the pavement and the individual apartments. The maximum height of thresholds is 3cm. throughout the building. Apartment buildings of three storeys or more must have lifts. Lifts must have a certain minimum size, large enough to accommodate people using electric wheelchairs. The codes also prescribe minimum requirements for kitchen and bathroom sizes. The idea is to have enough space in the kitchen and bathroom to put in modifications or equipment which is geared to the individual needs of a specific
occupant. According to the norms, doors must have 80 cm clearance. Hallways and corners must be wide enough to allow wheelchair users to pass through. These codes are binding and enforceable.

About half of the Swedish population lives in multi-family housing. The other half live in single-family units. Here the codes for new construction are less stringent. The entrance has to be such that a ramp can easily be installed, if necessary. There has to be an accessible toilet at the ground floor. The idea is that a disabled person can live on the ground floor. The building codes do not prescribe lifts in a single-family house.

Research shows that the access codes have increased total construction costs by less than one per cent, on average. Most of the additional costs of accessibility in new construction occur in the form of more space in the bathroom and kitchen. Thus, the access norms represent a forced increase in standards which is enjoyed by everyone, whether disabled or not.

For already existing, older residential buildings, access codes are much less powerful. They apply only when a building undergoes major renovation and there are many exemptions. The local government decides to what extent an existing structure has to be made accessible. The decision takes into account costs as well as the overall accessibility in the neighbourhood. For example, local government can decide that none of the apartment houses in a given neighbourhood need be made accessible upon renovation, if they think it would be easier or cheaper and make another area accessible.

Due to government-funded research and development, there are now companies that will install lifts in old walk-up apartment houses. Until recently, 50 per cent of the cost of these installations was paid for by the government.

Commitment to macro access pays high dividends. All citizens benefit from these improvements, not least in their capacity as tax-payers. One of the most important benefits is the reduced need for institutions.

**Outcomes:**
- Integrated housing.
- Choice of housing.
- Ability to visit friends.
- Minimal extra cost.
- Benefits to all citizens.
- Reduction in need for institutions.

**Problems:**
- Enforcement of regulations by local authorities given low priority.
- Older buildings are often exempt.
Reasons for Success:
- Enforceable legislation.
- Commitment to integration and accessibility in all housing.

Personal Assistance Services: Sweden

Need:
Accessibility alone is not enough. Many disabled people also need personal assistance services in order to live independently in the community. These services may include assistance with personal hygiene, household chores, assistance at work and while travelling, Sign language interpretation or the services of a reader.
In most countries, publicly financed community-based personal assistance schemes do not exist. It is left to the individual's family to provide assistance. People who need such services and do not have a family willing to provide them spend their lives in institutions. Unpaid use of family members or friends to fulfill these roles results in dependency and unbalanced relationships.

Solution:
Personal assistance schemes are growing in popularity in Canada, Europe and the US.

Sweden has extensive experience of publicly financed personal assistance services. These programmes go back as far as the 193 Os. Today, it is the legal responsibility of local governments to provide services for all who need them. As an indication of how widespread these services are, one third of the population of 65 years and older is entitled to them.

Traditionally, these services are run by centrally located social workers. They are responsible for the hiring of assistants, their training and scheduling. The users' input is limited to complaining when things don't work out. Thus, the way the services are organised often relegates users to the role of passive objects who cannot decide who is to work for them, at what times, with what activities and how. Under these circumstances, users are made to feel powerless, are robbed of opportunities to take responsibility and initiative and, finally, will be seen by those around them

- and most likely by themselves - as helpless and unable to "take care" of themselves. Thus, this widespread prejudice against disabled people is often the result of a self-fulfilling prophecy.

The Stockholm Cooperative for Independent Living, STIL, tries to follow the principles of self-determination and empowerment. Only those using personal assistance can serve on the board. Only assistance users can represent STIL in public meetings, negotiations and in the media. Nobody is allowed to speak for
the members. STIL has contracts with eight local governments in the Stockholm area. The contracts specify the details of the cooperation between the local government and STIL.

Each person who needs personal assistance and passes STIL's training course for employers can become a cooperative member. New members are helped to get a fair assessment of their assistance needs from the government. Need is expressed in terms of the number of hours of assistance required per day. The number of hours is multiplied by our price. The government is then obliged to pay this sum in advance to the STIL account of the respective member. In this way, each member of the cooperative has an annual budget with which to recruit and pay his or her assistants. Each member is responsible for recruiting his or her own personal assistants. Members do not share assistants. There is no emergency pool of assistants either. Members are expected to build up their own backup systems in case assistants call in sick or quit.

As cooperative members, disabled people do not live in the same house; they do not even live in the same city. There are presently 65 members who live all over the whole country, in apartments, in single family homes, with or without family, like the rest of the population.

