

ASIAN AND PACIFIC DECADE OF DISABLED PERSONS, 1993-2002 : THE STARTING POINT



UNITED NATIONS

ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC

**ASIAN AND PACIFIC DECADE OF
DISABLED PERSONS, 1993-2002 :
THE STARTING POINT**



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The background and country papers have been issued without formal editing

FOREWORD

The Asian and Pacific region has by far the largest number of people with disabilities in the world. Poverty is a major cause of this high incidence. Violence and accidents are among the other causes. Despite its large numbers of persons with disabilities, the region was slow in generating meaningful responses to the challenges posed by the United Nations Decade of Disabled Persons (1983-1992): prevention of disability, rehabilitation of disabled persons and equalization of their opportunities in society. However, by the concluding years of the United Nations Decade, there emerged a ground swell of concern over the neglect of disability issues in a region widely acclaimed for its economic advancements.

Furthermore, it was observed that while there had been progress on prevention and rehabilitation, the issue of equalization had been relatively neglected. Negative attitudes towards people with disabilities continued to be widespread. Such attitudes, insidious and even more formidable than the physical barriers in the built environment, obstruct people with disabilities from participating in the life of their communities.

A major positive outcome of the United Nations Decade of Disabled Persons was the emergence of a global movement recognizing the importance of the integration of people with disabilities into society as a means of building "societies for all". This outcome was a significant departure from a long-held perception of people with disabilities as medical cases and objects of charity, towards one focusing on people with disabilities as citizens, community participants and family members.

In Asia and the Pacific, the period of the United Nations Decade was marked by rapid economic growth and progress towards the resolution of civil conflict. This period also witnessed an expansion of the membership of the Economic and Social Commission for Asia and the Pacific (ESCAP). By the forty-ninth session of the Commission, there were 58 member and associate member Governments, covering the entire Asian and Pacific region.

In the context of progress in regional peace, economic dynamism, and a heightened sense of concern for the most vulnerable of disadvantaged social groups, the Commission at its forty-eighth session, held at Beijing in 1992, adopted resolution 48/3 which proclaimed the period 1993-2002 as the Asian and Pacific Decade of Disabled Persons.

The theme of the Asian and Pacific Decade is the promotion of the full participation and equality of people with disabilities in the Asian and Pacific region. The proclamation of the Asian and Pacific Decade of Disabled Persons heralds a new commitment to social progress within the Asian and Pacific region.

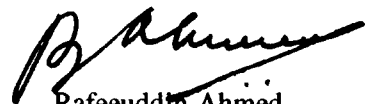
In pursuance of resolution 48/3, ESCAP convened the Meeting to Launch the Asian and Pacific Decade of Disabled Persons, 1993-2002 at Beijing from 1 to 5 December 1992. The Meeting was hosted by the Government of China through the China Disabled Persons' Federation. It was organized with the support of the Government of Japan and in close cooperation with the Asia-Pacific Regional Council of Disabled Peoples' International.

Over 130 participants attended the Meeting. Among them were senior officials of 28 countries and areas. Representatives of nine United Nations bodies and specialized agencies were also present. Twelve major non-governmental organizations active in disability issues in the region were represented at the Meeting.

The present publication is composed of five parts. Part one contains Commission resolution 48/3 on the Asian and Pacific Decade of Disabled Persons, 1993-2002, the Proclamation on the Full Participation and Equality of People with Disabilities in the Asian and Pacific Region, and the Agenda for Action for the Asian and Pacific Decade of Disabled Persons. The report of the Meeting and the Statement of the Non-governmental Organization Symposium on the Asian and Pacific Decade of Disabled Persons, 1993-2002, are contained in part two. The background paper for the Meeting, a review of the United Nations Decade of Disabled Persons in the Asian and Pacific region, is contained in part three. The papers that were presented by Government delegations to the Meeting are in part four. Part five contains the papers submitted by United Nations agencies and non-governmental organizations. It may be noted that not all delegations that attended the Meeting submitted papers. Nevertheless, the proceedings provide valuable information on where the region stands at the inception of the Asian and Pacific Decade.

It is hoped that this publication will serve as a useful reference for the strengthening of regional cooperation and the development of activities towards fulfilment of the hope of the 300 million women, men and children with disabilities estimated to be living in the Asian and Pacific region.

I should like to express my deep appreciation to the Government of Japan for its financial support which has enabled ESCAP to issue this publication.



Rafeuddin Ahmed
Executive Secretary

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PART ONE

**COMMISSION RESOLUTION 48/3 ON THE
ASIAN AND PACIFIC DECADE OF DISABLED PERSONS, 1993-2002**

**PROCLAMATION ON THE
FULL PARTICIPATION AND EQUALITY OF
PEOPLE WITH DISABILITIES IN THE ASIAN AND PACIFIC REGION**

**AGENDA FOR ACTION FOR THE
ASIAN AND PACIFIC DECADE OF DISABLED PERSONS**

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**I. Commission resolution 48/3 on the Asian and Pacific
Decade of Disabled Persons, 1993-2002**

The Economic and Social Commission for Asia and the Pacific,

Recalling all General Assembly and Economic and Social Council resolutions on disability matters, including General Assembly resolution 37/52 of 3 December 1982, by which the Assembly adopted the World Programme of Action concerning Disabled Persons, and resolution 37/53 of 3 December 1982, on the implementation of the World Programme of Action, in which, *inter alia*, it proclaimed the period 1983-1992 the United Nations Decade of Disabled Persons,

Recalling also Commission resolution 207 (XXXVI) of 29 March 1980, concerning effective implementation and follow-up of the objectives of the International Year of Disabled Persons, "Full participation and equality",

Mindful that the risk of disability increases with age and that, with the expected rapid ageing of the societies in the region, the number of disabled persons will increase substantially,

Recognizing that while the United Nations Decade of Disabled Persons has increased awareness of disability issues and has facilitated considerable progress in the prevention of disability and the rehabilitation of disabled persons in the ESCAP region, progress towards improving the situation of disabled persons has been uneven, particularly in the developing and least developed countries,

Noting that the Expert Group Meeting to Review and Appraise the Achievements of the United Nations Decade of Disabled Persons in the Asian and Pacific Region, held in August 1991, and convened by ESCAP, recognized that there was a need for a second decade of disabled persons to consolidate the gains achieved thus far in the ESCAP region,

Noting further that the Fourth Asian and Pacific Ministerial Conference on Social Welfare and Social Development, held in October 1991, expressed support for the declaration of a second decade of disabled persons,

1. *Proclaims* the Asian and Pacific Decade of Disabled Persons, 1993-2002, with a view to giving fresh impetus to the implementation of the World Programme of Action concerning Disabled Persons in the ESCAP region beyond 1992 and strengthening regional cooperation to resolve issues affecting the achievement of the goals of the World Programme of Action, especially those concerning the full participation and equality of persons with disabilities;

2. *Requests* the Economic and Social Council and the General Assembly to endorse the present resolution and to encourage, at the global level, support for its implementation;

3. *Urges* all member and associate member Governments to review the situation of disabled persons in their countries and areas, with a view to developing measures that enhance the equality and full participation of disabled persons, including the following:

- (a) Formulation and implementation of national policies and programmes to promote the participation of persons with disabilities in economic and social development;
- (b) Establishment and strengthening of national coordinating committees on disability matters, with emphasis on, *inter alia*, the adequate and effective representation of disabled persons and their organizations, and their roles therein;
- (c) Provision of assistance, in collaboration with international development agencies and non-governmental organizations, in enhancing community-based support services for disabled persons and the extension of services to their families;
- (d) Promotion of special efforts to foster positive attitudes towards children and adults with disabilities, and the undertaking of measures to improve their access to rehabilitation, education, employment, cultural and sports activities and the physical environment;
4. *Urges* all concerned specialized agencies and bodies of the United Nations system to undertake an examination of their ongoing programmes and projects in the ESCAP region, with a view to integrating disability concerns into their work programmes systematically and supporting national implementation of the present resolution;
5. *Calls upon* non-governmental organizations in the field of social development to utilize their experience and expertise in strengthening the capabilities and activities of organizations of disabled persons;
6. *Urges* organizations of disabled persons to cooperate with government agencies in strengthening means by which citizens with disabilities may realize their full potential, and to strengthen linkages among disabled persons in developed and developing countries to enhance their self-help capacity;
7. *Requests* the Executive Secretary to assist, subject to available financial resources, member and associate member Governments in the following:
- (a) Developing and pursuing national programmes of action during the forthcoming Decade;
- (b) Formulating and implementing technical guidelines and legislation to promote access by disabled persons to buildings, public facilities, transport and communications systems, information, education and training, and technical aids;
8. *Further requests* the Executive Secretary to report to the Commission biennially until the end of the Decade on the progress made in the implementation of the present resolution and to submit recommendations to the Commission, as required, on action to maintain the momentum of the Decade.

II. Proclamation on the Full Participation and Equality of People With Disabilities in the Asian and Pacific Region

- 1.** We the government leaders of ESCAP members and associate members recognize that:
 - Every day in this region people are being disabled due to malnutrition and disease, environmental hazards, natural disasters, traffic and industrial accidents, civil conflict and war.
 - As a concomitant of improvements in child survival, the numbers of children surviving with disabilities are increasing.
 - As more people survive to older age, the numbers of elderly people with disabilities are rising.
 - The living conditions of large numbers of people with disabilities, especially those in rural areas, need to be further improved.
- 2.** We note that in Asian and Pacific societies, minimum care and service are, to a large extent, provided for people with disabilities in the traditional family and community context. However, much more must be done to enable persons with disabilities to develop their full potential so that they may live as agents of their own destiny in the rapidly changing economic and social conditions of the region.
- 3.** Throughout the region, the opportunities for full participation and equality for people with disabilities, especially in the fields of rehabilitation, education and employment, continue to be far less than those for their non-disabled peers. This is largely because negative social attitudes exclude persons with disabilities from an equal share in their entitlements as citizens. Such attitudes also curtail the opportunities of people with disabilities for social contact and close personal relationships with others. The social stigma associated all too often with disabilities must be eradicated.
- 4.** The built environment throughout much of Asia and the Pacific has been designed without consideration for the special needs of persons with disabilities. Physical obstacles and social barriers prevent citizens with disabilities from participating in community and national life. The various impediments to participation and equality are especially formidable for girls and women with disabilities. With improved attitudes, increased awareness and much care, we can build social and physical environments that are accessible for all, i.e., we must work towards a society for all. In this regard, we urge the free exchange of information.
- 5.** We take pride in the fact that in economic terms, Asia and the Pacific is the fastest growing region in the world today. We are also aware that countries in this region are at different levels of development. We resolve that economic progress will also be

reflected in the efforts that we devote to this extremely vulnerable social group in our societies: people with disabilities.

6. We welcome the adoption by the Economic and Social Commission for Asia and the Pacific of resolution 48/3 on the Asian and Pacific Decade of Disabled Persons, 1993-2002, as a catalyst for effective new policy initiatives and actions at national, sub-regional and regional levels aimed at systematically improving the conditions of people with disabilities, who constitute approximately one-tenth of our total population, and for harnessing their full development potential.
7. We thus proclaim and pledge our joint commitment to translating into action in our respective countries and territories the ideals and objectives of the Asian and Pacific Decade of Disabled Persons, and confirm our continued endeavour in accordance with the United Nations Charter's affirmation of faith "... in the dignity and worth of the human person...."

III. Agenda for Action for the Asian and Pacific Decade of Disabled Persons, 1993-2002

INTRODUCTION

The United Nations Decade of Disabled Persons, 1983-1992, coincided with a period of economic dynamism throughout much of the Asian and Pacific region. The concluding years of the United Nations Decade also witnessed major breakthroughs in peace-building in the region marked by significant improvements in conflict resolution and rapprochement between diverse states.

It was in this hospitable context that the *Social Development Strategy for the ESCAP Region Towards the Year 2000 and Beyond* was adopted by the Fourth Asian and Pacific Ministerial Conference on Social Welfare and Social Development, held at Manila in October 1991. The Strategy has the ultimate aim of improving the quality of life of all the people of the ESCAP region. With that aim in mind, the basic objectives of the Strategy are the eradication of absolute poverty, the realization of distributive justice and the enhancement of popular participation. Within the framework of those aims and objectives, the Strategy assigns priority to the region's disadvantaged and vulnerable social groups, including persons with disabilities.

Further to the priority given to the concerns of persons with disabilities in the regional Social Development Strategy, thirty-three countries attending the forty-eighth ESCAP session in April 1992 joined in sponsorship of resolution 48/3 on an *Asian and Pacific Decade of Disabled Persons, 1993-2002*. In adopting the resolution, the Governments of the region expressed their collective commitment to the full participation and equality of people with disabilities.

The Asian and Pacific Decade of Disabled Persons provides an opportunity for the 56 countries and areas of the ESCAP region to consolidate the efforts initiated during the preceding United Nations Decade through a new emphasis on regional cooperation in support of progress at the national level. In particular, it provides a context for the strengthening of technical cooperation among developing countries, as well as between the region's developing and developed countries, in the resolution of key issues that affect the lives of people with disabilities.

To achieve the objectives of the Asian and Pacific Decade of Disabled Persons, an agenda for action is needed that translates the World Programme of Action concerning Disabled Persons into an agenda for the Asian and Pacific region, in response to the review and appraisal of the achievements of the United Nations Decade of Disabled Persons, 1983-1992, in the Asian and Pacific region as contained in document SD/DDP/1, 1992.

The present document provides a framework for the formulation of that agenda for action. The framework consists of the major *policy categories* under which efforts will be required for the implementation of ESCAP resolution 48/3. These basic policy categories include:

- National coordination;

- **Legislation;**
- **Information;**
- **Public awareness;**
- **Accessibility and communication;**
- **Education;**
- **Training and employment;**
- **Prevention of causes of disabilities;**
- **Rehabilitation services;**
- **Assistive devices;**
- **Self-help organizations;**
- **Regional cooperation;**

Each of the policy categories constituting the framework contains a list of areas of concern of direct relevance to the development of policies in support of the full participation and equality of people with disabilities in Asia and the Pacific.

The formulation of an agenda for action for the Decade should be neither an exercise in regional target setting nor an attempt to prescribe a uniform implementation strategy for all countries. Given the vastness and diversity of the region, ESCAP members and associate members will necessarily differ on the details of their respective national action programmes. There will be differences in the relative priority to be assigned to particular activities. Specific short- and long-term objectives, as well as approaches to and the pace of implementation will also vary from country to country. In the final analysis, however, the agenda for action will provide the basis for a regional initiative aimed at realizing the full participation and equality of persons with disabilities, which comprise the objectives of the Asian and Pacific Decade of Disabled Persons, 1993-2002.

Furthermore, the agenda for action is to be viewed in the context of the World Programme of Action concerning Disabled Persons and other relevant United Nations international instruments, mandates and recommendations.

AREAS OF CONCERN

1. National coordination

Establishment of a national coordination committee on disability matters or strengthening of an existing one:

- (a) As a permanent body with adequate infrastructural support;
- (b) With representation from concerned government agencies, and non-governmental organizations, including adequate representation from organizations of people with disabilities;
- (c) To serve as the national focal point on disability matters and facilitate the continuous evolution of a comprehensive national approach to the implementation of the World Programme of Action concerning Disabled Persons and this agenda for action by undertaking the following:
 - Review and coordinate the activities of all agencies and non-governmental organizations working for and on behalf of people with disabilities;
 - Develop a national policy to address issues faced by people with disabilities;
 - Advise the Head of State/Government, policy makers and programme planners on the development of policies, legislation, programmes and projects with respect to their impact on people with disabilities;
 - Render guidance services to ministries in the enforcement of legislation to protect the rights of people with disabilities, and in the elimination of interpretations that are unfavourable to people with disabilities;
 - Mobilize support for the development of a national data base on disability-related issues;
 - Translate the World Programme of Action concerning Disabled Persons and this agenda for action into the national (and local) languages and in appropriate formats for widespread dissemination at all levels;
 - Operate a scheme to upgrade the competence of staff of the national coordination committee, particularly on management skills, policy and programme development, and to include persons with disabilities in staff recruitment and training;
 - Promote resource mobilization for dealing with disability issues, including through the creation of adequate funds with donations from industry, philanthropists and other donors;

- Promote the integration of people with disabilities, including children and women with disabilities, in national plans and in programmes and projects supported by international agencies, including the United Nations Development Programme (UNDP) and the United Nations Children’s Fund (UNICEF);
- Review with donor agencies their funding policies from the perspective of their impact on persons with disabilities;
- Monitor and evaluate the impact of policies and programmes on the full participation and equality of persons with disabilities, and disseminate the results to concerned parties;
- Facilitate national participation in regional cooperation activities related to the implementation of Commission resolution 48/3;
- Establish schemes to accord public recognition of outstanding contributions to progress in pursuance of the goals of the Asian and Pacific Decade of Disabled Persons;
- Encourage the use of the relevant United Nations guidelines for the establishment and development of national coordinating committees on disability or similar bodies.

2. Legislation

(a) Concerning existing legislation:

- Conduct of a survey to identify legal provisions that are restrictive to people with disabilities;
- Amendment or repeal of those restrictive legal provisions and elimination of interpretations that are unfavourable to people with disabilities;

(b) Enactment of a basic law on protection of the rights of all persons with disabilities and prohibition of abuse and neglect of these persons and discrimination against them;

(c) Enactment of legislation aimed at equal opportunity for people with disabilities, covering, for example:

- Affirmative action measures and incentives in favour of opportunities for people with disabilities to participate in education, training, job placement, employment and entrepreneurship;
- Tax relief and subsidies, as appropriate, for parents and guardians of children with disabilities, as well as for people with disabilities;

- Customs clearance and exemption from customs duty of imported vehicles, assistive devices, equipment and materials, including medical supplies, required to facilitate the daily life of people with disabilities;

(d) Enactment of legislation aimed at the elimination of architectural and logistical barriers to freedom of movement of citizens with disabilities, including incentives to encourage:

- Private and public sector involvement in improving accessibility of the built environment;
- Facilitation of use, by persons with disabilities, of land, air and water transport systems;

(e) Enactment of legislation aimed at the elimination of communication barriers to reduce the social and physical isolation commonly faced by people with disabilities, covering, for example:

- Production and dissemination of information, especially public information, in appropriate formats (e.g., large print, Braille, indigenous sign language, audio/video cassette and floppy diskette);
- Facilitation of, and concessions and subsidies for, the use of postal and telecommunications equipment and services by people with disabilities;

(f) Inclusion of the concerns of persons with disabilities in social security legislation;

(g) Enactment of legislation for the promotion of health and safety in the work-place, in public places, and in the home, e.g.:

- Prohibition on smoking as a public health hazard;
- Restrictions on the sale of firearms and fireworks;
- Restrictions on alcohol consumption and driving;
- Control over the roadworthiness of vehicles;
- Standards for the safety of equipment, items for industrial, domestic and personal use, as well as toys and other items that children may have access to;

(h) Development of means of ensuring the effective implementation and enforcement of legislation, including:

- Regulations on and guidelines for implementation;
- Mechanisms to promote enforcement (e.g., community-level committees, ombudspersons, enforcement tribunals);

- Mechanisms to monitor and evaluate the enforcement of legislation;
- (i) Enactment of legislation regarding persons with extensive disabilities, of all ages, that assigns priority to the provision of community-based personal assistance services for daily living, to enable them to live in the community with self-determination and dignity, rather than in residential institutions;
- (j) Dissemination of information on legislation, particularly to people with disabilities and their advocates:
- Enacted specifically to promote equal opportunities for people with disabilities;
 - Enacted for the benefit of broader population groups (e.g., legislation on an issue [poverty alleviation] or for a specific group [women]) among whom many people with disabilities are included;
- (k) Encouragement of the use of relevant United Nations guidelines on national disability legislation;
- (l) Encouragement of exchange of expertise and experiences among ESCAP members and associate members concerning the enactment and implementation of equalization legislation.

3. Information

- (a) Development of national capacity for:
- Collection and analysis of comprehensive and accurate data on the national disability situation;
 - Documentation of disability-related issues and projects in the country;
 - Responding accurately and quickly to queries on disability-related issues in the country;
 - Packaging of information for diverse user groups;
 - Preparation and dissemination of directories of disability-related resources available within the country;
 - Identification of national strengths and needs for the purpose of regional cooperation in pursuance of this agenda for action;
- (b) Collaboration between public libraries, information centres and organizations of persons with disabilities to increase the availability of information material in floppy diskette, large print, Braille, audio cassette and video cassette formats;

(c) Introduction of captions in films and television programmes, as well as those in video cassette format;

(d) Establishment of means to protect the privacy of individuals with disabilities in the collection of disability-related data.

4. Public awareness

(a) Strengthening of national capacity for improving public awareness of the goals of the Asian and Pacific Decade of Disabled Persons through measures such as:

- Training of information service and media personnel and representatives of organizations of people with disabilities on communications about people with disabilities and the Asian and Pacific Decade of Disabled Persons;
- Encouragement of the use of United Nations guidelines on improving communications about people with disabilities;
- Requests to regional broadcasting and media organizations and agencies to support the building of national capacity in this regard;
- Promotion of monitoring of the quality of media coverage of issues related to the Asian and Pacific Decade of Disabled Persons and feed back to media agencies on their observance of the United Nations guidelines;
- Enlistment of development communications organizations, street theatre and folk media groups, and popular media personalities to assist in the communication of information to counter deep-rooted superstitions about disability and persons with disabilities;

(b) Development of sustained national campaigns to promote the competence of and shape positive attitudes towards people with disabilities, directed at:

- The general public;
- Groups in a position to effect change (e.g., community leaders, people with disabilities and their families, children, students, policy makers, administrative authorities, professionals);
- Removal of stigma attached to deformities;
- Promotion of respect for the right of persons with disabilities to parenthood and family life;

- Enhancement of the dignity of persons with disabilities in, and elimination of discriminatory terminology from, advertising campaigns and other mass media activities;

(c) Promotion of endeavours that focus public attention on people with disabilities as equal citizens, such as:

- Cultural events and competitions involving people with disabilities, including in integrated activities;
- Direct involvement of people with disabilities in media activities, including mainstream ones that are unrelated to disability;

(d) Encouragement of the use of terminology to describe individuals with disabilities that focuses on the person and not the disability, such as "people/persons with disabilities" and not "the disabled" or "the handicapped".

5. Accessibility and communication

(a) Review of the planned and existing built environment and practices employed in its extension and maintenance, with a view to the development of measures for improving its accessibility;

(b) Development of barrier-free design codes to cover new construction as well as renovation and expansion (including office and residential buildings, public facilities, areas around buildings, roads and transport infrastructure);

(c) Amendment of existing codes to include accessibility features at the same level of importance as fire safety features;

(d) Introduction of accessibility concerns, with the assistance of people with disabilities, into programmes for the training of professionals and technicians engaged in the construction and maintenance of the built environment, including transport infrastructure;

(e) Development and implementation of guidelines for electronic accessibility to:

- Increase the availability of electronic equipment that people with disabilities may use either with or without special peripherals (i.e., special aids that provide access to electronic equipment, e.g., large print and Braille displays, spoken input and output mechanisms, and keyboard enhancement and replacement products);
- Encourage public and private sector agencies and organizations to consider electronic access for persons with disabilities in their procurement and renting of equipment;

- (f) Encouragement of citizens'/corporate initiatives to develop approaches to the introduction of accessibility to all areas of society, including key areas such as education, information, housing and commerce;
- (g) Selection, by national bodies, of appropriate approaches to the improvement of accessibility for replication on a wider scale;
- (h) Training of personnel whose work involves contact with the public, to improve their communication with people with visual impairment and people with cognitive limitations;
- (i) Support for sign language development aimed at:
- Improving the availability of sign language interpretation services;
 - Facilitating communication between people with hearing impairment and hearing people, including those in public service (e.g., in community centres, legal aid agencies, banks, employment exchanges, police departments, hospitals);
- (j) Expansion of telecommunications services, such as telecommunications relay services and closed captioning, for individuals with hearing and speech impairments;
- (k) Support for enhanced availability of information to vision-impaired people, through such means as:
- Expansion of Braille/audio cassette/computer and voice synthesizer information services;
 - Provision of reading services;
 - Training in the use of Braille and computer equipment;
 - Encouragement of the production of information in floppy diskette, as well as in large print and high contrast format, and with tactile markings;
 - Increase of the availability of low-cost low vision aid devices;
- (l) Encouragement of the production of simplified information (e.g., in pictorial modes) to aid users with cognitive disabilities.

6. Education

- (a) Specific inclusion of children and adults with disabilities in national formal and non-formal programmes to meet the goal of education for all;
- (b) Specification of targets for girls and women with disabilities as beneficiaries of national literacy and education programmes and projects;

(c) Designation of a proportion of national and state/provincial budgets for programmes to support the education of persons with disabilities;

(d) Support for the participation of children and adults with different types of disabilities in the mainstream of the educational system through measures such as:

- Development of home- and community-based early intervention services for children with disabilities;
- Education of parents and families of children with disabilities;
- Conduct of positive attitude formation programmes aimed at non-disabled persons in the educational system (e.g., school authorities, teachers and students) to break stereotyping of persons with disabilities;
- Organization of logistical support (e.g., transport and accommodation) to facilitate the participation of persons with disabilities in education programmes;
- Introduction of parent-teacher consultative groups to assist schools in responding to the changing individual educational needs of children with disabilities, so as to ensure successful integration in individual cases;
- Gradual integration of special education into mainstream education;
- Modification of training/refresher programmes for school teachers to improve their capabilities for developing the full potential of students with disabilities;
- Dissemination of teacher resource materials for use with children with special learning needs;
- Organization of additional support for regular classroom teachers;
- Revision of procedures for the administration of examinations to enable children and adults with disabilities to obtain academic qualifications, including higher education qualifications;
- Use of technology and organization of services to improve access to textbook and reference material in appropriate formats.

7. Training and employment

(a) Use of relevant international labour standards on the vocational rehabilitation and employment of persons with disabilities as a guide and reference for the development and implementation of training and employment programmes;

- (b) Special attention to the participation of girls and women with disabilities in training and employment opportunities;
- (c) Development of pre-vocational training, including at middle and secondary school level, to give girls and boys with disabilities the necessary preparation, if they so choose, for subsequent vocational training and placement;
- (d) Ensuring the:
- Quality of vocational training programmes in terms of their relevance and sufficiency in preparing persons with disabilities for gainful employment in the labour market;
 - Overall functioning of job placement services for people with disabilities in order to place persons with disabilities in suitable jobs in the open labour market;
- (e) Conduct of workshops and seminars involving workers, employers, representatives of cooperatives and non-governmental organizations, including organizations of people with disabilities, as well as other community leaders to:
- Identify new training and employment opportunities for people with disabilities;
 - Encourage job adaptation and work-site adjustment;
 - Develop training and employment schemes for persons with disabilities;
- (f) Strengthening of vocational rehabilitation services through measures that, *inter alia*, emphasize:
- Training of vocational rehabilitation staff;
 - Giving of due attention, through appropriate vocational assessment measures, to the interests and needs of people with disabilities in the planning of vocational rehabilitation services;
 - Upgrading of the skills of job placement officers in ministries of labour and social affairs and rehabilitation centres for job identification, selection, recruitment, placement and follow-up concerning people with disabilities;
- (g) Training of people with disabilities:
- To develop their self-confidence, mobility, as well as skills in business management, and use of advisory services;
 - For gainful employment;

- On ways and means of searching for employment in their communities, including preparation for interviews with prospective employers;
 - In mainstream human resource development facilities, whenever possible and appropriate;
- (h) Support for businesses of people with disabilities through measures such as the:
- Identification of opportunities for the production of goods and services that are in high demand, taking into consideration the compatibility of these with the skills and interests of the persons concerned;
 - Conduct of feasibility surveys to ensure the viability of such businesses;
 - Provision of business advice, facilitation of access to loans and other resources from poverty alleviation schemes, as well as follow-up, with special emphasis on meeting the needs of rural-based people with disabilities;
- (i) Support for the establishment and development of cooperatives that facilitate the equal participation of people with disabilities in their activities.

8. Prevention of causes of disability

Formulation of national policies, programmes and implementation guidelines aimed at:

- (a) Information, education and communication:
- Identification, through a variety of means, of the relative proportion of different types of disability and their social and economic dimensions;
 - Promotion of public awareness of individual, corporate and state responsibilities concerning the prevention of accidents (including road and industrial accidents), violence against persons, abuse of drugs (including alcohol and nicotine), as well as the control of communicable and endemic diseases and malnutrition;
 - Promotion of public awareness of disability associated with child abuse, neglect, exploitation, and victimization in situations of armed conflict;
 - Promotion of public awareness of mental disability;
 - Development of media and campaign activities on the prevention of causes of disability that support the right of people with disabilities to live;
 - Dissemination of information on disability-related aspects of environmental and public health issues to lay persons, technicians, administrators and decision-makers;

(b) Promotion of health and safety through measures that include:

- **Improvement in ante-, peri- and neonatal care;**
- **Training of traditional birth attendants and midwives in the prevention of obstetric trauma and the prevention and management of infections in the newborn, as well as the early detection of congenital anomalies and referral for treatment;**
- **Development of skills for prevention of disability in the training of health care personnel, including traditional healers;**
- **Expanded provision of safe drinking water, water management and sanitation systems;**
- **Encouragement of community sanitation and personal hygiene practices;**
- **Expansion of immunization coverage with special emphasis on the control of measles and poliomyelitis;**
- **Strict control of the use and management of hazardous substances;**
- **Adherence to established safety criteria for the disposal of garbage;**
- **Increase in the availability of low-cost protective devices and promotion of healthy and safe working conditions for workers in the industrial, agricultural and construction sectors;**
- **Noise control;**
- **Emphasis on transport safety;**
- **Encouragement of rational use of drugs;**
- **Emphasis on safety concerns in product design;**
- **Urgent attention to respect for international law, to control of the production, sale and use of weapons that maim and kill even in times of peace, and to the neutralization and total removal of anti-personnel mines in affected countries;**

(c) Special attention to the production and consumption of foods through measures such as:

- **Promotion of school and family food gardens to ensure adequate food supply to social groups at risk of being disabled as a result of deficiencies in total food intake and in micro-nutrients;**

- Distribution of iodized salt;
 - Reduction of the risk of toxicity in the food chain (production processing, preservation, storage);
- (d) **Strengthening of assessment, management and referral covering, *inter alia*,:**
- Early detection and management of congenital anomalies, infections, conditions and injuries that can lead to disability;
 - Maintenance of records of children at risk of disability due to pre-, peri- and post-natal causes, and follow-up of those records for early detection and management of disability;
 - Development of routine screening programmes for children;
 - Conduct of eye and ear camp programmes for low-income groups;
 - Provision of training in testing, analysis of results and referral to health workers, school teachers and volunteers;
- (e) **Improvement of access, particularly in rural areas, to timely surgical interventions through, e.g.,:**
- Development of basic surgical facilities using inter-disciplinary teams with delegation, where appropriate, to trained clinical personnel;
 - Support for mobile teams to provide services to people with disabilities in remote communities;
- (f) **Support for the control of leprosy through long-term public education combined with improved access to multi-drug therapy, training, counselling, and protective aids to prevent progressive disability from nerve injuries and injuries to limbs and eyes.**

9. Rehabilitation services

- (a) **Development of rehabilitation services that are:**
- Based on reliable data on the magnitude and nature of demand for those services;
 - Time-bound for individuals;
 - Accessible by economically marginalized persons with disabilities, including those living in remote areas;
 - Responsive to mental as well as physical disabilities;

- Integrated into main development programmes such as those for primary health care and maternal and child health;

(b) Strengthening and expansion of rehabilitation services through, *inter alia*,:

- Inclusion of rehabilitation as a specific component of national policies on human resources development, social development, health and disaster preparedness;
- Coordination of the rehabilitation services provided by different organizations;
- Continuous review of the level of demand for rehabilitation services, taking into consideration that the benefits of such services may not be well known or accepted;
- Promotion of the participation of people with disabilities in the planning and implementation of rehabilitation policies and programmes;
- Development of awareness programmes for district and local officers and community leaders to strengthen their role in facilitating the improvement of rehabilitation services;
- Training of trainers at national, provincial, district and sub-district levels;
- Upgrading of the professional capabilities of formally-trained rehabilitation service personnel through the regulation of national standards governing qualifications, quality of service and professional codes of conduct;
- Promotion of the capacity of hospitals, health centres and clinics to provide rehabilitation services;
- Development of rehabilitation activities, to the extent possible, in the context of everyday social and economic life;
- Selective use of local cultural resources (e.g., relevant traditional practices) to enhance rehabilitation services;
- Documentation of national experience on the development of rehabilitation skills for replication purposes;

(c) Preparation and dissemination of information on rehabilitation resources:

- Through the mass media and other public service channels;
- In formats that are appropriate for users with disabilities;

(d) Development of community-based approaches as a means of improving access to rehabilitation services, including through:

- Provision of policy, institutional and financial support;
- Adaptation of existing manuals to meet the needs of communities in diverse cultural, linguistic, and economic contexts;
- Increase of training of field workers for work in slums and rural areas;
- Strengthening of the referral system, focusing on the first referral level;
- Support for people with disabilities and their advocates to initiate and develop community-based rehabilitation (CBR) activities;
- Training of advocates and household members in basic rehabilitation techniques;
- Use of experience gained from the self-help movement of people with disabilities to extend CBR services to persons with mental disabilities;
- Conduct of research, evaluation and information exchange;

(e) Expansion of the role of existing rehabilitation service delivery centres as resource centres to support the development of CBR through, *inter alia*:

- Training of CBR trainers, field workers and volunteers;
- Dissemination of low-cost tools, including manuals, for training purposes;
- Organization of specialized follow up as required;
- Assistance in meeting demand for assistive devices;
- Research and networking.

10. Assistive devices

(a) National support for the development of regional cooperation on assistive devices through:

- Identification of national resources employed for the production of assistive devices;
- Development of a roster of national experts on assistive devices, including low-cost ones;

- Inventorization of items produced within the country to facilitate the promotion of intra-regional trade in appropriate assistive devices;

(b) Formulation of a national plan on assistive devices covering overall needs assessment, appropriateness and sustainability, production, import needs and export potential, innovation, distribution, repair and maintenance, and training;

(c) Improvement of the availability of services and equipment for field assessment of needs for assistive devices, as well as expertise for the correct fitting of assistive devices;

(d) Provision of policy and programme support for research and development (R and D) activities emphasizing the application of new technologies to improve the availability of assistive devices that are durable, repairable by local artisans/technicians, and attractive;

(e) Development of information exchange among R and D institutions, personnel (e.g., rehabilitation engineers, applied science researchers), consumers (i.e., people with disabilities), production workshops (e.g., artisans, mechanics, prosthetic/orthotic/ortho-optic technicians) and distribution channels (e.g., non-governmental organizations, business firms, schools, social welfare departments, hospitals and health centres);

(f) Documentation of user experience with locally-produced and imported assistive devices and materials (e.g., appropriateness, local adaptations, costs, factors pertaining to production and distribution) to facilitate R and D, and the promotion of intra-regional trade in appropriate assistive devices;

(g) Organization of a programme for the training of a national corps of trainers in the production of assistive devices;

(h) Support for training through, *inter alia*, the establishment of national standards of technical expertise, conduct of refresher courses and examinations, issuance of technical diplomas, as well as maintenance of a national roster of experienced trainers;

(i) Establishment of programmes (e.g., observation and dissemination of graphic materials and models) to encourage mechanics, technicians and artisans in the use of their skills for the production, maintenance and repair of assistive devices at the local level;

(j) Assistance to community-level bodies and groups, especially low-income groups, to obtain assistive devices (e.g., through the provision of revolving loan funds, use of donated funds to provide partial subsidies), in recognition of the additional costs of disability to the individual.

11. Self-help organizations

(a) Provision of policy, programme and resource support for the establishment and strengthening of self-help organizations of people with disabilities, including associations of advocates and families of persons with disabilities;

- (b) Establishment and strengthening of those organizations to provide a means for:
- Exploration, through joint effort by those directly affected by disability, of ways to enhance the economic independence and social integration of persons with disabilities;
 - Collective self-representation by persons with disabilities in policy and programme development;
- (c) Conduct, by self-help organizations of persons with disabilities, of, *inter alia*, programmes to:
- Build self-confidence among members, through such means as peer counselling, positive role modelling, and skills development to meet individual needs;
 - Strengthen their members' expertise for effective participation in national policy and programme development, especially on organizational management, public relations work, and technical knowledge for advocacy on specific issues;
 - Facilitate access for people with disabilities to information, in appropriate formats, on resources available to the general population as well as specifically for people with disabilities;
 - Strengthen understanding of gender issues;
 - Provide training on rights and responsibilities attached to different roles in society (e.g., as organization members, citizens, voters, employees, entrepreneurs and consumers of services);
 - Provide an avenue for cultural expression by people with disabilities;
 - Increase grass-roots membership;
 - Enhance the increased role to be played by persons with disabilities in decision-making on disability matters;
- (d) Encouragement of the leadership potential of girls and women with disabilities;
- (e) Support for self-advocacy by persons with developmental disabilities;
- (f) Advancement of peer counselling approaches to help meet the needs of people with emotional and mental problems;

(g) Formation, by self-help organizations of people with disabilities, of a national forum representing all disability groups, with the assistance of national organizations and government funding;

(h) Participation in efforts to improve national disability statistics, through the collaboration of the forum with:

- Government agencies to develop a national definition of disability that incorporates, in addition to clinical perspectives, consideration of functional limitations, for various stages of life, in the performance of major life activities (e.g., hearing, seeing, moving, speaking, cognitive processing, school attendance, working);
- Consumer research entities to conduct surveys of the prevalence rates of disability from a functional perspective;

(i) National forum action to:

- Conduct research and disseminate information on the issues that people with disabilities consider significant in their daily lives, as an instrument for policy enhancement;
- Represent forum constituents in a national coordination committee on disability matters and in other bodies as required;
- Undertake advocacy;
- Mobilize resources for activities that directly benefit people with disabilities;
- Facilitate contact between concerned agencies and organizations and various disability groups;
- Organize programmes for meeting the training needs of member organizations;
- Forge intra- and interregional links with similar self-help organizations;
- Establish links with consumer protection groups and market research agencies to encourage the design of products and services that accommodate the needs of consumers with functional limitations;
- Involve experienced members in improving the production and quality control of assistive devices;

(j) Establishment of mechanisms for consultation between government agencies and organizations of people with disabilities on disability matters.

REGIONAL COOPERATION AND SUPPORT IN PURSUANCE OF THE AGENDA FOR ACTION

While the focus of the implementation of Commission resolution 48/3 and the agenda for action is at the national level, the countries and areas of the region would benefit from sharing their experience and expertise.

1. Networking

Regional cooperation may take the form of building up a network of agencies and organizations concerned with supporting national pursuance of the agenda for action and undertaking specific activities in selected areas through the proposed network. The Asia-Pacific Inter-organizational Task Force on Disability-related Concerns, of which ESCAP serves as the secretariat, would assume responsibility for initiating the formation and functioning of the network subject to the availability of funds and absence of legal barriers for the establishment and operation of the network and its activities. The Task Force may be strengthened and may consider setting up a special working group to undertake this function.

The network would operate on a decentralized basis. Agencies and organizations whose work focuses on particular areas of concern could organize themselves into a sub-network. It is envisaged that networking could evolve in response to emerging needs for exchange in the priority areas for action listed in section II above. The totality of the sub-networks would constitute the information and technical exchange network for the implementation of resolution 48/3.

Furthermore, a number of ESCAP members and associate members have made notable progress in particular disability-related areas (e.g., the empowerment of self-help organizations of persons with disabilities, the production of assistive devices) over the past Decade. They would be in a position to serve as *lead entities* in the development of the sub-networks by providing secretariat infrastructure and support required for the operation of the sub-networks.

Each sub-network would assume responsibility for facilitating advancements in its particular area during the Asian and Pacific Decade of Disabled Persons, especially concerning the:

- (a) Increase in the availability of resources (e.g., technology, techniques, skills, materials) in the ESCAP region for the implementation of resolution 48/3 with respect to the particular priority area;
- (b) Facilitation of the exchange of information on that area;
- (c) Support for the strengthening of research and development methodologies for that area to improve the relevance of the techniques, technology and material generated to conditions in the developing countries of the region.

Each lead entity would, in turn, assume primary responsibility for undertaking activities such as:

- (a) Development of a regional information and data base on technical cooperation needs, resources, potential, on-going activities, implementation experience and key contact persons;
- (b) Initiation of networking arrangements among all agencies and organizations interested in furthering that particular priority area;
- (c) Ensuring the accessibility of current information on resources and needs concerning that particular area;
- (d) Development of a roster of experienced persons whose services could, upon request, be called upon to assist countries, particularly to promote technical cooperation among developing countries (TCDC) in the implementation of resolution 48/3;
- (e) Formulation and implementation of specific technical cooperation activities that will have a tangible and positive impact on persons with disabilities in the respective area.

The decentralized nature of the network would facilitate the funding of its activities through the sharing of the responsibility among the participants. The lead entities in particular would bear a major part of the cost of the activities of their respective sub-networks, as a part of their contribution to regional cooperation. The possibility of mobilizing adequate supplementary funding to promote the effective functioning of the network as a whole may be explored.

2. Monitoring and review

The ESCAP secretariat should establish, subject to the availability of resources, an advisory panel of representatives of organizations of persons with disabilities, and other experts, to monitor and review the implementation of the agenda for action and to advise on means of attaining the aims and objectives of the Decade as enshrined in the Proclamation on the Full Participation and Equality of People with Disabilities.

The Commission resolution on an Asian and Pacific Decade of Disabled Persons calls on the Executive Secretary to submit biennial reports to the Commission until the end of the Decade on progress made in its implementation. ESCAP should conduct biennial regional surveys of progress achieved by the countries and areas of the region, and to convene biennial meetings of national coordination committees on disability matters to review achievements and to identify action that may be required to maintain the momentum of the Decade. At those meetings, the representatives of national coordination committees on disability matters would be invited to present country papers detailing national experience in pursuance of this agenda for action. Meetings of the Asia-Pacific Inter-organizational Task Force on Disability-related Concerns should be convened to review the endeavours of its members in support of the resolution.

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PART TWO

REPORT OF THE MEETING TO LAUNCH THE ASIAN AND PACIFIC DECADE OF DISABLED PERSONS, 1993-2002, BEIJING, 1-5 DECEMBER 1992

ANNEX TO THE REPORT

**Statement of the Non-governmental Organization Symposium on the
Asian and Pacific Decade of Disabled Persons, 1993-2002,
Beijing, 30 November 1992**

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I. ORGANIZATION OF THE MEETING

The Meeting to Launch the Asian and Pacific Decade of Disabled Persons, 1993-2002, was convened by the Economic and Social Commission for Asia and the Pacific (ESCAP), at Beijing from 1 to 5 December 1992. The Meeting was hosted by the Government of China through the China Disabled Persons' Federation and organized in close cooperation with the Asia-Pacific Regional Council of Disabled Peoples' International.

Attendance

The Meeting was attended by senior officials of the following members and associate members of ESCAP: Australia, Azerbaijan, Bangladesh, Brunei Darussalam, Cambodia, China, Democratic People's Republic of Korea, Fiji, Guam, Hong Kong, India, Indonesia, Islamic Republic of Iran, Japan, Lao People's Democratic Republic, Macau, Malaysia, Mongolia, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Republic of Korea, Sri Lanka, Thailand and Viet Nam.

The following United Nations bodies and specialized agencies were represented: United Nations Office at Vienna/Centre for Social Development and Humanitarian Affairs (UNOV/CSDHA), United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Volunteers Programme (UNV), Office of the United Nations High Commissioner for Refugees (UNHCR), International Labour Organization (ILO), Food and Agriculture Organization of the United Nations (FAO), United Nations Educational, Scientific and Cultural Organization (UNESCO) and World Health Organization (WHO).

The following non-governmental organizations and other organizations were represented: Christoffel-Blindenmission, Disabled Peoples' International (DPI), Handicap International (HI), Help Age International (HAI), Hilton Perkins International Programme, International Initiative against Avoidable Disablement (IMPACT), International Centre for the Advancement of Community-based Rehabilitation (ICACBR), International Council for Education of the Visually Handicapped (ICEVH), Rehabilitation International (RI), Save the Children Fund (U.K.), and World Blind Union (WBU).

II. OPENING OF THE MEETING

His Excellency Mr. Qian Qichen, State Councillor and Minister of Foreign Affairs of the People's Republic of China and Chairman of the Commission, presented the inaugural address to the Meeting. He stated that while there had been noticeable improvement in the region concerning awareness and the living conditions of disabled persons since the proclamation of the United Nations Decade of Disabled Persons, the goals of the World Programme of Action concerning Disabled Persons, nevertheless, remained far from being fulfilled. The launching of the Asian and Pacific Decade with an agenda for action would serve as a practical means of giving further impetus to the implementation of the World Programme of Action concerning Disabled Persons.

The State Councillor noted that the Asian and Pacific region, with more than half of the world's people with disabilities, had proclaimed at the forty-eighth session of ESCAP held in April 1992 the Asian and Pacific Decade of Disabled Persons. He affirmed China's active support of and participation in the forthcoming regional Decade, including the agenda for action which the Meeting was expected to devise to implement the World Programme of Action concerning Disabled Persons.

The Chief of the Social Development Division of ESCAP read to the Meeting the message of the Executive Secretary of ESCAP. In his message, the Executive Secretary referred to the adoption by the Commission, at its forty-eighth session, of a resolution that proclaimed the period 1993-2002 as the Asian and Pacific Decade of Disabled Persons. The adoption of that resolution signified unequivocal commitment by the Governments of the region to furthering the momentum generated by the United Nations Decade. The representation at the Meeting of a number of concerned non-governmental organizations was noted. The Executive Secretary further noted that people with disabilities suffered disproportionately from the negative effects of economic growth. The time had arrived to move "from awareness to action" and "towards a society for all".

Mr. Deng Pufang, Chairman of the China Disabled Persons' Federation, drew the attention of the Meeting to numerous measures that were being implemented in China in support of people with disabilities. Those measures included the establishment of a national coordination body on disability issues, a national sample survey, and promulgation of the Law on Protection of Disabled Persons. The Chairman announced the decision of the Government of China to donate US\$ 50,000 to ESCAP for activities in support of the Decade. China, stated the Chairman, would also be willing to assist in publicizing the Decade by sending a troupe of artistes with disabilities on cultural exchanges in countries in the ESCAP region.

The Deputy Director of the Social Development Division, UNOV/CSDHA, speaking on behalf of the Director-General, underlined the increasing importance of regional activities in the context of the current revitalization of the United Nations. He noted that the declaration of the Asian and Pacific Decade was one of the first concrete steps for action beyond the United Nations Decade. While recognizing the achievements of the United Nations Decade, among which was the establishment of an international policy framework for disability matters that was premised on the human rights of people with disabilities, there was still a lack of measurable improvement in the living conditions of people with disabilities. The Deputy Director paid tribute to the Asian and Pacific region for the priority that it assigned to addressing social development issues, including those that particularly concerned people with disabilities.

Senator Eita Yashiro, Chairperson of the Asia-Pacific Regional Council, DPI, in his address, informed the Meeting that the delegates to the Third Regional Assembly of DPI, held at Beijing the previous week, had made a strong commitment to work closely with Governments, United Nations agencies, and other concerned non-governmental organizations to promote the implementation of the agenda for action for the Decade that the present meeting was expected to adopt. The Chairperson emphasized that Government prioritization of disability matters was the key to the attainment of the goals of the Decade. The strengthening of regional networking of government agencies and non-governmental organizations to mobilize and enhance the

effectiveness of resources was, in the Chairperson's view, a necessary means of pursuing action during the Decade.

A. Election of officers

The Meeting elected the following Bureau:

Chairperson:	H. E. Mr. Liu Huaqiu, Vice-Minister of Foreign Affairs, China
Vice-Chairperson:	Mr. Josefa Davui, Assistant Director for Social Welfare, Ministry of Women, Culture, Social Welfare and Multi-Ethnic Affairs, Fiji
Vice-Chairperson:	Dr. Susilo Supeno, Director-General for Rehabilitation Development, Ministry of Social Affairs, Indonesia
Vice-Chairperson:	Mr. Muhammad Alim Baloch, Secretary (Permanent), Special Education and Social Welfare Division, Ministry of Health, Pakistan
Rapporteur:	Ms. Marita Capodocia, Bureau Director, Bureau of Disabled Persons' Welfare, Department of Social Welfare and Development, Philippines

B. Adoption of the agenda

The Meeting adopted the following agenda:

- 1. Opening of the Meeting.**
- 2. Election of officers.**
- 3. Adoption of the agenda.**
- 4. Achievements of the United Nations Decade of Disabled Persons, 1983-1992, in the Asian and Pacific region.**
- 5. Agenda for action for the Asian and Pacific Decade of Disabled Persons, 1993-2002.**

6. Adoption of the report.
7. Closing of the Meeting.

III. ACHIEVEMENTS OF THE UNITED NATIONS DECADE OF DISABLED PERSONS, 1983-1992, IN THE ASIAN AND PACIFIC REGION

The Meeting had before it document SD/DDP/1 on a review and appraisal of the achievements of the United Nations Decade of Disabled Persons, 1983-1992, in the Asian and Pacific region. It also had before it document SD/DDP/2 on ESCAP activities pertaining to the United Nations Decade. The Meeting expressed appreciation to the secretariat for those comprehensive and informative documents.

The Meeting recognized that the United Nations Decade of Disabled Persons had contributed to the forward movement in the ESCAP region on issues concerning people with disabilities. Perhaps the most important aspect of that forward movement had been increased awareness of disability matters both within governments and among the population at large. As a result of that enhanced awareness, coordination mechanisms, particularly at the national level, had been established in many countries in the region. National plans on issues affecting people with disabilities had been formulated in several countries in the region. Furthermore, legislation had been enacted in a number of countries to provide for the equalization of opportunities for persons with disabilities. A few countries in the region had begun to address the issues of access of persons with disabilities to the physical environment and to information.

In reviewing activities undertaken in the region during the Decade to generate demographic and other basic information on people with disabilities, many delegations drew attention to the need for more comprehensive and accurate estimates of the number of people with disabilities as a basis for the formulation of policies and plans. Particular attention was called to the need for a common set of definitions concerning disability. A related problem cited by several delegations was that of the generation of sufficient resources to address disability issues adequately. The Meeting welcomed the work being undertaken by UNOV to develop standard rules on the equalization of opportunities for disabled persons to guide effective national implementation of United Nations declarations, resolutions and other instruments that reaffirmed the human rights of all people, including people with disabilities.

Several delegations underlined the high priority accorded to the prevention of disability in their countries and to the progress that had been achieved in that regard. The Meeting noted the effective work underway to reduce the causes of disability in the region through the close collaboration between government agencies, United Nations agencies and non-governmental organizations. Some delegations drew attention to the large numbers of persons disabled as a result of armed conflict and urged that the production, sale and use of destructive weapons be controlled.

While stressing the importance of the prevention of disability, the Meeting discussed the relative priority to be accorded to that issue in national programmes within the context of Commission resolution 48/3. It was pointed out that the Asian and Pacific Decade was to be one

of persons with disabilities, and that it was to place major emphasis on the full participation and equality of those persons. It was noted that, within that context, persons with disabilities had a responsibility to participate actively in prevention activities, to the extent that such action did not undermine their right to live in dignity. To that extent, prevention activities would be in full consonance with the aims and objectives of the Decade.

Many delegations referred to the considerable progress that had been made in connection with the rehabilitation of persons with disabilities in their countries. In that regard, community-based approaches were cited as a distinctive outcome of the United Nations Decade in the region. However, it was felt that projects based on such approaches were still limited. Wide replication of successful projects was called for. The relative neglect of the rehabilitation of mentally disabled persons was noted. It was felt that during the coming Decade, children and adults with intellectual disabilities should receive more attention.

Noting the valuable role of non-governmental organizations in disability matters, the Meeting recognized the need to enhance cooperation between governments and non-governmental organizations in the coming Decade. The Meeting also recognized the need to enhance harmonization and partnership between government agencies and non-governmental organizations without impinging on the innovativeness, flexibility and independence of non-governmental organizations.

IV. OBSERVANCE OF THE INTERNATIONAL DAY OF DISABLED PERSONS

The Meeting devoted a special session to the observance of the International Day of Disabled Persons (3 December), which had been proclaimed by the General Assembly at its forty-seventh session. The Executive Secretary of ESCAP read to the Meeting a message from the Secretary-General. The Secretary-General welcomed the initiative of the Asian and Pacific region in declaring the Asian and Pacific Decade of Disabled Persons, particularly as the region was home to a large proportion of the world's people with disabilities. The Secretary-General referred, in particular, to legislation to enshrine the civic rights of people with disabilities to participate without discrimination in all spheres of social and economic life. Furthermore, the Secretary-General noted that all other measures were vehicles for giving full expression to the equalization of opportunities for people with disabilities as a matter of right and not as an act of benevolence.

The Deputy Director of the Social Development Division, UNOV/CSDHA, addressed the Meeting on behalf of the Director-General. He called the attention of the Meeting to the decision of the General Assembly, at its forty-seventh session in 1992, to emphasize the promotion and protection of the rights of persons with disabilities, and the integration of disabled persons into the mainstream of development, as the main objectives of national, regional and international action, under the global theme: "a society for all". He informed the Meeting of the special testimonials that the Secretary-General had decided to award for dedicated service in support of the United Nations programme concerning disabled persons. He noted that two recipients of those special testimonials were present at the Meeting. On behalf of the Secretary-General, the Executive Secretary presented the testimonials to those persons. The two recipients were Senator Eita Yashiro, Chairperson of the Asia-Pacific Regional Council of Disabled

Peoples' International, and Dr. Salma Maqbool, Vice Chairperson for South Asia of Disabled Peoples' International.

V. AGENDA FOR ACTION FOR THE ASIAN AND PACIFIC DECADE OF DISABLED PERSONS, 1993-2002

The Meeting had before it document SD/DDP/3 entitled "Asian and Pacific Decade of Disabled Persons, 1993-2002: Towards an agenda for action". It commended the secretariat for having formulated a draft agenda for action for the Decade which reflected the views of governments as well as non-governmental organizations and was in close conformity with the guidelines being developed at the global level by UNOV/CSDHA.

The draft agenda for action contained in document SD/DDP/3 was examined by the Meeting section by section. A number of revisions were proposed by participants and accepted for incorporation into the document.

In its consideration of the draft agenda for action, the Meeting agreed to consider the statement of the NGO Symposium on the Asian and Pacific Decade of Disabled Persons, 1993-2002, convened at Beijing on 30 November 1992. The statement is contained in Annex III of this report.¹

The agenda for action as amended was unanimously adopted by the Meeting. The agenda for action, as adopted, is contained in Annex II of this report.²

In support of the implementation of the agenda for action, the delegation of Australia pledged \$A 50,000 (in addition to the US\$ 20,000 that Australia had pledged at the forty-eighth Commission session; the delegation of China pledged US\$ 50,000; and the delegation of Hong Kong pledged US\$ 50,000.

VI. PROCLAMATION ON THE FULL PARTICIPATION AND EQUALITY OF PEOPLE WITH DISABILITIES IN THE ASIAN AND PACIFIC REGION

The delegation of China, speaking on behalf of 22 co-sponsoring governments attending the Meeting, submitted for consideration and adoption by the Meeting a Proclamation on the Full Participation and Equality of People with Disabilities in the Asian and Pacific Region.

The Meeting adopted the Proclamation on the Full Participation and Equality of People with Disabilities in Asian and Pacific Region. In doing so, the Meeting urged that every effort

¹ In this publication, the statement appears as an annex to the report and is contained in Part Two.

² In this publication, the Agenda for Action is contained in Part One.

should be made to encourage government leaders at the highest level to join as signatories to the Proclamation. The text of the Proclamation is contained in Annex I of the present report.³

VII. ADOPTION OF THE REPORT

The Meeting adopted its report on 5 December 1992.

VIII. CLOSING OF THE MEETING

The closing session of the Meeting was graced by the presence of His Excellency Mr. Wu Xueqian, Vice-Premier of China. On that occasion, His Excellency the Vice-Premier signed the Proclamation on the Full Participation and Equality of People with Disabilities in the Asian and Pacific Region, thus being the first government leader in the ESCAP region to do so.

³ In this publication, the text of the Proclamation is contained in Part One.

ANNEX TO THE REPORT

Statement of the Non-governmental Organization Symposium on the Asian and Pacific Decade of Disabled Persons, 1993-2002, Beijing, 30 November 1992

PREAMBLE

We, the representatives of non-governmental organizations of and for people with disabilities gathered in Beijing, China for the NGO Symposium on the Asian and Pacific Decade of Disabled Persons, 1993-2002, held on 30 November 1992, with the theme "Towards Effective Regional Networking, Solidarity and Action on Disability";

Recognizing that 60 per cent of the more than 500 million people with disabilities reside in this region and that, in China alone, there are 51.64 million people with disabilities;

Recalling relevant United Nations resolutions on disability issues;

Reviewing the achievements of the United Nations Decade of Disabled Persons, 1983-1992, conducted in the Asian and Pacific Region;

Reiterating that the goals of "equalization of opportunities, full participation and sharing" of people with disabilities are still far from being reached; and that their rights of access to social justice, equalization legislation, education, employment, transport and accommodation, community-based integrated services and recreational and cultural activities are still far below the average level existing for non-disabled citizens in society; and that this is even more so among disadvantaged groups such as women, girls and boys, migrants and refugees with disabilities, people with hearing impairment, people with intellectual disability and psychiatric disability, elderly persons with disabilities, the growing number of children and adults with multiple and extensive disabilities; and that people with disabilities in many developing countries, particularly in the least developed countries, are still living in conditions of extreme hardship;

Encouraged by the adoption of resolution 48/3 at the forty-eighth annual session of the Commission at Beijing in April 1992, which proclaimed the "Asian and Pacific Decade of Disabled Persons, 1993-2002", and bearing in mind that this Decade should focus on action rather than just on awareness-raising; and

Heartened by the fact that the concluding years of the United Nations Decade of Disabled Persons, 1983-1992, "also witnessed major breakthroughs in peace building in the region marked by significant improvements in conflict resolution and rapprochement between diverse states" (Agenda for Action SD/DDP/3; p. 1, Line 2);

Exhort member governments to incorporate the following within the Agenda for Action for the Asian and Pacific Decade of Disabled Persons, which we fully endorse and pledge to support. It is a powerful tool for the implementation of the World Programme of Action Concerning Disabled Persons and the promotion of the Asian and Pacific Decade of Disabled

Persons. Therefore, the representatives of member States of ESCAP are encouraged to give life to this Agenda for Action by unanimously adopting and implementing it in its entirety.

FULL PARTICIPATION, EQUALIZATION OF OPPORTUNITIES AND SHARING

We encourage Governments to enact and implement laws which will protect the right to full and equal participation of women, men, girls and boys with disabilities, in all aspects of life in the community. These laws must include basic and fundamental rights to sexuality, marriage, parenthood and family life, as well as rights of access to information and documentation in acceptable formats and media of communication, formal and informal education at all levels, vocational training and gainful employment, and community-based integrated services. Legislation is to be enacted to ensure access to a barrier-free and ecologically-sustainable environment by stipulating full access for all citizens to new construction of housing, public buildings, work places, streets and public spaces, as well as modes of public transportation. Importance is also placed on legislation to support accessible facilities for cultural, leisure and sports activities for people with disabilities.

We encourage Governments to legislate for social security and preferential economic policies and measures such as tax exemption, loans, special subsidies and special funds, and strengthen measures for vocational training for people with disabilities, in which priority should be given to people with extensive disability and those living in conditions of extreme hardship.

Countries which have enacted and implemented equalization legislation should endeavour to share their expertise and experience with other countries in the region.

We assert that Governments in the region should establish and strengthen permanent and high-level national coordinating bodies on disability issues, which should have men and women with disabilities as standing representatives of organizations of people with disabilities, who have been recommended by organizations of people with disabilities, and individuals from organizations for people with disabilities.

Specific attention must be paid to the development of grass-roots organizations of people with disabilities in which women are given the opportunity to play equal leadership roles and where their voices shall be heard.

Priority must be placed on self-directed (independent) living for people with disabilities. People who need assistance in the activities of daily living should be enabled to live in the community through the provision of self-directed community-based services. Institutionalized living should be strongly discouraged.

RESOURCES AND ORGANIZATION STRUCTURE

In keeping with the World Programme of Action Concerning Disabled Persons (paragraph 85) we call on all Governments in the region, governmental and non-governmental supporting and funding agencies, to provide financial and other support to organizations of people with disabilities and to projects developed by them. Further, overseas development assistance funds

should be made available to programmes and activities of self-help organizations of people with disabilities.

We further commend initiatives taken by United Nations agencies to cooperate with non-governmental organizations of people with disabilities in some countries, and urge member Governments to emulate this good practice and increase financial support to self-help organizations of people with disabilities.

Governments and non-governmental agencies should make particular attempts to: (i) train more national specialists, including those with disabilities, to meet the growing needs of people with disabilities; and (ii) provide better facilities for the improvement of the lives of all categories of people with disabilities, including those who have speech and hearing impairments, intellectual disability, psychiatric disability and those who are elderly. Provision should be made for the promotion of all methods and devices of communication used by people with disabilities.

Governments should consider upgrading and strengthening the existing Asia-Pacific Inter-organizational Task Force on Disability-related Concerns, of which ESCAP serves as the secretariat, to the status of an advisory panel. We also urge Governments to provide funding to organize meetings of this proposed advisory panel, of which ESCAP should serve as the secretariat, to enable it to assume an active role in regional coordination, information and technical exchange, and where appropriate, to initiate formation and functioning of regional networks in areas of specific interests and concerns.

We request that ESCAP put in place a two-way monitoring mechanism that will include time-bound targets and measures to identify actions that may be required to maintain the momentum of the Decade through which progress can be assessed at national and regional levels.

INTER- AND INTRA-GOVERNMENTAL AND NON-GOVERNMENTAL COOPERATION

We strongly support the ESCAP document (SD/DDP/3) titled "Agenda for Action for the Asian and Pacific Decade of Disabled Persons, 1993-2002", and request ESCAP to convene in 1994, in collaboration with Disabled Peoples' International (DPI) and other organizations of and for people with disabilities, a regional summit on disability issues. This summit is specifically to be for the purpose of reviewing the status of the implementation of the plan of action of each member nation, and updating definitions and terminologies to continue to promote the Decade with collaboration and cooperation between governments and organizations of and for people with disabilities. This should be done by utilizing principles and recommendations outlined in the World Programme of Action Concerning Disabled Persons, the Draft Standard Rules on the Equalization of Opportunities for Disabled Persons, Vienna, October 1992 (AHWG/SRDP/3/4) the ILO Convention 159 (1983), ILO Recommendations 168 (1983), the Report on Human Rights and Disability (1991) and all other current and relevant documents.

Governments should allocate sufficient funds for the convening of biennial inter-organizational meetings of organizations of and for people with disabilities in the region.

These meetings should take place immediately preceding the review meetings proposed in the Agenda for Action for the Asian and Pacific Decade of Disabled Persons.

PREVENTION OF CONDITIONS CAUSING AVOIDABLE DISABLEMENT WITH DUE RESPECT TO LIFE AND LIVING

In endorsing section 8 "Prevention of causes of disability", of the Agenda for Action, the NGO Symposium reiterates that the prevention of conditions causing avoidable disablement should be given emphasis in national action plans, with due respect to life and living. As an objective, Governments should direct their efforts towards the reduction of diseases and other conditions which could result in disabilities within time-frames to be specified.

PEACE

In the light of present-day peace initiatives in the Asian and Pacific region and in many other parts of the world, countries which are pouring an ill-affordable major part of their national budgets into the purchase and deployment of weapons of destruction which create human misery and disablement, are strongly urged to reallocate their budgetary priorities from the purchase of such tools of destruction to instruments of peace, social reconstruction, and income-generating projects of people with disabilities. As James Grant stated in the introduction to the 1992 UNICEF annual report, "Can we afford not to beat our swords into plough shares of human development -- for our children, for our future?"

Funds and personnel should be provided to make the neutralization and subsequent total removal of anti-personnel mines an urgent humanitarian priority in those countries affected, and to respect international law and to control the production, sale and use of these weapons that kill and maim even in times of peace.

NGO SYMPOSIUM ON THE ASIAN AND PACIFIC DECADE OF DISABLED PERSONS, 1993-2002

LIST OF PARTICIPANTS

1. Conseil du Batiment Internationale (CIB) '84
2. Christoffel Blindenmission
3. Disabled Peoples' International
4. Handicap International
5. HelpAge International
6. Hilton Perkins International Programmes
7. Hong Kong Council of Social Service

8. **Impact International Council**
9. **International Centre for the Advancement of Community-based Rehabilitation**
10. **International Council for the Education of the Visually Handicapped**
11. **Nepal Association for the Welfare of the Blind**
12. **Redd Barna - Cambodia (Save the Children, Norway)**
13. **Rehabilitation Coordination of India**
14. **Rehabilitation International**
15. **Save the Children Fund (U.K.)**
16. **World Blind Union**

PART THREE

REVIEW AND APPRAISAL OF THE ACHIEVEMENTS OF THE UNITED NATIONS DECADE OF DISABLED PERSONS, 1983-1992, IN THE ASIAN AND PACIFIC REGION

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Introduction

The United Nations Decade of Disabled Persons was launched by the General Assembly on 3 December 1982 with its adoption of two related resolutions. The World Programme of Action concerning Disabled Persons was adopted by the General Assembly through its resolution 37/52. Through its resolution 37/53 on implementation of the World Programme of Action concerning Disabled Persons, the General Assembly proclaimed the period 1983-1992 the United Nations Decade of Disabled Persons.

In proclaiming the United Nations Decade of Disabled Persons, the General Assembly encouraged Member States to utilize the period as one of the means to implement the World Programme of Action. Furthermore, it stressed, *inter alia*, that the primary responsibility for promoting implementation of the World Programme of Action rested with the individual countries, while international action should be directed towards assisting and supporting national efforts.

As stated in the World Programme of Action concerning Disabled Persons, its purpose was to promote effective measures for prevention of disability, rehabilitation and the realization of the goals of full participation and equality of disabled persons in social life and development. It was further stated in the World Programme of Action that people with disabilities should have an equal share in the opportunities and improvement in living conditions resulting from social and economic development in all countries regardless of the countries' level of development.

The new approach to disability issues that became prominent during the United Nations Decade is perhaps one of its more significant achievements. Two major aspects of this new approach involve cognizance of the:

- (a) Citizenship rights of people with disabilities;
- (b) Social and environmental nature of obstacles to the achievement of self-reliance and full equality by people with disabilities.

Towards the end of the United Nations Decade, it was perceived by some that, despite certain achievements, at the global level the United Nations Decade had not perhaps fulfilled its full potential. At the interregional Expert Group Meeting on Alternative Ways to Mark the End of the United Nations Decade of Disabled Persons held at Jarvenpaa, Finland, 7-11 May 1992, a recommendation in a secretariat (United Nations Office at Vienna/Centre for Social Development and Humanitarian Affairs [UNOV/CSDHA]) background paper to promulgate a second Decade (1993-2002) was supported by only a few participants.

In the Asian and Pacific region, while there have been difficulties, the accomplishments of the United Nations Decade have galvanized a sense of collective resolve in the region to focus greater attention on overcoming the obstacles that the United Nations Decade has served to highlight. This document reviews and appraises the achievements of the United Nations Decade of Disabled Persons in the ESCAP region under the following headings:

- Public awareness;
- Legislation;
- National coordination mechanisms;
- National action plans on disability issues
- Integration of action plans into development planning;
- National disability databases and information centres;
- Prevention of disability;
- Rehabilitation of disabled persons: supportive infrastructural facilities, community-based approaches, low-cost technical aids, research and development;
- Equalization of opportunities: accessibility, education, vocational training and employment;
- Role of non-governmental organizations, including self-help organizations of people with disabilities;
- Regional cooperation;
- Follow-up to the United Nations Decade of Disabled Persons.

The discussion is based primarily on the papers presented to, and findings of, the Expert Group Meeting to Review and Appraise the Achievements of the United Nations Decade of Disabled Persons in the Asian and Pacific Region, Bangkok, 19-23 August 1991, supplemented by documents made available to the secretariat by United Nations agencies and information on the disability situation in the Pacific provided by the ESCAP Pacific Operations Centre (ESCAP/POC).

A. Public awareness

The observed increase in activities to enhance public awareness of the needs and concerns of people with disabilities and of related disability issues at the national level in recent years has been attributed to the declaration of the United Nations Decade of Disabled Persons. Some countries have demonstrated their recognition of the crucial importance of improved public understanding of disabled persons and disability issues with intensive media and public education programmes. The launching of national events and commemorative days and weeks focusing on people with disabilities has been a common component of national public awareness programmes. The production of news items on disability issues for circulation through the mass media has been another major activity. Regional and national sports and cultural activities have been organized

for people with disabilities. These activities, together with interregional sports and cultural activities for people with disabilities that have been hosted in the region, have helped to draw public attention to the abilities of people with disabilities.

However, despite those activities, there remains concern over the need for sustained public awareness campaigns to overcome social and physical barriers to the full equality and participation of disabled persons. In particular, there is a perceived need for awareness-raising efforts to be directed at specific sectors such as education and district administration.

The perpetuation of negative stereotypes of persons with disabilities in public awareness activities that have been undertaken during the United Nations Decade is another matter of concern. Moreover, there is a need to develop public awareness activities in appropriate information formats for people with disabilities, an area which has been neglected during the United Nations Decade.

B. Legislation

Many countries of the ESCAP region have promulgated legislation directly benefiting people with disabilities. Progress on legislation, nevertheless, differs among countries.

Fiscal policies have been adopted, or are being considered, in several countries of the region. Among those policies are the provision of tax incentives that encourage the employment of people with disabilities, and the introduction of special facilities and accessibility in public places, buildings and service delivery systems. One country has introduced tax relief for parents of children with disabilities. The waiver of customs duty on the import of materials required for the education and daily living of people with disabilities is accorded in some countries, as is the waiver of postage charges for the despatch of those items. Moreover, the provision of concessionary fares for people with disabilities in a number of countries greatly facilitates their mobility. In one country, in accordance with its religious custom, an obligatory tax on everyone's income provides substantial resources for services for disabled persons.

The Government of one country has set up a Committee on Legislation to work out in detail the scope, objectives and general scheme of legislation for disabled persons covering prevention, rehabilitation, social security and welfare, with special reference to economic rehabilitation. That Committee's recommendations are under examination. The parliament of the country has recently passed an act on the protection and rehabilitation of disabled persons and regulations covering the implementation of the act are under preparation.

In another country, numerous bills on specific disability matters are pending. The Government of that country has recently passed an act granting a magna carta for disabled persons that incorporates provisions concerning education, health, employment, accessibility, auxiliary social services, telecommunications, political and civil rights, and prohibition on discrimination against disabled persons. One country has adopted a comprehensive national policy for the protection of disabled persons that covers all aspects of their lives: general provisions, rehabilitation, education, employment, cultural life, welfare, environment, legal liability, and supplementary provisions.

There is a need to move towards the enactment of comprehensive legislation encompassing the diverse aspects that affect the lives of people with disabilities and in particular to protect their rights. The legislation needs to be supported by the issuance of executive instructions that translate the laws into guidelines for their implementation. In this process, specific consideration has to be given to girls and women with disabilities, and the aspirations and needs of each disability group.

C. National coordination mechanisms

Coordination mechanisms exist in many countries and areas of the ESCAP region. Many of those mechanisms were established to prepare for the national observance of the International Year of Disabled Persons (1981). The organizational structures of those mechanisms differ, as do their range of responsibilities.

In one country the Permanent Secretary of State for Interior chairs the National Committee on Welfare and Rehabilitation for Disabled Persons. The Committee serves as a consultative body to the Government on the welfare and rehabilitation of disabled persons, and coordinates the endeavours of the private and public sectors. In another country, the Ministry of Welfare serves as the nodal ministry for matters concerning people with disabilities. In executing its functions it cooperates closely with several concerned ministries and the planning commission, both at the central and state levels. It is supported by the Working Group on the Welfare of the Handicapped. In another model, the national Federation of Disabled Persons serves as the secretariat of the National Organizing Committee of the United Nations Decade of Disabled Persons. Twenty-one government agencies and non-governmental units are members of the Committee.

A strengthening of national coordination mechanisms is required to build on the momentum gained during the United Nations Decade. Overall coordination of awareness-raising, information networking, rehabilitation service and advocacy activities will greatly facilitate the removal of impediments to the achievement of progress.

D. National action plans on disability issues and integration of the plans into development planning

National action plans for disability issues have been formulated in several countries in the ESCAP region.

One country has established a master plan for the period 1982-1991. Its components were four sub-plans that dealt with medical, educational, vocational and social rehabilitation. In the concluding years of the United Nations Decade one country developed a national plan with three main goals: protection of the rights of disabled persons; prevention of disability; and rehabilitation. Another country has initiated nationwide implementation of its five-year work programme for people with disabilities. The implementation of the five-year work programme is supported, *inter alia*, by specific financial allocations and policy measures. Yet another country has formulated two action plans. These are a five-year plan for disability prevention and rehabilitation, and a decade plan of action. The strategies of the decade plan include the

mainstreaming of persons with disabilities, and the strengthening of linkages between government agencies and private sector organizations.

One country has developed a national plan for disabled persons as part of its overall national plan for the next five years. The mechanism used to dovetail the national plan for disabled persons with the overall national plan is the Working Group on the Welfare of the Handicapped. The Working Group has reviewed the priorities, approaches and strategies concerning prevention, education, training, physical, psychological and economic rehabilitation and other development programmes for disabled people.

Many countries have made large increases in the allocation of resources for the implementation of national plans for disabled persons during the United Nations Decade. However, in comparison with the needs, the allocations are still modest. Structural adjustments being undertaken by a number of countries may inhibit needed increases in resources for disability-related programmes.

E. National disability databases and information centres

Existing national-level statistics on the magnitude of disability are inadequate. Disability surveys which have been conducted at local, subnational or national levels in the various countries have shown widely varying prevalence rates of disability ranging from a low of 1.6 per cent to a high of 9.49 per cent. Such variance suggests that existing information provides a poor basis for policy formulation, programme planning and resource allocation. In that regard, it may be inappropriate to fall back on the United Nations estimate of a 7 to 10 per cent prevalence rate. The current round of national decennial census, which in many instances includes detailed information on disability, should improve the basic data on disability.

Some countries are supplementing the national census by large-scale and detailed surveys of disability. In some cases, the data from those surveys are being computerized as part of the establishment of national databases/information centres to provide information for policy makers and programme personnel at national, provincial and local levels.

One country is in the process of establishing a sophisticated and fully computerized national information centre on disability and rehabilitation. The centre's database is being structured to provide information not only to planners, but also to researchers, institutions and individuals. Information is being collected from diverse government and non-governmental sources. A technical library that serves as a repository of all print and electronic media material on disability produced in that country is a part of the centre.

F. Prevention of disability

The prevention of disability is one area in which significant progress has been made during the United Nations Decade. Credit for much of that success goes to the national primary health care programmes and special programmes, such as expanded programmes of immunization, for social groups that are at high risk of disability. There has been improvement in the availability of food and iodized salt which has helped to reduce disability associated with

various forms and degrees of malnutrition. In many countries of the region, campaigns have been conducted to prevent avoidable disablement through the mobilization of community support and the use of low-cost technologies. People affected by leprosy have been among the beneficiaries of such campaigns, which in their case has sought to break the link between leprosy and disability. Nevertheless, much more effort is needed in the region. For example, natural disasters that precipitate disability may not always be avoidable. However, their impact on disability can be attenuated through, *inter alia*, incorporating appropriate disability prevention measures in disaster preparedness programmes.

Basic service measures have been implemented to prevent disability. They include the intensification of maternal and child health care and the regulation of environmental hazards. Concern over the prevention of secondary disability has led some countries to implement national programmes for early detection and management of disability.

Concerted national programmes with specific targets for disability prevention have been introduced to control communicable and endemic diseases and eliminate certain types of disability caused by those diseases. The eradication of poliomyelitis before the end of the century is a target of one country. A national programme for disability prevention in another country in the region includes epidemiological studies and training for health personnel. As accidents are a common cause of permanent disability in the region, a national safety council has been set up in one country during the United Nations Decade. The council formulates and monitors strategies pertaining to the prevention of accidents on the road, in the work place, in public areas, and in the home.

In spite of the successes in the prevention of disabilities, it is felt that this is still an area for priority attention and action. In this regard, it is noted that the Global Plan of Action for Children, and various related regional and national plans, aim to reduce substantially or to eliminate disabilities resulting from easily preventable causes such as vitamin A and iodine deficiency and poliomyelitis. Experience gained on prevention efforts undertaken during the United Nations Decade underscores the need for emphasis to be placed on causes and not on people with disabilities. Campaigns on prevention have to affirm the right of people with disabilities to life and to avoid reinforcing discrimination against them. Thus, in addition to the issues already mentioned, such as malnutrition and communicable and endemic diseases, prevention efforts in the region need also to address issues such as agrochemical contamination, misuse of pharmaceutical products, industrial, traffic and agricultural machinery-related accidents, and the use of weapons with highly destructive power in situations of violence and armed conflict.

G. Rehabilitation of disabled persons

During the United Nations Decade considerable progress has been made in the region in the rehabilitation of people with disabilities. Progress has been especially noteworthy with respect to the development of a wide range of rehabilitation services and supportive infrastructural facilities, initiation of non-institutional, community-based approaches, design and production of

low-cost technical aids, and the establishment of specialized institutions for research on the rehabilitation of specific disability groups.

Supportive infrastructural facilities

One country in the region has initiated during the Decade a national pilot scheme of 12 district rehabilitation projects to improve access to rehabilitation services in rural areas. The scheme envisages close integration with ongoing programmes such as those in the fields of women and child welfare, health and education. Rehabilitation clinics have been established to meet the needs of people with disabilities in the remote areas of another country in the region.

Increasing numbers of hospitals in many countries have established rehabilitation departments. Prosthetic and orthotic services utilizing low-cost indigenous materials are a regular feature of those departments in one country. Rehabilitation engineering and rehabilitation medicine departments have been established in many universities.

The training of rehabilitation personnel, including professionals, paraprofessionals and volunteers, has received much emphasis in both government and non-governmental organization programmes. Some countries have established national rehabilitation councils or are in the process of doing so. In one case a rehabilitation council has been set up along the lines of the national medical council, with a mandate to prescribe and regulate standards of professional rehabilitation training and practice.

One country has introduced some 800 day care centres for children with disabilities, and over 1,000 work rehabilitation centres for people with intellectual disabilities and people with mental illness, to assist in their care within a community setting. Furthermore, over 30,000 nursing groups have been introduced at the level of neighbourhood committees to assist families in the care of members with mental disorders. However, institutionalization is still the main approach adopted for the rehabilitation of people with mental disabilities. Some countries of the region are considering ways of involving communities in the rehabilitation of people with mental disabilities.

Community-based approaches

An exciting development during the United Nations Decade has been that of community-based approaches to rehabilitation. While a wide range of views on community-based rehabilitation (CBR) has been generated, there is no doubt that the concept has been generally accepted as a necessary alternative to institutional rehabilitation.

It has become accepted that community-based approaches are required to meet the needs of larger numbers of people with disabilities, especially those in the rural areas and slums of the region. Such approaches are considered to be particularly useful in enabling families with disabled members to provide more effective support to those members to live in the community. Many of the region's experts regard community-based and institution-based approaches to rehabilitation as complements which together cover a wide range of disabilities and do so in a way that better utilizes available resources.

CBR has been adopted as the basis of a national rehabilitation strategy in one country. In another country of the region CBR is being promoted in the context of government policy to foster the development of a "caring culture" that encourages concern for the weakest members of society, particularly people with disabilities. The oldest CBR programme in the world is located in the region. The adaptation of the CBR concept to an urban setting has been pioneered in East Asia. Numerous CBR projects have been initiated by government agencies and non-governmental organizations during the United Nations Decade in the countries of the Asian and Pacific region, mostly on a pilot basis.

Experience in the implementation of CBR projects based on the WHO model indicates that the following factors are crucial to the success of CBR:

- Community understanding of the rights of disabled persons and of disability issues;
- Participation of people with disabilities, particularly in planning and self-advocacy;
- Interest in or willingness on the part of local institutions to support CBR activities;
- Availability of infrastructure and resources at the community level;
- Effective primary health care and other services, including a referral system;
- Consistency of technical support, training and follow-up.

Expansion of the coverage of rehabilitation services to rural and slum populations remains an issue of serious concern in the ESCAP region. Among the problems that have been encountered concerning the implementation of CBR are the lack of government commitment, shortage of personnel for rehabilitation work and an inadequate exchange of information within and between countries. Despite the availability of a WHO training manual for CBR, which has been translated into many languages of the region, CBR experts in the region feel that there has been inadequate use of this manual by CBR field workers. It has been suggested that some of the contents need to be modified to fit local needs. Furthermore, training materials and opportunities for the effective implementation of CBR are also considered to be inadequate. There is a lack of audio-visual materials, CBR manuals with respect to specific disabilities, as well as training on CBR management. Overall, it is felt that there has been a tendency to develop more comprehensive CBR programmes for people with physical disabilities than for those with intellectual disabilities.