STIL has an office where its administrative staff work. At present there are eight people working in the office, most of them part-time. Except for the two secretaries all the office staff are cooperative members and, as such, personal assistance users. Most of them need personal assistance at work. The office staff do the book-keeping, pay wages, administer taxes and do all the paper work required of an employer.

STIL tries to help anyone who needs personal assistance to become a member. It offers courses and workshops on such topics as how to hire and schedule assistants and how to use personal assistance in the most efficient way. Individuals who have spent most of their lives in institutions or overprotective families will have great initial difficulties in supervising their assistants. In STIL the principle of peer support - the advice, support and, most importantly, the example of other cooperative members - is used.

STIL started in Stockholm ten years ago. There are now groups in Gothenburg, Malmö and two other Swedish cities. Independent Living in Sweden is a growing movement.

The STIL model has great potential to enable people using personal assistance to get closer to the goal of equal opportunities. STIL shows that whatever the level of personal assistance required, there is no justification for keeping people in institutions and in a state of paternalistic dependency.
Outcomes:
- Self-determination and integration of people with severe impairments.
- Training.
- Employment.

Problems:
Some disabled people may not wish to take complete control of the hiring, managing and firing of assistants.

Reasons for Success:
- Disabled people have control of the cooperative and the training of assistants.
- Peer support.

Greenwich Centre for Independent Living: United Kingdom

Need:
Isolated population of 20,000 disabled people, the majority of whom were living below the breadline in a local area which was physically inaccessible. The local authority response to this situation was institutional day care which was only available to about 1,000.

Solution:
In 1975, Greenwich Association of Disabled People was formed to focus attention on disability issues. Most of the board of management, including the Chair, were non-disabled people and the objective of their work was to set up a £1 million residential institution.
In 1979, more disabled people joined the Association and by 1982, disabled people had taken formal control through constitutional change. They set the organisation up as a centre for Independent Living (GADCIL). Financial support came from the local authority which realised that a CIL supporting all local disabled people would be more cost-effective than an institution which could only cater for 22 residents at a time.

GADCIL provides and coordinates key services to secure independent and integrated living opportunities for disabled people to promote their full participation in the mainstream of economic, social and political life. All of GADCIL’s 11 staff are disabled people.

Information: GADCIL has an extensive library of information on all matters relating to disability, including details of aids and equipment, benefits, statutory authorities' provision, sport, holidays, access, leisure, sexual needs, clothing, arts, etc. GADCIL also disseminates its own information through leaflets and a newsletter.
Advice and advocacy: All workers and a team of volunteer disabled people give advice on welfare benefits, housing, transport and education to enhance independence and integration. Volunteers also act as representatives, if a disabled person wishes it, in applications for benefits.

Housing: GADCIL gives advice to individuals, works with statutory authorities on public provision, works with housing associations on private provision and has also formed a partnership with a specialist agency to provide totally accessible and integrated units with personal support services included.

Independent living programmes: GADGIL works with individuals to arrange their own funding packages to allow them to control their own personal support services, or to make the most appropriate use of local authority services.

Access and planning: GADCIL sees all planning applications that come to the Borough of Greenwich and liaises with the local authority to ensure that all public buildings are accessible to disabled people and that the environment is also accessible. They act as consultants to anyone wishing to have advice on accessibility.

Transport: For seven years, GADCIL ran an authority-funded transport service, now run by London Regional Transport. GADCIL is pressing for a review of the use of accessible transport in the borough and lobbies central government to improve accessibility to public transport.

Training: GADCIL provides courses to the borough and elsewhere on disability equality training and also provides training on Independent Living skills.

Self-advocacy: GADCIL is concerned with the needs of all disabled people and has therefore been active in supporting the growth of self-advocacy groups of people with visual and hearing impairments and disabled people from ethnic minorities. It is also forging links with people with learning difficulties. Many members are also members of Disabled Women in Greenwich.

Peer counselling: As an organisation of disabled people, GADCIL is able to provide peer support and the sharing of direct experiences.

Representation and influence: To ensure disabled people's integration into society, policies and legislation need to change. GADCIL provides representation on a wide range of committees and working parties within the local authority.

GADCIL receives funding from the local authority and various foundations but since the economic recession and as a result of cuts to voluntary organisations, has been trying to become self-sufficient. It now runs an agency providing personal assistants to individuals which is self-financing and will eventually be
able to fund other programmes within the organisation.

Outcomes:
- Accessible local environment - highest number of accessible homes (300+) in a London borough.
- Many disabled people living independently with personal assistance (200 of them over 65).
- Local authority policies of anti-discrimination.
- Employment for disabled people.

Problems:
- Cuts in resources mean more dependence on volunteer help.
- No support from national legislation.