Efforts are needed to expedite implementation of rehabilitation policies adopted at the national level by disseminating them to middle-level authorities and grass-roots personnel. The use of mobile rehabilitation units to support home- and community-based rehabilitation is an approach that has been effectively pursued in certain countries in the region. This approach has proved to be of value, particularly in stimulating community interest in rehabilitation, and in

providing basic skills to volunteers for rehabilitation services. In one country in the region, mobile surgical intervention services to restore sight, mobility and hearing have been developed using specially designed road and rail vehicles to reach remote rural communities. Monitoring and evaluation of policy implementation has to be undertaken to help improve the effectiveness of new approaches that have been developed to rehabilitation.

Low-cost technical aids

Concerning the design and production of low-cost technical aids and appliances, there is a general perception that increased attention to this matter has been given during the United Nations Decade by many government and non-governmental organizations in the ESCAP region.

In one country, a rehabilitation technology centre was established in 1987 to provide scientific and technological inputs for the development and standardization of appropriate low-cost technical aids. To further support such work, the Government of that country has launched a top national priority project entitled "Science and technology project in mission mode on application of technology for the welfare and rehabilitation of the handicapped".

In another developing country, a national organization responsible for disability matters is planning to establish a national centre for the supply of technical aids, with supply stations attached to branches of the organization at all levels. The centre will serve as the heart of a national service network that will undertake investigations, information dissemination and the supply and maintenance of technical aids.

An international non-governmental organization operating in several countries of the ESCAP region has developed sustainable appropriate technology and training programmes for the production of low-cost prosthetic devices and mobility aids. The training programmes involve intensive training of local technicians, who are themselves disabled, with the aim of creating a pool of skilled personnel who will be able to provide care for their peers with disabilities. The training not only promotes a sense of self-worth among persons with disabilities, but also provides them with an income-generating skill. Workshops have been set up for the production of robust, adjustable and repairable orthotic and prosthetic devices by local technicians, using inexpensive, locally-available materials.

Despite some progress during the United Nations Decade, the design and production of technical aids and appliances remains an area where far more effort is required. Technical exchanges among the countries of the region, both developing and developed, will be particularly useful in improving the development of low-cost, culturally appropriate models. A regional information centre that can collect and disseminate information on state-of-the-art developments can contribute to progress in this field.

Research and development

A promising indication of the growing sophistication of the rehabilitation work in some countries in the region is the establishment of research and development institutes devoted to specific types of disability. For example, one country has established a network of national

institutes that serve as apex-level organizations for research, rehabilitation and the development of service modules for people with visual, hearing, orthopaedic and mental disabilities. There is, nevertheless, scope for improvement in this area. Research and development activities can be built into the work of rehabilitation programmes to further knowledge on their effectiveness.

H. Equalization of opportunities

The United Nations Decade has generated considerable awareness of the goal of equalization of opportunities, although in comparison with the other two goals of prevention and rehabilitation, progress remains modest.

Accessibility

Concerning the removal of physical barriers in the environment, while some countries and territories have introduced uniform by-laws, design codes and legislation on accessibility, others are just beginning to show an interest in that issue. This is an area in which much more progress could be achieved if understanding of the issue of access could be improved among public works personnel, architects, builders, and local authority officials, and if technical guidelines were to be developed for their reference.

Even where accessibility legislation has been introduced, there are serious lacunae in implementation. There is also a need for policy measures and action to improve accessibility that take full account of the diverse needs of people with different kinds of disabilities. The meeting of those needs not only involves the building of barrier-free environments, it also requires the elimination of discriminatory practices by the management and staff of various transport systems in the region. An example of such practice by public transport staff in a country where disabled persons are entitled to free public transport is the priority that many staff nevertheless give to paying non-disabled passengers to board public transport vehicles and to obtain seats. These practices impinge on the freedom of movement of people with disabilities.

One of the most gratifying achievements of the United Nations Decade in the region is that of accessibility for people with visual impairment. Braille codes are available for some thirty languages in the region, including national languages and minority languages and dialects. Considerable progress has been made in the indigenous production of Braille writers, thermoform paper and machines, slates and styluses, canes and Braille watches. Many libraries have been set up to make available information in audio cassette form for education, skill development and recreational purposes.

While there has been definite progress on the development of indigenous sign languages in the region, there is a great need for advancement in the expansion of national expertise in indigenous sign languages to improve communication in daily life between hearing and non-hearing people. Training curricula and materials, and sign language dictionaries have to be developed and strengthened in many more developing countries of the Asian and Pacific region. At the same time, the supply of low-cost hearing aids for hard of hearing people, as well as facilities and services for testing, repair and maintenance require much improvement in the region.

Education

Substantial progress has been made during the United Nations Decade on the methodology of special education. This progress is often attributable to national institutes established for that purpose. Experience has also been generated on the mainstreaming of children with disabilities in regular schools. In some countries, pre-school programmes have been introduced which have contributed to the successful mainstreaming of children with disabilities.

There has been a marked increase in the number of special education facilities and programmes. This has resulted in a continuous increase in the enrolment of children with disabilities in several countries in the region. Special education has been incorporated into the compulsory education programmes of one country in the region. However, in some countries of the region, there is insufficient attention to early identification of, and development of interventions for, children with special learning needs.

While the know-how regarding the education of children with disabilities, and the infrastructure for this purpose has been improved during the United Nations Decade, the coverage is still woefully inadequate. This is particularly so with respect to the education of girls and women with disabilities. There is a need for programmes on pre- and in-service teacher training and materials development. The design and development of print and non-print materials for diverse disability groups warrant attention. Efforts to meet the special learning needs of children and adults have to be supported by awareness programmes directed at non-disabled children, parents, school authorities and the community at large.

Vocational training and employment

To date three developing and two developed countries in the region have ratified ILO Convention 159 (1983): Vocational Rehabilitation and Employment (Disabled Persons). There has been an improvement in the quality and an increase in the number of vocational training facilities and programmes designed for persons with disabilities in many countries and areas in the ESCAP region. Moreover, some Governments have introduced measures to reserve a percentage of places in regular skills training programmes for people with disabilities. One country is in the process of establishing an industrial training and rehabilitation centre that will train people disabled from industrial and motor accidents, and military and police duties. It is expected to be the largest such centre in South-East Asia. In most of the developing countries of the region, however, vocational rehabilitation services continue to be provided on a piecemeal basis, with priority being accorded to orthopedically disabled persons in urban areas. The changing patterns of disability and the development of new industrial and agricultural techniques call for corresponding changes in employment promotion strategies, including vocational training programmes for persons with disabilities.

As regards employment, in one country it is estimated that 50 per cent of disabled persons in urban areas, and 60 per cent of those in rural areas are employed. In several developing countries of the region, a quota of 1 to 3 per cent of jobs in many categories of establishments are reserved for people with disabilities. Despite such affirmative action measures, at this stage people with disabilities still have serious difficulties in securing

employment in open competition with non-disabled persons. One employment measure which has been attempted is the establishment of sheltered workshops. Sheltered workshops, however, segregate disabled persons from the wider society. The issue requires further examination and action. Special efforts that have been made to integrate disabled persons into agricultural activities indicate that there is scope for the increased employment of persons with disabilities in activities such as crop production, aquaculture and fish processing. The identification of tasks that are compatible with the interests and abilities of individuals with disabilities, and the dissemination of specific technical adaptations and training methodologies need to be promoted.

I. Role of non-governmental organizations, including self-help organizations of people with disabilities

Throughout the United Nations Decade, non-governmental organizations in the ESCAP region have played a pioneering and pivotal role in the field of disability. Long before concerted government action, and before the appearance of disability issues on international agendas, non-governmental organizations have devoted themselves to helping to meet the needs of disabled persons. In addition to that, non-governmental organizations have played a crucial role in raising public awareness and in lobbying for legislative and policy measures.

During the United Nations Decade, the work of non-governmental organizations has contributed to the creation of a more positive climate for attention to disability issues. In most countries of the region governments have actively sought non-governmental organizations as partners in the formulation and implementation of national action plans on disability. In many countries governments have even funded non-governmental organization programmes in the field of disability. Non-governmental organizations have helped to expand programme coverage to areas that have not otherwise been reached. The strength of non-governmental organizations lies in their flexibility and capacity to respond quickly, in creative ways, to critical needs. This strength has been brought to bear positively on the disability situation in the ESCAP region.

In contrast to the non-governmental organizations that work for disabled persons, self-help organizations of persons with disabilities, with the exception of long-established self-help associations of blind people, are at an early stage in their development in the ESCAP region. This is particularly so with respect to cross-disability organizations. Nevertheless, 17 cross-disability organizations have been established in the Asian and Pacific region during the United Nations Decade. There is a need for a strengthening of dialogue and cooperation among single disability organizations and cross disability organizations to enable them to unite on issues of common interest. Through unity, they will be in a far stronger position to advocate their own participation in decision-making on matters affecting them.

A significant gain of the United Nations Decade is the increasing confidence and assertiveness of people with disabilities. This has been closely associated with the strengthened role of self-help organizations of persons with disabilities in national policy formulation and programme implementation.

J. Regional cooperation

During the United Nations Decade, action has primarily been at the national level. Knowledge from the experience gained has tended to be retained at the national level. It is crucial that the accumulation of experience that has been gained during the United Nations Decade should be shared at the regional level. An increase in regional meetings, training programmes, field visits, as well as information exchange through print, electronic and audio-visual means, can provide further impetus to national level programmes.

Existing self-help organizations of people with disabilities have begun to play a role at the regional level in initiating and strengthening similar organizations in individual countries and areas. United Nations agencies and non-governmental organizations, in cooperation with governments, have, during the United Nations Decade, organized inter-country training activities and attachment programmes in areas such as community-based rehabilitation and the production of prosthetic devices.

There remains a need for mechanisms that can assist in matching and disseminating information on technical assistance requirements with resources, including expertise, that are available within the region. Separate mechanisms need to be developed for key areas of concern, such as legislation and low-cost technical aids. In this respect, those countries that have made significant advancements in particular areas over the past Decade or have the resources to work in particular areas, are especially well placed to contribute to the development of new technical assistance mechanisms. The United Nations and regional and international non-governmental organizations also have an important role to play in helping to systematize and promote various modes of regional cooperation in support of the implementation of the World Programme of Action concerning Disabled Persons. For example, the major regional programmes of United Nations agencies can be revised to include targets and measures in support of people with disabilities, including especially disadvantaged groups.

Concerted action involving governments, non-governmental organizations and the United Nations will be required to strengthen regional cooperation activities and explore fresh modalities for placing those activities on a firm operational basis in the period beyond the current United Nations Decade (1983-1992).

K. Follow-up to the United Nations Decade of Disabled Persons

Both the developing and developed countries of the Asian and Pacific region have recognized the need for a second decade of disabled persons to consolidate the gains achieved thus far in the region. This recognition was evident at the Expert Group Meeting to Review and Appraise the Achievements of the United Nations Decade of Disabled Persons held at Bangkok in August 1991 and at the Fourth Asian and Pacific Ministerial Conference on Social Welfare and Social Development held at Manila in October 1991. The Commission, at its forty-eighth session held at Beijing in April 1992, adopted on 23 April its resolution 48/3: Asian and Pacific Decade of Disabled Persons. Thirty-three governments of the ESCAP region co-sponsored the resolution.

To assist the countries and areas of the region in the implementation of Commission resolution 48/3, ESCAP is convening a meeting to launch the Asian and Pacific Decade of Disabled Persons, 1993-2002, at Beijing from 1 to 5 December 1992. A preliminary draft prepared by the secretariat will be presented to the meeting to facilitate its task on the formulation of an agenda for action for the Asian and Pacific Decade.

PART FOUR

COUNTRY PAPERS

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I. AUSTRALIA

A. NATIONAL OVERVIEW

During the United Nations Decade of Disabled Persons, Australia embarked upon a series of landmark reforms with the aim of providing people with disabilities with the same rights and opportunities as all Australians. These reforms include the:

- (1) Disability Services Act (1986);
- (2) Commonwealth State Disability Agreement (1991);
- (3) Disability Reform Package;
- (4) Disability Discrimination Legislation.

In order to achieve meaningful and enduring reforms there must be cooperation and participation in the reform process at all levels of society. In Australia an unprecedented partnership between people with disabilities; the federal, state and local levels of government; employers; and unions has resulted in significant changes in attitudes and opportunities.

Recognition of the importance of cooperation and partnership began with the International Year of Disabled Persons, as people with disabilities asserted that they wanted to be seen as "people" rather than as "patients". Since then, it has been gaining momentum. In particular, there has been widespread recognition of the importance of participation of people with disabilities in the work force in gaining economic independence and a sense of self-worth. By focusing on the ability and potential of people with disabilities, Australians are working together to lower the barriers of ignorance and apathy. This is resulting in policies directed towards an expansion of opportunities for people with disabilities, a focus on returning to work in the rehabilitation process, greater emphasis on the rehabilitation process, and greater emphasis on the prevention of work related injuries.

B. POLICY MEASURES

The International Year of Disabled Persons (1981) focused public attention on the issue of disability. Through increasing awareness within the Australian community, the Year provided impetus for incorporation of the principles of social justice into public policies. For example, the Australian Government restructured its advisory mechanisms to give people with disabilities greater opportunities to participate in the decisions that affect them and also funded emerging disability lobby and advocacy groups. The Disability Advisory Council of Australia (DACA) was established in 1983 to advise the Minister responsible for disability services on the impact of policies which affect people with disabilities and their families. This Council consists of people with disabilities and people who have first-hand experience with disability issues. Also of key importance was a Statement of Accord signed in 1982 between the Australian Labour Party and the Australian Council of Trade Unions. This became the basis for the "social contract" which

has been a significant factor in shaping changes within Australia during the period of the United Nations Decade.

A comprehensive review of programmes and services for people with disabilities called the Handicapped Programmes Review was initiated by the Australian Government in 1983. The recommendations of this Review were tabled in Federal Parliament in 1985, in a reports entitled "New Direction". During the Review, large numbers of submissions were received and thousands of people participated in an unprecedented programme of open public consultation, covering cities and provincial centres throughout Australia. Not surprisingly, the Review found that people with disabilities wanted jobs, homes and a chance to live an ordinary life like other Australians. The Review highlighted the need to improve the range and quality of services for people with disabilities through the development of new, more flexible and responsive national legislation.

As a direct result of the Handicapped Programmes Review, the Australian Government introduced national legislation, the Disability Services Act (DSA), which was implemented in 1987. This Act includes a Statement of Principles and Objectives which represent a clear policy statement by the Australian Government on the rights of people with disabilities and key principles and practices that should apply to services provided for people with disabilities. These principles include assertions that:

- (1) Every person with a disability has the same rights as other members of society to realize his or her individual capacity for physical, social, emotional and intellectual development;
- (2) People with disabilities have the same rights as other members of society to services which will support their attaining an acceptable quality of life;
- (3) Programmes and services should promote participation of people with disabilities to reach goals and enjoy life styles which are valued by the community at large and are appropriate to their age.

In order to facilitate change in the way services are delivered, the Disability Services Act (DSA) has been supported by unprecedented levels of funding. Since 1983, there has been a 60 percent increase in real terms in spending on disability services. The Act is administered through the Commonwealth Disability Services Programme which funds community organizations and local government bodies to provide a range of support services for people with disabilities. These support services fall into the broad categories of accommodation, employment and community participation. Community participation comprises advocacy, recreation and information services. These services are designed to respond to the needs of people with disabilities in a flexible and innovative manner.

The new-style employment services provide alternatives to sheltered workshops and, recognizing the economic and social significance of labour force participation, aim to assist people with disabilities in entering the mainstream work force. In the past, for many people with disabilities, the opportunity to participate in the community through paid work, and the pride,

satisfaction and financial reward it provides was unavailable. It is now widely understood that employment is an important vehicle for the elimination of poverty and social marginalization.

Despite increased funding and support by government and increased awareness in the community, it must be said that progress in many older congregated services established prior to the DSA has been slow. Most salaries in sheltered employment services are still low and despite the size and poor economic viability of their enterprises many have only implemented marginal structural changes. Recently, however, there has been substantial success in setting standard for service delivery in partnership with people with disabilities, their representative organizations and service providers. In 1991, a set of standards for all services including employment services, known as "Minimum Outcomes" was established. Other standards are currently being negotiated in a cooperative and constructive atmosphere.

Improvements in employment focused services delivery achieved under the Disability Services Act, have gone hand in hand with a far reaching reform of the income security system for people with disabilities in Australia. An important ideal within the Statement of Accord between the Australian Labour Party and the Australian Council of Trade Unions on 1982 was the recognition of the importance of maintaining real standards, fostering social equity and addressing gaps and anomalies in the provision of income support arrangements. In 1988, a Social Security Review was established to address key issues for the reform of income support provisions for people with disabilities. It was of concern that in the twenty years prior to the Review, the total number of people in receipt of the old "Invalid Pension" increased by 146 per cent and less than 2 per cent of those on "Invalid" Pensions had returned to the work force.

The Disability Task Force (DTF) was established in December 1988 to provide a forum for Commonwealth Departments with an interest in show and services for people with disabilities to review the effectiveness and efficiency of Government policies and programmes, and to develop joint initiatives for the delivery of government programmes for people with disabilities. The DTF has conducted extensive national consultations with people with disabilities and disability organizations in order to identify their needs. Since then, the DTF has developed initiatives to assist with the additional costs of disability, to assist the careers of people with disabilities and is currently developing a revised wage structure for people with disabilities. The DTF is also examining ways to improve transport access for people with disabilities through a national transport advisory committee. Post school options for young couple with a disability who are leaving the education system is an area of under servicing which the Government is seeking to address through the DTF and through cooperative State Commonwealth mechanisms. The DTF provided the genesis for a major reform of income support and related labour market programmes known as the Disability Reform Package which was implemented in November 1991. The reform set out to implement practical measures for maximal integration of people with disabilities into the labour market.

The unique feature of the Disability Reform Package is that it transcends boundaries between different areas of government responsibility to provide services which consider the overall needs of the individual. A cornerstone of this sweeping reform is cooperation between income support, rehabilitation, education and training and labour market programmes. These areas combine to develop programmes of support for each individual to enable people with

to maximize their opportunities to participate in the work force. The Disability Reform Package signals a clear shift towards active measures designed to assist people with disabilities to gain employment rather than endure long term dependency. The aims of the Disability Reform Package are to:

- (1) Improve the participation of people with disabilities in employment, education and training activities;
- (2) Make it easier for people with disabilities to participate in, and contribute to, the life and work of the community;
- (3) Make sure that people who have a severe disability and who have limited job prospects get adequate and secure income support.

The package also introduced a range of financial incentives to assist people with disabilities to return to work and to assist the employers who employ them. An integral part of the Package was a major expansion in the number of training, rehabilitation and community employment places.

Another initiative which aims to increase the participation of people with disabilities in a mainstream employment programmes is the Employment Access Programme. People with disabilities are given priority by the Department of Employment, Education and Training in terms of participation in training and employment programmes.

In 1990 the Australian Government commissioned a report to examine a number of barriers to greater work force participation for people with disabilities and steps that could be taken to remove any obstacle. The report, "National Employment Initiative for People With Disabilities", identified a number of major barriers to employment which remained largely untouched despite prior initiatives. These included employer and co-worker attitudes, access to premises and transport, and the types of job and job design. The Report highlighted four areas in relation to the employment of people with disabilities for the government's consideration: wages, discrimination and equal employment opportunity, trade unions and protection for workers in funded services. Some of these were taken up by the Disability Task Force. Discrimination was taken up by the Government and resulted in the introduction of Disability Discrimination Legislation.

In October 1992, the Australian Parliament passed national Disability Discrimination Legislation to complement existing State laws and to offer equal protection for all people with disabilities. This is in keeping with Australia's international obligations under a number of United Nations instruments including the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, and the International Labour Convention covering discrimination in employment and occupation. It is a far reaching piece of legislation which will provide people with disabilities with legal means to address discrimination they may experience in their day to day activities. The legislation aims to eliminate, as quickly as possible, discrimination against people on the ground of disability in the areas of work,

accommodation, education, clubs, sport, the provision of goods, facilities, services and land, existing laws and the administration of Commonwealth laws and programmes.

In 1990, Australia signed the Florence Agreement which removes the tariffs on educational, scientific and cultural goods including aids and appliances specifically designed for people with disabilities. This initiative has enabled access to a wide range of imported aids and appliances at reduced cost. In August 1991, the government also decided to make changes to the sales tax legislation which broadens wholesale sales tax exemptions to include goods used to modify motor vehicles to enable transportation of passengers with physical disabilities.

The signing of the Commonwealth State Disability Agreement in July 1991 marked a new era of cooperation in providing a framework for the Commonwealth and the States to work together to maximize resources, use and minimize duplication. This Agreement provides that the Commonwealth Government will administer employment services for people with disabilities while State Government will administer all accommodation and other support services. Before this Agreement takes effect in a State there is a requirement that the State enact legislation complementary to the Commonwealth Government's Disability Services Act thus ensuring that services for people with disabilities operate on similar principles nationwide. The Commonwealth Government continues to have responsibility for employment services. This is consistent with the Commonwealth's national responsibilities for employment services for the general community and enables direct links with the Social Security system. Under the Agreement, the Commonwealth will be in a position to continue its reform of services on a coordinated national basis. A core principle of the Agreement is that in the future, State Governments and the Commonwealth Government will seek to research and plan for service provision on a cooperative basis, a landmark decision for people with disabilities in a Federal system where State and National rivalries often predominate.

National building requirements and standards affecting people with disabilities are set out in the Building Code of Australia and have been adopted by all mainland States and Territories since January, 1992. The building Code of Australia was developed by the Australian Uniform Building Regulations Coordinating Council. Special advice is provided by the Access and Mobility Committee made up of representatives from a wide range of community and industry organizations concerned with the needs of people with disabilities. One of the long term effects of the Disability Discrimination Legislation mentioned earlier will be to increase access for people with disabilities to the physical and social environment.

C. PROGRAMMES

Reflecting the policy measures implemented by the Australian Government, and in keeping with the goals of the United Nations Decade and the directives of the World Programme of Action concerning Disabled Persons, new programmes and projects affecting people with a disabilities in Australia have been introduced, and some existing ones have been changed. One such programme is Commonwealth Rehabilitation Service (CRS). This is essentially a government owned community-based support service, with 149 regional units assisting people with disabilities to gain, or return, to work, or to live more independently. The CRS has an integral role, through

the Disability Reform Package process, in identifying and providing programmes tailored to the needs of individual clients.

In 1991, the CRS took up the challenge of testing a vocational rehabilitation service for people with a psychiatric disability. This pilot programme is the first Commonwealth Government programme to specifically target the employment needs of people with a psychiatric disability. In order to provide the long term support needed by many people with a psychiatric disability, the CRS is working closely with State Government and non-Government services to ensure that clients have access to the range of services which can best meet their needs. The programme will be evaluated at the end of a two year period.

The CRS has also worked closely with the Australian Council of Trade Unions to develop a programme known as the Work Training Scheme, which allows a client to work in the actual work place for up to three months to learn the job. The employer is not obliged to offer the trainee a permanent position at the conclusion of the programme, but many do, since the Scheme provides a powerful demonstration of the abilities of the worker with a disability.

In another recent initiative, the CRS has been funded to place fifteen Special Employment Placement Officers in private sector corporations to facilitate the recruitment and employment of people with disabilities. This initiative aims to increase the access of people with disabilities to careers and desirable jobs and to increase awareness and understanding of disability issues in the private sector.

For the CRS, the change in philosophy has meant breaking down institutional barriers and providing services for individuals within each person's community. Such an orientation must necessarily involve people in all kinds of professions and disciplines. Increasingly the rehabilitation process involves cooperation and partnership at all levels.

In 1988, Comcare Australia was established to provide an integrated package of prevention programmes, compensation and return to work programmes for all Australian Government employees. Comcare Australia administers legislation designed to effectively manage the health, safety and welfare of some 280,000 Commonwealth Government employees by addressing prevention, rehabilitation and compensation in an integrated manner. The success of the scheme lies in its ability to:

- (1) Reduce the overall cost of workers' compensation to the employer;
- (2) Provide improved outcomes for injured employees;
- (3) Reduce the social cost of disability incurred at work.

The key to the success of this programme is cooperation at the work place level together with a framework of prevention and early intervention to effect a return to work as soon as possible.

One of the major barriers to employment for people with very severe physical disabilities identified in the Employment Initiatives Report is the absence of personal assistance support in the work place. As a result the Australian Government is currently testing a Work Based Personal Assistance Programme. This approach will assist those people who experience difficulty with obtaining or retaining jobs in open employment because of their personal assistance needs. The pilot programme will be evaluated in late 1992 to determine how this approach can increase access to employment for people with severe disabilities in a cost effective fashion.

The Australian Government's commitment to cooperative arrangements between itself, unions and employers is also demonstrated in the requirements of its occupational health and safety legislation which aims to prevent and minimize injury or disease and any subsequent effects which could cause disability.

D. EXAMINATION OF POLICY AND PROGRAMME ISSUES

Both the 1983 Handicapped Programmes Review and the Employment Initiatives Report identified employer and public attitudes and misconceptions about the capabilities and rights of people with disabilities as major barrier to open employment. In recognition of this problem, the Australian Government has developed broad based communication strategies which focus on raising the level of awareness of employers and workers about the capacities and largely untapped potential of people with disabilities. The implementation of these strategies includes a major three year marketing programme, utilizing resources from three government departments (covering income support, employment and training and specialist disability services). The marketing programme is complemented by a two year employer and union information and awareness raising project.

Employers have also been targeted through the income security reforms mentioned earlier. A data base is being developed which will identify those employers most receptive to employing people with disabilities. In an effort to promote the advantages of employing people with disabilities this core group will be specifically targeted through advertising, direct marketing and face to face follow up interviews. A unique part of this strategy is the development of information networks at the local level by locally employed network facilitators as opposed to the more traditional mass communication strategies.

Another significant problem which the Government has encountered in its attempts to maximize the participation and integration of people with disabilities in all community activities has been significant misunderstanding between major services provider organizations and Government on the change process. Large scale services providers established before the DSA have had difficulty in changing entrenched practices. Sheltered employment services have had particular problems achieving the kind of outcomes for people with disabilities which the DSA requires. In recognition of these problems the Government established the National Technical Assistance Unit (NTAU) in July 1991 to provide business advice and support to enable sheltered employment services to move towards a sound business base and thus to improve working conditions in those services as they move to meet the obligations imposed by the Disability Services Act.

The Australian Government has also recognized that people with a psychiatric, intellectual or acquired brain damage related disability have, in the past, suffered from very considerable neglect. Although attempts have been made to address some of their needs, including the CRS pilot employment programme mentioned earlier, this remains an area of real concern.

E. RECOMMENDATIONS

Despite substantial increases in resources, it is clear that there are many people with disabilities in Australia who continue to miss out on the services they need, and that there are some inequalities in the way in which resources have been applied. It is also clear that a range of programmes are necessary in order that people with disabilities gain access to the opportunities available to all other Australians. Future efforts must build on the initiatives that have already been implemented, with special attention being paid to the following areas:

- (1) Strengthening the links between government departments, service providers, employers and unions, and between Federal and State levels of Government;
- (2) Adding to the momentum gained with respect to the mainstreaming process;
- (3) Striving to break down the remaining attitudinal barriers that inhibit full acceptance of people with disabilities in the community, especially with regard to employment participation;
- (4) Increasing the emphasis on those groups of disabled persons who have been identified as having been neglected in the past;
- (5) Continuing to look for means of empowering the voice of consumers in the service provision and change process.

Obviously we still have a long way to go, but we are now operating in an atmosphere of optimism, with unprecedented levels of cooperation between all parties concerned. We are confident that we have the right environment to achieve what is needed.

II. BANGLADESH

A. NATIONAL OVERVIEW

It is estimated that three to ten per cent of the world population are in some way disabled by sensory, physical or mental impairment leading to psychological, social, and economic problems not only for themselves but also for families and communities. The figure of disabilities in some developing countries is projected to be as high as 20 per cent of the population. Preliminary estimates from several developing countries indicate that some forty million people need rehabilitation. Unless effective action is taken, this number will continue to increase. Collective will and cooperation among nations can play a vital role in the prevention and rehabilitation of persons with disabilities.

Bangladesh is one of the developing countries of Asian and the Pacific region. It is densely populated with about seven hundred fifty people per square kilometer. Only 15 per cent of the population live in urban areas. The economy of the country is mainly agricultural. Bangladesh, like other developing countries is beset with problems like unemployment, poverty, malnutrition, illiteracy, inadequate medical services and natural disasters.

Owing to the absence of a dependable study it is difficult to report a reliable figure for the number of people with disabilities in Bangladesh. According to a sample survey conducted by the Bangladesh Statistical Division in 1982 and projections made by the WHO and ILO estimates run between 0.77 million and 10.96 million, with a wide variation.

Keeping in view the main goals of the World Programme of Action concerning Disabled Persons such as the prevention of disability, rehabilitation of people with disabilities and equalization of opportunities for disabled persons, a number of measures have been initiated to identify the causes of disability and barriers to disability prevention, rehabilitation and equalization of opportunities.

In Bangladesh, the unemployment rate is high and per capita income is one of the lowest in the world, only about US \$200, which causes abject poverty. The literacy rate is 24.8 per cent and only about 45 per cent of the population are covered with existing health services. About 56 per cent of the population suffer from chronic long-term malnutrition. Analysis and empirical studies reveal that these situations are in one way or other the main causes of disability in Bangladesh. For example, about 30,000 children become blind each year because of vitamin A deficiency. Many become disabled due to hazardous birthing practices and lack of pre- and post-natal care. A considerable number of children with mild, moderate and partial disability become severely disabled due to lack of early detection and treatment, lack of knowledge of the parents, and the absence of required services. Frequent natural disasters, road and rail accidents add to the number of disabled. The economic, cultural and social situation of the society are also factors that contribute to disability.

Intervention Programme during United Nations Decade

It is difficult to quantify the changes that have taken place in the national disability situation during the United Nations Decade. It is obvious that some changes have started taking place in the following areas:

- (a) *Family awareness* -- Making people, particularly parents and guardians, aware of the problems, difficulties and potentials of people with disabilities through mass media and other means;
- (b) *Community coherence* -- Informing people about services, training and facilities available for people with disabilities in the country through different media;
- (c) *Access to services* -- Improvement and expansion of existing facilities and creation of new facilities for: identification and measuring the degree of disability and suggesting measures for addressing the needs of people with disabilities;
- (d) *Professional standards* -- Creation of facilities for training teachers, trainers, parents, planners and policy makers who are concerned with the welfare of people with disabilities.

These activities along with the trickle down effect of other macro and micro socio-economic development programmes implemented during this decade have brought about some specific changes in the national disability situation.

B. POLICY MEASURES

1. Legal status of people with disabilities

In the constitution of The People's Republic of Bangladesh the basic rights of people with disabilities have been guaranteed. The Government of the People's Republic of Bangladesh is committed towards achieving the goals of the World Programme of Action to be implemented during the United Nations Decade.

2. Policy formulation and inputs

A comprehensive national policy is being prepared jointly with relevant government departments and non-governmental organizations and will be submitted to the appropriate authorities for consideration and approval. Included in the policy are measures for: ensuring the rights of people with disabilities, equalizing their opportunities, education, training and rehabilitation, creation of employment opportunities, income maintenance, social security, accessibility to the physical environment, accessibility to public information (braille, sign

language, audio and visual aids), incentives for employment, fixing of a quota for employment, provision for detection, prevention and treatment of disabilities.

Pending formal approval of the policy, a number of projects and programmes have already been started within the framework of existing policy during the United Nations Decade. A brief resume of these programmes is given below.

Certain provisions for ensuring the basic rights of the people with disabilities had been introduced in the country through different programmes and activities undertaken both by the Government of Bangladesh and non-governmental organizations since the early 1970's. These programmes and activities were strengthened through necessary modifications, changes, and expansions in line with the present day requirements during the United Nations Decade.

Though no specific legislation has been enacted to ensure employment of disabled persons (including orphans and the destitute), 10 per cent of all government job opportunities have been reserved for people with disabilities through an administrative order. In addition, poverty alleviation programmes, the introduction of universal primary education, employment promotion, rural banking efforts, a plan for 100 per cent coverage of health by the year 2000, and urban development have created a positive effect on people with disabilities, either directly or indirectly.

No specific measure was initiated during the United Nations Decade regarding duty free international movement of equipment and material needed to assist in activities of daily living, education, training and rehabilitation of people with disabilities (as per the Nairobi Protocol). However, a SRO (Statutory Rules & Order) issued previously by the Government previously has permitted import and export of above mentioned aids in a limited manner. In order to update the SRO certain modifications have been suggested.

3. Welfare of people with disabilities in the national development plan

It should be mentioned that the Second, Third and Fourth Five-year Plans of Bangladesh specifically included the welfare of people with disabilities as one of the main objectives. In support of this objective a number of projects and programmes were included in all three plans with the required financial allocations. The Department of Social Services under the Ministry of Social Welfare successfully implemented those projects and programmes which were included in the second and the third Five-year Plans (1980-1990). The projects undertaken in the fourth Five-year Plan are also being implemented as per schedule.

4. Observance of the United Nations Decade

Bangladesh, being a member of the world community, has been trying to benefit from the observance of the United Nations Decade. Its experience and achievements in the field of disability, if not entirely similar, are not very different from other Member States, particularly those belonging to the ESCAP region which have similar socio-economic and cultural environments. From the analysis of the policy measures implemented through a limited number of programme activities as indicated above, Bangladesh could at least partially achieve the main

objectives of the United Nations Decade. For example, programmes using different media especially through radio and television could sensitize at least a part of the general population, planners and policy makers about disability issues and the needs, requirements and potentials of people with disabilities. Awareness campaigns also help the parents and guardians of people with disabilities to handle their problems with confidence and courage. The programmes also could help create a limited number of facilities for identification, assessment, treatment, and prevention of disabilities and provide opportunities to maximize the use of facilities available in the country.

C. PROGRAMMES

1. Prevention of disability

The Government with the assistance of several non-governmental organizations has taken up a number of preventive measures such as an expanded programme of immunization (EPI), distribution of Vitamin 'A' capsules, treatment for diarrhoeal diseases, breast-feeding and nutrition supplement to the pregnant mothers and children to reduce the causes of disability among the children. The primary health care programme with special attention on growth monitoring is seen as a high priority in prevention and early detection of disability.

In respect to education for children with disabilities the extent of services offered in Bangladesh is still rather limited. However, the government and non-governmental organizations run special education and other services (care, shelter and training for different types of disability) in different parts of the country.

The Ministry of Social Welfare is responsible for planning and implementation of different programmes for protection, care, education, training, and rehabilitation of people with disabilities. A brief resume of the activities so far undertaken by the Government is given below.

2. Physically Handicapped Centres (P.H. Centres)

There are three composite Physically Handicapped Centres, popularly known as P.H. Centres, located in three divisional towns. In every P.H. Centre there is provision for special education up to primary level along with pre-vocational training for children with hearing and visual impairment. Limited residential facilities are also available.

3. School for children with hearing and visual impairment

The Government runs three primary schools for children with hearing impairment in three different districts and one secondary school for children with visual impairment. These four schools also have some residential accommodation for children and include some pre-vocational training programmes.

4. Integrated special education programmes

There are forty-seven integrated units for special education for students with visual impairment within secondary schools in different districts run by the Government. In order to

assist these students in catching up with general students, the Government has arranged one resource teacher and one resource room in each of these schools. Special training for teachers in braille, abacus, and mobility is provided. The students are also supplied with braille books and other learning aids.

There are four institutions for children with visual problems, six institutions for those with hearing impairment, and forty-seven integrated programmes for children with visual impairments with a total capacity of 1140. To date 3195 students were admitted to these institutions of which 2456 graduated successfully and are now employed.

5. Vocational training and employment facilities

During the United Nations Decade the Government set up an "Employment and Rehabilitation Programme for the Handicapped" (ERPH) with financial and technical assistance from SIDA and the Swedish Free Mission. The main objective of the programme was to provide disabled persons with vocational education to help them become employed and contribute to the family income. The elements of the programme were:

- (a) Establish a main centre for the training and rehabilitation of people with disabilities and establish one rural sub-centre for the same purpose;
- (b) Introduce placement services for rehabilitation of the people who had received training;
- (c) Establish a sheltered production cum training plastic factory;
- (d) Establish a hearing aid centre.

The ERPH at Tongi was established with the capacity to accommodate 105 trainees per year. The trainees were mainly selected from government and privately run special schools based on the students aptitude and interest. They are trained in mechanical trades, tailoring and canvas work, wood work, and poultry farming. Within the Centre an industrial production unit (IPU) was set up for training and production of plastic products where 90 per cent of the workers are people with disabilities, largely those with orthopaedic and hearing impairments. A Pilot Rural Rehabilitation Centre with capacity of 40 trainees per year has also been established.

6. National Centre for Special Education: A new initiative

As noted above, the special education services are not adequate. In addition, there is a dire need to train professionals to work in and manage these programmes in order to improve further the existing situation. As yet there is no established curriculum, system of training and education, methods for handling problems of people with disabilities at home, in institutions and in communities, and above all training of trainers. However, the Government has shown some initiative in the promotion of special education and welfare of people with disabilities through setting up of a National Centre for Special Education (NCSE) which was completed in June 1972. The NCSE is a national level training and resource centre. The Centre was established by the

Ministry of Social Welfare with the financial and technical assistance from NORAD and three Norwegian funding agencies. The specific objectives and activities of NCSE are:

- (a) Establish a Teachers' Training College for the teachers of special education;
- (b) Establish three laboratory schools for special education for children with visual impairment, hearing impairment, and mental handicap up to primary level (seven years duration) with additional services for pre-school intervention and vocational training. These schools will provide facilities for practice teaching to the trainees of the Teachers' College;
- (c) Offer special training for ancillary staff such as vocational instructors, house parents, matrons, nurses, attendants, technicians engaged in care and training of people with disabilities;
- (d) Offer special training courses for parents, guardians and relatives of the people with disabilities, teachers in the ordinary schools, and representative of non-governmental organizations dealing with educational and welfare programmes for people with handicap;
- (e) Offer local, national and regional training seminars, workshops for the concerned people for motivating them to work with people with disabilities;
- (f) Arrange for import of foreign aids and the development and production of local special teaching aids and supply aids to the relevant institutions, organizations and individuals.

Other activities include: maintenance of teaching aids, developing sign language dictionary, and developing special curricula with teacher's guides for children with hearing and visual impairment and mental handicap.

7. Non-governmental organizations' services

Like all other developed and developing countries the Government has been encouraging the activities of non-governmental organizations. These organizations have come forward working together with the Government to render special education and other welfare services to people with disabilities. In order to facilitate non-governmental organization activities the Government helps with legal support, required guidelines, and other supports for developing programmes. In some cases the Government has provided financial and technical support. For example, the Government has provided physical infrastructure, including building, furniture and equipments to two national non-governmental organizations, the Bangladesh National Federation of the Deaf and the Society for Care and Education for the Mentally Retarded. Provision for such assistance to other non-governmental organizations under the "Social Welfare Services for non-governmental

organizations" programme has been included in the fourth Five-year Plan (1990-95) also and a sum of 125.00 million taka has been allocated for the purpose.

A study made by the Ministry of Social Welfare revealed that about one hundred and seventeen disability related non-governmental organizations have so far been established and registered with the Department of Social Services. There are sixty-nine groups for people with visual impairment, 16 for people with hearing impairment, twenty-three for people with mental handicap, and nine for those with physical impairment.

8. Bangladesh Disability Trust

Conforming with the declaration of the United Nations Decade and the United Nations Convention on the Rights of the Child (1989), a number of programmes and activities as mentioned above have been started in Bangladesh for the welfare of people with disabilities by both the Government and non-governmental organizations. This necessitated establishing a central organization called "Disability Trust" with representation from the Government and non-governmental organizations to provide necessary guidance to those active in the field of disability. The Trust has been approved in principle by the Council of Ministers. The sponsoring Ministry is the Ministry of Social Welfare and the sum of 5 million taka has been allocated in the budget of the Ministry of Social Welfare for the year 1992-93. The objectives of the trust are to:

- (a) Ensure protection of the rights and privileges of people with disabilities;
- (b) Enable concerned organizations to have special provisions, where necessary, for assessment, treatment, education, training, mobility and rehabilitation of people with disabilities;
- (c) Create public awareness about the rights, privileges and potential of people with disabilities and the responsibility of community members to them;
- (d) Make people, especially the parents and the guardians of people with disabilities, aware of the facilities available for disabled persons in the country;
- (e) Encourage GOB and non-governmental organizations to properly utilize existing facilities by providing the required support services and creation of new services wherever necessary;
- (f) Establish cooperation and coordination between the relevant organizations;
- (g) Encourage relevant ministries to prepare the required policies, Acts and Rules for enabling relevant organizations and individuals to achieve the objectives mentioned above.