Reasons for Success:
- Decisions made by disabled people.
- Empowerment of disabled people.
- Understanding and support from policy-makers.

Greenwich Personal Assistance Scheme

The following is a comparative survey which shows the cost benefits of self-directed personal assistance as opposed to statutory support from the local authority:

Case A

Home help - 4 hours a week ...........................................30.32
Care attendants - 0.5 hours per day (five days)................. 23.83
Meals on wheels -6 days per week....................................18.12
**Total weekly cost** ..................................................72.27

Equivalent personal assistance service - 9.5 hours per week ...42.75
With support from Personal Assistance Advisor .................55.03

Case B

Home help -2 hours per week .......................................15.16
District nurse - 1 hour per week ......................................24.04
Day centre - 1 day per week .........................................50.00
**Total weekly cost** ..................................................89.20

Equivalent personal assistance service - 8 hours per week ......36.00
With support from Personal Assistance Advisor .................48.28
Home help -4 hours per week...........................................30.32
Short-term domiciliary care -4 hours per week .................28.20
VI. EDUCATION AND INFORMATION

This section contains the largest number of projects and this is an indication of how important accessible and relevant information is to disabled people on every subject, and to the whole community on disability issues.

The majority of disabled people to not receive an adequate education, due to access difficulties and prejudice, and this contributes considerably to their marginalisation and exclusion. These barriers can be overcome. Investment in disabled people's education benefits the whole society.

The power of the media to shape perceptions and beliefs is difficult to quantify. What we do know is that television, radio and newspapers are powerful ways to convey ideas and to break down prejudices between people living a continent apart and those living on the same street.

The development and expansion of information technology, much of it financially inaccessible to disabled people at present, could nevertheless liberate thousands: Communications systems allow a few of the more severely disabled people to interact with those around them and in some cases to work (the most famous example is Professor Stephen Hawking). Talking computers allow people with visual impairments to gain employment.

The Standard Rules set down measures for member states to work towards the integration of disabled people. Integration cannot operate by adapting disabled people to existing structures, the basis of much of what is called "rehabilitation". Integration occurs when societies begin to celebrate not isolate differences among people. It is based on mutual support and understanding and a sharing of resources and facilities among the many not the few.

Awareness-Raising through the Media: China

Need:
Until recently, disabled people in China have been considered outcasts and socially unacceptable. They were referred to as can fei, which translates as "crippled and useless". They constituted an almost invisible population and their domain was that of the beggar's corner or the back-room.
Solution:
With its modernisation drive in full swing, China has taken serious steps to respond to the World Programme of Action concerning Disabled Persons. It promoted various activities during the United Nations Decade of Disabled Persons and, with the approval of the Chinese Government, the China Disabled Persons' Federation (CDPF), the unified national organisation of people with various impairments, was founded in 1988.

CDPF is a semi-governmental organisation which integrates the functions of representation, service and administration. It represents the common interests of people with various categories of impairments, protects their rights and interests and provides services for them. It also helps to administer the affairs of disabled people on behalf of the government. Provinces, cities, counties and townships have set up local branches, thus providing an operational network.

Head of the China Disabled Persons' Federation and eldest son of China's most powerful and respected statesman, Deng Xiaoping, is Deng Pufang, a wheelchair user. He has allowed the CDPF to become a prominent organisation, with government funding and support. Foreign companies and organisations have directed their resources towards the Federation and through its work employment, educational and rehabilitation opportunities have increased.

Considering the very low status of disabled people, none of this work would have been effective without a massive awareness campaign of the requirements and rights of disabled adults and children.

Through the activities of the CDPF and Deng Pufang, every day, during prime-time viewing hours, programmes for disabled people and about disabled people are televised and the third Sunday of May is National Day to Help the Handicapped.

Disabled people have become the subject of broadcast and broadsheet. Newspaper articles and television programmes expound the productive contributions of disabled workers, applaud the achievements of disabled artists and athletes, congratulate disabled individuals who have excelled in serving the state, and actively foster a sense of dignity and purpose among the disabled community.

The government, which had barely acknowledged the existence of disabled people, has called on them to participate in the life of the nation and urges them to live according to the "Four Selves": self-help, self-confidence, self-respect and self-improvement. In these exhortations, and in the government's call to participate and to serve, disabled people have been given their role in the adjustment process. For the time being at least, disabled people have no need or desire to campaign for rights: they have been freely given that which they had never expected - a role in society. The term used to describe people with
impairments is now can ji, which is approximate to the more neutral "disabled".

**Outcomes:**
Heightened awareness and raised status of disabled people, reflected in language change.

**Problems:**
- Continuation of media attention dependent on Deng’s family.

**Reasons for Success:**
- Support from leadership, government and media.
- Disabled people themselves are portrayed and given a voice.