At the moment formation of the Trust is in its early stage. A small group of officials with an Executive Director have already started the work. Initially the Trust will be established with the initiative of the Ministry of Social Welfare. Once established, it will be a non-governmental organization and manage its own affairs and will look for funds from other sources such as foreign governments, development agencies, international organizations and non-governmental organizations.

D. EXAMINATION OF POLICY AND PROGRAMME ISSUES

1. Background

Although some of the disability related programmes started by both government and non-governmental organizations began in the early 1960's there was very little awareness about the rights, privileges and potentials of people with disabilities until the declaration of United Nations Year of the Disabled. Now Bangladesh, as a member country, integrates them in the long, medium and short term national development programmes and policies. Like other developing countries, the highest development priority has gone to economic development but it was realized that economic development alone would fail to bring the desired level of improvement without appropriate social development. As a result, the highest priority has also been given to education, health, social welfare and other such social services in the government planning documents. This gives importance to poverty reduction by ensuring participation of people who fall below the poverty line and other such disadvantaged segments of the population such as those who are socially, physically and mentally handicapped. This has been done with a view not only to improve their quality of life but also to bring them in the mainstream of the development process which will enable them to realize their rights and privileges and to contribute in their own development and be self reliant.

2. Programmes and transitional procedures

Besides general policy and programmes some specific policy measures and programmes for people with disabilities as described in section A and B have been implemented effectively. These measures have already created a positive impact on the people with disabilities and their guardians and community members in general. Though on a limited scale, it has contributed to consciousness raising which in turn has promoted policy makers, planners, managers and other concerned people to initiate measure for prevention of disability, education, training and rehabilitation of disabled people and equalization of opportunities for the people with disabilities. In order to progress, further efforts are being made to implement the following project within 1995: a Braille Press and a workshop for producing artificial limbs, community-based rehabilitation programmes for people with disabilities and people who are old and destitute, and a Centre for Education, Training and Rehabilitation for people with mental handicaps.

The Ministry of Social Welfare has initiated measures to be implemented by other Ministries such as Education, Health, Labour and Manpower to improve the situation of people with disabilities. Integrated community-based education units in schools is one example.

As long as disability continues to be considered God's curse and a burden on the family and society in this part of the world, disabled persons will not generally be able to take part in productive activities. The knowledge that the potential of disabled persons can be developed and utilized for productive purposes is a new concept in this country. Since it is a new concept it is difficult to convince parents, guardians, planners, policy makers and other relevant people to take up effective measures for education, training and rehabilitation of people with disabilities and spend scarce resources. It is even more difficult to convince employers that people with disabilities are able to work along with their co-workers if given proper training, a suitable work environment and employed in appropriate jobs. This is more difficult because large numbers of able bodied and educated youths are competing for the same jobs. These problems can be solved to a certain extent if appropriate legislation in support of employment of people with disabilities and appropriate working environments is enacted. Moreover, it has been accepted at the highest government level that the prevention of disability, training and rehabilitation of people with disabilities and equalization of opportunities for people with disabilities are of prime importance in the development programmes. It is also agreed that if supported by proper policy and programmes, people with disabilities can participate in and contribute to the development process. Foreign donors and international organizations can play a positive role in this issue by allocating more resources.

E. RECOMMENDATIONS

On 23 April 1992 resolution No.48/3 of the Economic and Social Commission for Asia and the Pacific on an Asian and Pacific Decade of Disabled Persons, 1993-2002 was adopted. This is timely and highly appreciated by Bangladesh because we hope that it will provide an opportunity for a fresh impetus to the policy measures and programmes initiated and being implemented by the countries of the ESCAP region. Since most of the countries of the ESCAP region are developing and belong to the so-called "third world", most of the ideas of the World Programme of Action are comparatively new to them and must be implemented with scarce resources and limited experience. The result is slow progress. Bangladesh is no exception. So launching the Asian and Pacific Decade for the ESCAP region is timely and appropriate.

The measures suggested in the ESCAP resolution are very comprehensive and cover most of the areas concerning the welfare of people with disabilities in the region and in Bangladesh in particular. However, Bangladesh recommends the following additional measures for implementation of the ESCAP resolution:

- (1) Develop early detection and intervention strategies which are critical to the overall disability situation. This should be given overriding priority by all nations and United Nations organizations, particularly the WHO.
- (2) Ensure that special education is an integral part of the total education system. This will involve development of a modified curricula for children with disabilities.

- (3) Develop approaches to income generation through skill training and more fund allocation. It will be of great help to facilitate independent living and to reduce environmental and attitudinal barriers faced by people with disabilities.
- (4) Transfer technology on disability related issues. While developed countries are enjoying the benefits of modern technology, it is obvious that they can contribute effective and meaningful services to people with disabilities in the developing countries. Beyond economic assistance, technical assistance will be required for production of aids and equipments in the developing countries.
- (5) Make education affordable for people with disabilities by reducing the cost of education. Due to the extended duration of schooling that is often necessary for children with disability, higher budget allocations and reduced education fees are needed.
- (6) Designate regional countries to share experiences. There is a need for regional cooperation to exchange information with respect to programmes and policies adopted for the people with disabilities and to provide training and study facilities and exchange visits for administrators, managers and teachers.
- (7) Develop a database on disability. For efficient implementation and monitoring of the ESCAP resolution and the World Programme of Action, it is essential that proper data base concerning disability be established in the countries.
- (8) Emphasize community-based rehabilitation programmes, prevention and rehabilitation, through primary health care.
- (9) Assess the feasibility of setting up a special disability unit which would coordinate Government and NGO activities. Assistance is required from foreign governments and donor agencies to establish such a unit.
- (10) Develop the National Centre for Special Education (NCES) of Bangladesh as a regional centre.
- (11) Activate the Disability Trust. The brief description of the Trust in the previous section will provide some idea of the priority and importance attached to its role in implementing World Programme of Action. In order to enable the Trust to play its stated role efficiently, efforts must be made at home and regional and international levels to obtain the necessary financial and technical assistance.
- (12) Improve games and sports. As in all other countries, people with disabilities in Bangladesh are equally interested in games and sports. It may be mentioned that Bangladesh won one gold, one silver and three bronze medals at the Special Olympic held in Minneapolis in July, 1991. Games and Sports Committees should be organized in the region with required assistance and training facilities from World Special Olympic Committee.

- (13) Promote international and regional cooperation if we want to bring about substantial changes in the quality of life of people with disabilities.
- (14) Establish and manage early intervention programmes in developing countries through early detection of disabilities. This is only possible when the parents, guardians, service agencies are aware of prevention and more emphasis is needed in this area.

Prevention of disability, rehabilitation, and equalization of opportunities for people with disabilities are challenging areas for policy makers, planners and managers. As a developing country, Bangladesh is yet to make a big stride in this field. However, we are trying to catch up and keen to benefit from experiences of other countries.

III. BRUNEI DARUSSALAM

A. NATIONAL OVERVIEW

Brunei Darussalam (Abode of Peace) is on the northern coast of the island of Borneo, with an area of 5,765 square kilometers and a population of 260,863. The economy of Brunei Darussalam has ensured prosperity for its people. While Malays form the majority of the population, there are estimated to be some seventy-nine thousand non-Malays. Malay is the official language, but English is widely used in business and commerce. Since 1 January 1984, when Brunei Darussalam became independent, a ministerial system of government has been established with His Majesty the Sultan and Yang DiPertuan as the Prime Minister and the head of state.

Current situation

From a humble beginning in 1967, when welfare assistance to people with disabilities was first instituted, people with disabilities in Brunei Darussalam are now receiving recognition and help both from the Government and non-governmental organizations. The main agency in promoting the welfare of people with disabilities is the Department of Welfare in the Ministry of Culture, Youth and Sports. In 1992 there were two thousand five hundred people with various disabilities in the country.

The Department of Welfare, Youth and Sports is mandated to recommend, develop, administer and implement welfare programmes and services for people with disabilities in collaboration with other government agencies such as the Ministry of Education and the Ministry of Health. One of the Department's primary objectives is to promote and develop the potential of children and adults with disabilities so they can be self reliant and become productive members of the society.

The number of children who attend special assistance classes has increased from 16 in 1982 to 193 in 1991. To meet the needs of the growing number of children with disabilities, Brunei Darussalam now has four centres providing special assistance classes.

Previously, people with disabilities were sent either to Singapore or Malaysia for skills training. Now training is provided in Brunei Darussalam. Training includes special education for people who are blind, deaf, and mentally and physically handicapped. Vocational training courses are also offered to supplement academic studies. More and more people with disabilities are finding employment in government and the private sectors. In addition, assistance in the form of living allowances are provided for disabled people and their dependents.

Even though Brunei Darussalam has no legislation concerning facilities for people with disabilities, directives have been issued in order that the that necessary facilities be established and accessibility considered prior to the construction of future government and public buildings.

In 1984 two associations for people with disabilities were formed, the Association of Handicapped Children of Brunei Darussalam (KACA) and Association for the Paraplegic and

Physically Handicapped People of Brunei Darussalam (PAPDA). These two associations are actively involved in promoting the welfare of people with disabilities in Brunei Darussalam.

B. POLICY AND PROGRAMMES

1. Disability prevention

Since the early 1980s special efforts have been made toward the prevention of disability through public health education, necessitating close collaboration between the various government agencies. One of these prevention programmes is the High Risk Clinic, set up by the Paediatric Department in hospitals for premature infants and infants who have neonatal problems. Another is the Early Intervention Clinic for children with developmental problems; therapy is provided at an early age to minimize mental and physical impairment.

The Land Transport Department of the Ministry of Communication is also active in organizing regular campaigns on road safety. To prevent disabilities resulting from accidents at work sites, The Ministry of Development has organized workshops on "Safety at Work" with the aim of educating both government and non-governmental organization sectors on occupational health. In addition, immunization for preventable disease is very high.

2. Rehabilitation and social welfare services

Rehabilitation of people with disabilities begins in hospitals where their families are taught by therapists about management of disabilities and they are given support by the medical professions and community health workers. People with disabilities are then referred to the Department of Welfare, Youth and Sports. The Department of Welfare, Youth and Sports began providing assistance to people with disabilities in 1967 when grants were given to 7 people who were blind to undertake academic and skills training in Singapore and Malaysia. In 1975, the Department organized the first special education programme for people who are blind in Brunei Darussalam. By 1979 programmes were expanded to include children and youths who were deaf, mentally handicapped and physically disabled. Vocational skills training courses were soon added so that people with disabilities could generate income and be self-reliant as well as to improve their living conditions. The Department of Welfare, Youth and Sports also gives assistance to those who wished to start small-scale income-producing activities.

Rehabilitation is an important tool in helping those with special needs. A National Rehabilitation Centre has been set up in Kampong Pulaie, near the capital; and smaller centres are in each of the districts. The basic thrust of the rehabilitation programme is to provide developmental services which will enable people with handicaps to reach their highest potential, to enable them to be productive so that they make an economic contribution to the family and the state and to enable them to assume greater responsibilities in their communities. There are four major programme areas in the rehabilitation centres:

- (a) Basic orientation training programme;
- (b) Vocational training programme;

(c) Special academic training programme;

(d) Selective employment programme.

The aim of the basic training programme is to provide an orientation on mobility, self care, and activities of daily living. The vocational training programme provides vocational skills training courses to prepare people with disabilities over the age of sixteen for useful employment in the future. Those who have an interest in vocational training not offered in the centres, such as in electronics and mechanical engineering, are enrolled with technical schools under the Ministry of Education.

The academic training programme provides academic studies and special education to handicapped people according to their individual needs. Special education and play activities are provided for children with disability. The aim of the special educational curriculum is that these children will eventually be integrated into their communities. In addition play group centres for children with disabilities are made available throughout the country. The Department of Welfare, Youth and Sports, the Ministry of Education and the Ministry of Health work closely in looking after the needs of children with disabilities. Children who are intellectually disabled and slow learners are separated from the others and provided activities suited to their abilities and needs.

The selective employment programme aims to provide services which will enable people with disabilities to find suitable employment, start their own business or home industry and work in a sheltered workshop.

Community-based rehabilitation (CBR) is carried out by medical rehabilitation therapists and supported by community health personnel and the Department of Welfare Youth and Sports. It is hoped this programme will be expanded soon.

Aids and appliances to assist in personal independence and mobility are provided through government hospitals with the assistance of the Department of Welfare, Youth and Sports. Most of the aids and appliances are made locally and are relatively inexpensive.

3. Allowances

As a strategy to encourage people with disabilities to enroll in training programmes, a monthly allowance is offered to each trainee. The allowance is adjusted according to the category or grade attained by the trainee. The minimum monthly allowance is B\$40 and the maximum is B\$180. An incentive of B\$240.00 is given to trainees with consistently high grades in all their subjects.

The Welfare, Youth and Sports Department also provides scholarships for training overseas if the course is not offered in Brunei Darussalam. In 1992, 193 trainees were enrolled in overseas training programmes.

4. Supportive therapy

Supportive therapy is also extended to the parents and families of people with disabilities. Emotional, moral, social and educational support is shared with the families to help alleviate unwarranted fears and anxieties and to provide mutual support and self help. Through supportive counselling, parents and other member of the families are able to acquire more positive attitudes and feelings which facilitate acceptance and understanding of their family members' condition.

5. Accessibility for people with disabilities

In 1987, as a result of consultation between the Ministry of Development, Ministry of Culture, Youth and Sports and Ministry of Health, a directive was issued by the Ministry of Development making mandatory the inclusion of facilities for people with disabilities in all future building designs. Since then, new government and public buildings have been built in accordance with the directive.

The Land Transport Department has assisted people with disabilities in achieving the first step towards independence by giving approval to the Rehabilitation Department of Raja Isteri Pengiran Anak Saleha Hospital to start a driving centre for people with disabilities. The response to this programme has been very good and those who have acquired special class driving licenses have been able to purchase adapted cars and, as a result, find it easier to get employment.

6. Non-governmental organizations

Brunei Darussalam reached another milestone in its endeavor to help people with disabilities with the formation of two associations in 1986, the Association for Paraplegics and Physically Disabled Persons (PAPDA) and the Association of Handicapped Children of Brunei Darussalam (KACA). KACA has two permanent buildings, one of which is in the capital and another in Tutong 30 kilometers away. PAPDA is still located in a temporary building and is in the process of constructing a permanent building. These associations are active in looking after their members' interests and in promoting public awareness about the needs of people with handicaps. The response from the general public and private sectors has been very encouraging. The two associations have been receiving donations and material support as well as help from volunteers in their activities.

7. Sports programmes for people with disabilities

Sports programmes and recreational activities for people with disabilities in Brunei Darussalam are undertaken by the Department of Welfare, Youth and Sports in the Ministry of Culture, Youth and Sports, with the assistance of voluntary staff from the Ministry of Health. In addition to taking part in sports activities organized locally, disabled athletes have been actively participating in international sports meets.

8. Employment

There has been an increase in public awareness about the special needs of people with disabilities over the years and a corresponding increase in public acceptance of people with disabilities. It has been recognized that they can be useful members of the community and contribute to the economic development of the country. As a result of more positive attitudes, more people with disabilities are attempting to find employment to support themselves and their families.

At present, there is no employment quota in the country that states what percentage of the work force must be composed of people with disabilities. However, certain ministries, particularly the Ministry of Health, have recognized the need to integrate people with disabilities into society and have begun to do so by employing a small number of them. Now, people with disabilities are slowly being employed in other government departments, banks and other private firms.

C. RECOMMENDATIONS

- (1) Introduce legislation to safeguard the rights of people with disabilities to facilitate the process of social integration.
- (2) Introduce legislation to prevent exploitation of people with disabilities, particularly to ensure that they receive equal pay.
- (3) Compulsory registration is recommended.
- (4) Compulsory education for school-age children with disabilities and open access to tertiary education should be assured.
- (5) Legislation is required to promote a barrier-free environment in buildings and public places.
- (6) A quota for allocation of low cost housing to eligible disabled people should be established as well as other incentive allowance schemes.
- (7) There is a need to promote the development of a national CBR programme including clear guidelines for rehabilitation for people with various disabilities.
- (8) The incorporation of rehabilitation services in primary health care is essential.
- (9) An employment quota for people with disabilities should be established that states what percentage of the work force must be composed of people with disabilities.
- (10) Measures should be made to encourage the participation of parents and family members in the rehabilitation and training of people with disabilities.

- (11) Exchange programmes in education and training in the Association of South-East Asian Nations (ASEAN) region should be encouraged as well.

IV. CAMBODIA

Formerly, Cambodia was a peaceful country, famous for its economy, arts, music and dance. During the long period of armed conflict everything changed and many social problems resulted. For example, today there are large numbers of orphans, widows, people with disabilities, refugees etc. In addition, the effects of armed conflict have been worsened by frequent natural disasters like floods and droughts. A recent IIRC-sponsored survey in Phnom Penh and the provinces found that the number of people with disabilities in Cambodia who have physical and mental handicaps caused by armed conflict, accident or illness is estimated to be 170,000 or 1.88 per cent of the total population of the country. There is also extensive damage to roads, school buildings, hospitals etc. This damage creates obstacles for the rehabilitation of people with disabilities.

The Cambodian authorities have paid great attention to these problems. They have tried to arrange workshops or rehabilitation centres and vocational centres for people with disabilities in Phnom Penh and most of the provinces. They have set up 16 rehabilitation centres in order to provide artificial limbs for disabled persons and five vocational training schools to provide disabled persons with skills. During 10 years of activity, they have:

- (1) Manufactured over 100,000 artificial limbs;
- (2) Fabricated over 300 sets of orthopaedic devices;
- (3) Provided physiotherapy treatment for 120,000 people;
- (4) Repaired 120,000 broken artificial limbs;
- (5) Provided artificial eyes to over 300 people;
- (6) Provided skills training and job training for 700 people.

In Cambodia in general, and particularly in the refugee camps, international humanitarian organizations have provided much assistance to people with disabilities. The Government itself has also supported many committees, among them several Cambodian women's associations, which have been instrumental in assisting in this area. However, Cambodia has many difficulties and a great shortage of staff, material, medicines etc. As already mentioned above, Cambodia has so far received much assistance from international organizations to improve rehabilitation. We take this opportunity to thank them for their kind assistance.

Our efforts are now directed towards improving existing rehabilitation centres and providing artificial limbs to all people with disabilities within the next five years. Also, in order to help improve living conditions for people with disabilities, we will improve the already-established vocational training centres in the provinces.

We are sure that this meeting will provide good ideas and measures for people with disabilities. We promise to implement all of the decisions that result from this meeting within the

limits of our capacity. We will also request that the supreme National Council or the 1993 elected government follow the decisions. However, we cannot implement the decisions of this meeting unless Cambodia has peace. In this respect, the world community, particularly the five major powers, including the People's Republic of China, have helped to create a peace agreement (23 October 1991, Paris). The Supreme National Council, led by Prince Norodom Sihanouk, along with UNTAC, under the supervision of His Excellency Yakushi Akashi, are implementing this agreement. A Tokyo Conference on Cambodian Reconstruction (22 July 1992) mobilized foreign assistance for the effort to help rebuild Cambodia. I am sure that this assistance will be important to Cambodia in the process of rebuilding its economy and other sectors. We hope the rehabilitation of persons with disabilities will be included in this development.

V. CHINA

A. ACTIVITIES DURING THE UNITED NATIONS DECADE OF DISABLED PERSONS

The United Nations Decade coincided with the economic take-off and steady social progress of China. With its modernization drive in full swing, China has taken serious steps to respond to the World Programme of Action concerning Disabled Persons. China has promoted various activities during the United Nations Decade while emulating the experiences of other countries in the field of disability. It has carried forward the national tradition and taken practical measures in light of national conditions, thus achieving remarkable successes in advancing the undertakings for people with disabilities in China.

1. Policies and measures

(a) Sample survey

In 1987, China conducted a large-scale nationwide sample survey of people with disabilities. This enabled China to obtain a great amount of information and data which provided a clear basis for solving the problems facing people with disabilities.

(b) Perfecting organizations of people with disabilities

With the approval of the Chinese Government, the China Disabled Persons' Federation (CDPF), the unified national organization of people with various disabilities, was founded. CDPF is a semi-governmental organization which integrates the functions of representation, service and administration. It represents the common interests of people with various categories of disabilities, protects their legitimate rights and interests, and provides services for them. It also helps administrate the affairs of people with disabilities on behalf of the government. Provinces, cities, counties and townships have set up local branches, thus providing an operational network.

(c) Coordination

Central coordination is supervised by the leading personnel of the State Council with the participation of the leading officials of thirty-four ministries and commissions including CDPF. Corresponding institutions are set up at local levels. Every coordinating institution includes representatives of organizations of people with disabilities from the CDPF branch at the level involved in its day-to-day operation.

(d) Formulating national plans for people with disabilities

"China's Five-Year Work Programme for Disabled Persons (1988 - 1992)" approved by the State Council was completed two years ahead of schedule. The Work Programme for Disabled Persons During the Period of the Eighth Five-year National Development Plan (1991 - 1995) is now proceeding hand-in-hand with the execution of the national plan for social and

economic development. Governments at various levels have also formulated plans and implementation methods for their localities.

(e) The promulgation of the "Law of the People's Republic of China on the Protection of Disabled Persons"

This legislation protects the rights of equality, participation and sharing of people with disabilities. The law provides a code of conduct for all citizens in their approach towards people with disabilities. It clearly stipulates governmental responsibilities and legal guidelines for rehabilitation, education, employment, cultural life, welfare, and the environment of people with disabilities and their organizations, as well as prevention of disabilities. At present, the government is formulating relevant administrative regulations and the local governments are in the process of formulating local laws and regulations on the implementation of the above-mentioned law. These efforts will bring about gradually in China a legal system for the protection of the rights and interests of people with disabilities. Since the promulgation of the Law, the State's highest legal unit has sent many groups to inspect the implementation of the laws, and the departments concerned have also sent teams of journalists to monitor and publicize implementation of the law.

(f) Preferential policies

Governments at different levels have adopted and carried out a series of preferential policies and supportive and protective measures to assist people with disabilities. For example, welfare enterprises run by workers who have disabilities or self-employed labourers with disabilities receive tax reductions or exemptions. Such treatment is also given to the production, marketing and import of auxiliary equipment and special items for people with disabilities. Bank loans with preferential interest rates are granted to welfare enterprises. Priority and special services will be made available for people with disabilities in public facilities. In rural areas, people with disabilities enjoy full exemption from obligatory duties, public welfare fund contributions and miscellaneous charges etc.

(g) Financial support

The Government has, at all levels, incorporated the expenses for assistance for people with disabilities into the respective budgets and increased this spending each year. From 1988 to 1992, for example, this spending has increased at an average annual rate of 14 per cent. According to incomplete statistics, thirteen billion yuan were spent by the financial allocations of various levels of Government to directly support education, rehabilitation, employment, cultural and sports activities, and welfare and relief work for people with disabilities; and 7.8 billion yuan were used to directly help people with disabilities and to finance reduced or exempted taxes.

(h) Social environment improvements

Efforts have been made to publicize humanitarianism and assistance for people with disabilities through the mass media. The third Sunday of May has now been made the legal

National Day for Assisting Disabled Persons. Tens of millions of citizens, including more than ten million children, have participated in activities that assist people with disabilities, and many units and individuals have been commended for their exemplary deeds in helping people with disabilities. More and more people have come to understand, respect, help and care for people with disabilities. The State is trying very hard to improve the environment of people with disabilities so that they can fully participate in society. It has promulgated the "Design Code of Accessibility for Urban Roads and Building". Barrier-free construction laws are now adopted by many large and medium cities.

(i) Increased activities for self-improvement

People with disabilities are urged to act in the spirit of self-respect, self-confidence, self-improvement and self-reliance. Some people with disabilities have been commended for their outstanding achievements of self-improvement. This further heightens their sense of participation and dedication.

(j) International exchanges and cooperation

The active participation of China in the United Nations Decade has included exchanges and cooperation with relevant United Nations agencies and over 100 organizations of people with disabilities from many different countries and regions.

2. Progress and achievements

(a) Visible improvement of rehabilitation efforts

In the past four years 970,000 people with disabilities have been rehabilitated including 700,000 who required cataract surgery, 250,000 post-polio persons who required orthopaedic surgery (with a success rate of 98.7 per cent). The rehabilitation also included hearing and speech training for 20,000 children with hearing impairments whose ability to talk has been restored. Community-based rehabilitation in rural and urban areas has been conducted with the establishment of 7,154 community-based rehabilitation service facilities, including stations and day-care centres for children with disabilities; more than 600 speech training centres; and 1,500 work rehabilitation stations for people with intellectual disabilities. All of these activities bring needed services closer to the people with disabilities. In addition, the State has set up in Beijing the China Rehabilitation Research Centre which combines medical treatment with research and training, and rehabilitation departments in hospitals.

(b) Access to education

Most children with disabilities who are able to study together with children who are non-disabled are enrolled in ordinary schools for compulsory education. The number of special schools has increased by 20 per cent every year and that of special education classes in ordinary schools by 100 per cent every year. The school enrollment of children with visual, hearing, and intellectual disabilities has increased by 30 per cent every year. Vocational education targeted at people with disabilities has developed rapidly. A large number of people with disabilities have

the opportunity to get vocational training before their employment. So far, close to 10,000 people with disabilities are receiving education in ordinary institutions of higher learning.

(c) **Employment**

China has 43,000 welfare enterprises which employ people with disabilities. People with disabilities employed by ordinary enterprises or undertakings account for one per cent of the total work force. More than 50,000 people with disabilities are self-employed. Some 8,000 people with visual impairments are working as massage doctors. Tens of millions of people with disabilities in rural areas are working in agriculture, animal farming and other production activities. All this has given China's people with disabilities a high employment rate of 60 per cent.

(d) **Varied cultural life of people with disabilities**

More and more magazines and books catering to the special needs of people with disabilities have been published. Some cities have introduced audio reading material libraries and sign language television programmes. More than 2,000 cultural activity stations have been established. Two performing arts national contests for people with disabilities, three national sports meets, three summer camps for children who are visually impaired and one summer camp for children who are hearing impaired have been conducted. Tens of thousands of people with disabilities have participated in these events. China's athletes with disabilities have, since 1982, won 429 medals at international sports competitions, of which 257 were gold medals, and 76 broke world records. China's artists with disabilities have visited 15 countries and regions.

(e) **Improved welfare**

According to government regulations, Braille publications are free of postage and inner city public transit is free for people who are visually impaired. People with disabilities enjoy priority access to medical care, housing and social services. Childless elders and other people with disabilities without an income live on state welfare or receive regular relief. There are over 40,000 welfare institutions of various types in the country.

3. Problems

As a developing country, China's efforts for people with disabilities started rather late and at a low level. Because of historical reasons and under-developed productive forces, China's undertakings for people with disabilities still lag behind its social and economic development. Many people with disabilities have received little education, and they are yet to be rehabilitated. Still, a large number of people with disabilities are either out of work or unable to hold on to their jobs for a sustained period of time. Discrimination and prejudices against people with disabilities still exist in various levels of society. Some environmental barriers continue to hamper wider participation in social activities. Finally, the living standards of people with disabilities are still below average.

B. PROSPECTS FOR THE ASIAN AND PACIFIC DECADE

In order to improve further the situation of people with disabilities so as to realize the goals of equality, participation and sharing as called for by the Asian and Pacific Decade, the Chinese Government will, while continuing to increase public awareness, implement the Second Five-year Plan for Disabled Persons (1991-1995) with stepped up legislation and coordination. It will formulate and implement the third Five-year Plan (1996-2000). China intends to reach the following goals by the conclusion of the Asian and Pacific Decade:

- (1) Adequate food will be provided for all people with disabilities; a number of people with disabilities will also enjoy a comfortable standard of living.
- (2) Sixty per cent of children with disabilities will be enrolled in schools in economically developed areas and cities by 1995; a rate of 80 per cent enrollment shall be achieved by 2002. A technical vocational education network will be established in cities and towns and full access to apprenticeship vocational training will be available to the majority of people with disabilities.
- (3) A national rehabilitation service system shall be in place in which specialized rehabilitation institutions play the lead role in instituting community-based and family-based rehabilitation. Major rehabilitation projects involving three million people with disabilities will be completed in ten years. Some examples are cataract surgery, orthopaedic operations for people who have contracted polio, hearing and speech training for children with hearing impairments, and rehabilitation for persons with low vision. Intellectual disability and disability caused by genetic factors or iodine deficiency will be effectively controlled. A socialized system for the prevention and rehabilitation of mental diseases will be established in cities.
- (4) The system of proportionate recruitment of disabled persons by social units will be practised in one-third of the provinces, autonomous regions and municipalities directly under the central government by 1995, and all cities and towns of the country by 2002. All welfare enterprises of disabled persons must upgrade their technological and management standards. The employment rate of people with disabilities will reach 80 per cent in the next ten years.
- (5) A network for the development, production, supply and servicing of special items and auxiliary equipment required by people with disabilities will be established. These items will be made available to users on a preferential basis by the government.
- (6) In all cities, and in many counties and towns, facilities for cultural activities of people with disabilities will be constructed so that they can participate in cultural events in their own communities.

In future endeavors to increase assistance to people with disabilities, China will cooperate closely with ESCAP, the Governments of other Asian and Pacific countries and non-governmental organizations. China will make its contributions to "the equality, participation and sharing" of people with disabilities in the Asian and Pacific region.

VI. DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Man is a social being who carves out his own destiny independently and creatively, and every man has the right to equal participation in society. A person with a disability is also a human being and a member of society. However the disabled person often fails to enjoy the freedom and rights of a member of society. Handicaps, which are often not the fault of the disabled individual, and society's neglect, impose barriers to the freedom that each and every individual of society is entitled to as a member of society. In light of this situation, the United Nations and other international organizations have been drawing the attention of the international community to the situation of people with disabilities in order to persuade them to encourage activities to improve the lives of people with disabilities.

The United Nations Decade has played a major role in increasing the awareness of the serious problems faced by people with disabilities in the Asian and Pacific region. Governments have become aware that this important social problem is a major issue of concern to the State. As a result, many countries in the region have formulated laws and adopted practical measures to improve the situation of people with disabilities. These primary achievements in the United Nations Decade should encourage countries of the region to strengthen their efforts to improve the situation of people with disabilities.

The Democratic People's Republic of Korea is a new member of the United Nations and ESCAP. The current meeting has enabled us to acquaint ourselves with United Nations activities relating to the problems of people with disabilities and given us an opportunity to renew our intention to change the policy of the Democratic People's Republic of Korea. The predicament of people with disabilities in our country has been considered carefully. Therefore, our efforts have been directed towards ensuring that people with disabilities are able to live independently in a society in which they shall enjoy equal opportunities.

The problem of people with disabilities in our country became acute after the three years of armed conflict which occurred in the early 1950s. Tens of thousands of people were left with handicaps. In addition, we were faced with the task of rehabilitating the country.

The Government built light labour factories for people with disabilities resulting from armed conflict, thus providing them with an opportunity to work (the work being adapted to their physical abilities) and obtain medical care while receiving the same wages and treatment as non-disabled workers.

The Government also made great efforts to prevent disability. The introduction of a free medical service system contributes to the prevention of disability. Institutionalized, periodic preventive injections and vaccinations for the whole population have helped to minimize disability, particularly infantile paralysis (polio), among children. Guaranteeing the safety of labour in the work place is also important in preventing disability. The State not only provides workers with labour protection materials free of charge, but has also established strict labour protection regulations while educating workers about safety. As a result, today workers are working in safer places.

The Government is also very much concerned about the full participation and equality of people with disabilities in social and political activities. In our country, people with disabilities exercise civil rights equal to those of other people, and they lead worthy lives as full members of society participating in various social organizations of their choice.

Amelioration of the situation of people with disabilities, in the long run, depends on the policy of the State and Government. The Democratic People's Republic of Korea will actively cooperate with ESCAP and other countries over the course of the Asian and Pacific Decade, and will thus make a positive contribution to realizing the full participation and equality of people with disabilities.

VII. FIJI

A. NATIONAL OVERVIEW

In 1981, the National Coordinating Committee for the International Year of Disabled Persons recommended that the Government establish a Central Authority having overall responsibility for providing services to people with disabilities throughout the country. Cabinet approved this recommendation and prepared the necessary legislation to create a Central Authority in 1983. The Minister of Health and Social Welfare was at that time assigned responsibility.

The Ministry of Health and Social Welfare decided as an interim measure that the Fiji Rehabilitation Council should carry out the functions of the approved Central Authority. The Council was assigned the task of implementing policies and a plan of action recommended by the National Coordinating Committee. In the absence of any legislative authority, the Fiji Rehabilitation Council could not function effectively as a Central Authority on behalf of the various charitable organizations providing services for people with disabilities in the country.

In 1985, the ILO Regional Adviser on Vocational Rehabilitation, recommended the formation of the Central Authority under statute to assume overall responsibility for the provision of rehabilitation services. A Steering Committee comprised of five members registered organizations providing services to people with disabilities and two of the government (Health and Education) was established. They were responsible for drawing up the proposed aims, functions, staffing structure and funding of the National Council for Disabled Persons. The Minister for Women, Culture and Social Welfare of the Interim Government was instrumental in gaining approval of the Cabinet to establish the Council.

The numbers of people with disabilities are increasing due to increased numbers of babies surviving who suffer from brain injuries, premature birth, and low birth weight, who with traditional midwives would have died in the past. Also, young children with meningitis now survive, but often with severe disability. Other causes of the increasing incidents of disability are motor-vehicle accidents and diabetes which affect 10 to 15 per cent of the population.

It is increasingly difficult for people with disabilities in rural areas to get appropriate services, as travel costs to urban centres are high. Therefore there is a great need for community-based rehabilitation (CBR) programmes. A CBR Committee has been set up in the Central Division (Ministry of Health) and non-governmental organizations also promote this policy. The availability of locally-made aids is low, however, wheelchairs and some aids are produced at Ba Methodist Boys Home. There is a need for self-propelled wheelchairs to be made in Fiji, as the chairs now being made have to be pushed by others.

Prosthetics are made by the Fiji Crippled Children Society and Laboratory which also makes braces, splints etc. This facility will become a regional training centre for making orthotics and prosthetics in 1994.

There have been significant changes made during the United Nations Decade in several areas, one of which was the expansion of non-governmental organization services; these organizations provided the majority of services. More specifically:

- (1) There has been a great increase in non-governmental organizations focusing on babies and children with disabilities. For example, the Early Intervention Centre for babies with developmental delays was introduced;
- (2) Developmental screening tests for babies (0-12 months old) were introduced at all Mother and Child Health Clinics;
- (3) Save the Children Fund successfully trained nine physiotherapy aides now working with public health nurses throughout the country;
- (4) In 1985 a CBR pilot project was established at Rewa, about 50 km away from Suva;
- (5) Four special schools were established and units were staffed by the Ministry of Education;
- (6) The Fiji Disabled Persons' Association was developed over the past year;
- (7) There has been an increased number of public awareness programmes on the radio, in the press, and lately, on television.

These developments were in line with the International Year of the Disabled Persons and were carried out in spite of the lack of national objectives.

B. POLICY MEASURES

1. Fiji National Council for Disabled Persons

A major policy initiative was the formation of the Fiji National Council for Disabled Persons. The aims of the Council are to improve the quality of life of people with disabilities in Fiji through education, training, employment, health care, housing, recreation and legislation so that people with disabilities can fully participate in society and have equal opportunities; to coordinate the efforts of Government and non-governmental organizations towards fulfilling the above activities; and to work towards the prevention of disabilities. The Cabinet approved the formation of the above-mentioned Council in June 1992, designating it to undertake the following functions:

- (a) Formulate a national policy that will ensure that services are provided to all people with disabilities in Fiji;
- (b) Create of a national plan of action (with both short- and long-term objectives) for rehabilitation services and implementation of such a plan;

- (c) Search for financial assistance from government and aid donors for itself and registered organizations providing services to people with disabilities;
- (d) Maintain a register of all organizations providing services to people with disabilities and supervision guaranteeing that the autonomy of such organizations is maintained;
- (e) Organize national seminars and workshops relating to the problems and needs of people with disabilities;
- (f) Create public awareness of the programmes to educate the public about the aspirations and capabilities of people with disabilities;
- (g) Provide regular linkage between the public and relevant government ministries concerning up-to-date the problems and needs of people with disabilities and the creation of schemes to overcome such problems;
- (h) Work towards the elimination of causes of disability;
- (i) Advise the Government concerning the need to introduce appropriate legislation to protect the rights of people with disabilities;
- (j) Recommend relevant national policies in the areas of rural banking, employment promotion, health, urban development, housing and transportation;
- (k) Undertake responsibility for the training of key national personnel involved in the care and rehabilitation of people with disabilities.

2. Fiscal policy

There are several policies designed to decrease the economic stress on people with disabilities. For example, they have access to a \$7 million grant provided by the government for poverty alleviation and there is provision for tax deduction for a son or daughter who is disabled and dependent after 16 years of age.

The Fiji Rehabilitation Council will employ people for sewing, printing, screen printing, and bookbinding etc. if they cannot gain outside employment. Training courses and job experience will be arranged for people with disabilities by the Council. There is also support by building contractors, vehicle body builders, insurance companies and banks for employment of people with disabilities.

Policy measures have been implemented which promote funding for programmes, for example, social welfare and education grants, and there is government support for overseas agencies to fund projects in Fiji (Embassies, Rotary Club, Save the Children Fund,

Commonwealth, Society for the Blind). Non-governmental organizations receive funding from overseas directly and governments facilitate funding in other cases.

3. Education

All special schools are provided for by voluntary organizations and staffed by the government. However, there is poor access to tertiary education for people with disabilities.

4. Public awareness

Following positive changes made during the International Year for Disabled Persons, public awareness programmes have been run by the Fiji Disabled Persons Association and other voluntary organizations serving people with disabilities. For example, early intervention awareness programmes are conducted annually.

Non-governmental organizations are more familiar with the goals of the United Nations Decade than are government agencies. The World Programme of Action is not available in Fijian or Hindustani.

C. EXAMINATION OF POLICY AND PROGRAMME ISSUES

It has become very obvious that the lack of a national coordinating body has seriously limited the most effective use of available resources. Since the meeting in Beijing in November 1990, Cabinet has approved the setting up of the Fiji National Council for Disabled Persons and the present government has already nominated the members. An inaugural meeting will be held shortly and the activities of the Council will initially be coordinated by the Ministry for Women, Culture, Social Welfare and Multi-Ethnic Affairs.

D. RECOMMENDATIONS

The 1981 Fiji IYDP National Coordinating Committee has made the following recommendations in the hope that there will be an improvement in the services provided to people with disabilities. The newly formed Council could review the implementation of these recommendations:

- (1) The Ministry of Health in conjunction with the Ministry of Information should take responsibility for formulating a comprehensive national public education programme for disability prevention with the active assistance of other government departments and non-governmental organizations which are involved in the delivery of services to people with disabilities.
- (2) The training of nurses and medical officers must be upgraded to a standard which allows medical personnel to assist the public in preventing, detecting and coping with disabilities.

- (3) The Ministry of Health, with the assistance of other government departments and non-governmental organizations, should offer more educational programmes for families in the management of children with disability. These programmes could be organized through the Health Centres, Nursing Stations or a mobile units.**
- (4) The Ministry of Health should take responsibility for providing comprehensive medical rehabilitation services by establishing a facility which offers treatment as well as training in the rehabilitation field.**
- (5) The Ministry of Health should oversee the further training of staff and the support for the development of special medical and para-medical workers such as physiotherapists. Introduction of occupational and speech therapy and development of orthopaedic services is also necessary.**
- (6) The Ministry of Education should initiate the inclusion of a comprehensive programme for detecting and coping with children with special needs as an integral part of teacher training in our educational institutions.**
- (7) The Ministry of Education should facilitate the introduction of more special education classes in ordinary schools and guidance services to parents and teachers.**
- (8) The Ministry of Education in conjunction with the Ministry of Health should introduce the screening of children to detect sensory impairment at a national level. In addition, we recommend that the provision of hearing aids, spectacles and orthopaedic devices be systemized and subsidized.**
- (9) The number of awards for specialist of service teacher training should be increased.**
- (10) An organization should be appointed to assume responsibility for the vocational training and employment of people with disabilities.**
- (11) Steps should be taken to ensure that there is no discrimination preventing the employment of disabled persons.**
- (12) The Ministry of Labour should define its role in regards to employment of disabled people.**
- (13) The proposed accident compensation legislation should be implemented as soon as possible.**
- (14) The Ministry of Women, Culture, Social Welfare and Multi-ethnic Affairs should initiate legislation to make accessibility in building and transport facilities mandatory.**

- (15) The Ministry of Finance should exempt voluntary organizations providing services to people with disabilities from Wheel Tax, registration and certificate of fitness fees.
- (16) Donations made by companies and the public to non-governmental organizations as well as work contracts to workshops for disabled people should be tax deductible.
- (17) Provision should be made for a tax concession for families with a disabled family member, regardless of the age of the person with disability.
- (18) The allowance for a disabled family member of those families qualifying under the destitute allowance scheme should be increased to a more realistic amount.
- (19) Steps should be taken to provide for short term residential programmes such as facilities for training people with disabilities in activities of daily living.
- (20) The Ministry of Social Welfare should make available guidance and counselling services to families with disabled children, utilizing the expertise available through other government departments and non-governmental organizations involved in the delivery of services to people with disabilities. The launching of the Asian and Pacific Decade will form a strong basis for the development of future socio-economic strategies and policies related to the provision of services for people with disabilities in Fiji and the region as a whole.

VIII. GUAM

A. NATIONAL OVERVIEW

In 1950 the United States Congress passed the Organic Act of Guam which established Guam as a unincorporate territory and changed the status of Guamanians from United States nationals to citizens of the United States. In 1970, the Congress authorized Guamanians to elect their own Governor and in 1972, a non-voting delegate to the Congress. Negotiations for a new political status with the United States are underway to replace the Organic Act and to put Guam on a new footing. The desired outcome for Commonwealth status is expected to be much more satisfactory than the present territorial status with its many limitations.

Guam has approximately 250 square miles of land area. Its population numbers about 135,000. This figure has increased as a result of the closure of the military base in the Philippines and the compact of free association, which the United States signed with the Federated States of Micronesia. So far, no comprehensive survey has been undertaken to assess the exact number of people with disabilities. However, the estimated figure is about 11,000 people with various types of disability.

In 1989, the Developmental Disabilities Planning Council (DDPC) conducted a survey of consumer satisfaction and services provided to people with disabilities in Guam. Unfortunately, the response was limited and plans have been developed to conduct another updated survey. The DDPC has been instrumental in funding specific programmes for the needs of people with severe and chronic disabilities. These include the establishment of a work activity centre for people with disabilities who were once served at a life skills centre which was closed down. There is also a transition centre to assist students who have dropped out of school or need assistance in pursuing post-secondary education, employment opportunities, job training, job coaching, and other support for transition into the community, as well as an independent living skills training centre for people with disabilities in an independent group home.

In 1991, the Maternal Child Health Programme developed a community-based system of social services for children with special health needs. A consultant was contracted to design a system to maintain a registry of children with special health needs, monitor their care, develop a policy and procedure manual and conduct a conference of local parents.

The Department of Education has closed its segregated school for people with disabilities and has integrated those children into regular schools. This was the result of policy stating that children with a disability have a right to be educated with their non-disabled peers. Special education programmes also provide for students with disabilities a community-based education programme to expose them to the community and to the environment they will cope with when they leave school.

The Department of Vocational Rehabilitation has implemented an independent living programme for people who are elderly and blind.

B. POLICY MEASURES

During the United Nations Decade, the following laws were promulgated in Guam to improve and enhance the quality of life of people with disabilities.

- (1) *1984* -- A new chapter of the Government Code was added making it unlawful to discriminate against a person with a disability for employment. An amendment was made to the Government Code requiring that provisions be made for access of people with disabilities in the construction of all public buildings, parking lots, walks and recreational facilities. An amendment was also made to the Government Code regarding the amount of Disability Annuity paid by the Government.
- (2) *1985* -- An amendment was made to the Government Code relative to the eligibility criteria for disability retirement annuity. A new section was added to the Government Code regarding procurement from Non-Profit Corporations for supplies or services without competition if the corporation employs sheltered workers or individuals with disabilities. A condition of the contract must certify that labour or the project will be performed by people with disabilities. Supervisory personnel are excluded from this requirement.
- (3) *1986* -- An act to amend the Government Code and add a new section relative to parking for people with disabilities was introduced. An act was also introduced to appropriate \$75,000 from the General Fund for a dental programme for in-patient hospital dentistry services for people with disabilities. An act to repeal and reenact the Government Code relative to establishing a Department of Vocational Rehabilitation and for leasing government facilities and contracting for services for a sheltered workshop was introduced.
- (4) *1988* -- An act to repeal and reenact the Government Code regarding civil commitment of people who are mentally ill was passed. The previous law which governed the involuntary hospitalization of individuals with mental illness was declared unconstitutional because it allowed for indefinite confinement without due process.
- (5) *1989* -- An act was passed to create an adult protective services unit in the Division of Senior Citizens in the Department of Public Health and Social Services. This act requires reports of abuse of the elderly and adults with disabilities. An act was passed to appropriate \$25,000 to fund Guam's participation of people with disabilities in the fifth Far East and South Pacific Games in Kobe, Japan. An act was passed to appropriate \$1,500 for the Department of Public Health and Social Services to fund the Catastrophic Illness and Assistance Programme. This programme is means tested and designed to assist people with disabilities who cannot afford the medical cost of a catastrophic illness. Legislation also included an act to appropriate \$7,270,000 for the Medically Indigent Programme. This programme is also a means by which financial assis-

tance can be gained by for the indigent person with a disability for related costs outside the island and patient billing. An act to appropriate \$10,000 for the Guam Telephone Authority for the provision of Telecommunication Devices for the Deaf (TDD) in departments and agencies was deemed necessary for the health, welfare and education of people with disabilities. An act to establish a residential treatment programme for people with mental illnesses and mental handicaps was passed as well.

- (6) *1990* -- There was an act to conduct a study and develop a Government of Guam Health Insurance Programme for people with disabilities. Further legislation enacted a law to appropriate \$4,200,000 for the implementation of the Revised Standards of Public Assistance and \$250,000 to the Guam Health Planning and Development Agency for operating expenses including the Guam Health Coordinating Council. The Agency is involved in developing the thirteen health goals to be achieved by the Territory of Guam by the year 2000. Another act called for the creation of the Governors Commission for Persons With Disabilities, which is comprised of fifteen voting members. The ten members representing people with disabilities are selected from private nonprofit advisory and advocacy groups organized primarily to serve people with disabilities. The remaining five members are Government Agency Representatives serving the needs of people with disabilities. This Commission serves as a central clearing house for public and private activities addressing the needs of people with disabilities in the Territory of Guam. The Executive Director of the Commission currently serves as the Chair for the ADA Executive Committees facilitating the implementation of this landmark legislation.
- (7) *1991* -- An act was passed requiring government departments and agencies to employ a minimum of two per cent people with disabilities. Other legislation allowing the purchase of portable home ventilator equipment and supplies for people with Lytrid or Bodig was passed. The above-mentioned is a degenerative disease endemic on Guam and patient care in a home setting is favoured over institutional care.
- (8) *1992* -- Enacted was a law establishing a territorial transportation and communication coordinating council (one member will represent the community of people with disabilities). This law was prepared in response to ESCAP's initiative to form groups to focus on regional transportation and communication issues that affect people with disabilities. Guam is totally dependent upon its transportation and communication links to the outside world and must remain alert and be able to respond quickly to developments and changes that take place relative to transportation and communication matters. Another act passed made provisions for the preparation of a master plan for the development of affordable housing for special needs groups such as the elderly and people with disabilities. Also passed was an act to regulate smoking within public places and places of employment to protect public health, especially for special risk populations such as the elderly, people with cardiovascular diseases, and individuals with impaired

respiratory function, including asthmatics and those with obstructive airway disease.

With the advent of the Americans with Disabilities Act, the Governor established an Executive Committee to facilitate implementation of this act within the Territory. Some of the activities that have resulted are:

- (1) Information dissemination;
- (2) Training and technical assistance;
- (3) Development of self evaluation guides and transition plans;
- (4) Para-transit plan development and implementation;
- (5) Field emergency communications interim relay service provided.

Considering the small size and population of the Territory, it is appropriate to note that a number of policies and programmes have been formulated to enhance the quality of life for people with disabilities, and this is quite an achievement. Guam has established modern communication and transportation links, even though the island is relatively isolated from the US Mainland because of the high costs involved. Mail services are often slow. These factors effect communication between government agencies and federal funding sources and cause delays in receiving needed administrative information or announcements of available funds. This information often reaches Guam after the submission due date. Some improvements can be expected through facsimile communication but costs for these services can also be prohibitive. This isolation creates two other difficulties; it limits the availability of training programmes, and it hampers the continuing education programmes necessary for existing professionals or workers to keep abreast of the latest professional developments in order to obtain special certifications.

Guam's political status prevents the island from participating fully in some health- and social service-related federal programmes. Congressional unwillingness to extend the Supplemental Security Income (SSI) Act to Guam citizens and the unique, and arbitrarily set, fixed ceiling on the federal share of medical expenses are examples of the disadvantages of Guam's status.

C. RECOMMENDATIONS

While continuing with the endeavor of the United Nations Charter affirmation of faith "in the dignity and worth of the human person" it is highly recommended that the term "disabled people" be replaced with "people with disabilities". The use of this terminology is a very serious and sensitive issue since it emphasizes the disability first and not the person. Similarly, the term handicapped should be discouraged from use referring to individuals with disabilities. As with other racial and ethnic terms, it has been associated with a patronizing and stereotyping attitude to describe people with disabilities. By encouraging ESCAP members to use the term "people with disabilities" it will help foster a positive attitude toward people with disabilities and eliminate the social stigma associated often with this population.

IX. HONG KONG

A. NATIONAL OVERVIEW

With an area of just 1,075 square kilometers and a population of 5.8 million, Hong Kong is a very crowded city. While the average population density is 5,385 people per square kilometer, the population density in the most densely populated district is as high as 116,531 people per square kilometer. It is not difficult to imagine how limited and precious space is in Hong Kong. This means that caring for a person with severe disability at home is an extremely difficult task for most families. Support services for these families are therefore very important in helping them to cope. For low-income families, institutional care is often essential for family members with disabilities. Hence certain institutional services must be developed during the same time in which community-based rehabilitation and integration is advocated.

B. POLICY MEASURES

In recent years, Hong Kong has enacted several pieces of legislation aimed at advancing the interests of people with disabilities. The Building (Planning) Regulations made in 1984 stipulate that access facilities should be made available to wheelchair users in certain public places such as hotels or places of public entertainment. New public buildings, to which people with disabilities may reasonably be expected to have access, are required to provide ramps, dropped curbs, handrails, lifts, and corridors, doors and water closet cubicles accessible to wheelchairs. These Regulations are very important in ensuring that new public facilities are accessible to people with disabilities.

The Mental Health (Amendment) Ordinance enacted in 1988 contains detailed conditions and procedures for receiving people who are mentally ill into guardianship and admitting them to mental hospitals. An independent Mental Health Review Tribunal has been established under this Ordinance to safeguard the interests of people who are mentally handicapped or mentally ill. The Tribunal is empowered to consider applications (eg. for review of detention orders) and references by and in respect to patients under this Ordinance.

Legislation is also in place to provide concessions to drivers who are disabled. The current exemptions enjoyed by disabled drivers include exemption from driving license fees, vehicle license fees, first registration tax of their vehicles and duty on hydrocarbon oil. In addition, a legislative proposal for exempting disabled drivers from payment of parking fees is currently be considered.

New policy initiatives

In 1991, the government conducted a comprehensive review of rehabilitation policies and services in Hong Kong. The findings were published in March 1992 in the form of a consultative document. Apart from mapping out the long-term strategies for further development of rehabilitation services, the Green Paper on Rehabilitation sets out specific targets to be achieved in the next ten years. In his annual policy speech given in October 1992, Hong Kong's new Governor granted top priority to the development of rehabilitation services. His address outlined

special arrangements to secure funding for meeting the key targets of the Green Paper within the next four years, instead of ten years. The aim is to improve the quality of life of people with disabilities and their family members as soon as possible. Between now and 1997, there will be a number of service increases: for example, a 50 per cent increase of both day service places with facilities to cope with between 7,070 and 10,840 people with intellectual disabilities, and those services in residential places with capacities to serve 7,070 to 10,900 persons with adverse family backgrounds. The Green Paper on Rehabilitation has made extensive reference to the World Programme of Action concerning Disabled Persons. Both documents are available in Chinese and English.

C. PROGRAMMES

To achieve the goals of equal opportunities and full participation for people with disabilities, a wide spectrum of programmes is being provided. Many of these programmes were developed during the United Nations Decade. They are detailed in the following paragraphs.

We recognize the importance of integration to people with disabilities and have adopted this concept as the principle for our service provision. We also recognize that positive public attitudes are the key to successful integration. We therefore regard public education programmes to enhance public awareness about disabilities and to promote public acceptance of people with disabilities as very important. Such programmes are planned and coordinated by a government-appointed Committee on Public Education in Rehabilitation, a number of related government departments and many non-governmental organizations. Major programmes have been organized in the past few years including television and radio announcements and programmes, exhibitions and talks. The opportunity was also taken to promote positive attitudes towards people with disabilities during major rehabilitation-related activities such as the Abilympics which were held in Hong Kong in 1990 and our participation in the Paralympics in Barcelona this year.

In order to assist families in taking care of their disabled members at home, an outreach, home-based training programme has been introduced for people with extensive disabilities. Special training teams supervised by professionally trained social workers visit people with extensive disabilities at home to teach them basic living skills. The teams also advise parents or siblings as to how they can best take care of their disabled family members. In addition, respite service has been introduced to provide short-term accommodation for people with disabilities. This service provides relief for families of people with disabilities and is an important community support service to assist parents in taking care of their disabled children at home instead of placing them in an institution.

For people with disabilities who are more independent, a programme of supported employment has been introduced. Through this programme people with disabilities can be gainfully employed in an open and ordinary working environment with minimal support. This scheme gives participating people with disabilities meaningful jobs and also educates the general public about the ability of people with disabilities and their potential to contribute to society.

Parent resource centres have been established to provide support services to parents and care-givers of children with disabilities. These centres provide a place for parents and care-givers

to discuss matters of mutual interest, to meet others with similar problems and to have access to books, magazines, educational toys and other information of value to their disabled children which otherwise they might not be able to find. They also offer enquiry and referral services to parents and organize recreational and educational functions for the families of people with disabilities. These centres, together with parent groups, are playing an increasingly important role in the policy formulation process for rehabilitation services in Hong Kong.

An immense interest in technical aids for people with disabilities has developed during the United Nations Decade. Establishing the Rehabilitation Engineering Centre in 1986 was an important milestone for application of modern technology in rehabilitation services. The Centre is dedicated to the research and development of technical aids for people with disabilities in the local context. It also cooperates with other local organizations in this field, such as the Industrial Centre of the Hong Kong Polytechnic and the Association of Engineering and Medical Volunteer Services, to offer a comprehensive range of production and support services.

An Environmental Advisory Service was established in 1981 to help promote a barrier-free environment. It provides free consultation services to architects, interior designers and other design professionals on detailed planning, selection of finishes, and equipment in order to improve accessibility to buildings for people with disabilities. It also offers direct advisory services to individual disabled clients, their families and friends on renovation and modification of their living accommodation or working environment.

Another new programme is the Peripatetic Teaching and Advisory Service which is designed to help disabled children integrate into mainstream education. Under this scheme, specially trained teachers visit disabled children studying in ordinary schools and provide them with intensive remedial support. These teachers also advise ordinary school teachers on teaching and management techniques, curricular adaptation and development of teaching resources for children with disability.

D. EXAMINATION OF POLICY AND PROGRAMME ISSUES

As mentioned earlier, a comprehensive review of existing rehabilitation policies and services was conducted in 1991. The review covered not only the basic issues such as prevention, medical rehabilitation, education, training, access and community participation for people with disabilities, but also other important areas such as legislation, public education, and administration and coordination. The results of the review, together with over 80 recommendations related to the further development of rehabilitation services, was published in March 1992 in the form of a Green Paper for public consultation.

Public response to the Green Paper was overwhelmingly positive. The public generally endorsed the currently adopted direction for the further development of rehabilitation in Hong Kong, although some people have suggested that the pace in certain areas should ideally be expedited. This public call has now been answered by the Governor's pledge to meet the key targets in four years instead of ten years.

With regard to the efficacy of action taken, by and large, special services have been recognized as being more likely to achieve their respective objectives than are programmes incorporating the needs of people with disabilities into the community. This is best illustrated by the inertia, until recently, of public transport operators towards incorporating the special needs of people with disabilities into the general public transport system. However, it is heartening to note that their attitudes are changing. There is increasing awareness among public transport operators of the need to help people with disabilities by providing services which take their needs into account. For instance, the Mass Transit Railway Corporation is now investigating the possibility of converting some of its railway stations to provide access for people with disabilities. With these changing attitudes, we hope that the accessibility of public transport for people with disabilities will be gradually improved.

Meanwhile, the transport needs of people with mobility problems are met by services provided by government and non-governmental organizations using specially adapted buses. These services provide a practical alternative, in the meantime, as the public transport system is being made fully accessible. However, there is always a need to educate the public about the actual abilities and needs of people with disabilities. The ultimate goal must be for the community to take into account the needs of people with disabilities in our societal development.

In Hong Kong, we have adopted a two-pronged approach for provision of rehabilitation services. On the one hand, programmes are developed and implemented to provide community-based and integrated services. On the other hand, special services are offered to provide care and attention for those who, perhaps due to the severity of their disability, cannot benefit from integrated programmes at the present time. This is an often used pragmatic approach which we believe best addresses the diverse needs of people with different disabilities and their families. Given Hong Kong's low tax system, this flexible mode of service delivery has helped build an effective system of rehabilitation services.

In the past decade, the Hong Kong system has worked well. Overall, there are more opportunities for people with disabilities to develop their potential than ten years ago. There are more care services for those who need them and people with disabilities participate in various aspects of community life and have become more aware of their rights. People with disabilities have more opportunities to take part in the policy making process at the central level on disability related matters. Although there is still more that needs to be done to fully reach our twin goals of equalization of opportunities and full participation, the United Nations Decade has been a fruitful period in terms of our achievements.

E. RECOMMENDATIONS

It has been stated in the Green Paper on Rehabilitation that the objective for rehabilitation in Hong Kong is "to promote and provide such comprehensive and effective measures as are necessary for the prevention of disability, the development of the physical, mental and social capabilities of people with disabilities, and the realization of a physical and social environment conducive to meeting the goals of their full participation in social life and development, and of equalization of opportunities."

With regard to this overall objective, the Green Paper sets out the following strategies for further developing rehabilitation services:

- (1) To step up preventive measures, it is essential to identify and assess disabilities with a view to preventing impairments or ensuring the maximization of abilities in the presence of impairments or disabilities;
- (2) We must influence the broader environment with a view to meeting the needs of people with disabilities. Measures will be incorporated into the general planning process and the administrative structure to ensure that the benefits of social development programmes can reach people with disabilities;
- (3) To facilitate the attainment of the goals of equalization of opportunities and full participation of people with disabilities, we must promote community acceptance, instil positive public attitudes, and remove physical as well as social barriers faced by people with disabilities.

These objectives and strategies reflect the spirit of ESCAP resolution 48/3. In essence, all of them converge on a common theme, the importance of community attitudes. Community attitudes play such a key role in achieving the goals of rehabilitation that continuing public education efforts must be maintained. Public education is an essential tool to change attitudes and highlight important concepts of rehabilitation and prevention. Therefore, it must stress the need to be aware of malpractice, impairments, and illnesses which may result in disability; the need to take into account the special requirements of people with disabilities in our social and physical environment; and, the need to eradicate our prejudices against people with disabilities and accept them as members of our society who have the same inviolable rights as people without disabilities.

The proclamation of the Asian and Pacific Decade of Disabled Persons gives us an excellent opportunity to renew our public education efforts. The ESCAP resolution should be drawn to the attention of the general public at large and rehabilitation personnel in particular, including government officials and members of non-governmental organizations. To maximize the impact of the Asian and Pacific Decade we welcome international conferences on rehabilitation to be held in Hong Kong during the Asian and Pacific Decade. The experience of overseas delegates will bring disability issues into sharper focus and help enhance public concern about the special needs of people with disabilities.

The importance ESCAP has attached to the need of promoting the well-being of people with disabilities is as much a common objective as it is an impetus for our local organizations to step up efforts in promoting the interests of people with disabilities. We all look forward to a better tomorrow for people with disabilities, and a better tomorrow for all, in the upcoming Decade and beyond.

X. INDIA

A. NATIONAL OVERVIEW

The year 1981 was the International Year of Disabled Persons. In 1982, the United Nations General Assembly adopted the World Programme of Action concerning Disabled Persons. Principles for the prevention of disability, as well as measures for the rehabilitation of people with disabilities and for equalization of opportunities are outlined therein. The period 1983-1992 was proclaimed by the General Assembly as the United Nations Decade of Disabled Persons, a decade which was "one means of implementing the World Programme of Action". Emphasis was placed on government, national committee and voluntary organization involvement to accomplish the goals of the United Nations Decade, instead of reliance on additional resources of the United Nations system.

When the United Nations Decade began, India was in the midst of its Sixth Five-year Plan which covered the period 1980-1985. The allocation of welfare of people with disabilities in the National Plan was about 550 million rupees. By the time the United Nations Decade had reached its mid-point, India was well into its Seventh Five-year Plan. Despite the constraints in financial resources, the Government of India had allocated one billion rupees for people with disabilities. By the end of the United Nations Decade, the allocation of funds by the Government of India was 460 million rupees for the year 1990-91 and 580 million rupees for 1991-92. While these are quantum jumps in resource allocation, statistics indicate the service coverage for people with disabilities in India is less than 10 per cent.

A comprehensive survey was conducted by The National Sample Survey Organization in 1981 which covered three types of disabilities: visual, communicative and locomotor disability. Mental disability and communicative disability in children four years of age and younger were specifically excluded. This Survey arrived at an estimate of 12 million people having at least one disability, constituting about 1.8 per cent of the total population of 680 million (1981 Census). About 10 per cent of these had more than one disability. Considering each type of disability separately, those having locomotor disabilities were the highest percentage, (5.43 million) followed by those with visual disabilities (3.47 million), hearing disabilities (3.02 million) and speech disabilities (1.75 million). Statistics indicate that the prevalence of disability is higher in rural areas where the bulk of the population (76.7 per cent) live than in urban areas (23.3 per cent). Also the prevalence is higher among males (57 per cent) than among females (43 per cent). Although intellectual disability was not covered, studies undertaken by some research organizations indicate that between 2 to 2.5 per cent of the population have mental disabilities. Thus at the beginning of the United Nations Decade, in absolute numbers, about 35 million people had at least one form of disability. It was also estimated that there was an annual increase of approximately 0.07 million people with disabilities (excluding intellectual disability).

India has attempted to tackle the problem of disability in a systematic and coordinated manner. One of the most pertinent policy issues concerns the process through which growth transforms, or fails to transform, into human development. Any assessment of human development would ideally use a composite measure which is often used in contemporary socio-economic studies. But even this does not take into account areas such as the welfare of disabled

persons which must figure into any comprehensive approach to human development. Because of the differences in profiles of the developed and developing world, and their respective socio-economic environments, an indigenous solution to the problem of disability is imperative.

The extent of disability the world over is estimated to be nearly 10 per cent of the population; its profile is, however, very different in developing countries from that in developed countries. For instance, while polio is virtually non-existent in developed countries, it is a major contributor to orthopaedic disability in India. India has adopted a rather strict definition of disability, therefore the benefits of all government schemes adopted for people with disabilities are received by those who are the most needy. In this context, emphasis has been on three levels: the macro level, with broad policy formulation with respect to people with disabilities; the meso level, combining the implications of micro policy in terms of the delivery of services in broad areas and through institutes and organizations working for the welfare of people with disabilities; and, the micro level, with policies specifically aimed at particular types of disability.

Recognizing the low per capita income in the country, an attempt has been made to provide services to people with disabilities either free of charge or at highly subsidized or easily affordable costs. The concept of equity has been the cornerstone of policy towards people with disabilities during the United Nations Decade and an attempt has been made to ensure that assistance and services reach people with disabilities in the most needy districts and in all parts of the country.

The Ministry of Welfare is the nodal Ministry identified by the Government of India as having responsibility for the welfare of people with disabilities. It is one of the executive organs of the Government headed by a Minister of cabinet rank. All policy initiatives in the area of disability are initiated by this Ministry keeping in mind the views of other departments and ministries and non-governmental organizations. Some of the programmes are being implemented by non-governmental organizations and monitored by state governments. Close liaisons are maintained amongst associated ministries such as Ministry of Health and Family Welfare, Department of Education, Department of Women and Child Development, Ministry of Finance, and the Planning Commission which is responsible for the major proportion of funds received in the area of welfare of people with disabilities. This structure is supervised and governed by a Bicameral Legislature which oversees and debates all policies and other matters concerning various areas of public life. During the United Nations Decade the system outlined above has functioned effectively in ensuring that priorities have been established correctly, and the needs of people with disabilities have been actively addressed.

B. POLICY MEASURES

There has been a persistent demand in India for comprehensive legislation calling for the compulsory registration of people with disabilities and information concerning their education, vocational training, employment and other welfare measures. Provisions for safety and prevention of disability are incorporated in several laws relating to conditions in mines, factories, plantations, dock yards, railways etc. In the event of injury or disablement, there are legal provisions for payment of suitable compensation. Various labour laws in the country, such as the Industrial Dispute Act, The Minimum Wage Act, The Apprenticeship Act, etc. apply equally

to people with and without disabilities. There is no discrimination in status of people with disabilities. Hence the foundation on which the rights of people rest, including people with disabilities, is a firm one. However, in the past there were areas of weakness such as absence of provisions dealing with architectural barriers. With increasing awareness about disability issues, the need for such provisions is increasingly being voiced. During the United Nations Decade, concrete measures were enforced to make public places accessible to people with disabilities by the issuing of administrative instructions by the ministry concerned.

The Government has set up the Rehabilitation Council of India to enforce uniform standards for the training of professionals in the field of rehabilitation, as well as to maintain the Central Rehabilitation Register and other related matters. The Rehabilitation Council of India Act has been passed and gives the Rehabilitation Council statutory status to enable the Council to effectively achieve its objectives. Some of the policy issues taken up actively during the United Nations Decade are as follows.

1. Integrated education and special schools

The Government has sought to promote the integration of students with disabilities in regular schools through the Integrated Education Programme. In fact, the provision was made in the National Policy on Education itself and of late there has been increased efforts made in this area. In addition, the Ministry of Welfare has provided generous financial assistance to voluntary organizations to establish and run special schools for children with disability. Since there was a need to standardize curricula in special schools as well as to have sufficient professionals, the National Institutes under the government were asked to prepare a comprehensive programme of development of human resources, while the Rehabilitation Council regulatory body was set up to ensure the necessary standards. In addition, it has also been noted that special schools for children with disabilities should be equipped with vocational training facilities to ensure proper rehabilitation after the completion of the education programme.

2. Policy for vocational training and employment

According to the 1981 National Sample Survey the estimated numbers of people with disabilities employed were: 0.25 million people with locomotor disability, 0.87 with visual disability, 0.17 with hearing disability, and 0.089 with speech disability.

During the United Nations Decade an attempt was made to ensure that the 3 per cent of the positions reserved for people with disabilities in the Craftsman Training Programme were fully utilized. A policy measure was made to ensure that the available vacancies for the people with disabilities were fully subscribed. Special efforts were made to provide jobs to people with physical disabilities in the Special Employment Exchanges for the Handicapped and in the Special Cells in normal Employment Exchanges.

During the United Nations Decade, the Rural Development Department of the Government of India had an on-going programme to train rural youth for self employment during the United Nations Decade. In the interest of people with disabilities, 3 per cent of the positions

were reserved for them. The need to grant subsidies to them to encourage self-employment ventures was recognized.

In addition, 17 vocational rehabilitation centres (VRCs) set up by the central Government were effectively functioning. Of the 17 centres, two were exclusively for women with disabilities. Skills training facilities have also been provided as an extension of rehabilitation services. The purpose of the VRCs was to extend in-factory training to people with disabilities in accordance with their vocational capabilities. During the United Nations Decade a start was made for providing vocational rehabilitation to people with disabilities in rural areas.

3. Prevention of disability

At present, the central Government (Ministry of Health Family Welfare) conducts and coordinates programmes for the prevention of disabilities throughout the country. These include tetanus immunization for expectant mothers, DPT (Diphtheria Toxoid) immunizations for children, prophylaxis against nutritional anaemia and blindness due to Vitamin A deficiency, and vaccination against polio and typhoid. Furthermore, there are national programmes for the prevention and control of blindness, for nutritional supplements, and to educate Indian mothers about appropriate health and nutritional practices.

4. Travel, postal, and customs concessions

The Indian Railways allows people with disabilities to travel at concessional fares. Depending on the nature of the disability, the concession may be up to 75 per cent of the full fare. The postal dispatch of mailings for the blind is exempt from the payment of postage if sent by surface route. Concerning customs duties, the central government exempts a number of items used by people with disabilities for their personal use.

5. National plan for people with disabilities

Although there has been a tremendous improvement in services for people with disabilities over the course of the United Nations Decade, a sizeable section of the population with disabilities living largely in rural areas still do not have services. The focus in the Eighth Five-year Plan is on extensively increasing coverage through increasing the network of services, particularly in areas inhabited by people who are disadvantaged. The focus will be on those groups of people with disabilities which have received very few services: for example those with cerebral palsy, intellectual disability, leprosy, and hearing impairment. Keeping in view these objectives, the following schemes are being implemented.

6. Scheme of assistance to voluntary organizations for people with disabilities

Under this Scheme, non-governmental organizations are given up to 90 per cent assistance for providing education, training and rehabilitation to people with disabilities. During the financial year 1991-1992, 262 non-governmental organizations were assisted with 6.80 crore

rupees. In the current financial year, it is expected that about 300 non-governmental organizations will be assisted and the expenditure will be over 8 crore rupees.

7. Scheme of assistance to voluntary organizations for the rehabilitation of people with leprosy

Under this Scheme financial assistance (up to 90 per cent of the project cost) is offered to voluntary organizations engaged in the rehabilitation of people who have been cured of leprosy. Projects like vocational training, the raising of awareness, homes for people with leprosy, education etc. are supported by the Ministry. In the introductory year 1991-92, 10 lakh rupees were spent under the Scheme. A provision of 50 lakh rupees has been made for the current year 1992-93.

8. Scheme of assistance to organizations for people with cerebral palsy and intellectual disability

This Scheme was introduced in 1990-91. It envisages development of human resources by training persons with cerebral palsy and intellectual disability. Assistance is given (up to 90 per cent) to human resource development training courses. Selective financial support is provided to build infrastructure such as buildings and for equipment, books, etc. as well as for recurring items like staff salaries, contingencies etc.

9. Assistance to organizations for people who are mentally ill

The field of rehabilitation of people with mental illnesses has been allocated to the Ministry of Welfare through an amendment in the Allocation of Business Rules. Consequently, a new scheme for assistance to organizations for rehabilitation of people with mental illness was formulated and approved in 1991-92. Under the Scheme, assistance for up to 90 per cent of project costs is given to voluntary organizations.

10. Science and technology project for the application of technology for rehabilitation of people with disabilities

This project was launched in 1988 with the objective of coordinating funds and directing the application of technology to the development and utilization of suitable cost effective aids and appliances and to methods of education and skill development leading to the enhancement of opportunities for easier living, mobility, communications, recreation, employment and integration in society. There are twenty-five ongoing projects in reputable research organizations throughout the country. A budget of 50 lakh rupees has been allotted for the year 1992-93.

C. PROGRAMMES

1. Information and data on the national disability situation

The challenge of any rehabilitation programme is not only to provide medical and therapeutic services, vocational training, and jobs, but also to tackle the long-term problems emanating from illiteracy and ignorance. In the past there have been several programmes designed to rehabilitate people with disabilities in our country, but there was no centralized information system. To meet this need the National Information Centre on Disability and Rehabilitation (NIDCR) was established by the Ministry of Welfare, Government of India in 1987 as an extension of the District Rehabilitation Centre Scheme.

The pioneering effort of setting up a national data base on handicap welfare services used the modern technology of computers. It was the first of its kind in the country. The database was structured to provide information accessible to policy makers, planners, researchers, institutions and individuals seeking assistance. A multi-faceted information management system with twelve independent modules was developed. In this management information system a large amount of data is being collected and collated from different sources, including those of both the government and non-governmental organizations. Periodic publication of two directories, the Directory of Institutions and a Directory of Professionals, is an important activity of the Centre. The NICDR has also set up a technical library to assist professionals. This library will also serve as the store house of all print and electronic media material on disability produced in the country.

This Centre regularly publishes a bi-annual research journal called the "Indian Journal on Disability and Rehabilitation" containing information on research studies of theoretical and practical interest about rehabilitation, medicine and technology. This Journal serves as a lively medium of exchange for research findings, opinion papers, trends and views as well as stories of individuals' rehabilitation.

2. Voluntary organizations

There were broadly three categories of non-governmental organizations serving people with disabilities in India during the United Nations Decade, namely: those organized by individuals with disabilities; those made up of relatives of people with disabilities; and those organized for humanitarian considerations. Commitment and compassion being a pre-requisite for any programme for people with disabilities, the Government of India has, as a matter of policy, promoted non-governmental organizations which have been given a pivotal role in the care of people with disabilities. There are about 1,500 non-governmental organizations working in this area. A very large number of them are substantially funded by the central and state Governments. There is a Central Scheme of Assistance to Voluntary Organizations under which the central Government pays for up to 90 per cent of the costs of non-governmental organizations providing services in the area of preventive, therapeutic, educational, and vocational rehabilitation and placement services. The non-governmental organizations have, with the support of Government, been working to implement the World Programme of Action by taking measures promoting the

prevention of disability, rehabilitation, and the realization of the goals of full participation of people with disabilities in social life and development.

3. National coordination committee on disability and inter-agency action

The Ministry of Welfare carries out the functions of a national coordination body on disability, both through its own action and through those various organizations functioning under it. The preventive aspects of disability are coordinated by the Ministry of Health and Family Welfare and by the Department of Women and Child Development. These are all executive organs of the Government of India and provide the first level of coordination at the national level.

4. National institutes for the welfare of the handicapped

Consistent with the policy of providing a complete package of services to people with physical and mental disabilities, and in order to effectively deal with the multi-dimensional problems faced by them, the following national institutions have been set up for each major area of disability:

- (a) National Institute for the Visually Handicapped, Dehradun;
- (b) National Institute Orthopedically Handicapped, Calcutta;
- (c) Ali Yavar Jung National Institute for the Hearing Handicapped, Bombay;
- (d) National Institute for the Mentally Handicapped, Hyderabad.

These institutes are apex-level organizations in the field of education, training, vocational guidance, counselling, research, rehabilitation and development of suitable service modules for people with handicaps. The institutes also serve as premier documentation and information centres in their respective areas of disability. Development and standardization of aids and appliances and preparation of community awareness materials (both for the electronic and the print media) for parents, the community, and professionals working in the field is also their responsibility. In addition to the four national institutes, the Institute for the Physically Handicapped in New Delhi and the National Institute for Rehabilitation, Training and Research in Cuttack, have been working in the field to provide training facilities and services for the rehabilitation of people with locomotor disabilities. During the United Nations Decade the National Institutes have been able to provide coordination and leadership in their area of disability and are working in close coordination with the voluntary sector and state governments.

5. District rehabilitation centres

In India nearly 80 per cent of people with disabilities live in rural areas, whereas the services are largely concentrated in urban areas. To address this situation, 12 district rehabilitation centre projects were started on a pilot basis during the United Nations Decade. The scheme envisages that in each area people with disabilities will be identified and restorative,

medical, educational, vocational and placement services will be provided. These centres are closely integrated with other on-going programmes, such as those in the field of women and child welfare, health and education, because these programmes are already underway and have succeeded in mobilizing community involvement. In urban areas, by and large, access to facilities for people with disabilities has been relatively good.

During the United Nations Decade action has been initiated at both governmental and non-governmental levels towards meeting the challenges of disability in these areas through a combination of awareness-raising, immunization, supplementary nutrition, the provision of day-care centres etc. In both the rural and urban areas, the concept of community-based rehabilitation has been stressed and specific projects were started during the Decade. The central Government has been operating a scheme, in both urban and rural areas, of supplying orthotic and prosthetic aids, hearing aids and other aids and appliances required by people with orthopaedic and hearing disabilities, either free or at a subsidized rate based on the income of the individual.

6. Low-cost technical aids

During the United Nations Decade studies showed that only about 10 to 20 per cent of people with disabilities who needed technical aids were able to get them. This resulted from a variety of factors including the high cost of the aids; their lack of suitability for Indian conditions; and, maintenance problems (which are difficult to resolve in rural areas). The Government launched a Science and Technology Project in Mission Mode on Application of Technology for the Welfare and Rehabilitation of the Handicapped. A directory on the availability of aids and appliances in India has been published to enable wider access to aids and appliances. It is hoped that with the availability of a wider range of aids and appliances, it will be possible for people with disabilities to be more economically productive and better integrated into society.

7. Family support for people with disabilities

With the onset of modernization and development, the traditional system of the joint family has been weakened. Attempts have been made to fill the gaps that are left through community-based rehabilitation projects. Through these projects families with members who are disabled are provided with simple technologies as well as with aids and appliances. Simple therapy and special stimulation methods are taught, creating confidence within the family to work with disabled family members.

8. Participation of people with disabilities in community life

The inability to participate in community life disrupts social relationships. It affects individuals with disability as well as social institutions, family life, marriage, caste, and class. The dynamics of social behavior tries to bring about a balance between the individual needs and social demands. Social disability upsets this balance and is expressed through social stigmatization. This has been seen particularly in the rehabilitation of the people with leprosy in India. During the United Nations Decade an attempt was made, through the audio-visual media,

to sensitize the public so that people with disabilities could be given greater opportunities for participation in community life.

9. Participation of people with disabilities in national policy formulation

The Government has, during the United Nations Decade, actively involved people with disabilities in the formulation and monitoring of national policies on disability issues. At the same time, people with disabilities other than intellectual disabilities, have full rights to participate in the electoral process of the country and have actively done so during the United Nations Decade.

D. EXAMINATION OF POLICY AND PROGRAMME ISSUES

The points brought out in the foregoing paragraphs clearly show that the policies and programmes adopted by India have been fully in line with the World Programme of Action Concerning Disabled Persons in promoting effective measures for the prevention of disability, rehabilitation and realization of the goal of full participation of people with disabilities in social life and development. These policies and programmes have also attempted to provide equal rights and opportunities for people with disabilities in relation to the non-disabled population and an equal share in the improvement of living conditions.

The essential features of rehabilitation models suitable for developing countries such as India have to be identified. Planning for comprehensive rehabilitation services for the rural and urban population in a developing country entails balancing the desired range of services and their accessibility with the inevitable constraint of limited resources. Appropriate rehabilitation models are those which will benefit the largest section of the population with disabilities in the most economical way. Services for people with disabilities must inevitably be linked with services for the general population and should be in tune with the socio-economic and cultural realities of the country.

Often, sweeping policy statements tend to raise the hopes of people with disabilities to an unrealistic level such that they cannot be easily fulfilled with the resources available. At the same time, without an urban-rural linkage, rehabilitation programmes often exist in isolation and remain foreign to the soil in which they must be rooted. Perhaps the most imperative policy made during the United Nations Decade has been one demanding that those charged with the responsibility of developing India's rehabilitation services be fully aware of the policies and programmes for the general population in *all* related sectors of the economy (for example, health, education, employment, rural development and women and child welfare), so that these could be linked with services for people with disabilities. It has been recognized that rehabilitation cannot effectively take place in isolation from the mainstream activities as it is an intrinsic part of society.

In compliance with national priorities, regulation through legislation is being attempted in the area of disability issues. The attempts to bring about order and standardization were begun with the establishment of Rehabilitation Council in 1986. Similar to the Indian Medical Council, it regulates training policies and programmes for rehabilitation professionals. It was set up as an

autonomous apex body to enforce uniform standards for the training of professionals in the field of disability. The Rehabilitation Council:

- (1) Prescribes minimum standards of education and training of individuals;
- (2) Recognizes qualifications;
- (3) Collects information regarding education and training institutions in India and abroad;
- (4) Maintains an Indian Rehabilitation Register.