**Disability Equality Training: United Kingdom**

**Need:**
As disability becomes a human rights and equal opportunities issue, society at all levels requires training to understand the reality of disabled people's lives from this new perspective.

**Solution:**
In recent years, many public and private sector bodies have gradually realised that their work practices and policies fall far short of fulfilling the needs, rights and aspirations of disabled people who are their clients, customers and co-workers and that, in order to change this situation, they need to turn to disabled people for education and guidance. From this realisation has grown the demand for Disability Equality Training (DET), which aims to help people understand the meaning of disability, to identify changes in work practice, and plan strategies to implement change.

Demand for DET, and the number of available courses, has proliferated. Forms of DET have been organised and run by disabled people for more than 15 years, with a formalised structure since 1985. Around that time emphasis began to be placed on equal opportunities policies and practices towards women, black and minority ethnic people, and lesbians and gay men. It seemed a natural extension to include disabled people under the same equal opportunities umbrella.

In order for people to understand why policies were necessary and why their work behaviour needed to change to accommodate good equal opportunities working practices, a range of training and education programmes was established.

Disability trainers learned that the best way to impart information and get people to look at their own part in perpetuating discrimination was through facilitated discovery. Neither lecturing nor straight information-giving was anywhere near as effective.
It took approximately two years to establish a process whereby disabled people (with the necessary potential) could be adequately trained to deliver training courses. Although courses have been modified and improved over time the aims underpinning them have remained the same. DET courses are designed by disabled people to enable those who come into contact with disabled people, in whatever capacity, to understand the nature of the discriminatory practices, unintentional or not, that disabled people encounter, and what can be done to eliminate them.

The use of disabled trainers is a fundamental part of working towards a positive change in attitude by non-disabled course participants.

Disabled trainers have felt a definite need to standardise and professionalise the training they provide. This stems in part from the fact that many disabled people were providing excellent equality training which needed to be formally accredited to allow for evaluation and monitoring. They have consequently been involved in developing trainer training programmes and establishing collective registration of trainers and regular review of the types of DET that they provide.

The fundamental principles behind this training are the same as all development and animation for social action - it empowers the trainee and the trainer. It has also become one of the major areas of self-empowerment and employment for disabled people in the UK.

**Outcomes:**
- Employment.
- Awareness-raising.

**Problems:**
- Until formal accreditation, there can be no safeguards on the quality of trainers.

**Reasons for Success:**
- Disabled people devise and control training.

**National Council of Disabled Persons of Zimbabwe’s Education Programme:**

**Need:**
Lack of educational opportunities for disabled children.

**Solution:**
In 1986, the National Council of Disabled Persons of Zimbabwe (NCDPZ) set up a programme to give support and advice to disabled children on aids and appliances. It aimed to challenge the institutional framework, demonstrating that disabled children could manage in integrated educational settings. This cross-
disability programme applied to children with all types of impairment. In 1988, NCDPZ decided to restructure the programme. The Council obtained funding for an education officer post. The officer's role is to identify and meet disabled children's needs. Many families are unable to finance themselves, so NCDPZ has set up a special fund for scholarships and sponsorship. The education officer liaises with the Department of Education to produce as supportive and enabling an environment as possible. The officer works directly with teachers, parents and disabled people, is accountable to an NCDPZ senior officer and works to policies drawn up by the Council's management committee.

As a result of this programme, NCDPZ has for several years been able to provide about 300 disabled children a year with scholarships to enter integrated educational settings, with appropriate aids and support, using money from the Lillian Fondes Stichting. The salary of the Education Officer is provided by the Oak Foundation.

Once or twice a year, the scholarship disabled children come together to take part in a conference, setting their own agenda and engaging in their own discussions. One of the main functions of this activity is that young disabled people are groomed for leadership and all delegates gain confidence, learn presentation skills and have a voice.

The NCDPZ also has a lobbying role in support of teachers. It has introduced (1994-5 is the first of a two-year programme) a degree course for special education. Graduates will be taught braille, Sign language and other support mechanisms and will be deployed at teacher training colleges in 1996 to train other teachers. NCDPZ's lobbying brief to government is that teachers are not currently being trained to teach all Zimbabwean children.

Most schools are government-controlled. All children have to pay for schooling, except those from destitute families. NCDPZ are lobbying to include families of disabled children.

The revised programme has not yet been fully evaluated - it will be the end of 1995 before the first disabled students participating in the programme have gone through secondary school and on to university. However, what is impressive about this programme is that 300 disabled children a year are receiving an integrated education on an equal basis with their non-disabled friends.