Social and economic changes in favour of people with disabilities and changes in the rehabilitation process cannot be brought about by legislation alone, but by provision of adequate funds for the creation of greater consciousness among the general population and an increased sense of professionalism in tackling the emerging issues. To make an impact on all sections of the population with disabilities, certain basic changes are necessary. People's perception of disability prevention and rehabilitation must become more positive on the whole. Society's awareness of the potential and capacities of people with disabilities must become wider. A much higher allocation of funds is required to provide comprehensive services to people with disabilities who are not currently being served. Far greater efforts are required not only on the part of the government, but also by society to provide even a minimum of services. India has a firm base of rehabilitation services which need to be restructured and expanded in order to ensure the development of all people with disabilities. This involves a great deal of systematic action and a dedicated commitment to the cause.

E. CONCLUSIONS

Follow up to the World Programme of Action beyond 1992 is a very challenging task. It requires a weaving of all of the policies which had only begun to be woven together during the United Nations Decade, if we are to put together effectively a fabric which will meet the needs of people with disabilities, if not fully, then at least in substantial measure. In designing a system for a country as large as India, both in physical and demographic terms, one must be sure that the systems adopted do not become obsolete in a short time. It is therefore necessary to visualize the changes likely to happen in the rehabilitation scenario in the next few decades and to examine whether the system will continue to work reasonably well in the future. There is a close nexus between the disability situation in India and that in other developing countries some decades ago. Demographic changes, changes in disease patterns, improvement in the quality of life, and above all, the growing demands of people with disabilities are all likely to affect the viability of the system.

Demographic projections suggest that India will have a population of about one billion by 2000 A.D. The increase of the country's population as well as changing age composition will affect the nature and magnitude of disability in future. There will be about 100 million children in India by the year 2000 and, taking into account a well-organized immunization campaign, it is expected that disability in the younger age group will substantially decrease.

Life expectancy is predicted to increase for both males and females by the year 2000 A.D. This will mean not only that the proportion of elderly people in the population will increase, but also that many of them will live longer. In developed countries, the ageing of the population together with the increase of numbers has created enormous health and disability problems. In the developing countries as well, with improvements in medical and health practices, many elderly people who would not otherwise have survived will survive longer but perhaps have disabling conditions such as degenerative diseases, disorders of the skeletal system, loss of hearing etc. which will require long-term rehabilitation services. Rehabilitation of the elderly will, therefore, require greater attention in the future.

The phenomenon of migration to urban centres is likely to increase the urban population by the end of the century to 315 million people, representing 33 per cent of the total population as compared to the present figure of 192 million or 23 per cent of the population. The emerging stresses and constraints arising from this migration are already imposing on the traditional joint family system. For elderly persons with disabilities, the break-up of the joint family will cause economic and emotional hardship due to a loss of close family support. With an increasing inability to cope, mental health problems may arise in people with little support. This phenomenon, now common in developed countries, may also emerge in developing countries like India.

Indian planners have considered the ambitious step of achieving the rehabilitation of all people with disabilities by 2000 A.D. A Working Group for the welfare of people with disabilities has projected coverage of 50 per cent of those in need by the end of the Eighth Five-year Plan, requiring an investment of 20 billion rupees. Most developing countries are saddled with an enormous debt burden and therefore have had to streamline their economies in ways that impinge on the resources available. The need to reduce the budgetary deficit means that there will be less funds to be shared by all sectors. Hence, social scientists have emphasized the need for "adjustment with a human face". For this to come about there is a need to tap social investment. By the very nature of the work, society's resources have been tapped and can further be sought to promote and support the voluntary sector in the area of meeting the needs of people with disabilities.

India is likely to witness positive social changes during the upcoming Decade. Its society will likely acquire a heightened awareness about the problems and potential of people with disabilities. A better understanding of their problems should lead to a change in societal attitudes towards them. This may or may not necessarily result in the emergence of a widespread and expanded voluntary sector, however, increasing demands from and awareness of the people with disabilities should result in a systematic organization of rehabilitation services in the country. With collaborative efforts between the government and the voluntary sector and adequate resources, it is expected that, by the turn of the century, a widely accepted, systematic, and comprehensive programme will replace the present one, such that rehabilitation of people with disabilities will become not only a promise but a reality.

XI. INDONESIA

A. NATIONAL OVERVIEW

All development policies and programmes in Indonesia are based on the basic aims as stated in the 1945 Constitution Preamble, which are:

The setting up of a government which shall protect the entire Indonesian people and the country; to advance the general welfare of the people; to advance the intellectual life of the nation; and to contribute towards the establishment of a world order based on freedom, peace and social justice.

National development programmes are, by nature, comprehensive, integrated and dynamic. These programmes cover various fields such as agriculture, industry, trade, human resource development, education, culture, health, technology, population, housing, habitat, social welfare and others. They are handled by various ministries. Development programmes for people with a disabilities are classified as social welfare programmes and are handled by the Ministry of Social Affairs.

Indonesia, as member of the United Nations and a member nation of ESCAP, joined the proclamation of the United Nations Decade Persons 1983-1992 and the World Programme of Action Concerning Disabled Persons by incorporating these programmes into the national development programmes. These programmes are executed by the Ministry of Social Affairs. The programme for social welfare development for people with disabilities includes all efforts directed towards meeting all aspects of rehabilitation needs.

The National State Basic Guidance, known as GBHN, provides basic guidance for the Five-year National Development Plan, (REPELITA). The first Five-year Development Plan started in 1969. The year 1992-1993 is the fourth year of the Fifth Five-year Development Plan. The United Nations Decade covers 2 REPELITA, which is REPELITA-IV (1984-1989) and REPELITA V (1989-1994), or in the decade of 1984-1994. It is implicit that an evaluation of the social welfare development and progress made during REPELITA-IV and V include an evaluation of the undertakings to implement the World Programme of Action concerning Disabled Persons, begun in Indonesia during the United Nations Decade. While a great deal of effort was made by government and non-government organizations to promote the social welfare of people with disabilities, there are still many more activities which have not yet been implemented due to several constraints. Some of these constraints are: the large number of people with disabilities in Indonesia, about 5.5 million; the geography of the archipelago which consists of thousands of islands; the socio-economic condition of the country; and, the fact that disability issues are not a priority programme of the government. Hence, the programmes planned and implemented to meet the needs of people with disabilities in Indonesia basically reflect the current socio-economic conditions which are in the process of development. In general, however, we feel that the efforts made over the past Decade yielded satisfactory results, given the circumstances.

Prior to the proclamation of the United Nations Decade, Indonesia implemented activities suggested by the United Nations during the International Year of Disabled Persons 1981 in accordance with its theme: Full Participation and Equality for people with disabilities. The Coordinating Minister for People's Welfare issued Decision Number (14/Kep/Menko/Kesra/X-

II/1980) concerning programmes for the International Year of Disabled Persons. It included, among other policies, the organization of eight national committees and working groups including those for medical rehabilitation, social rehabilitation, educational rehabilitation, vocational rehabilitation, fund-raising, rules and regulations, and information and research.

The proclamation of the International Year of Disabled Persons pushed the government to organize activities for the promotion of the social welfare of people with disabilities. These activities included the opening of increasing the number of rehabilitation centres, improving the quality of their services, and further consolidation and development of community-based services such as subdistrict-level training centres (LBK), mobile rehabilitation units (MRU) and productive economic groups for people with disabilities (KUP).

B. POLICY ON DISABILITY ISSUES

Ever since the proclamation of independence in 1945, the Government of Indonesia has recognized the need to improve the social welfare of its people. This is evident by the establishment of the Ministry of Social Affairs immediately right after the proclamation of independence. Since then, various policies concerning social development, including the rehabilitation of people with disabilities, were made. However, currently social welfare is a lower priority than other sectors of national development due to limited funds and other resources.

During REPLITA-V (1984-1989) the social welfare of people with disabilities was given greater emphasis through the formulation of government policies regarding the need to plan step-by-step improvement of social welfare of people with disabilities. Despite the policies and social welfare programmes for improving the social welfare of people with disabilities, the programme outcomes have not fully been achieved. This is not due to the fact that these programmes were given less priority, but is basically due to other constraints which include limited funds and resources and the fact that the government's national development priority is still focused on security, education, economy, human resource development, housing and health. It is well recognized, however, that there are still several policies needing immediate implementation and that other policies already issued need further review. These policies that are related to people with disabilities include: job placement, incentives for companies employing disabled people, social security, development of an information system on disability issues in Indonesia, communication for people with disabilities, prevention of injury as a means of disability prevention, dispensation for importing and producing technical aids; and other policies from various other Ministries such as that regarding equal opportunity for education by the Ministry of Education.

The need for improved cooperation and coordination with other Ministries is essential for attainment of such objectives for the promotion of social welfare of people with disabilities. Other developments essential to supporting the promotion of social welfare of people with disabilities are: improved socio-economic condition, improved education and increased information availability, increased job opportunities and placements, and improved provision for basic needs such as housing, food and clothing.

By enhancing the potential of existing resources we believe that we will be able to compete with the quality of life offered to people with disabilities in other countries. In order to do so, another decade is required if Indonesia is to effectively organize a strategy and programme of action concerning people with disabilities. Thus, we are in favour of the proposal of the Asian and Pacific Decade.

C. PROGRAMMES

During the United Nations Decade, dissemination of information on disability has increased due to the improvement of the national information and broadcasting system, improved national information systems, together with an increase in publications, number of television channels, qualified and skilled journalists, newsmen and national telecommunication facilities. Some special focus magazines and bulletins have been issued by institutions and organizations serving people with disabilities. These include: the "Bulletin of Disabled Veterans", "Bulletin on Disabled Persons" issued by the Ministry of Social Affairs, "Bulletin by the Professor Dr. Soeharso Rehabilitation Centre and CBR Programme", and a magazine from the Rehabilitation Centre of Ministry of Defence.

Although data collection and information on disability is difficult, some improvements have been made. These include improving the format of many forms and reporting systems and use of electronic data processing. Data and information from the grass-roots level are collected by the village community social workers, who send the data to the sub-district social services. It is then sent through the system: from district social services to provincial social services, and subsequently to the Ministry of Social Affairs at the national level.

A National Coordinating Team for the Social Welfare of Disabled Persons has been organized, primarily to increase coordination of organizations whose mission is to promote the social welfare of people with disabilities. One of its major tasks is to make recommendations to the Ministry of Social Affairs that could aid in the process of meeting the needs of people with disabilities. The Team is composed of representatives from various ministries, other government institutions, and non-governmental organizations. Several issues regarding the social welfare of people with disabilities have been addressed in this forum while other special issues are discussed directly with the organizations or institutions concerned. The system of coordination from the national to the village level has been established and improved during the last decade.

Several non-governmental organizations, particularly those involved in the National Coordinating Team for Social Welfare of Disabled Persons, responded to the United Nations Decade.

Despite the fact that the World Programme of Action concerning Disabled Persons is not yet translated into the Indonesian language, several guidelines regarding services for people with disabilities have been issued in the forms of manuals and instruction sheets.

At the beginning of the United Nations Decade, the number of non-governmental organizations increased rapidly, and this development was not coordinated well. Several organizations operate social welfare services for one type of disability. At present this problem

has been resolved simply by reducing the number of organizations. The social welfare of one type of disability is only handled by one or two organizations at most, and they are represented as national bodies representing one type of disability. In addition, the Indonesian Disabled Association has been organized to serve as the umbrella for various federations or associations of and for people with disabilities in Indonesia. Aside from this, there is another national organization, known as DNIKS (National Council of Indonesia for Social Welfare), which serves as an umbrella for various organizations involved in general social welfare, including people with disabilities.

In addition to these large organizations, groups at the grass-roots or village level also get involved in helping people with disabilities. These include Karang Taruna (Youth Organization at Villages), Pramuka (Boy Scout), LKMD (Agency of the Village Community Resilience), PKK (Family Welfare Movement), Women's Organization and others.

In the past, rehabilitation services were centred in institutions. However, this system only meets the needs of some people, mainly those who live in urban areas. For the past two decades, rehabilitation activities for the disabled have only covered about 13 per cent of those in need. Recognizing the challenge of low coverage, approaches were considered that would bring programmes to rural areas, where about 75 per cent of people live. The concept of MRU (Mobile Rehabilitation Unit) was introduced in 1982-1983 as a non-institutional, community-based service. Since then the MRU has been in routine operation in several provinces.

Social welfare services for people with disabilities in the rural areas still face many constraints, for example, the limited number of MRU vehicles and instruments, limited MRU team personnel, and lack of low cost technical aids. To meet the latter need, several prosthetic personnel have been trained to produce low cost prosthetics using the Jaipur foot method.

Most of the buildings, roads, transportation and physical environment in Indonesia are not accessible to people with disabilities. There is a generalized lack of awareness about accessibility, including the government sector. Methods of increasing accessibility are not well known and only a few examples are found in larger cities.

In Indonesia, people with disabilities are given the opportunity to live as other members of the community. People with disabilities are given the opportunity of free education or training and jobs based on their skills and capabilities. However, many have not been able to use these opportunities because of poor community attitudes. The government, in cooperation with the community, encourages every agency that works with people with disabilities to increase their social commitment by giving people with disabilities the opportunity to live to the fullest. In addition, increased community participation together with awareness of social organizations, community groups and community leaders has been promoted to increasing awareness of the community about disability issues.

In terms of employment, joint strategies with industry have been undertaken to increase job opportunities for people with disabilities. Also government and non-governmental organizations have been strongly encouraged to provide education and training. While these efforts to provide skills for people with disabilities have been undertaken, lack of job placement

and the negative community attitudes towards their capabilities and the quality of work they are capable of general hamper this programme. Fortunately, the family in Indonesia is one of the main sources of support for people with disabilities. They provide emotional and financial support through the extended family system.

People with disabilities are able to participate in the formulation of policies on various disability issues through representation on the Coordinating Team for the Social Welfare of Disabled Persons, organizations of people with disabilities either individually or jointly, can consult directly with the Coordinating Team about planning, implementing and monitoring various social welfare activities for people with disabilities.

It has been acknowledged that government resources are limited. This constraint however, will not discourage us to try to make disability issues a priority for government programmes in the future. Future plans include the expansion of service coverage for people with disabilities at the grassroots or village levels through the use of the CBR system, more mobile rehabilitation units, and the increasing of quantity and quality of institutional services.

In the area of sports for people with disabilities, Indonesia has joined several sport events, locally, nationally, regionally and internationally. In addition, Indonesians have also participated in some creativity competitions such as the Abilympics.

Assistance and cooperation in meeting the needs of people with disabilities have been received from a number governments and international organizations, some of which are described below.

- (1) ILO/UNDP has helped with the training of rehabilitation personnel (both in country and abroad), equipment, and technical expertise;
- (2) JICA (Japan) has provided funds for training of rehabilitation personnel, technical experts, support of MRU (personnel, vehicles, equipment) and seminars;
- (3) ESCAP has contributed to workshops and the training of rehabilitation personnel;
- (4) Technical Cooperation between Developing Countries Programme (TCDC) has supported training of foreign rehabilitation personnel at the Professor Dr. Soeharso Rehabilitation Centre;
- (5) The Overseas Economic Cooperation Funds (OECF) has assisted by allotting money for the purchase of equipment and renovation of some rehabilitation centres.

E. CONCLUSIONS AND RECOMMENDATIONS

There is a general policy encouraging development of social welfare in which people with disabilities are included. Expansion of the services for people with disabilities, improving the

quality and quantity of rehabilitation facilities, promoting community participation in rehabilitation services and improving information about disability are seen as priorities.

In order to reflect the spirit of the World Programme of Action Concerning Disabled Persons, all suggested actions have been included in the programme of REPELITA-IV and V, 1984-1994, and will be as well in the next two REPELITA's. The annual national programmes for development of the social welfare for people with disabilities are also organized to accommodate prevention of disability, rehabilitation, and equalization of opportunity. In addition, the government policies on disability issues are included in the annual national programme of the National Five Years Development Plan or REPELITA. Many constraints exist, the largest of which are budgetary and competing national priorities. Not all objectives have been met and efforts to improve the social welfare of people with disabilities will continue to be a priority. However, from our experience during the last Decade, there is a real possibility that there can be great improvement in the quality and quantity of services for people with disabilities, personnel and rehabilitation methods for rehabilitation services, and that this will accelerate the development of social welfare of people with disabilities in Indonesia.

XII. ISLAMIC REPUBLIC OF IRAN

A. NATIONAL OVERVIEW

The various groups of people with disabilities in the Islamic Republic of Iran are never considered as sinful, rejected, or deprived of divine gifts. They are victims of conditions resulting from international crisis and oppression. Therefore, reducing physical problems and decreasing human pain is not possible except through appropriate measures in all cultural, economic and social fields, both domestically and internationally.

From the viewpoint of our culture, people with disabilities are not people with defects, but people struggling against difficulties and trying to find human and intellectual values and God-given talents to serve the Islamic nation. In the Islamic Republic of Iran people with disabilities have the same rights as everyone else, (for example, education, participation in the general assembly, elections, marriage, profession, ownership, guardianship of children etc.) and are not different from other people from this viewpoint.

On the basis of religious instructions and orders of Islam, the common people, especially the political and religious leaders of our society, are obliged to provide all necessary facilities to people with disabilities. Among disabled people in the Islamic Republic of Iran, there is a special group of those disabled by armed conflict. These people, in our society, are known by the religious name of Self-sacrificers. This means these virtuous and brave people gave their all for their Islamic nation.

The Government of the Islamic Republic of Iran has a heavy responsibility toward people with disabilities. These duties are clearly stipulated in the constitutional law of the country and relevant bills and approvals. Several organizational (governmental and public) arrangements have been made for the execution of this task. Almost all ministries and governmental departments are involved in providing facilities to people with disabilities. Among all of those involved in disability activities (making policy, planning, planning executive programmes and also implementation of programmes) there are some distinguished organizations including the Red Crescent Association of I.R.I, the Aid Committee of Imam Khomeini, and the Mostazafan and Janbazan Foundation of the Islamic Republic of Iran. There are over 100 voluntary charity and service non-governmental organizations working with people with disabilities. These non-governmental organizations are organized to cooperate with each other and address all difficulties and problems of people with disabilities in our society. This paper acknowledges the importance of the experience of the Islamic Republic of Iran in treating those injured in armed conflict. In particular, the Mostazafan and Janbazan Foundation assisted the existing government system in the delivery of services to some of the ordinary soldiers who became handicapped due to the bombardment of residential areas.

B. MAJOR STRATEGIES AND POLICIES

1. People with disabilities which are not the result of armed conflict

In the Islamic Republic of Iran during the United Nations Decade, the State Welfare Organization unified all the organizations providing service to people with disabilities (including those with physical and mobility impairments, intellectual disabilities, as well as visual and hearing impairments) and considered the World Programme of Action in coordination with the supreme Islamic goals.

The Welfare Organization, with the cooperation of other secondary organizations, provides the required services to people with disabilities. These services include medical, vocational, and social rehabilitation, financial aid, paramedical services (such as physiotherapy, vocational therapy, audiometry and spectrometry), consultation, guidance and follow-up. With confidence we can claim that we have met all the needs of people with disabilities under our protection.

Disability, especially intellectual disability, can create stress in the family environment. Many persons with disabilities benefit from services, provided on a daily basis, in hundred of centres throughout the country.

2. People with disabilities resulting from armed conflict

In the Islamic Republic of Iran, some of the needs of Self-sacrificers, especially those people suffering from spinal cord injury, after-effects of injury by chemical weapons, and psychological and neurological impairments, are different from the requirements of people with other disabilities. While working with other organizations providing services to people with disabilities, special activities have been provided by the Foundation of Mostazafan and Janbazan of the Islamic Republic of Iran. This Foundation, during the last ten years, has provided the following services:

- (a) Facilitated the cultivation of individual and collective talents of Self-sacrificers in cultural, artistic, political, sports and social activities;
- (b) Provided rehabilitation by utilizing the most effective existing facilities;
- (c) Facilitated the promotion of education and employment for Self-sacrificers;
- (d) By guiding and supervising relevant activities and creating systematic coordination between the governmental, public and private centres and utilizing all relevant facilities for achieving self-sufficiency, economic independence and exploration of the talents of Self-sacrificers.

The goal of this Foundation is not only the rehabilitation and remediation of physical and mental impairments resulting from injury. Its most important aim is to meet the daily needs of people with disabilities. The Mostazafan and Janbazan Foundation is using the following strategies and policies for achieving its goals:

- (a) To plan, promote approval of, and follow-up on special rules and regulations for the legal protection of people with disabilities in order to provide residential, vocational, and cultural facilities for people with disabilities. This will be undertaken through the Cabinet of the Government, Islamic Consultative Assembly and other supreme centres of the country;
- (b) To utilize the public facilities in the country in order to promote clinical, educational, vocational, artistic and sports programmes for people with disabilities;
- (c) To cooperate in establishing and equipping facilities with the governmental and non-governmental organizations and also private and public sectors;
- (d) To provide programmes using financial and credit systems of the country;
- (e) To utilize the available human resources and advanced scientific systems in order to create suitable conditions for implementation of programmes;
- (f) To exchange experiences relating to educational, vocational, medical, and rehabilitation information with international scientific centres and other governments.

C. APPROVED LEGAL SUPPORT MEASURES

1. People with disabilities which are not the result of armed conflict

- (a) Law to establish educational organization for exceptional children;
- (b) Law for allocating 3 per cent of government jobs to people with handicaps;
- (c) Law that exempts customs duties on special vehicles for people with disabilities;
- (d) Law for accessibility in the urban environment and removal of architectural obstructions. This has been approved by the Supreme Council of Urban Planning with the support of the President;

- (e) Law for allowances to people with disabilities in low-income families.

2. People with disabilities resulting from armed conflict

- (a) Law for the exemption of one person (preferably son or brother of the person with a disability) from compulsory military service as a companion;
- (b) Law for decreasing daily working hours for people with disabilities;
- (c) Law for the recruitment of 10 per cent of personnel of companies and organization from among people with disabilities;
- (d) Law providing discount on transportation tickets including air, sea, and land for domestic and foreign trips;
- (e) Law for special facilities in productive and industrial sectors;
- (f) Law for free medical treatment for people with disabilities and their family members;
- (g) Law exempting payment of water and electricity installation;
- (h) Law exempting payment of customs duties on the import of goods used by people with disabilities;
- (i) Law relating to the priority of people with disabilities in establishing companies and institutions;
- (j) Law for the payment of salary and pension to the family members and companions of Self-sacrificers;
- (k) Law giving priority to students with disabilities in schools and school residential facilities;
- (l) Law for giving priority to people disabled in armed conflict, and their spouses, in universities and higher education centres;
- (m) Law exempting rehabilitation specialists, doctors and paramedical personnel from compulsory military service;
- (n) Law providing discounts on bank interest for loans granted to people with disabilities;
- (o) Law exempting people with disabilities from payment of income tax;

- (p) Law allocating certain welfare services (housing, vehicles, household appliances) to people with disabilities;
- (q) Law ensuring free rehabilitation appliances such as orthoses and prosthesis to those disabled in armed conflict.

D. PROGRAMME OPERATIONS

1. People with disabilities which are not the result of armed conflict

- (a) Payment of pension to families to encourage them to help family members with disabilities in the home situation and to cover some of the expenses resulting from the disabilities;
- (b) Supply of rehabilitation appliances and equipment including wheel-chair cushions, hearing aids, special typewriters for people who are blind, tape recorders, etc. to reduce communication barriers;
- (c) Transfer daily rehabilitation services for those with intellectual disability, and for elderly persons, to the private sector and provide supervision;
- (d) Cooperate in providing all medical services to people with all kinds of impairment;
- (e) Provide in specialized centres paramedical services, including physiotherapy (120 centres), vocational therapy (25 centres), speech therapy (27 centres), spectrometry (9 centres), audiometry (29 centres), orthopaedic services (8 centres, 274 workshops and 75 vocational centres);
- (f) Provide preventive services on consultation basis about consanguinity;
- (g) Assess the suitability of the urban environment and remove architectural obstacles;
- (h) Develop and compile books and articles about different problems relating to people with disabilities;
- (i) Prepare an awareness film about different problems related to disability;
- (j) Prepare educational films, articles and brochures for people with disabilities about relevant information;

- (k) Prepare and follow up on rules and regulations for supporting the educational and professional development of people with disabilities. This matter has been given great attention and positive results have been obtained.

2. People with disabilities resulting from armed conflict

- (a) *Psycho-hygiene and Mental Health Centre* -- Apart from physical losses resulting from armed conflict, a number of people are suffering from severe mental stress and psychological problems due to direct physical attacks to the central nervous system. Many of these people were not directly involved in the conflict but were living in urban areas far from the conflict. The effects of these severe changes due to loss includes neurosis such as mild depression and severe psychosis. For this purpose, the Psycho-hygiene Centre, a treatment and rehabilitation centre for Self-sacrificers, has been established. It covers people with mental impairments, and their families. This centre has three major activities: (i) preliminary prevention, consultation and social work; (ii) secondary prevention or treatment; (iii) maintenance and rehabilitation. Consultation and social work centres for Self-sacrificers, in Tehran and some other provinces, employ a number of clinical psychologists, psychiatrists, and social workers. Secondary prevention is provided in a 200-bed neuropsychological hospital (Nour Afshar Hospital) in Tehran and several small centres and polyclinics in other provinces. These also employ psychiatrists and psychologists in the service of Self-sacrificers. Currently there are three rehabilitation centres (in Tehran, Mashhad and Esfahan) which provide rehabilitation to those who require more attention and treatment. These centres include vocational treatment, education and social work.
- (b) *Orthoses and Prosthesis Centre* -- Considering the great number of people with disabilities who require artificial limbs and the lack of facilities in the country, this Foundation has established centres for making high-quality artificial hands and legs. There are three specialized workshops in Tehran, Mashhad, and Esfahan with experienced and skilled technical staff and modern equipment.
- (c) *Centre for People Affected by Chemical Weapons* -- Destructive chemical weapons were used against the people and cities of the Islamic Republic of Iran. As a result a great number of people, including civilians, need treatment and rehabilitation measures. Therefore, the Foundation has established centres for people suffering from the effects of chemical weapons. Currently services are offered by the Sassan Hospital, several polyclinics in different provinces, a sanatorium, and several mobile educational, medical and social work teams.

In addition to these treatment centres, there is a need to establish and equip special centres for maintenance and secondary prevention of impairment after the initial impairment has been addressed. Also, rigorous research activities on physical and mental impairments of Self-sacrificers must be conducted, especially those caused by chemical weapons. These studies will be of a standard accepted by the international community.

3. Education

The following are the objectives and activities of the special education and training programmes for people with disabilities:

- (a) Provide facilities and opportunities for higher education (both scientific and technical courses) in order that people with disabilities be economically self-sufficient. This includes special measures to encourage admission in the higher educational facilities such as a special quota for Self-sacrificers in university entrance examinations;
- (b) Facilitate vocational training and provide scholarships for this training;
- (c) Establish special factories and workshops for Self-sacrificers;
- (d) Provide bank loans, cash and equipment for the self-employment of Self-sacrificers;
- (e) Facilitate close cooperation and coordination of ministries and organizations related to professional and vocational training and higher education;
- (f) Design and make available educational aids and equipment to Self-sacrificers for individual and collective scientific and research activities.

4. Cultural, artistic, and sports activity programmes

Cultural, artistic, and sports activity programmes include:

- (a) Special programmes to be used in the mass media (films, television) and printed materials about Self-sacrificers;
- (b) Festivals, fairs and recreation and artistic caravans (using theatre, music, poetry, films, pictures) for and about Self-sacrificers;
- (c) Pilgrimage and tourist visits inside and outside the country;
- (d) Meetings among Self-sacrificers and presentations by Self-sacrificers in public assemblies and school;

- (e) Design and installation of special signs in public places and also for vehicles used by persons with disabilities;
- (f) Art school for the development of artistic talents especially in the field of handicraft;
- (g) Assistance to individuals and institutions for the preservation of artistic works relating to Self-sacrificers;
- (h) Special facilities for marriages;
- (i) Centres for providing consultation services to families who have a family member with a disability;
- (j) Sport and physical fitness activities and special equipment for sports for people with disabilities;
- (k) Coaching classes and seminars for the coordination of leaders in physical education and sports for Self Sacrificers in cooperation with sports boards and sports federations;
- (l) Clubs and swimming pools especially for use by Self-sacrificers;
- (m) Sports festivals at provincial and national levels;
- (n) Sending national teams to participate in international competitions.

4. Welfare facilities

There are three major areas included in welfare programmes for people with disabilities. The first is to provide financial and technical assistance for the building and renovation of houses, vehicles and elevators to make them accessible to people with disabilities. The second area is the conduct of research about the problems faced by people with disabilities in relation to their access to residential, administrative, and public places and to present proposals regarding the improvement of accessibility. The third is to provide salaries and pensions for people with disabilities in proportion to their disablement.

E. AIMS OF THE ISLAMIC REPUBLIC OF IRAN IN PROVIDING SERVICES FOR PEOPLE WITH DISABILITIES

The Islamic Republic of Iran believes that many of the causes of disability can be eliminated by strengthening the understanding of people about disability issues and their humanitarian sense of responsibility for society. In making these changes religion and belief are important. The sense of responsibility and sincere cooperation among nations for prevention and treatment of disability are the most effective factors, from the conceptual viewpoint.

The Islamic Republic of Iran is trying to increase knowledge about the problems and difficulties of people with disabilities, especially those resulting from armed conflict. This is carried out with the close cooperation of unofficial groups of social workers who work hard at group and individual levels to serve people with disabilities. We are supporting and encouraging this system in order to increase the understanding of people with disabilities. This cooperative work between official and voluntary groups takes place at various levels including in the home, the work place, as well as in urban and rural areas.

F. RECOMMENDATIONS

- (1) Condemn armed conflict, transgression against the territory of another country, and killing throughout the world and emphasize the use of international political approaches for rapid and effective control of these actions.
- (2) Condemn the utilization of destructive weapons for mass killing, especially those weapons that threaten to destroy a human generation and the environment. Installations and factories producing these types of weapons throughout the world should be destroyed.
- (3) Facilitate a better culture and intellectual obligation and cooperation among Iranians concerning domestic problems and events against humanity throughout the nation.
- (4) Establish an office for the exchange of experiences, research and opinions among ESCAP member countries regarding a number of disability issues, including prevention and treatment of congenital disabilities, and those that result from accidents and armed conflict.

XIII. JAPAN

A. POLICY FRAMEWORK

Following the International Year of Disabled Persons declared by the United Nations in 1981, Japan established in 1982 the Long-term Plan for Government Measures Providing for Disabled Persons (hereinafter referred to as the Long-term Plan). In 1987, it issued a plan marking the mid-point of the United Nations Decade which was titled Long-term Plan for Government Measures for Disabled Persons: Priority Measures During the Second Half of the United Nations Decade (hereinafter referred to as Second Half Priority Measures). The Japanese Government is now actively promoting policies and measures in eight areas as outlined in that plan: public information; health and medical care; education and upbringing; employment; income security and welfare services; living environment; sports; recreation and cultural measures; and, international cooperation.

B. INSTITUTIONAL AND ADMINISTRATIVE ARRANGEMENTS AND COORDINATION

In Japan, there are two organizations whose mandates are specifically concerned with people with disabilities. The first is the Central Council on Measures for Mentally and Physically Disabled Persons (hereinafter referred to as the Central Council), reporting directly to the Prime Minister. The other is the Headquarters for Promoting the Welfare of Disabled Persons (hereinafter referred to as the Promotion Headquarters) comprising 19 related government ministries and agencies mandated to promote the Long-term Plan and the Second Half Priority Measures. The Central Council submits recommendations and reports and evaluates the implementation of various policies. The Promotion Headquarters, upon receipt of these evaluations, proceeds accordingly to formulate long-term plans and other measures and then works to have these implemented.

The existing Long-term Plan and Second Half Priority Measures were both formulated by the Promotion Headquarters upon receipt of the recommendations of the Central Council. Each of the 19 ministries and agencies which are part of the Promotion Headquarters is promoting policies within its own jurisdiction with the intent of having both the plan and the priority measures implemented by 1992, the final year of the United Nations Decade.

In July 1991, the Central Council issued an evaluation in which it stated that, in general, all departments have made steady and sound progress in promoting measures for people with disabilities, including structural reforms. It also proposed that Japan use the various activities which would be undertaken globally in 1992 to commemorate the United Nations Decade as a stepping stone to advance the implementation of its own policies. It further proposed that policies which promote easy access to homes, buildings, and public transportation and the creation of towns which would provide comfortable lifestyles for people with disabilities should be promoted.

The Central Council has 40 members, 12 of whom are representatives of various organizations of people with disabilities. Three general meetings of the Council and nine

committee meetings have been convened in the last two years. During the same period, the Promotion Headquarters met once at the executive level and nine times at the section chief level.

At the regional level, each of the 58 regional governments (prefectures and designated metropolitan areas) have, since 1982-83, been formulating long-term plans relating to services for people with disabilities. Other organizations have been established. These include local councils to promote measures for people with mental and physical disabilities and local headquarters in each of the prefectures and metropolitan areas. Societies and associations of people with physical disabilities, mental illness, and mental handicap have been established at both the national and regional levels.

C. FUNDING

The national budget in 1992 totalled 72.2180 trillion yen. Of this, general expenditures totalled 38.6988 trillion yen, exclusive of funds for government bonds, grants and taxes allocated to local governments, and funds diverted to Industrial Investment Special Account. There has been a 1.19-fold increase in general expenditures over the 10-year period from 1983 to 1992. In the 1992 national budget, a total of 2.1597 trillion yen was allocated for various services for people with disabilities, a 1.58-fold increase over the 1.3629 trillion yen allocated for these purposes in the 1983 budget. These funds have mainly been collected from general revenues.

D. LEGISLATION

Various laws have been enacted at both the national and regional levels to regulate specific policies concerning the prevention of disabilities, medical care, protection of rights, training and education, employment, pensions, housing, taxes, and cultural services for people with disabilities. These laws are all based upon the Basic Law of Policy for the Physically and Mentally Handicapped, enacted in 1970, which defined the concept of and basic principles for formulating the policies of national and regional government bodies established for people with disabilities. Together, these laws provide a comprehensive system of measures and services.

1. Physically Disabled Persons Welfare Law (1949)

The Physically Disabled Persons Welfare Law was enacted to support and provide services to people who are visually impaired, hearing impaired, or physically disabled, heart patients, or those with internal injuries. The objective was to assist these persons in becoming independent and socially and economically active. The Law stipulates that all people with physical disabilities are equal members of society, and that as such they must be provided with opportunities to join in the social, economic, cultural, and other aspects of society. Rehabilitation services and facilities form the core of this support. In 1990, the Law was revised to provide for active assistance to these citizens to enable them to live in the familiarity of their own home through visits by professional care-givers, day-care services, short stays, and other similar services provided by care-givers to individuals living outside of an institution.

2. Mentally Disabled Persons Welfare Law (1960)

The Mentally Disabled Persons Welfare Law was enacted to assist in the rehabilitation of these individuals and to promote their welfare. Until recently, the welfare measures of this law largely centred on providing access to institutions for people with mental illness. However, in 1990, revisions to the home-based welfare measures of the law were enacted to allow the further expansion of such programmes as group homes and home-help services.

3. Child Welfare Law (1947)

The Child Welfare Law was enacted to provide support services to children with physical or mental disabilities. The Law's measures call for provision of various care facilities for children with all types of disabilities (whether intellectually disabled, blind or deaf, or physically disabled), as well as home-based welfare measures to enable these children to live as much as possible at home, and have access to home-help services. Services provided include short stays, day-care services and other home-based assistance programmes, as well as equipment required by those children in their daily lives.

4. Mental Health Law (1950)

The Mental Health Hygiene Law was enacted with the aim of providing care and treatment for people with mental illness, as well as preventing mental illness. Institutional treatment is now giving way to a system of local care facilities. In 1988, the law was revised. The new Mental Health Law concentrates primarily on the protection of the individual rights of people with mental illness and disabilities and on the active promotion of their reintegration into society. Today a variety of policies and programmes are being implemented under this Law to provide treatment and to promote local mental health measures. Other programmes are aimed directly at the mental well-being of the citizenry as a whole, in an effort to maintain or improve the mental health of the general population.

5. Welfare Pension and Insurance Law (1944) and National Pension Law (1959)

The national pension system was revised in 1985 to realize the ideals of achieving "full participation and equality". The revisions introduced a basic pension and provided for large pension increases; made adjustments to the premium conditions in the pension system and at the same time relaxed the eligibility conditions for receiving a disability pension; made new provisions for children to be included in the basic disability pension; and abolished restrictions on the eligibility period after a serious injury. Subsequently, as part of a programme to guarantee a minimum income for people with disabilities, pension system reforms were introduced in 1989 to increase the benefits receivable from disability pensions.

6. Law for Employment Promotion of Disabled Persons (1960)

This legislation formed the basis for the Employment Quota Rate System in which people with disabilities must constitute a certain minimum percentage of the work force (based on the

ratio of the number of people with disabilities in the population at large), and whereby enterprises are legally required to hire people with disabilities to at least this level. In addition, the Levy and Grants System was implemented in which a levy would be imposed on those enterprises not meeting their hiring obligations, while adjustment grants and incentive grants would be paid to employers meeting the established quotas. These two systems were the main impetus for introducing people with disabilities into the work force, the implementing of training programmes, and the creation of employment opportunities.

In 1987, many radical revisions were made to the Law for Promoting Employment of Physically Disabled Persons. Among these were the broadening of the definition of the parties that the Law covered to include all people with disabilities. In addition, although the hiring of people with intellectual disabilities did not become obligatory, these individuals were now included in computing employment rates under the Employment Quota Rate System and the Levy and Grants System. Further, the principles and other aspects of occupational rehabilitation were also given legal standing. All revisions to this Law came into effect on April 1, 1988. In 1991, the General Vocational Centre for Disabled Persons was opened to serve as the coordinating body for a network of occupational rehabilitation centres. Programmes were adopted for research on and development of the technology required for rehabilitation and the dissemination of relevant information for training personnel involved in rehabilitation and for providing intensive and advanced services relating to job evaluation, vocational counselling, job skills training, and other rehabilitation measures.

By 1991, just one year prior to the end of the United Nations Decade, the real employment rate of people with disabilities had improved to 1.32 per cent. Comparing this to the stipulated employment quota rate of 1.6 per cent, it was evident that the employment of people with extensive disabilities was not proceeding as rapidly as desired. Accordingly, in December 1991, the Physically Handicapped Persons Employment Council, an advisory body to the Minister of Labour, submitted to the Minister an opinion paper on future policy directions. Its principal recommendations included the development of a comprehensive policy for the employment of people with disabilities, the promotion of measures to employ people with extensive disabilities, actualization of the hiring of people with intellectual disabilities and people who are mentally ill, and an early ratification of the International Labour Organization Convention. The Ministry fully supported the paper and has since revised any necessary parts of the relevant laws in order to reinforce and ensure the full implementation of its policies. The Ministry ratified ILO Convention 159. Finally, the Ministry has published a list of those companies which are alleged not to have made sufficient effort to achieve the employment quotas for people with disabilities as stipulated by legislation.

7. Legal system relating to education

All Japanese citizens, including those who are physically and mentally disabled, are guaranteed the right to an education in accordance with their abilities. To this end, schooling is compulsory for the nine years through to the end of junior high school. Children with physical and mental disabilities are educated in accordance with the type and extensiveness of their disability. To every extent possible, maximum effort is made to have these children achieve independence. Under the provisions of the School Education Act, children with extensive

disabilities are being provided with a finely tailored education by teachers trained specifically to teach children with special needs. Children with lesser disabilities are being provided with the appropriate form of education for each individual in regular primary and junior high schools. Special education schools are divided into schools for children who are visually disabled, hearing impaired, intellectually disabled, physically disabled, and physically delicate. Special needs classes are divided into classes for children who are intellectually disabled, physically weak, visually impaired, hearing impaired, speech impaired, and emotionally disturbed. Education is tailored to suit the needs of each child.

An exchange of classes in which children from special education schools and children from regular schools will mingle in activities and clubs is being considered. This would serve the twin purposes of enabling children with special needs to broaden their experience while imparting to other children a better understanding of children who are physically and mentally disabled.

8. Safeguarding human rights

Under the provisions of Article 2, Clause 6 of the Ministry of Justice Establishment Law and Article 1 of the Organization Charter of the Ministry of Justice, the Civil Liberties Bureau was established as a special inner bureau of the Ministry to protect the human rights of the general population, including citizens who are disabled. The local branches of the Civil Liberties Bureau and the Civil Liberties Departments, which form part of the Legal Affairs Bureau, are located in eight cities, and the Civil Liberties Divisions, which form part of District Legal Affairs Bureaux, are located in 42 cities. In conjunction with these agencies, a system of Civil Liberties Commissioners is in place to protect fundamental human rights and to promote the concept of individual freedom. Commissioners are private citizens, appointed by the Minister of Justice, who serve voluntarily as prescribed by the Civil Liberties Commissions Law (Law No. 139) enacted on May 31, 1949. As of January 1, 1992, there were 13,072 commissioners active in villages, towns, and cities throughout the country.

These civil liberties agencies offer counselling on civil rights to people with disabilities. Where there is a specific case of violation of their human rights, the agencies investigate and take appropriate action. Through specific activities such as the Human Rights Week (the one-week period ending on Human Rights Day), they are also active in promoting full participation and ensuring equality for people with disabilities in our society. Activities across the nation such as panel discussions, film festivals, etc. are featured throughout the week to advance public awareness and protect the rights of people with disabilities.

E. ASSISTANCE TO ORGANIZATIONS FOR PEOPLE WITH DISABILITIES

Various organizations have been entrusted with promoting the integration of people with physical disabilities into society. In addition, centres for people with physical disabilities have been established to encourage and help individual members to integrate into society. The Japan Federation of Associations for the Physically Disabled has been formed to act as the national coordinating organization, while local chapters have been created in each prefecture and city specified under ministerial ordinance. Assistance is also provided through the National Welfare Foundation for the Physically and Mentally Disabled, a social welfare agency that conducts

counselling activities relating to treatment and training performed by private bodies such as the Japan League for the Mentally Retarded. Operating expenses are provided to the National Federation of Families with Mentally Ill in Japan covering training costs associated with helping people with a mental illness reintegrate into society.

F. TECHNICAL AIDS

1. Ministry of International Trade and Industry (MITI)

The MITI is responsible for the development, standardization, and diffusion of medical welfare equipment. In 1976, MITI inaugurated the System for Research and Development of Medical Welfare Equipment. The Medical Welfare Equipment Research Laboratory, under the joint administration of MITI and the Ministry of Equipment and Welfare, is commissioned to conduct research and development of such equipment with funds available from the New Energy Development Organization (NEDO). Specifically, systems are being developed which will lessen the physical burden upon the care-giver and which will complement the disability of the individual. At present, four types of equipment are being designed, including a toilet assistance system. An electric wheelchair and 13 other types of equipment have already been developed by this laboratory and are in widespread use.

Since 1987, an electric wheelchair, an artificial hand, patient relief equipment (breathing tube, catheter, and devices for the prevention of bed sores), patient well-being equipment (rehabilitation equipment division) and other medical- and welfare equipment-related items have been investigated and the Japan Industrial Standards (JIS) for medical welfare equipment has been set up.

MITI has a programme of supplying funds from the Japan Development Bank for the leasing of equipment used in the diagnosis, treatment, and other care of people who are physically or severely ill. This programme was broadened and reinforced in 1992 to make these funds available for the organization of a supply system incorporating the development, production, and distribution of medical welfare equipment by private industry.

In June 1990, MITI created and announced its Guideline concerning the Accessibility of Information-processing Equipment, which indicated how information processing equipment should be designed and constructed for easy use by people with disabilities. MITI is now ensuring the dissemination of the guideline to all interested parties and is drafting a policy for the development and diffusion of equipment based upon this guideline.

In 1992, MITI will commence a study of the extent to which medical welfare equipment has been made available to people with disabilities and will draft a policy to promote more rapid diffusion.

2. Ministry of Health and Welfare

The Ministry of Health and Welfare has a programme which supplies artificial limbs, wheelchairs, and other equipment which will assist people with disabilities to be self-sufficient

or which will make it easier to care for them. These benefits also apply to communication equipment, word processors, and other technical equipment which make daily life more convenient for people with severe disabilities living at home.

The Research Laboratory affiliated with the National Rehabilitation Centre for the Physically Disabled conducts a wide ranging programme of analysis, evaluation, and basic research into medical welfare equipment. It also provides aid to the Technoid Society in the following areas:

- (a) Analysis of and research into the equipment requirements of people with a physical disability and people who are their care-givers;
- (b) Research into the standardization and evaluation methods for equipment;
- (c) Research and development of practical equipment which will enhance the self-sufficiency of people with disabilities and make it easier to care for them;
- (d) Establishment of a model rental business to promote the rental of equipment;
- (e) Provision of information on available welfare equipment through a computerized system.

3. Ministry of Labour

In 1985 the Ministry of Labour began a five-year programme with the formation of a Research Committee for the Development and Diffusion of Microelectronic Equipment for Disabled Persons. This Committee is made up of mechanical engineers, electronic engineers, management engineers, occupational rehabilitation therapists, and other specialists concerned with the problems of people with disabilities. The Committee's mandate is to promote the employment of people with disabilities in areas appropriate to the severity and type of their disability in view of the advances being made by technological revolutions in microelectronics. Since its inception, the Committee has made arrangements for viable communication aids, word processors for the visually impaired, tertiary wheelchairs, and other microelectronics equipment.

4. Ministry of Education

The National Institute of Special Education Research Laboratory, established in 1971, and the Centre for the Development of Educational Methods at the National Tsukuba Technical Junior College, under the auspices of the Ministry of Education, have implemented research and development programmes aimed at applying the latest computer and other technology and equipment for enhancing the education of people with disabilities.

5. Ministry of Agriculture, Forestry, and Fisheries

The Ministry of Agriculture, Forests and Fisheries has, in order to prevent accidents, adopted policies in the industries they oversee. In the agriculture and forestry industries, measures have been established to promote the convening of safety committees at the national and prefectural level, safety drills on the job-site, and safe handling of machinery. In the fishing industry, measures such as the appointment of inspection officers to perform spot inspections of small fishing boats and the installation of communications equipment aboard offshore and ocean-going fishing boats have been promoted.

G. SPECIAL ATTENTION TO SPECIFIC GROUPS

1. People who are mentally ill

- (a) **Ministry of Health and Welfare** -- The Ministry of Health and Welfare administers a system for ensuring that people who are mentally ill receive appropriate medical treatment. Under the provisions of the Mental Health Law, the Ministry provides hospitals for the mentally ill while protecting their basic human rights. It also bears the medical costs incurred while visiting medical centres, and provides day care facilities and others essential services. The Ministry also has an active programme to enable these people to integrate back into society by providing facilities, hospital rehabilitation programmes, aid to group homes, and various other measures. Regional mental health centres and health institutions provide public education and awareness of mental health, discussion visits, counselling, and other services.
- (b) **Ministry of Labour** -- Community occupational safety centres and regional occupational centres for people with disabilities (operated by the Japan Association for Employment of Disabled Persons, an organization sanctioned by the Ministry of Labour) provide job evaluations, vocational counselling, employment introductions, and otherwise promote the employment of people with disabilities. These services are performed jointly and in consultation with medical institutions. Since 1986, the Ministry has been successful in placing people with schizophrenia, manic depressive disorders, and epilepsy, who have been deemed to be stable and employable, into suitable occupational training positions to prepare them for the work environment. As a result, it has been concluded that these individuals are capable of joining the general work force. Accordingly, the Ministry, in its present proposal to the Diet for reforms to the Mental Health Law, has recommended that financial assistance of some form be granted to employers to whom these individuals were introduced by the community occupational safety centres. In addition, as one form of occupational rehabilitation, the regional occupational centres for people with disabilities, in cooperation with employers, is planning

to develop an assistance programme of one-to-one technical guidance and counselling regarding daily life in the work place.

2. Individuals with intellectual disabilities

- (a) **Ministry of Health and Welfare** -- Under the provisions of the Mentally Disabled Persons Welfare Law, the Ministry provides facilities for the rehabilitation of people with intellectual disabilities and programmes to place these individuals in vocational centres. The Ministry maintains a home-help registry and dispatches home-helpers, places individuals in short-stay care facilities, supplies equipment required, and places individuals in foster care homes or other home-based welfare systems. The Ministry's policies for enabling these individuals to live in a home environment have been very successful. In particular there has been a significant increase in the number of individuals living in group homes under a system established in 1989. A group home is an arrangement whereby a number of individuals share expenses and live communally in a neighborhood home with the assistance of a full-time caretaker living with them or nearby.
- (b) **Ministry of Labour** -- The Ministry of Labour has posted special counsellors within the community occupational safety centres. It cooperates with the regional occupational centres for people with disabilities to provide, for example, vocational counselling and employment introductions. Since 1983, with joint financing from the regional governments and private companies (third sector financing), the Ministry has fostered training centres for people with intellectual disabilities to provide a system of skill development which will enable these individuals to join the general work force. Since 1988, revisions to the Law for Employment Promotion of Disabled Persons have meant that people with intellectual disabilities have been included in the stipulated employment quota rate and levy and grants systems. In addition, occupational training for these individuals has been provided at the regional occupational centres for people with disabilities to teach them basic work habits. In 1989, a system was adopted to grant financial assistance to employers who hire special personnel to work with people with extensive intellectual disabilities. In its recent reform of the law, the Ministry, in its desire to reinforce the hiring of people with intellectual disabilities, has proposed that just as for people with extensive physical disabilities, one person with an extensive intellectual disability should be counted as equivalent to two people who are less disabled (the "double count" system), as per the employment quota rate and levy and grants systems.
- (c) **Ministry of Education** -- The Ministry has established special schools for children with intellectual disabilities. Special needs classes for these children have also been established within the regular primary and junior

high schools, with the placement of the children determined by the extensiveness of their disability. Class sizes have been reduced to provide the optimum educational opportunity for these children. Whereas regular schools have up to 40 students per class, the special schools have seven, and the special classes have 10. Special education teachers are employed for these students, and curricula and teaching methods are designed as a function of ability.

3. People with hearing impairment and people with physical disability

- (a) **Ministry of Health and Welfare** -- The Ministry provides a series of comprehensive services for people with visual impairment and individuals with internal injuries. To enable these individuals to be independent and to integrate them into mainstream social and economic activities, the system provides home-based welfare services by dispatching qualified helpers, and provides means of communication and mobility. A particular goal is to have these individuals, so far as possible, live within a normal environment. Thus, in addition to the expansion of the home-helper service and other home-based welfare programmes, there are efforts being made towards providing ordinary living facilities such as drop-in centres or specially-equipped homes for people with physical disabilities. For people with extensive disabilities, particular emphasis is placed upon facilities designed exclusively to meet their special needs. For people with extensive visual impairment, the Ministry maintains a registry of qualified helpers to act as guides as required. In 1989, the Ministry established a system of certification of sign language interpreters and is in the process of setting up legally-recognized information centres for people who are hearing impaired. Finally, given the burden on care-givers, the Ministry provides a special allowance system for individuals with extensive multiple disabilities who require constant care.
- (b) **Ministry of Labour** -- Japan is very concerned about life opportunities for people with extensive disabilities. Policies designed to aid these individuals are being strengthened throughout the country. As per the Employment Quota Rate System, the "double count" system has been utilized to promote employment. In addition, another way of securing work opportunities for people with extensive disabilities is the third sector method discussed earlier. This fosters the creation of model enterprise sites, where large numbers of people with extensive disability may work. Legislation has been amended to make policies for people with extensive disabilities more comprehensive. Employment quota rates and the levy and grants system have been extended to cover part-time workers. This encourages a variety of employment styles, from shorter hours at the work place to working at home. Funding is also provided to extend the length of employment of people with extensive disabilities, so

as to provide them with a more stable employment situation. In Japan, since 1989, assistance has been provided to employers who hire people with visual impairments. This funding is used for such things as hiring assistants for employees with visual disabilities. In addition, research groups have been formed to stimulate additional work opportunities in more sectors. Sign language interpreters assigned to public employment security offices make it easier for the hearing impaired to receive employment counselling. Funding is also given to employers of people with hearing impairments to hire interpreters and for other related purposes. Since 1991 a project team composed of specialists has helped to create additional employment opportunities within a variety of occupations. The project to Encourage the Hiring of the Severely Disabled was also launched to stimulate more hiring of people with visual disabilities and to further disseminate the successes thus far achieved. This program is to be expanded to include people with cerebral palsy.

- (c) **Ministry of Education** -- Special education schools as well as special needs classes at elementary and junior high schools have been created to provide people with hearing impairment and those with other physical disabilities with classes tailored to their needs. To ensure that people with disabilities obtain the education they require, the number of students in classes for these individuals is kept lower than at ordinary elementary and junior high schools where the upper limit for class size is forty students. At the special schools for the visually and hearing impaired, the largest number of students permitted per class is seven, while special needs classes are limited to 10 or less. For people with extensive multiple disabilities, each class consists of three students. Careful consideration is given to the placement of specialist instructors and to the use of education methods and curricula specific to the disabilities of students. At home education is provided for those whose disabilities are so extensive or complex as to prevent them from attending school.
- (d) **National Police Agency** -- Roughly half of the prefectural police departments nationwide now have an emergency facsimile service accessed through the number 110. These may be used by people with speech or hearing impairments to get help by sending facsimiles to the police in times of emergency. Groups work with disabled people and other organizations to help police publicize these services.

4. Elderly persons

The Ministry of Health and Welfare provides home-based welfare services such as home-helpers and other day and short-stay services. These services enable old people who require care because they are bed-ridden, or have dementia, or some other illness, to live in their own homes

and regions as long as possible. When home-based welfare for these individuals is no longer possible, these people are moved to special care homes for elderly persons or similar institutions.

H. TRAINING, SURVEYS, AND RESEARCH

1. Ministry of Health and Welfare

In order for people with physical disabilities to receive specific training to help restore their physical capabilities, or instruction on daily living procedures and on how to perform various jobs, institutions such as rehabilitation facilities, vocational training centres, drop-in centres and welfare centres have been created. Research on and development of rehabilitation is undertaken at the National Rehabilitation Centre for the Physically Disabled so that people with physical disabilities may receive a comprehensive rehabilitation programme.

The National Research Institute Centre for the Rehabilitation of Disabled Persons undertakes research and development focusing on practical and comprehensive rehabilitation techniques and methods. For instance, assistance is provided for research on the causes, prevention, and treatment of mental disabilities. Research and Surveys are being carried out to discover the pathologic physiology of schizophrenia and other diseases, as well as to find ways of preventing and treating these diseases and systems for the provision of rehabilitation and services. In 1991, a regular survey of people with physical disabilities was undertaken to ascertain the actual status of these people. The survey provides fundamental documentation to be used in the promotion of social welfare policies which are geared to the specific problems and needs of people with physical disabilities.

The National Chichibu Academy of Affiliated Protective Care Workers Training Institute is a specially designated facility for the training of workers involved in providing services to people who are mentally disabled.

Mentally disabled people receive training in all aspects of social rehabilitation at social rehabilitation or day-care facilities or similar institutions. This training includes how to get around in everyday life and other practical lessons. At the Mental Health Research Institute of the National Mental and Nervous Centre and at the Mental Health Centre, doctors, health nurses, social workers in the medical field, and other specialists receive training in the latest knowledge and techniques of the mental health profession. The All-Japan Association of Mentally Disabled Persons and Family Groups for the Mentally Disabled help to train family members and relatives of people with mental disabilities in all aspects of assisting in social rehabilitation.

2. Ministry of Labour

This Ministry encourages people with disabilities who can receive occupational training to attend general vocational training centres along with other people. These centres are being systematically improved so that training in a wide variety of areas may be provided to people with disabilities. Vocational training centres for people with disabilities give priority to those whose extensive disabilities preclude them from studying at ordinary centres. Through close connections with organizations such as public employment security offices and employment

centres for people, the Ministry encourages occupational training suited to the type and extensiveness of an individual's disability. Since 1990, people with disabilities who already work have been receiving job improvement training at the National Vocational Training Centres for Disabled Persons. Amendments to labour legislation (1987) provide the impetus for the training of people with intellectual disabilities at these same centres. Starting in 1992 a number of people who have recovered from mental illness will also be eligible for training at general centres. Vocational training instructors for people with disabilities have been educated at this school in the latest specialized training methods since 1989.

At organizations such as the Japan Association for Employment Promotion of Disabled Persons and the Japan Institute of Labour, surveys and research are being undertaken in all areas to encourage the hiring of people with disabilities. At times, these organizations request other bodies to undertake similar research. Advanced surveys and research related to job rehabilitation have been undertaken at the General Vocational Centre for Disabled Persons since it opened in 1991. This Vocational Centre has become the core of the job rehabilitation network in Japan. At this centre job training techniques and methods, as well as similar practical research and development, are promoted through actual vocational instruction. In addition, the Ministry is undertaking research and development on vocational training methods for people with mental disabilities.

3. Ministry of Education

More special education teachers are being educated or are involved in on-the-job training to improve their teaching abilities. Qualification standards were raised in 1988 with the revision of the Licensing Law for Education Personnel. New facilities are also being added at national teacher training universities and graduate schools. Beginning in 1992, newly-appointed teachers will undergo one year of training for their new positions.

The National Institute of Social Education was established in 1971 as the centrepiece of Japan's special education research. The Institute specializes in research relating to the increase in recent years of the extensiveness and complexity of disabilities. Special research topics have been chosen, including mobility disabilities of children and guidance for these children; the development and dissemination of computer software for use in the education of children; and, developing models and guidance methods for children and students who display special difficulties in learning.

4. Ministry of Post and Telecommunications

To make post offices more user-friendly for visually-impaired persons, classes in reading Braille have been offered to postal workers who work directly with the public at those post offices where the greatest need exists.

I. ACCESS TO BUILDING AND PUBLIC SPACES

1. Housing

- (a) **Ministry of Construction** -- The Ministry has a number of policies to ensure that people with disabilities receive housing suitable to the type and extensiveness of their disabilities. These houses are uniquely designed, containing special facilities for people with disabilities, and are built on an architectural scale appropriate to the unique daily needs of each individual. The composition of the household is also taken into consideration. The Ministry's policies include supplying public housing for people with disabilities, giving preference to these people when openings occur, and providing loans from the Housing Loan Bank for the construction of houses and facilities for people with disabilities. Special public housing is provided for households which include one or more individuals with physical or mental disabilities. This housing is built on a scale appropriate to and includes unique facilities designed for individual requirements. Also, priority is given to people with disabilities when openings occur in public housing. As those with physical or mental disabilities suffer more from cramped living quarters than ordinary families, these families are given priority when housing openings become available. Residence is permitted for single people with physical or mental disabilities who do not always require assistance and who have no relatives or family members living with them.
- (b) **Japan Housing Corporation** -- Housing provided by the Japan Housing Corporation meets the requirements of wheelchair users and other households that include people with disabilities. In this housing, preference is given to households which have people with disabilities designated as Fourth Class or above. This type of household is selected more often, percentage wise, than general households to fill housing vacancies. These households are designed to apartments on the first floor or on floor which have elevator service.
- (c) **Housing Loan Bank** -- Increased loans for households which include people with physical or mental disabilities and two or more relatives or family members are available from this bank. Extra loans are also provided when facilities such as special toilets, bath units, and home elevators are constructed for people with disabilities.

2. Public buildings and town development

- (a) **Ministry of Construction** -- The Ministry realizes that it is important to promote town development and buildings which are specially designed and equipped so that people with disabilities can enjoy the same kind of lifestyle and safety that people without disabilities do. Several policies

are now in place which encourage the creation of government facilities, roads, and buildings which meet the unique needs of people with disabilities and which are easy for them to use. The main programmes implemented to date by the Ministry include requirements to have entrance ways, hallways, toilets, and all other aspects of new government buildings designed to accommodate the requirements of people with disabilities. Furthermore, existing buildings are being remodelled to include complete facilities for people with disabilities. The Ministry has created Design Standards for Constructing Buildings for Use by Physically Disabled Persons, which it seeks to have more widely used, especially in private buildings frequently used by the public such as cultural and commercial facilities. These standards will ensure easier access by people with physical disabilities. Since 1987, the Ministry has also provided financing and loans through the Japan Development Bank and other financial institutions for the creation of access ramps, elevators, toilets, and other facilities for wheelchair users. Starting in 1992, the Ministry plans to launch the Project to Promote the Creation of User Friendly Buildings, a programme whereby loans are provided for the entire construction costs of buildings specifically and comprehensively designed for people with disabilities. The Ministry is also creating in parks special facilities such as toilets for use by people with disabilities. The Ministry is involved in projects for removing steps between streets and sidewalks, constructing sloping crosswalk bridges, and placing special blocks in sidewalks which help visually-impaired persons to navigate with the use of walking canes. In 1991, the Model Welfare Town Creation Project was launched. This is a comprehensive plan for community development which takes into account the special needs of people with disabilities. In this project roads and facilities will be constructed to enable the safe and easy movement of people with physical disabilities.

- (b) **Ministry of Health and Welfare** -- The Ministry has enacted policies which promote the creation of communities where people with disabilities can be active participants. These include the improvement of public and other facilities to enhance the safety of people with disabilities and the creation of emergency systems for persons with disabilities. In addition, living environments have been improved and public education campaigns have been undertaken.

3. Transportation facilities

- (a) **Ministry of Transport** -- The Ministry has established a set of rules called Guidelines for the Provision of Facilities and Services for the Physically Disabled at Public Transportation Terminals. These guidelines require that all transportation companies provide special facilities at railroad stations and other public transportation terminals. They outline

the requirements for facilities that will be safe and easy to use by people with disabilities and others who have unique transportation needs. Transport firms are also encouraged to create essential facilities for people with disabilities. The following are some examples of representative policies which have been established to make transportation facilities convenient for both people with disabilities and the population at large:

- The production of a guidebook for people with physical disabilities concerning the use of public transportation facilities (1981).
- A guidebook to be used by people with physical disabilities which covers main terminals in the Tokyo metropolitan area, the Nagoya area and Central Honshu, and the Osaka metropolitan and Kansai areas, has been published.
- The production of guidelines for the provision of facilities at public transportation terminals to be used by people with disabilities (1982). These guidelines include standards and specifications for the provision of facilities for people with physical disabilities at railroad stations.
- The production of a manual which shows how to create guidebooks on public transportation facilities to be used by people with visual impairments (1983). This manual informs regional public authorities and other relevant bodies of the best methods to create maps and other tourist information on terminals for use by people with visual impairments.
- The production of a manual which demonstrates how to create guidebooks on public transportation facilities to be used by people who are physically disabled (1984). This manual also instructs regional public authorities and other relevant bodies to produce maps and other tourist information on terminals for use by people with physical disabilities.
- A survey concerning the status of facilities for people with physical disabilities to help promote the provision of economical and effective facilities.
- A survey concerning methods of providing information on how to use public transportation to people with disabilities, and elderly persons (1986).

- A survey concerning the vehicular structure of public carriers for use by people with physical and mental disabilities and elderly persons (1987-88).
 - The production of model designs for the structure of public carriers for use by people with physical and mental disabilities and elderly people (1989). Model designs were prepared for railroad cars, buses, and taxis.
 - A survey on methods of creating transportation-related facilities for elderly persons, people with disabilities, and other people with special needs (1990-91). This survey resulted in development of plans for construction of these types of facilities.
- (b) **National Police Agency** -- According to the Physically Disabled Persons Welfare Law, individuals who have received government handbooks to document their status, and who have walking difficulties, are given exceptions to "no parking" and "no entry" regulations if they display a "no parking exception" emblem on their car. To ensure the safe transportation of people with disabilities, the Agency is promoting the construction of special traffic safety facilities and equipment. One example is traffic safety lights which emit a sound when the pedestrian control light is green to inform visually-impaired persons that it is safe to cross. Another is the radio communicator which people who are old or other people with special traffic safety needs may carry. A traffic light equipped with a detector ascertains the presence of the person, and changes the light just as if a pedestrian had pushed a traffic button to cross. The pedestrian-use green light on the special traffic light remains lit longer than ordinary traffic signals.

J. PUBLIC ENLIGHTENMENT AND REGIONAL SUPPORT

1. Promoting public understanding of people with disabilities

Several officially-designated weeks and months exist to promote understanding of people with disabilities and their disabilities. There is a Disabled Persons Welfare Week in December and the Campaign to Promote the Diffusion of Mental Health Week in November. September is Mentally Disabled Persons Welfare Month and as well as Promotion of Hiring of Disabled Persons Month. Human Rights Week is celebrated in December to promote the protection of human rights. In 1981, December 9 was designated as Disabled Persons' Day to increase citizen awareness. That date is the hub of an annual public enlightenment and information campaign that takes place on the national and regional levels to promote understanding of people with disabilities. Several activities are also sponsored to give people with disabilities and people without disabilities a chance to enjoy mutual exchanges.

2. Support within local communities

The Ministry of Health and Welfare is providing the following kinds of support at the local community level:

- (a) A systematic revision of the Physically Disabled Persons' Welfare Law and related laws was carried out in 1990 to enable municipal governments, the local governmental authority closest to citizens, to provide comprehensive, well-planned, home-based and institutional welfare services and facilities.
- (b) Health centres are the front-line organizations for mental health activities in regional areas, while mental health centres serve as the core technical organization at the prefectural level. These centres provide complete services, including public information campaigns, mental health consultations, and home-based instruction.

K. LONG-TERM STRATEGIES FOR THE YEAR 2000 AND BEYOND

The fiscal year 1992 marks the scheduled end of Japan's Long-term Plan and of the project called Priority Measures during the Second Half of the Decade. From February 1992, the Central Council, an advisory organization reporting to the Prime Minister, began its investigations into government policies to date. The study consisted of surveys and evaluations. In addition, the Council considered medium- and long-term policies for persons with disabilities, due to start from the 1993 fiscal year.

Below are some of the representative policies taken to date.

- (a) Fostering Enterprises to Provide Employment for Extensively Disabled Persons through the Third-sector Method: The introduction of measures to assist joint-capital companies launched by private companies and local Governments to create employment opportunities for persons with extensive disabilities.
- (b) Revision of the Physically Disabled Persons' Welfare Law (passed in August 1984, took effect in October 1984): A revision of this Law which included the incorporation of the concept of "full participation and equality".
- (c) Revision of the National Pension Law and related Laws (passed in April 1985, took effect in April 1986): Various revisions, including a change from the old Disability Welfare Pension system. A new fundamental pension system was initiated in April 1986; at the same time, the fundamental pension fund was created. These revisions included a substantial increase in the amount of pension paid to persons with disabilities.
- (d) Revision of the Law for Employment Promotion of Disabled Persons (passed in May 1987, took effect in April 1988): The old Law for Promoting Employment

of Physically Disabled Persons was changed to the law specified above to further encourage the hiring of persons with disabilities. This revision expanded the law so that persons with mental disabilities could be included in the real employment rate.

- (e) Revision of the Mental Health Law (passed in September 1987, took effect in July 1988): The Mental Hygiene Law was changed to the Mental Health Law. This was done to further protect the human rights of mentally disabled persons, to provide appropriate medical treatment and to ensure care. The new Law encourages the social rehabilitation of individuals with disabilities.
- (f) Opening of the National Tsukuba Technical Junior College: This College began accepting persons with hearing disabilities in the 1990 fiscal year, and persons with visual disabilities in the 1991 fiscal year.
- (g) Establishment of the Comprehensive Vocational Centre for Disabled Persons: This Centre was opened in the 1991 fiscal year.
- (h) Revision of the Eight Welfare Laws, including the Physically Disabled Persons' Welfare Law (passed in June 1990, took effect in January 1991, with some portions scheduled to take effect in April 1993): Revisions of eight welfare-related laws, including the Disabled Persons' Welfare Law and the Aged Persons' Welfare Law. These changes encourage municipal Governments to create systems for providing detailed, uniform and systematic home-based and institutional welfare services and facilities.

XIV. LAO PEOPLE'S DEMOCRATIC REPUBLIC

A. NATIONAL OVERVIEW

1. Background

The Lao People's Democratic Republic is a small land-locked tropical country with a land area of 236,800 square kilometers stretching more than 1,700 km from north to south and between 100 km and 400 km to the east and west. The country is bordered by Viet Nam to the east, Thailand to the west, China to the north and Myanmar and Cambodia to the south. The Lao People's Democratic Republic has no direct access to the sea. About 80 per cent of the country is mountainous, the heights of its mountains ranging from 200 to 3000 meters. The mountains pose difficulties for transportation and communication and complicate economic, social and health development.

The 1991 the population of the Laos People's Democratic Republic was estimated at 4.17 million and is projected to grow at 2.9 per cent per year. Population density is one of the lowest in Asia at 17 people per square kilometer. The capital is Vientiane, which is located in Vientiane prefecture. The city has a population of about 126,000. In total, there are 16 provinces, 116 districts, and 11,000 villages.

There is a large and diverse number of ethnic groups, commonly divided into three major categories: the Lao Loum, who occupy the lowland plains and form about 55 per cent of the population; the Lao Theung, who occupy the mountain slopes and comprise about 27 per cent of the population; and the Lao Soung, who occupy the high mountain tops and constitute about 18 per cent of the population.

2. History of armed conflict

The Lao People's Democratic Republic has suffered a long period of armed conflict. Many provinces in the north, central and south of Laos were subjected to "carpet bombing", most notably Xieng Khouang, Houaphan, Savannakhet and Saravanne provinces. The effect was devastating. Although accurate statistics are hard to gather, clearly, thousands were killed, many more maimed and the environment damaged forever. The effects of this conflict are still felt today. Because of the thousands of bombs dropped, the countryside in many provinces is littered with unexploded ordnance. Many of these simply dispersed smaller bombs (land mines) when dropped. Tens of thousands of these land mines are still active, killing and maiming women, children, farmers and others as they attempt to go about their daily lives. Today, land mine injuries are one of the major problem that health care providers in Laos are attempting to address.

3. The national disability situation

In the Lao PDR, approximately 10 per cent of the population is affected by a permanent or temporary disability. This represents about 410,700 people. This estimate is consistent with WHO estimates for developing countries around the world. However, some estimate that the number of people with disabilities could be as high as 11 per cent or 458,700 people.

Data on the number of people with disabilities and different types of disabilities collected from National Rehabilitation Centre, provincial Rehabilitation Units, and community-based rehabilitation programmes are as follows: 29,600 people with physical impairments, 29,600 with deformities or malformations of the limbs, 4,440 with polio, 13,320 with motor or mechanical impairments, 9,685 people with limbs amputated, 7,400 with head and face disfiguring impairments, 103,600 people with developmental, intellectual or psychological impairments, 3,600 people without speech, 9,800 people who are deaf, and 10,969 people who are blind.

The economic and social situation is still rather depressed, and there continues to be problems resulting from the country's past armed conflicts. The Government of the Lao People's Democratic Republic has established the following policies for people with disabilities and health care for the population. While prevention is basic, curative care and rehabilitative care are also important. All health care has to start with the local community in order to gradually improve the health of the population.

The Ministry of Health has given the National Centre for Medical Rehabilitation the responsibility for disability issues in the Lao People's Democratic Republic, establishing the following objectives:

- (a) Training of staff at every level including health care staff;
- (b) Expansion and improvement of provincial and district hospitals and health posts;
- (c) Improvement of the quality of the staff. Before 1983 there was only one rehabilitation centre in the country and only one branch facility.

B. POLICIES AND PROGRAMMES

Government policy for people with disabilities living in the Lao People's Democratic Republic does not exist, but the Council of Ministers issued the following decrees concerning people with disabilities. They now have the right to:

- (1) Curative and rehabilitative care at no cost;
- (2) A livelihood like that of all other citizens;
- (3) Free education;
- (4) Employment, according to their abilities, and collection of salary for their work;
- (5) Vote;
- (6) Establish a dwelling and move their place of domicile as they wish;

- (7) Exemption from taxes when they are involved in cultivation, animal raising, and business.

Government financial policies for helping people with disabilities consist of a monthly stipend to those who have been released from government employment. Those still employed by the Government receive their salaries as usual. The Government has established places of residence for people with disabilities. In the whole country there are fifteen villages for people with disabilities. In addition, the Government has assisted the construction of schools and health posts for these villages.

Various types of equipment used by people with disabilities are provided by the Government, international organizations, humanitarian organizations and people with disabilities themselves. The equipment which has been brought into the country for helping to improve the health and livelihood of people with disabilities is exempted from customs.

In the area of assistance to the poor, the Government has provided housing so they can live together in villages, giving them land to farm, and animals to raise. International organizations have worked together with the government to train people with disabilities in farming and animal husbandry in order to make a living. USAID has funded the purchase of three cows for each family with a disabled member as a form of cow bank. At the end of four years each family has to return the funds for the cows in order to help another family with a member who has a disability. This plan has been established in four villages, including 284 families, with 852 head of cattle provided. In addition the Government also provides fish ponds and teaches fish breeding. The Government also supports disabled people who live with their parents in villages.

The Government gives each person with a disability the right of education, according to their abilities, including providing school buildings for people with disabilities. They are also given opportunities to be teachers in schools, however to date there are still very few teachers who themselves have a disability.

The promotion of employment is a problem that the Government has not yet solved, because there is not enough employment for all people in Laos. However, the Government is trying to employ people with disabilities in government positions. It still does not have an adequate budget to provide training and employment when training is complete.

The Government has worked with the humanitarian organization Rural Banking in the following projects: Rice banks, cattle and buffalo banks, and internal development banks. People with disabilities can be a part of and borrow from these banks as do the rest of the population. Unfortunately, at this time the Government does not have the funds to establish a vocational training bank for people with disabilities.

The Government has expanded health posts and district hospitals, established rehabilitation departments in provincial hospitals, and expanded prosthetics workshops in order to respond to health needs and rehabilitation of people with disabilities. This means that they do not need to travel too far and can avoid separation from their families for long periods of time

and loss of income spent on traveling costs. In addition, people with disabilities have been trained to construct and repair prosthetic devices.

Rural development programmes in various regions have tried to work with people with disabilities in villages, providing a source of clean water and then allowing the person with a disability to be responsible for the system once it has been established.

For the establishment of villages for people with disabilities, houses have been built or materials for housing have been provided, such as lumber, zinc roofing, cement, and nails. People with disabilities were asked to pay for half of the transportation costs for these materials.

While the Government has limited funds and many needs, it has provided funds to train health care staff and for the daily support of people with disabilities, including building villages for them. In addition the Government has received support from the following international and humanitarian organizations:

- (1) ESCAP has provided for the training of health workers or community rehabilitation workers in four of the provinces of the country;
- (2) The WHO has provided training for physical therapists, orthopedists, health care workers and community-based rehabilitation staff in sixteen provinces. The WHO has also provided an expert to improve the skills of rehabilitation therapists at the Centre and expanded the community-based rehabilitation work into various provinces;
- (3) World Concern has assisted in constructing a school for rehabilitation therapists and providing various kinds of education equipment;
- (4) The Vatican has helped by providing rehabilitation expertise;
- (5) Handicap International has helped to train teachers to teach the construction of appropriate technology prosthetic devices. They have also helped to establish five prosthetic workshops and four workshops for repairing prosthetic devices in two villages for people with disabilities and two villages for people with leprosy. In addition, they have provided practical training for 90 physical therapists;
- (6) World Vision (through funds provided by USAID) has helped to construct and repair four surgery units including equipment and supplies. They have also provided funds for training specialist teams consisting of: orthopedic surgeons, anesthetists, and physical therapists, for a period of six to fourteen months. They have provided equipment for constructing prosthetic devices and assisted in vocational training, including animal raising and gardening for people with disabilities in four villages.

There has also been support for rehabilitating people with disabilities at the local level in two provinces which suffered greatly during the period of armed conflict.

In addition, a special school has been established for children who are deaf and children with speech problems at the National Centre for Medical Rehabilitation. The twenty-five students at the school range in age from six to ten years. Four teachers have been trained in sign language in Thailand with funding from the Council of Disabled People of Thailand. A school for blind children is being developed because the National Centre for Medical Rehabilitation has received support from the Council of Disabled People of Thailand which has sent three people (two people who are blind and one who can see) to teach Braille.

C. NATIONAL AND PROVINCIAL PREVENTION PLANS FOR DISABILITY

The Ministry of Health has approved a plan for budget allocations, and trained staff, and has expanded rehabilitation facilities in national, provincial and district hospitals throughout the country. The Ministry has also added a disability prevention and rehabilitation curriculum to the doctors' assistants' school, state nursing school, and auxiliary nursing school. At each level of health education, disability prevention and community-based rehabilitation are taught with cooperation from the schools. Every province has sent a secondary school graduate to the physical therapy and orthopedic school, which is a three year course.

The National Centre for Medical Rehabilitation has received official approval to hold a disability prevention and community-based rehabilitation seminar at the national and provincial level each year, in order to increase awareness of the problems of people with disabilities, reasons for disabilities, disability prevention, and ways of assisting people with disabilities through medical and educational rehabilitation. The aim of these seminars is to better inform the population about the problems of people with disabilities, and to improve the level of cooperation and coordination at all levels. They are given to the provincial and district security committees, the provincial and district education committees, the provincial and district social welfare committees, the village security committees, and all health care workers including medical doctors and nurses.

The Ministry of Health has provided a budget for the training of health care staff and expansion of rehabilitation care to the provincial and district levels. Using the national and provincial budgets, the Ministry has also purchased local materials for producing prosthetic devices and physical therapy exercise equipments.

The Ministry of Social Welfare has facilitated the travel and living expenses for people who require prosthetic devices. The Ministry has also provided to villages land for cultivation and animal raising by people with disabilities.

The Ministry of Education has provided schools and curriculum for children who are deaf, children with speech difficulties, and blind children. The Ministry has also included disability prevention in the health education courses taught at each level from pre-school through secondary school.

The Ministry of External Economic Relations has facilitated the receipt of funds from international organizations and non-governmental organizations to help people with disabilities. The Ministry of Finance has assisted by waiving taxes on aid brought into the country.

Many international and humanitarian organizations have assisted in the area of technology, equipment, and prostheses by supplying raw materials. Inexpensive supplies which are currently being used are leather, wood, and aluminum for prostheses, and wood for wheel chairs.

D. POLICY AND PROGRAMME ISSUES

Vocational training in cultivation and animal raising is provided to families of people who are disabled because these occupations are appropriate to the economic conditions of the country, and because the Lao People's Democratic Republic is an agricultural nation. There is support for people with disabilities who are cultivating garlic, corn, potatoes, and yellow and green beans and raising smaller animals for income for their families such as fish, chickens and pigs.

A review of the policies for people with all types of disabilities over the past ten years in the Lao People's Democratic Republic suggests there has been gradual improvement at all levels, but to solve the problems of each person with each kind of disability is not yet possible. The Government has determined that they have only achieved a small amount of success, but even this amount gives us encouragement to continue in the efforts to help people with disabilities.

The Government has established policies and programmes in the following areas:

- (1) Training of staff to work with people with disabilities;
- (2) Expansion of information about rehabilitation from the central level to the district level;
- (3) A community-based rehabilitation approach according to the directives of the World Health Organization;
- (4) Studying of ways to make prostheses and orthopedic aids inexpensively using local materials;
- (5) Understanding of the legal rights of citizens with disabilities;
- (6) Attempts to provide services to people with disabilities at no cost to them;
- (7) Extension of education and vocational training to people with disabilities;
- (8) Exemption from taxation for equipment and supplies which are used by people with disabilities.

All of the policies and programmes have proceeded very slowly based on the availability and abilities of staff and the availability of funding. Many have been introduced with support from international and humanitarian organizations.

E. POLICY AND PROGRAMME ISSUES

The policies and programmes to date have many problems which inhibit their widespread implementation. Examples of these problems are:

- (1) Lack of teaching materials for physical therapists and orthopedists, and lack of funds for housing and feeding students and printing instructional handbooks;
- (2) The curriculum for teaching medical assistants and nurses is not yet standardized;
- (3) Lack of teachers and health personnel capable of teaching upper level physical therapy and orthopedics courses;
- (4) Lack of funds for supporting community-based rehabilitation and training rehabilitation workers;
- (5) Lack of vehicles to enable supervisors to monitor and help the rehabilitation workers to meet their objectives. The staff must use their personal motorcycles or bicycles to work in the villages and receive no support when their vehicles need repair;
- (6) Villages are widely dispersed and visiting them is difficult because the roads are in poor condition;
- (7) Lack of funds for training rehabilitation staff;
- (8) Lack of understanding of the government administration toward the problems of people with disabilities;
- (9) Many staff have been moved or have resigned from their positions, creating programme difficulties because of lack of knowledgeable staff who understand disability issues. Because salaries are low, rehabilitation workers must find other work to provide sufficient income for themselves and their families;
- (10) Lack of funds to build a rehabilitation school and a vocational training school for people with disabilities. In addition, lack of funds for building a school to train teachers for vocational training programmes;
- (11) Lack of funds for preparing and printing communitybased rehabilitation manuals;
- (12) Lack of volunteers to work on community-based rehabilitation;
- (13) Most health care staff want to stay in towns because of the convenient lifestyle and do not want to work in villages.