**Outcomes:**

- Three hundred disabled children educated per year.
- Teachers in mainstream schools will be able to teach and support disabled children.
- Disabled children empowered.
Problems:

• Education officer funding does not include travel, so rural areas do not receive much coverage.
• Funds still have to be found for aids and for schooling.

Reasons for Success:

• Integrative and community based solution with an Independent Living ethos.
• All levels of the education system involved

Appropriate Health Resources and Technologies Action Group’s Global Disability Information Service Database

Need:
There is a great deal of useful information about appropriate technology and community-based rehabilitation but little networking to share this information.

Solution:
AHRTAG, the Appropriate Health Resources and Technologies Action Group, is an international development agency based in London which aims to strengthen the management and practice of primary health care and community-based rehabilitation in developing countries. One of its most recent developments is a computerised database of information on disability and disability projects around the world. To access information, the user simply types in a key word - such as a region of the world, language, impairment group or area of activity. For example, it will be possible to find out at the touch of a button how many CBR projects in the Asia-Pacific region have the direct involvement of disabled people. AHRTAG is building up this network of information based on disabled people’s own experience and actions will provide a much-needed resource from which local communities can learn effective methods for themselves.

Outcomes:
• Global information-sharing among disabled people.

Problems:
• Informing people of the existence of the database.
• Difficulty of access to the database by uneducated, rural disabled people.

Reasons for Success:
• Information assessed by disabled people.
• Readily accessible.
Divine Light Trust for the Blind: India

Need:
Education for blind children.

Solution:
The Trust was set up in the 1950s as a school for blind children. However, after it had run for about 35 years, its Director, Father Cutinha, was shocked to discover that in India only about 5 per cent of blind children were being educated in schools for blind people, despite the best efforts of the government and NGOs. As his school could only take about 8 - 10 new pupils each year, the problem was not getting any smaller.

Father Cutinha decided to change the emphasis of the school. Without increasing the number of staff or the budget, the school now reaches practically the whole of India. The difference is that instead of being run as a school, it is now a resource centre training teachers in mainstream schools to integrate blind children into their schools.

Outcomes:
- Teachers are motivated to start services. They attend school for training, which is a far more productive use of resources.
- Many more blind children are receiving locally-based education that is appropriate to their needs.

Problems:
- None specified by participants.

Reasons for Success:
- Integrated, comprehensive approach to education
- An end to segregated service provision.

Telecottaging: Sri Lanka

Need:
To communicate and provide information to disabled people in rural areas.

Solution:
The 'Telecottage initiative' is a growing worldwide movement to solve the problem of getting information to isolated people in rural areas. A telecottage is a community resource where members of the public can get training and access to the new telecommunication technologies used by industry and the media, such as computers and electronic mail systems.

People in even the most remote areas are being linked by telecottages, communicating with the next village or another on the other side of the world with equal ease.
In Sri Lanka, every village post office is equipped with telephones, telex machines, fax machines and photocopiers. They are meeting places for the whole community and the Sri Lankan people are wholly committed to communications.

They are also now developing the use of electronic mail and, within a few years, each of the post offices could be linked with the rest of the world.

As long as these communications systems are accessible to disabled people, they could be a marvellous resource for disabled people, and for the disability movement worldwide.

Outcomes:
- An end to information isolation.
- Mainstream solution.

Problems:
- No legislation to ensure access for disabled people.
- Lack of education for disabled people.

Reasons for Success:
- Integrated provision.
- Local / community based solution.

Zambian National Association of the Deaf: Sign Language

Need:
For sufficient Sign Language interpreters and teachers of Deaf children, their families, communities and service providers in Zambia. To achieve widespread recognition for Sign Language as an indigenous language.

Solution:
The Zambian National Association of the Deaf (ZNAD) was established in 1981 and is controlled by Deaf people. In 1989 it launched its Zambian Sign Language Programme after two Deaf Zambians returned from Finland (the World Federation of the Deaf’s headquarters are in Helsinki), supported by two Finnish experts. Since the launch of the Programme, it has expanded to teaching Sign Language to interpreters for Deaf people, teachers of Deaf people, parents of Deaf people, Deaf Sign Language teachers, Deaf pre-school children and community service providers who come into contact with Deaf people, such as drivers secretaries, police officers, hospital staff, etc.

ZNAD has carried out Sign Language research and has just published a national Sign language dictionary. Two goals of the Programme are the formation of a Sign Language department at the University of Zambia and acceptance of Sign
Language as an official language.

**Outcomes:**
- Empowerment of Deaf children and adults through better communication among themselves and with the rest of the community.
- Greater recognition by society of Sign Language as an authentic, indigenous language.

**Problems:**
- Lack of funding for expansion.

**Reasons for Success:**
- Deaf people's initiative.
- Integrated approach.
- Initial support from experts.

**VII. INTEGRATION**

Disabled people must be considered in all mainstream policy decisions and programmes. They form a significant part of every other group in society - such as women, refugees, children, racial minority groups. At present, disabled people are totally ignored, other than in special disability policies, where these exist at all. Until disabled people are seen as an integral part of their communities and societies, with adequate provision for their needs within a community setting, the vast majority of the world's disabled people will remain isolated and destitute.

**The Afghan Disabled Society: Development Funding Criteria**

**Need:**
Despite the World Programme of Action's recommendations over a decade ago, there is still a great need for support to disabled people's own organisations. Self-advocacy organisations' needs are not given priority by most aid agencies. To ensure disabled people's human rights, development funding should be dependent on a guarantee of access for disabled people.

**Solution:**
The Afghan Disabled Society has recently formulated the following recommendations to governments of developed countries, local, national and international non-governmental organisations in their capacity as funders:
- Economic assistance to developing countries should depend upon a guarantee of the basic human rights of disabled people and support for the formation of organisations of disabled people at local, district, provincial and national levels.
- Economic assistance for the environmental and building infrastructures in developing countries should depend upon a guarantee of accessibility for
disabled people.

- Economic assistance for the education sector in developing countries should depend upon a guarantee of inclusion and supported education for disabled people.
- Economic assistance for vocational and professional training should depend upon a guarantee to include disabled people and to ensure their participation in decision-making.
- Economic assistance should depend upon a guarantee that unnecessary institutionalisation will not be used to accommodate disabled people. Assistance should never lead to the isolation and segregation of disabled people.
- Economic assistance should depend upon a guarantee of accessible transport.
- Economic assistance for any purpose to developing countries should include a requirement for the promotion and protection of the human rights of disabled people.
- The Society suggests the following points for developed countries' grants to ensure the promotion and protection of disabled people's interests:
  - Overseas development programmes should recruit disabled people with the appropriate qualifications to advocate for the promotion and protection of disabled people's interests.
  - The receiver of funds should provide proof of how they will ensure respect for disabled people's human rights in their project document, prior to its approval. An endorsement from an organisation or association of disabled people would be useful.
  - Keep disabled people's organisations informed about any kind of economic or development funds that developed countries are contributing.
  - Ensure, prior to approval of the project, that representatives of organisations of disabled people are involved at decision-making level within the agency or organisation that receives the funds.
  - Integrate disabled people's issues into all project proposal formats of all the government and non-governmental funding organisations and agencies that provide overseas grants.
  - Empower self-help organisations of disabled people in development countries.
- The Society also makes the following statement:

You can help to create better conditions for the two million disabled Afghans and the 80 per cent of the world's disabled people who live in developing countries. In Afghanistan and most of the developing countries, the government, non-governmental agencies, organisations and the general public are still not aware and are not prepared to make the necessary changes to promote equalisation of opportunities and full participation in social, economic, cultural and political affairs for disabled people, as is required.

Note: These ideas are being considered for inclusion in a United Nations manual
on development and disability.

**Outcomes:**
- Disabled people's organisations would have guaranteed access to funding.

**Problems:**
- Agreement from member states and their agencies.

**Reasons for Success:**
- Integration into mainstream policies and funding criteria.

**Social Assistance and Rehabilitation for the Physically Vulnerable:**
**Bangladesh**

**Need:**
Against the backdrop of horrifying natural disasters - the 1988 flood and the 1989 tornado, Bangladesh's Fourth Five-Year Plan (1990-1995) completely ignored their impact on disadvantaged groups, particularly in terms of the physical and mental impairments caused.

Newly and long-term disabled people were completely destitute and needed programmes to provide for their needs.

**Solution:**
After the devastating 1989 tornado, besides immediate help for survival, rebuilding of houses and provision of loans for farming and livestock development, there was virtually no attempt at documenting the long-term socio-economic impact of the disaster on the most disadvantaged groups, particularly those with acquired impairments. Many had lost limbs. Some were totally and permanently dependent on their families. Almost all had experienced mental trauma. SARPV (an organisation of disabled people) attempted to document this impact.

As a result of the findings of a SARPV survey of people disabled after the 1989 tornado, the organisation recommended that development efforts should concentrate on financial and organisational support to three groups: landless people, women and children. Most disabled people surveyed wanted to get involved in income-generating activities. Thirty-five per cent of them wanted to get involved in small trading. Of these, 69 per cent came from the landless group, 30 per cent wanted to raise poultry, while 16 per cent wanted to get involved in a cottage industry.

SARPV conducted its relief Programme for disabled and injured people of Chakoria Upazila, after the cyclone and tidal surge of 29 April 1991. SARPV tried to provide them with mobility aids, medical treatment and economic support. It was a unique approach. Never before had any steps been taken for long-time disabled people and those who became disabled suddenly.
SARPV experimented by giving some small credit allowances to its disabled beneficiaries, with a view to initiating their economic rehabilitation.

Unfortunately, SARPV had to close its office. However, local doctors, teachers and other members of the higher class spontaneously became grantors of these credits and monitored their progress. When SARPV conducted a follow-up programme, it was surprised to see that almost 70 per cent of the credited amount had been refunded with a 10 per cent service charge.

Following this evaluation, SARPV also disbursed credit under a revolving loan programme. The decision as to who should receive loans and how much to loan was taken by a newly formed community group, who decided priorities and what amount would be given to the receiver. SARPV only ensured, with the help of the community and the group members, that the debtors were using their credit properly and were able to refund the amount with ease.

SARPV gave credits for cattle rearing, grocery shops, small trades of fish, vegetables, fruits.

**Outcomes:**
- Income generation.
- Community action.

**Problems:**
- Lack of funding for SARPV made progress difficult.

**Reasons for Success:**
- Disabled people as decision-makers.

**EQUILEG Programme: Southern Africa**

**Need:**
To secure civil rights through legislation for disabled people in the Southern Africa region.

**Solution:**
The Southern Africa Federation of the Disabled (SAFOD) was formed by, and consists of, national organisations of disabled men, women and children from Malawi, Zambia, Angola, Namibia, Botswana, Lesotho, Swaziland, South Africa and Zimbabwe.

Disabled people in the region, estimated to total more than 7.3 million, are among the poorest groups in a region where there is political strife, destabilisation and generally poor economic conditions worsened by natural disasters such as drought.
The Equalisation of Opportunities Legislation (EQUILEG) Programme is a human rights programme designed by disabled people in Southern Africa. The Programme aims at providing an atmosphere conducive to the implementation of the UN World Programme of Action Concerning Disabled Persons, particularly aspects relating to equal opportunities legislation.

Of particular interest is the fact that over the past few years SAFOD has played a leading role in creating dialogue between organisations of disabled people and their governments in the region. There has also been an increase in interaction between organisations of disabled people in Commonwealth Southern Africa.

An EQUILEG workshop was implemented in February/March 1991 in Harare, enabling organisations of disabled people and their governments to meet and benefit from the experience of sharing and consulting with each other.

The presence of government representatives and other representatives of national and international NGOs is of utmost importance as it provides a unique opportunity for effective decisions to be taken and the making of concrete resolutions. The outcome was a Harare Declaration on Equal Opportunities.

An EQUILEG Working Group was selected at this seminar to follow up on and enforce the resolutions of the seminar. The follow up and consolidation process includes the following components:

a) travel to each country, working with SAFOD member organisations on the EQUILEG Resolutions, of which each organisation and government will be part;

b) national follow-up and consolidation workshops (over one or two days) with ordinary disabled people from all walks of life;

c) training of local resource persons to advise disabled people on basic legislative provisions that could be of benefit to them, (this is very important, because our societies are very ignorant of legal provisions that could benefit them, and this applies to both disabled and non-disabled persons);

d) during country visits, meet government officials and collectively lobby for the implementation of legislation proposals;

e) prepare a sample piece of legislation, based partly on seminar resolutions and research, to be presented for consideration at the future seminars in 1992 and 1993.

The Working Group has been given a period of twelve months in between workshops in which to accomplish its duties. The Group is headed by the SAFOD Legal Representative, Mr. Moses Masemene, a blind lawyer. The group is supported fully by the SAFOD Secretariat and highly experienced senior staff. The possibility of securing outside legislation consultancy has been kept open. This programme had a significant influence on the passing of the Zimbabwe Disabled Persons Act.
Outcomes:
• Influence on policy-makers.
• Greater awareness of disabled people’s civil rights.

Problems:
• Low prioritisation of disabled people by the state.

Reasons for Success:
• Disabled people as leaders and in professional roles.
• Development of support.

The Peace Movement: Lebanon

Need:
Community action for peace.

Solution:
The price of war in the Lebanon has been heavy and tragic. A whole generation grew up never knowing the meaning of peace - knowing instead only the horrors of a war which destroyed homes, most social institutions and left behind 130,000 dead, 400,000 disabled and 900,000 refugees and homeless people.

Disabled people, both war casualties and civilians, realised that they had the huge task of putting disability issues across to the general public but they also realised that they had a unique opportunity. Because as a group they were seen as outside society, they could take action that other groups could not. Demonstrating political agitation was not possible in a war-torn county, but demonstrations for peace by disabled people would perhaps be viewed differently.

The Lebanese Sitting Handicapped Association (LSHA), started in 1981, took the lead in making disabled people’s presence felt through a demonstration in 1982 against the civil war. Signatures were gathered from all those who supported the idea. In 1987 they organised a peace march. The participants were non-sectarian and included people with a variety of impairments.

Disabled people travelled the length of Lebanon, gathering non-disabled allies on their way. They trundled through all the main cities on the coast, from Tripoli in the north to Tyre in the south. They had many critics and many supporters. Some said they were mad, some said they were brave. Eventually they arrived in Beirut and came towards the red lines dividing the city and were stuck there for two days because of the heavy shelling.

They did get across and the soldiers held back fire - hundreds of disabled people and their allies from trades unions, the professions, tradesmen and passers-by, marching from north to south Beirut. This was the first time that anyone had
dared to stage such a demonstration. It was only disabled people who could have got away with it.

This is the first and only mass demonstration that was held in war-tom Lebanon. Disabled people were not just marching for their own rights but for the rights of all citizens. They were leaders. Marches of solidarity were held in London, Paris and the USA.

These political actions strengthened the disability movement throughout the country and the Government’s awareness of disability issues, resulting in the LSITIA playing a major role in initiating the establishment of the National Committee for disabled people in the Social Ministry in 1993.

**Outcomes:**
- Community activity.
- Leadership development of disabled people.
- Enhanced status of disabled people.
- Moves towards peace.
- Experience of peaceful demonstration.

**Problems:**
- Danger of possible violence.

**Reasons for Success:**
- Community action.
- Integration.
- Important message.
CONCLUSIONS

Our report has been divided into two distinct sections: the first describes the situation as it is now for disabled people, their status and experience; the second describes some of the political and practical action that is being implemented to improve this situation.

Despite this action, our research indicates that there are few long-term improvements to the horrifying statistics of discrimination, poverty and isolation. At the beginning of this report we quoted Perez de Cuellar's observation that the situation of disabled people is "the silent emergency" of our time. Lack of understanding of the gravity of the situation, mistaken beliefs as to where the problems lie and the assumption that charity and goodwill are the answer have all conspired to hamper progress. The effective solutions highlighted here are as yet reaching relatively few disabled people. In addition, they are often piecemeal, seriously under-funded and little-known.

However, the political and practical action cited here provides clear guidelines for a way forward, within the fundamental principle that disability is a human rights issue and solutions must be implemented in a human rights context.

Disabled people must be fully involved in the conceptualisation, analysis and discussion of solutions and in the development of policies and programmes. This involvement must be supported by adequate funding of organisations of disabled people. Disabled people's organisations have a crucial part to play in reaching and involving disabled people, increasing their confidence and skills and supporting them, but they cannot do this without proper resources.

There needs to be a changed role for state and government: income maintenance and segregated services have perpetuated dependency. Disability is a social not an individual issue, so the state has a central role in recognising and supporting the rights of disabled people. This does not mean taking on a traditional role, as welfare service provider, but instead providing a legal framework to support disabled people's equal rights and integrating disability into mainstream policies.

This legal framework, as is demonstrated in the United States, Australia, Canada and New Zealand, must, within national constraints, be effective, enforceable and comprehensive. It should outlaw discrimination and impose a duty on society to ensure the integration of disabled people.

Even the poorest countries should look at the consequences of not including disabled people - the consequences of having disabled people disempowered and segregated. The greatest asset of any country is its people. No country can afford to turn its back on 10- 12% of its population. Disabled people can offer skills, insights and experience, as yet untapped, and, if integrated and not dependent, can be contributors to economic growth.
In addition to specifically targeted programmes, disabled people should be part of all development and empowerment policies and programmes, receiving an appropriate share of resources. For instance, the Population Conference in Cairo agreed that to halt the population explosion and to achieve real development there needed to be specific targeting on women's projects and women's empowerment. Similar targeting must focus on disabled women's projects and disabled women's empowerment.

Appropriate legislation and integrative policies will undoubtedly change social behaviour. The increased status of disabled people, brought about through recognition of their individual achievements and those of their organisations, will contribute to a change in attitudes. It is clear, however, that much more must be done in the fields of information-sharing and awareness-raising. The media programme of the National Union of Disabled Persons of Uganda (NUDIPU) shows that information has to be exchanged at all levels - among disabled people, relevant organisations, the public, the media and policy-makers. And as the NUDIPU programme illustrates, disabled people must determine what information is disseminated and the methods of its dissemination.

There is nothing new in this analysis of the situation of disabled people, and the solutions outlined in the second half of this report are outlined and expanded in the *United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities*. The difficulty remains in translating an awareness of these solutions into concrete and effective practice. The World Summit on Social Development provides an opportunity to move from analysis to action. For disabled people, this has to happen now if there is any chance of achieving the United Nations target of a Society for All by the Year 2,000.
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