F. RECOMMENDATIONS

The following recommendations are suggested to expand the ongoing work of disability prevention and rehabilitation:

- (1) There is a need for improved cooperation and coordination which would result in further exchanging of information and experiences about training rehabilitation staff.
- (2) ESCAP should prepare a plan for assisting developing countries in staff training through curriculum development by experts, and in preparing teaching materials for use with people with disabilities in rehabilitation, education, and vocational training, and creating awareness in all aspects of the society with respect to disabilities.
- (3) Training courses to improve the quality of existing staff are required.
- (4) Assistance is needed for building schools and developing special curriculum for children with disability and for vocational training.
- (5) Assistance is needed to purchase vehicles for community-based rehabilitation work.
- (6) Legal expertise is needed to prepare laws protecting the rights of people with disabilities.
- (7) Expertise is needed to find vocations for people with disabilities.

XV. MACAU

A. NATIONAL OVERVIEW

Macau is a Chinese territory that will continue to be under Portuguese administration until 1999. It comprises a peninsula and two islands with a total area of 19 square kilometers. According to the preliminary data from the 1991 census, the population is 354,500. While no survey has been made of the numbers of people with disabilities the estimated figure is about 35,000.

The Macau Government has long recognized the importance of legislation in improving the quality of life of people with disabilities. Some examples of legislation that have been passed are Laws for Suppression of Physical Barriers, Laws for Access to Health Care, and Laws for Special Education. The Government has also, by order, established the Social Security and Labour Departments which give special attention to people with disabilities.

During the past United Nations Decade, considerable progress has been made in providing assistance to people with disabilities; for example, the number of children with disabilities attending schools has increased from 46 in 1983 to more than 400 in 1992. A consultation service on the healthy development of children was started in 1985, and the number of children attending has increased from 50 in 1985 to 446 in 1991. Six Primary Health Care Centres have been established since 1985 providing free health care to all people including those with disabilities.

Since 1985 a number of non-governmental organizations concerned with people with disabilities have been established, including Macau Association for the Mentally Retarded, Macau Association of Relatives in Charge of Mentally Retarded, Recreation Association for the Handicapped, Macau Society for the Handicapped and the Macau Special Olympics. In addition, awareness about disability issues has increased among the public and as a result, many people, particularly family members of people with disabilities, have more positive attitudes toward disability. The traditional prejudice and discrimination against people with disabilities has been disappearing in our society.

B. POLICY MEASURES

The Portuguese Constitution, which is in force in Macau, acknowledges the rights of people from all walks of life. The rights of people with disabilities are equally recognized, as stated in Article 71 and 72 respectively.

During the United Nations Decade the following laws, agreements, and policies concerning people with disabilities were passed:

- (1) The Law for the Suppression of Physical Barriers was passed in October 1983;
- (2) The Law for the Right of Compensation for Damages Caused by Occupational Accidents or Diseases was passed in 1985;

- (3) The Laws on Access to Health Care and on the Definition of Social Risk were passed in 1986 and 1988 and amended in 1989. According to these laws, free health care should be provided to children up to 10 years of age, to children in primary and secondary school and to those 65 years old or older. All residents, especially those who are disabled, can obtain health and medical care free of charge in the Health Centres;
- (4) The Social Security Department was established by Law. It regulates labour relations and grants pensions or allowances to people over 65 years of age, unemployed people and people with disabilities;
- (5) The Law for the Education System which calls for special education for children with disabilities was enacted in 1991;
- (6) It is agreed that organizations for and of people with disabilities are exempted from taxes. Persons with extensive disability can import a car tax-free;
- (7) It is now public transport policy that four seats in each bus must be kept for people who have special needs, including people with disabilities, people who are over 65, those who are pregnant or are mothers carrying babies;
- (8) It has been agreed by the government that financial and technical support to non-governmental organizations working with people with disabilities be increased.

C. PROGRAMMES

In February 1983 a Working Group was organized jointly by the Secretaries for Social Affairs and for Education aimed at improving special education. A second Working Group was set up in 1990 and subsequently a Committee was established for Special Education. Another Working Group was organized to draft a bill on the basic rights of people with disabilities. The bill, presented in December 1990, recommended the establishment of a coordinating body for rehabilitation. A Working Group on the provision of prosthetics and other aids was also organized.

Several special centres for people with disabilities were introduced during the United Nations Decade. In 1985 a multi-disciplinary team was organized in the Psychiatric Unit of the Government Hospital for the care of people with intellectual disabilities and recently a Day Care Centre for people with intellectual disabilities was opened. In 1986 a sheltered workshop for people with disabilities was established.

D. POLICY AND PROGRAMME ISSUES

A number of policies and programmes have been formulated and implemented in the during the United Nations Decade, however, their effectiveness could be increased if a consistent

coordinated approach to disability issues was used. The major difficulty encountered was the lack of human resources, particularly well-trained personnel. Without adequate human resources, technical activities, such as surveys and data collection about disability, were hampered. There was also a lack of coordination among various organizations concerned with people with disabilities. More effort to raise public awareness should have been made through public education, information and communication. In addition, job placement and transport service for people with disabilities should have been strengthened.

E. RECOMMENDATIONS

The following recommendations are made:

- (1) To most effectively implement ESCAP Resolution 48/3, cooperation between ESCAP and member states should be further strengthened.
- (2) In order to give fresh impetus and encourage renewed efforts to establish programmes concerning people with disabilities in the Asian and Pacific Decade, national policy and strategy should be reviewed, updated and reformulated.
- (3) Training of personnel including programme staff, technical supervisors, and people with disabilities should be enhanced. Both staff training and teaching materials are needed.
- (4) Information collection and dissemination should be further strengthened. It is suggested that ESCAP be a focal clearing house that will provide the member states with relevant, updated information. It is requested that this information be made available in Portuguese and Chinese.

XVI. MALAYSIA

A. NATIONAL OVERVIEW

Since the beginning of the United Nations Decade, the country has had accelerated economic growth and an increased standard of living. There has also been a decline in the incidence of some forms of disability, notably childhood blindness and poliomyelitis, largely attributable to the established comprehensive system of primary health care, better nutrition, and increased public education about disability prevention. Diseases like poliomyelitis and leprosy have been totally eradicated and tuberculosis is no longer a major health problem. However, the number of industrial accidents have doubled between 1980 and 1989. Furthermore, during that same time period, there has been a 20 per cent increase in road accidents.

It can be forecast that the total numbers of people with disabilities will continue to increase in the years to come because of: population increase; better survival rate at birth; increasing motor and industrial accidents; better medical treatment that sustains life; and longer life expectancy. Considering this, it is imperative to plan for an increased number and variety of services to meet the needs of an increasing population of people with disabilities.

B. POLICY AND PROGRAMMES

In Malaysia, the United Nations Decade has seen some positive social policy initiatives in favour of people with disabilities. They are expressed in the form of higher financial allocation of services, employment quotas, tax deductions and barrier free access. In addition, the Government has allocated more resources for education, training and rehabilitation of people with disabilities as well as provided an increase number of grants to various non-governmental organizations delivering services to people with disabilities.

The Government, as the largest and model employer, decided in 1988 that 1 per cent of all public sector employees should be people with disabilities. This decision, opened up a variety of opportunities for people with disabilities in the public sector. Double tax deductions are allowed to employers in the private sector who engage and provide training to employees with disabilities.

Aware of the reality that much will have to be done before people with disabilities have educational, physical, economic and social parity with the rest of the population, the Minister of National Unity and Social Development instituted an Advisory Panel on people with disabilities in 1990 to consider and study: problems and needs of people with disabilities; facilities and programmes that are already in existence for this target group in both public and private sectors; and, issues that require attention. After completing their studies the Advisory Panel will recommend short term and long term facilities and programmes to meet the needs of people with disabilities.

The focus of further rehabilitation service development will be community-based programmes. These programmes have the potential to reach a great number of children with disabilities whose needs are still not met. A recent development is the expressed policy of the

government to nurture a "caring culture" among its people. Central to this scheme is the integration of disadvantaged individuals and groups, including people with disabilities, into the mainstream of society. An example for promoting a caring environment is the special tax relief of \$1,000 to parents caring for a child with disabilities.

In education, the Ministry of Education has recently included children with learning difficulties into its special school system which already includes children who are hearing impaired and blind. With this new policy, the school system now covers almost all categories of children with disabilities.

A very recent move by the Government was to provide barrier free access of people with disabilities in public places. This concern was translated into law when the government approved a set of standards or guidelines which were incorporated into the Uniform Building By Laws. This provision will have both a practical and demonstrative value in that it will further help to emphasize the importance of integrating people with disabilities into the national mainstream. The government has also approved funds for an Industrial Training and Rehabilitation Centre for the people with disabilities, expected to begin operation in 1993.

The goals of the United Nations Decade as well as the World Programme of Action are well known to government agencies and a good number of non-governmental organizations in the country. This Decade has been marked by some significant events in promoting public awareness regarding people with disabilities. A Welfare Week (1985), followed by a Welfare Month (1988) highlighted the situation of and the services for people with disabilities. These events included a mass registration exercise to register people with disabilities, selection and granting of awards to model workers with disabilities, and sponsoring the Abilympics to further demonstrate the abilities of people with disabilities to the community.

The effects of the public education programme instituted 1983-1992 include a greater acceptance of people with disabilities and a better understanding of their position. There has been a steady growth of voluntary organizations during the United Nations Decade. Some of these organizations are active in their drive to keep themselves financially sound and independent. Several of these organizations meet the needs of a specific group of people with disabilities, for example the Malaysian Association for Autistic Children. Some of them run training and educational classes for their particular groups. To credit these non-governmental organizations that they leave as is regarded as an important adjunct to government programmes.

An exciting development during the United Nations Decade has been the recognition that community-based rehabilitation can be a viable alternative for the rehabilitation of people with disabilities. While the direction in future is towards community-based rehabilitation or more appropriately, to de-institutionalized rehabilitation, there is a parallel need to expand the institutional capacity to care for or train more people with disabilities, particularly those with learning difficulties.

As outlined earlier, some progress has been made in raising the level of community consciousness with regard to the basic needs and rights of people with disabilities. The increase in public awareness is reflected in the higher proportion of people with disabilities being absorbed

into the work force and the expanded social and economic opportunities open to them. Another positive effect of the United Nations Decade has been the increased confidence and assertiveness of people with disabilities. It is expected that people with disabilities will be even more articulate about and assertive of their rights in the future.

The challenge ahead is to increase the capacity of government agencies and voluntary organizations to provide more training and rehabilitation centres for people with disabilities. The scope of both community-based and institutional rehabilitation services will have to be expanded to meet the needs of the Asian and Pacific Decade, in view of the increasing population of people with disabilities.

Malaysia has just adopted "Vision 2020", as the blueprint for the decades ahead, to ensure we will have progressed to the point of being a developed and industrial society by the year 2020. Included in this vision are, among other things, targets of higher standards of living for all, distributive justice, and a caring society. Those targets are applicable and, in fact, highly relevant to people with disabilities.

XVII. MONGOLIA

Mongolia has a total population of two million people and of these approximately 55,000, or 2.75 per cent, are people with disabilities. This number includes 4,800 people with congenital birth anomalies, 5,000 with hearing and vision loss and the rest have various other physical disabilities. Between 1979 and 1989, industrial accidents added to this total at a rate of about 400 to 500 people per year. Seventy percent of those involved in industrial accidents worked in the material production sector.

Government benefits paid to people with disabilities in 1992 amounted to 570 tugriks (\$US 1.50) for those over the age of 16 and 340 tugriks (\$US 1.00) for those under 16. As Mongolia's economy is currently in transition to a market economy inflation has rapidly eroded the value of this pension so that the living standards of people with disabilities are now lower. Also, people with disabilities have difficulty finding employment opportunities and obtaining equipment and raw materials for income-generating activities.

There are limited facilities available to provide assistance to people with disabilities in Mongolia. In 1990 the Mongolian Association of people with disabilities was established, but thus far they have no resources to provide assistance to others or to participate in international events and meetings. There is also a small institution with a total staff of 20 doctors providing some services. However, lack of experience, materials and equipment restricts the effectiveness of their efforts. There is one special school for children whom are hearing-impaired, blind, or otherwise disabled. This facility also has limited resources that hinder its effectiveness. There is little work being done on preventative measures and rehabilitation, and information campaigns about disability issues are limited.

Overall, the United Nations Decade had little effect in Mongolia. However, as a result of the proclamation of the Asian and Pacific Decade, the Government will take measures to improve the situation of people with disabilities in Mongolia. The people of Mongolia that have disabilities hope that the new activities resulting from this Decade will be well organized and will bring positive results which will result in an improvement of the situation of people with disabilities.

XVIII. UNION OF MYANMAR

A. NATIONAL OVERVIEW

Since Myanmar has not yet been able to develop a database for the disability situation at the national level, the extent and nature of disability can not accurately be presented in this report. The two-stage sample survey conducted by the Health Information Service of the Department of Health in 1985 estimated that about 2 per cent of the population, which was approximately 34 million people at that time, had physical disabilities. If other disabilities, such as epilepsy, speech and hearing problems, emotional disturbances and intellectual disability were included, these figures would be inflated considerably.

Due to advances made in the fields of diagnostics and therapeutics, many diseases and accidents which were fatal in the past do not claim lives. However, this reduction of incidents of mortality give rise to increasing numbers of persons with disabilities; the degree to which they are disabled vary. In addition, improved public health measures which increase longevity also bring about other disabilities associated with ageing, such as degenerative joint diseases, heart diseases, cancer etc. Hence, there was a trend of increasing numbers of people with disabilities during the United Nations Decade.

While national economic production has been given the highest priority in overall national development policy, the economic loss to the nation due to the increased numbers of people with disabilities has become a sensitive issue at different levels in the country.

Parallel to the implementation of the World Programme of Action concerning Disabled Persons, there was an increase in the number of programmes and services for people with disabilities in the areas of prevention, rehabilitation and equalization of opportunities.

B. POLICY MEASURES

1. Policy measures introduced and changed during the United Nations Decade

Traditionally the society of Myanmar has accepted its members with disabilities as people to be treated sympathetically and needing the help of society. Buddhism is the predominant religion in Myanmar and has a strong influence on culture and customs. The status of a person with a disability in Myanmar society is that no matter what the causes or condition of the disability, he or she can fully enjoy fundamental, as well as civil rights within the legal framework. However, in reality violations of some of the civil rights of people with disabilities still occur, especially in the area of employment opportunities.

Policy declarations concerning people with disabilities made by the Government of the Union of Myanmar on 10 January 1975 stated clearly that every possible way and means must be taken to enable people with disabilities to take full advantage of rehabilitation services; rehabilitated people should be given every opportunity to participate in productive work; and

rehabilitation of people with disabilities should lead to self reliance and decrease dependence on others.

In order to effectively fulfill the established policy objectives the following activities were formulated:

- (a) To carry out a survey to identify the prevalence, type and age group of people with disabilities and develop a central registration system;
- (b) To establish a national mechanism to implement medical, educational, vocational and job placement programmes for registered people with disabilities;
- (c) To formulate a plan to expand the existing vocational and educational programmes;
- (d) To adopt necessary legislation to support the rehabilitation and care of people with disabilities;
- (e) To organize and form cooperative societies for people with disabilities;
- (f) To help people with disabilities carry out their activities of daily living;
- (g) To place them in appropriate employment in accordance with their abilities;
- (h) To establish sheltered workshops for people with severe disabilities who can not be integrated into normal working conditions;
- (i) To create opportunities for people with disabilities to enjoy recreational facilities and to have access to public information;
- (j) To ensure the programmes for the assistance, guidance and education of people with disabilities;
- (k) To launch surveys and research programmes to collect accurate data on the disability situation;
- (l) To systematically stimulate the interest of the public in order to mobilize public participation in the process of prevention, rehabilitation and integration of people with disabilities;
- (m) To take effective measures for promotion of coordination and cooperation among concerned government departments;

- (n) To draw up a long-term programme for those in need of institutional care by the state according to the situation and age group of the people.

These policy measures were introduced before the United Nations Decade and can be analyzed as policy in tune with the goals set by the United Nations Decade. To ensure effective implementation of these goals, the Government has been scrutinizing existing legislation regarding the welfare and protection of people with disabilities for necessary changes. An important milestone in legislation took place in 1986 when the third draft of the new legislation for people with disabilities was submitted for approval by the State. However, due to administrative difficulties progress in the legislative process has been delayed.

The Disabled Person's Law, drafted by rehabilitation professionals and responsible officials of various government departments, dealt with the formation of the National Disabled Persons Board by the Council of State, prevention of disability, registration of people with disabilities, medical rehabilitation, vocational training, the right to education, humanitarian aid and the right to work.

The Disabled Person's Employment Act of 1958 dealt only with the employment of persons with disabilities, whereas the newly-drafted Disabled Person's Law ensures the broader rights for people with disabilities, including the right to health, education, rehabilitation and work for people with intellectual disabilities.

In this law special emphasis was placed on the formation of a single national coordinating body to stimulate the development and oversee the implementation and monitoring of appropriate disability related programmes.

The formation of the Central Law Scrutinizing Committee (1991) at the national level to review and recommend necessary deletion and amendment of existing laws and the adoption of new laws, suitable for Myanmar society, is an indicator of a change in policy measures. The draft proposal made in 1986 is now in the process of being reviewed by the Central Law Scrutinizing Committee. It is hoped that the outcome will fulfill the government's objectives which are in line with the goals of the World Programme of Action concerning Disabled Persons.

2. Implementation status of policy measures

It is recognized that the responsibilities among the sectoral agencies working for positive change for people with disabilities are fragmented. This has weakened the effectiveness and efficiency of national efforts. The delivery of programmes and services (such as education, health and employment) is still being carried out through the existing mechanisms. There is therefore a need to form a single national coordinating body to promote unified planning and coordinated action among the multiple sectors involved in the field of disability.

While implementing reviewing efforts toward the relation of the goals of United Nations Decade, (prevention, rehabilitation, and equalization of opportunities) a general assessment reveals that initial progress has been made in regard to prevention and rehabilitation, but due to

existing economic constraints in the State, relatively little achievement has been made in regard to the equalization of opportunities for people with disabilities.

C. PROGRAMMES

1. The Ministry of Social Welfare, Relief and Resettlement

Along with its counterpart ministries (Ministry of Education, Health and Labour), and in cooperation with non-governmental organizations, the Ministry of Social Welfare, Relief and Resettlement takes major responsibility for fulfilling the social needs of the people. Services for people with disabilities constitute one major responsibility of the Department of Social Welfare. These cover a variety of areas such as special education, vocational and pre-vocational rehabilitation, care of people with extensive intellectual and physical disabilities, and grants to voluntary organizations serving people with disabilities of different types.

Recognizing the importance of integrating people with disabilities into the mainstream of society, the Department of Social Welfare is seeking every possible means for effective integration through the existing services. However, these are generally limited to the institutional care model.

With the cooperation and coordination of the Central Statistics Organization, the Department of Social Welfare is currently conducting a sample survey of people with disabilities in selected townships. This will be very useful to policy makers, programme planners and direct service providers in related fields.

2. Vocational rehabilitation for people with disabilities project

In harmony with the expressed goals of IYDP, a project document Bur/81/039 was drawn up and signed between the Government of Myanmar and the UNDP/ILO/UNESCO in 1981. The immediate objectives of the project were:

- (a) To improve and expand the facilities for assessment, training, selective placement and follow-up at the vocational training school for adults with disabilities;
- (b) To establish referral facilities at the central level through the introduction of selective job placement procedures and follow-up service;
- (c) To strengthen the special education facilities for children with disabilities.

During the implementation period of the project the following programme activities were effectively carried out:

- (a) Introduction of vocational counselling and evaluation methodology;

- (b) Introduction of procedures for selective placement and follow-up and improved and upgraded quality of services for people with disabilities.

The momentum gained during the project has been maintained by the Department up to the present time using available resources.

3. Community-based rehabilitation service project

Most of the existing facilities for people with disabilities in Myanmar are urban-based and their number is inadequate for the population. This situation has prompted the Government to undertake an experimental project to explore ways and means of establishing community-based rehabilitation services with UNDP/WHO assistance.

This project is based on the WHO training manual "*Training the Disabled in the Community*". The manual was translated into the local language and used as training material. It describes methods of identifying seven types of people with disabilities, of verifying the type of disabilities, and also how to make periodic reviews. In addition, it provides detailed instructions for the training of people with disabilities by family members and methods to obtain full cooperation from family members, school teachers, and community leaders to support the rehabilitation of people with disabilities.

Based on the results of this experimental project, we have concluded that community-based rehabilitation services provide the following beneficial effects:

- (a) Assures regular training without family hardships;
- (b) Provides training within the family environment which reduces emotional stress;
- (c) Is less expensive;
- (d) Enables people with disabilities to live with their families;
- (e) Reduces the level of care that families and communities need to provide for people with disabilities;
- (f) Promotes economic production directly or indirectly.

It is intended to use this pilot project to explore the following areas to improve community rehabilitation services:

- (a) Effectiveness of the training manual;
- (b) Nature of human resources requirement;
- (c) Training of the identified human resources;

- (d) Methods to achieve better participation by people with disabilities, their families, school teachers and community leaders;
- (e) Administrative procedures;
- (f) Methods to support the national health plan.

4. Myanmar Disabled Sports Federation

The Myanmar Disabled Sports Federation was formed in 1989 with the aim of promoting sports activities to eventually increase the self-confidence and self-reliance of people with disabilities. This Federation, which falls under the Department of Sports and Physical Education, annually organizes sports for people with disabilities. It also trains athletes with disabilities in various sports such as track and field, judo, swimming, wheel chair marathon etc. It has also become a focal point for the selection of participants for the various international games for people with disabilities including FESPIC, Paralympics and Abilympics.

D. POLICY AND PROGRAMME ISSUES

In Myanmar measures have been taken to reduce physical mobility barriers and to improve the supply and availability of mobility aids and equipment. The manufacture of prosthetics and other aids, including hearing aids and wheel chairs, has been expanded both in the public and private sectors. With regard to access to the physical environment in Myanmar, the general perspective is that people with disabilities should be trained to adjust to the prevailing environment rather than creating new and convenient environments for people with disabilities. This view is based on the economic constraints encountered by the State, and its implementation has been found to be somewhat successful.

Educational programmes in Myanmar are very limited and cover only those in the main cities. Many children with disabilities are denied schooling, especially in the rural areas, by facilities which undervalue a child's potential. In addition, in many families, poverty and ill health make it difficult to seek special assistance for their children with special needs. Also curricula, materials and methods are biased towards models and concepts more appropriate to urban conditions. However, the special schools under the Ministry of Social Welfare, Relief and Resettlement are striving to increase opportunities for integrated school education for children who are blind, visually impaired and physically disabled. Those with intellectual impairment remain largely segregated in special schools. Rural children with disability who are deprived of education are covered by the community-based rehabilitation programmes.

With the assistance of the United Nations, funding and technical assistance for vocational training programmes were obtained. This assistance led to the setting up of self-employment, cooperative and small business opportunities and to the availability of aids and the adaption of jobs. Myanmar has implemented a social security programme for people with disabilities including disability pensions.

In general, Myanmar society does not deny its members with disabilities the right to participate in decision making about their own lives and that of the society of which they are a part. Throughout the country, the War Veteran Organization has raised the consciousness and confidence of its members who are disabled.

E. RECOMMENDATIONS

The following recommendations suggest effective ways to implement ESCAP resolution 48/3 and give fresh impetus to the World Programme of Action concerning Disabled Persons in the next decade in Myanmar:

- (1) Establish a single national coordinating organization for disability issues and programmes.
- (2) Promote coordination and cooperation among interrelated agencies (both government organizations and non-governmental organizations).
- (3) Recognize the importance of the role of non-governmental organizations in the rehabilitation process.
- (4) Take measures to promote employment opportunities for people with disabilities.
- (5) Systematically plan and carry out the integration of children with disability into regular schools.
- (6) Introduce special programmes to the public media for people with disabilities.
- (7) Improve the accessibility of the physical environment for persons with disabilities.
- (8) Strengthen technical cooperation and coordination among the countries in the same region as well as among member countries of the United Nations.

XIX. NEPAL

A. NATIONAL OVERVIEW

1. National disability situation: 1983-1992

In 1971, people with disabilities were included in the national census for the first time. This census included only the economically inactive people with disabilities over 10 years of age. The census took into account 13,001 people with disabilities using this definition of which 8,042 were males and 4,959 females.

Collection of data on people with disabilities was also included in the 1981 census as a part of the Nepal Programme of the International Year of Disabled Persons (IYDP) 1981. According to the 1981 census, the total number of people with disabilities was 77,599, or 0.51 per cent of the total Nepalese population of 15.02 million. Of these, 40.98 per cent were people who were deaf and mute, 21.10 per cent were people who were blind, and 19.06 per cent were people with paralysis. Further, 9.02 per cent were people who were deaf, 6.22 per cent were people with quadriplegia, 3.27 per cent had mental illness, and 0.35 per cent of people had other disabilities.

In 1980, responding to a United Nations call to observe 1981 as the United Nations Decade of Disabled Persons (IYDP), a Sample Survey of Disabled Persons in Nepal was conducted by a Sub-committee for the Survey of Disabled Persons. This survey revealed that 3.003 per cent of the entire population had some form of extensive disability. According to this survey, it has been extrapolated that of the total Nepalese population of 1980, 420,722 were people with disabilities, of which 263,498 were males and 157,224 were females. Auditory disability was found to be the most common accounting for 33.38 per cent of all disabilities. Moreover, there were more male than female people with disabilities in all disability areas covered by the survey. However, WHO had estimated that approximately 10 per cent of the 1981 population suffer from some form of disability.

Since no national survey of people with disabilities was conducted between 1987 and 1992, there is no definitive statistical information on the extent, nature and number of disabled population in Nepal. However, a projected estimate can be made on the basis of preliminary findings of the 1991 census. According to the 1991 census, the total population of Nepal was 18.46 million of which 9.22 million are males and 9.24 million are females. The population growth rate has decreased to 2.1 per cent from 2.66 per cent in 1981. On the assumption that the percentage of people with disabilities has not changed between 1981 and 1991 using the prevailing 1991 growth rate of 2.1 per cent, it can be estimated that there are 0.09 million people with disabilities in Nepal.

During 1983-1992, area disability-specific surveys were carried out for blindness, intellectual disability and hearing impairment. The nation-wide Survey on Blindness (1981) showed that 0.84 per cent of the total population were blind. A survey on intellectual disability (1989) reports a prevalence rate of 5.0 per cent. The Survey of the Prevalence of Deafness and Ear Disease in Nepal (1991) has shown that 16.6 per cent of the population suffer from hearing

impairment and a further 0.23 per cent of population are unable to speak due to profound hearing loss.

The statistical information noted above provides differing and inconsistent statistical data due to lack of an uniform definition of disability. Nevertheless, the findings of the different surveys do indicate that disability constitutes one of the major concerns of the Nepalese population.

B. POLICY MEASURES INTRODUCED DURING 1983-1992

1. Legislation and other actions

Introduction of the Disabled Protection and Welfare Act 1982 is a major step taken by the Government of Nepal in line with the commitment made during IYDP (1981). The Act is comprehensive and has 25 headings dealing with the political and socio-economic needs of people with disabilities. The preamble of the Act states that to enable people with disabilities to participate as active and productive citizens of the country, provisions will be made to protect their welfare by disability prevention, providing health education, training facilities, employment opportunities, and also by providing for the fundamental right of equality. The act defines a person with a disability as being physically and mentally unable to lead a normal life, and it includes people who are blind and the deaf. Some of the major headings of the Act are briefly described below:

- (a) *Fundamental Right of Equality for Disabled Persons* -- The Act states that they are fully entitled to be a member of any educational, social, cultural and training association, to enjoy political rights (voting rights), rights of economic and social security and rights of gainful employment opportunities in any government and public services. No discrimination will be made in appointment and promotion of an individual on the basis of his or her disability.
- (b) *Education and Training* -- The Act states that provision of free education for people with disabilities will be made available in all educational institutions. Also appropriate training will be provided to the teachers of people with disabilities and provision of special education will be made for blind and deaf persons, as well as persons with intellectual disabilities.
- (c) *Health and Treatment Facilities* -- The Act states that necessary health facilities will be made available for controlling and preventing disability. To prevent disability, steps will be taken to improve nutritional status, control and eradicate virus-mediated diseases and prevent accidents.
- (d) *Training and Employment* -- The Act states that provision will be made for appropriate training and employment opportunities for people with disabilities. Industries with more than 25 labourers must reserve 5 per

cent of their jobs for people with disabilities on the basis of their capacity, training and experience. Employees with disability are entitled to the same payment, employment facilities and promotion opportunities as other employees. However, this will not be compulsory in industries where there is a health hazard and risk for people with disabilities if the industry has obtained prior approval of the social welfare officer for exception to the law. Moreover, provision for special credit, raw materials, market and other basic facilities will be made available to people with disabilities so as to provide opportunities for self employment.

- (e) *Other Provisions* -- Provisions will be made for facilities for sport and cultural activities of people with disabilities. They together with an accompanying person will also receive 50 per cent discounts on bus, train and airplanes fares. The Act also has a provision to reduce custom duty, excise duty, sales tax, local tax, surcharge and other taxes to import instruments and equipment which are necessary to train and employ people with disabilities. Industries employing people with disabilities receive a reduction in income tax proportional to the number of people with disabilities employed. Moreover, low interest loans will be made available to social, commercial and industrial institutions providing training and employment opportunities to people with disabilities. The Act also states that the family or guardian must be responsible for people with disabilities. Homes for people with disabilities will, however, be established to take care of elderly people and people with disabilities who are orphaned. The law also deals with the punishment of criminals and violators of this law within regards to safe-guarding the welfare rights of people with disabilities.

2. Fiscal policies

Since no national policy has been formulated for the population with disabilities between 1983-1992, fiscal policy also does not say anything about commercial enterprises promoting the employment of people with disabilities. Tax exemption, however, on equipment and prosthetics required for people with disabilities is being implemented on the basis of people with disabilities Protection and Welfare Act (1982).

3. Policy measures that integrate disability concerns into mainstream development programmes

The United Nations Decade includes the period of the Sixth Five-year Plan (1980-1985) and the Seventh Five-year Plan (1985-1990) of HMG/N. The IYDP (1981) marked the introduction of different programmes in the areas of legislation, health, education, information and communication. These programmes also aim to integrate development plans for people with disabilities into mainstream development plans and programmes. Recalling the Nepal programme of the IYDP (1981), several activities for people with disabilities were implemented in the

country. Examples of programmes initiated during the IYDP are a National Seminar in Prevalence of Disability and Rights of Disabled, creation of the Trust Fund for the Welfare of Disabled, integration of the teaching of children with disabilities.

An analysis of the development policies in Nepal during the Sixth and Seventh National Plan period indicates that policies relating to poverty alleviation, employment promotion, rural banking, urban development, housing and transportation have adopted a blanket approach in addressing the target group of the programme. Therefore, no specific policy has been mentioned to integrate programmes for people with disabilities in the respective sectoral programme. However, it can at least be assumed that the target population of the programmes include people with disabilities with other groups.

Poverty alleviation programmes such as the Small Farmer Development Programme (SFDP), Intensive Banking Programme and Production Credit for Rural Woman are some of the major programmes in Nepal. These programmes provide institutional credit to create self-employment opportunities for the rural population, and people with disabilities are also entitled to enjoy the credit facilities even though no special provision has been made for them.

As a result of increasing urbanization and housing problems, the Government has adopted a policy to encourage active participation of the private sector in housing construction. The Government will play a supporting role, and it will facilitate and motivate the private sector by providing the necessary support for the purchase of land and construction materials, and the dissemination of technology. People with disabilities have equal access to the facilities provided by the Government. The social welfare policy emphasizes the rehabilitation of people with disabilities in the family and within the community, but at the same time there is also provision for establishing residential facilities for people with disabilities who are in need of such homes in the absence of family and community support.

Education and health policies have been formulated in line with Education For All and Health For All by 2000 AD and include people with disabilities as one of the target groups to achieve these goals by 2000. According to this education policy, the Government is to provide primary and basic education to all by the year 2000. The policy also mentions the provision of special education for people with disabilities. It aims to provide educational opportunities to all primary school age children who are physically and mentally disabled. It also aims to expand programmes and concentrate on areas where there are a large number of children with disabilities in order to integrate children with mild and moderate disabilities into the mainstream primary school system. Children with visual impairments are already integrated in the mainstream schooling system. However, special education must also be developed to meet the needs of children with extensive disabilities.

In the health sector, the emphasis on integrating the health needs of people with disabilities is focused on curative methods. There are provisions for orthopaedic and ear, nose and throat services in the major hospitals in the capital and in regional level hospitals. However, the National Health Policy of HMG/N does not include anything about integration of the health needs of people with disabilities into the primary health care system. The efforts of non-governmental organizations to meet the health need of people with disabilities are more visible.

The Khagendra New Life Centre (KNLC) for Disabled Persons runs a hospital for children with disabilities. It also includes community rehabilitation and production of artificial limbs and other prosthesis. Prevention and rehabilitation of visual impairment is done by Netra Jyoti Sangh through several eye hospitals. These are examples of major programmes launched by the non-governmental organizations to enable people with disabilities to participate in the development process of the country.

4. Policy measures for funding programmes for people with disabilities

So far the funding policy to finance disability-related programmes at the national and local level are not encouraging. The most visible contribution of the Government is in the field of special education. However, its share in the total education budget is negligible. The Government provides some financial support to various non-governmental organizations through the Social Services National Coordination Council (SSNCC). This help is also negligible. Since no policy exists to promote the mobilization of necessary funds for programmes related to disability, efforts to seek funds from national and international non-governmental organizations resources have not been maximized.

5. Reference to disability issues included in the National Development Plan

The IYDP (1981) has helped the Government to recognize its responsibility towards fulfilling the needs of people with disabilities by including programmes for people with disabilities in the Seventh Five-year Plan (1985-1990). The Seventh National Plan in its health sector included three programmes: Prevention of Blindness Project, Disabled Rehabilitation Programme and Survey and Treatment of Deafness. All of these programmes were implemented by non-governmental organizations. In addition, there is a policy for the control of infectious diseases by expanded immunization and control of acute respiratory and diarrhoeal diseases through the primary health care system. This has helped to minimize disability caused by infectious diseases. There is, however, no specific policy for prevention and control of disability at the primary health care level.

6. Additional policies for people with disabilities

The Constitution of the Kingdom of Nepal 2047 BS (1990 AD) has made special provision for people with disabilities in its Fundamental Rights Part III and the Directive Principles of the State Policies Part IV under the Right of Equality. It states that special provisions will be made by law to protect and promote the interest of people with physical and mental limitations. Further, it states that special measures will be undertaken for the education, health and social security of people with disabilities for their protection and welfare. The Eighth Five-year Plan (1992 - 1997) has also included disability-related programmes in the education and health sectors.

C. PROGRAMMES

On the occasion of the IYDP, a national committee was formed in order to develop and implement programmes for IYDP 1981. The committee made recommendations for several programmes which were gradually implemented. As a result of this, non-governmental organizations focusing on various types of disabilities were established and many programmes were launched during the United Nations Decade.

The non-governmental organizations have played a major role in providing services for people with disabilities under the guidance and coordination of the Ministry of Social Welfare (MOSW) and Social Services National Coordination Council (SSNCC). SSNCC was established in 1977 with the goal of coordinating the activities of local and international non-governmental organizations. SSNCC is attached to the MOSW and is an autonomous body headed by the Minister of Social Welfare. A brief outline of its activities is described below.

Prior to 1981 Nepal Disabled and Blind Association (NDBA) was the only organization working for all types of disabilities. This Association has now changed its name to the Nepal Disabled Association (NDA) and works only for people with physical disabilities. Today, there are sixteen other organizations for and of people with disabilities. The programmes of these organizations broadly cover the areas of: special education, vocational training, economic and social rehabilitation and prevention and control of disabilities.

1. Special education

Prior to the United Nations Decade, there were only four programmes for people with visual impairments, one special school and three integrated programmes. During the United Nations Decade, 17 more integrated schools were started in different parts of the country by the Nepal Association for the Welfare of the Blind (NAWB). All 21 schools are residential and together have an enrollment numbering 217 students. In addition, there are about 25 students receiving higher education in various colleges.

NAWB has started some non-residential integrated programmes for students with visual impairment in primary schools. This programme becomes active whenever three or four students are identified within walking distance of a primary school. This integrated programme has been carried out only in areas where community-based rehabilitation (CBR) programmes have already been started for people with visual impairments. This non-residential integrated teaching programme is on an experimental basis, and if it proves successful, it may be introduced in other areas as well.

A teacher training programme for students who are visually impaired has been started by Tribhuvan University (TU) in Kathmandu with the help of NAWB. There are two types of programmes, one for high school teachers and one for primary school teachers. Nepal is now self-sufficient in providing teachers for those students with visual impairment.

NAWB has also established a Braille Press where textbooks, calendars, magazines and news bulletins are published and distributed free of cost to all schools. Other teaching materials are either produced in the country or obtained as donations from non-governmental organizations and distributed to various schools. The number of books and teaching materials produced in Nepal are much less than what is needed by the students.

Before 1981, there was only one school for children with hearing impairment. In 1982, three more schools were started by the Welfare Society for the Hearing Impaired (WSHI). Although no more new facilities have been opened, the number of students has almost doubled during the last 10 years. In total, there are now 327 students with hearing impairment in these four schools. They study only up to Class VIII and are taught using the total communication method. Two centres for students with hearing impairment have been started recently by Kathmandu Association of the Deaf, with a total enrollment of about 60 students. To date, integrated education has not been started for children with hearing impairment.

A six-month teachers' training programme for students with hearing impairment has been started with the help of Tribhuvan University. Successful candidates are given a certificate of proficiency. Recently a dictionary of sign language for people with hearing impairments has been prepared and published by WSHI.

During the United Nations Decade, 17 special programmes for children with intellectual disability were started in different parts of the country by the Association for the Welfare of the Mentally Retarded (AWMR). They are Day-care Centres in which special education and training for daily living skills is offered. Between 1,500 and 2,000 people attend these Day-care Centres. AWMR also has its own training programmes for teachers. For people with physical disabilities, there is one special school, Khagendra New Life Centre (KNLC), Kathmandu.

An agreement for special education between the Ministry of Education and Culture and DANIDA (Ministry of External Affairs, Denmark) is likely to be signed in the near future. This will help to provide special education to about 2,700 children with disabilities in the first five years of the agreement period.

2. Vocational training and economic and social rehabilitation

All of the organizations for and of people with disabilities include programmes for vocational training. They focus mostly on traditional skills training in areas such as weaving, knitting, tailoring, embroidery, carpentry, electric wiring, welding, agro-based training, poultry, cattle raising, etc.

KNLC has a combined training and rehabilitation centre for people with physical disabilities. Approximately 100 persons are enrolled. The centre also provides regular education up to Class VIII. A Ryder Cheshire Home was established in KNLC which provides socio-medical rehabilitation services to people with extensive disabilities. In addition, a SOS Children Village has been set up to provide services to 36 orphan children who are disabled.

AWMR has established a residential centre for 60 children with intellectual disabilities and a transit home for 15 orphans and destitute children in Kathmandu. In this residential centre and in the 17 day-care centres throughout the country, coordinated services are provided in basic education, daily living skills, social rehabilitation and vocational training. Vocational programmes include the manufacturing of peanut butter, candles, incense sticks, envelopes, writing chalk, knitting, sewing, etc. In addition, parents and members of the community are educated about their responsibility toward people with intellectual disabilities.

Other associations for people who are blind and for those people with hearing impairments do not have residential facilities. They run a day training centre and provide various types of vocational training. For example, NAWB has started an "On-the-Job Training Programme for Blind and Visually Handicapped Persons". Under this scheme, suitable jobs are identified in collaboration with factory management and people with visual impairments are given on-the-job training by factory personnel. At the same time, there is an understanding that employment will be available after successful completion of the training. A stipend for the training period is given by NAWB and additional funds are contributed by the employer. The training period is usually six months. Thus far, all the trainees under this scheme have been employed.

3. Community-based rehabilitation programme

This programme was started because job opportunities for people with disabilities who are already trained are very limited, and people with disabilities were not able to get jobs. NAWB started CBR programmes about five years ago and gradually implemented the programme in eight of 75 districts. However, in 1992 this programme was suspended in two districts because of a lack of funds, despite the fact that it functioned quite economically. So far, 1,650 people with visual impairments have benefitted and most of them are employed in income-generating work. Approximately 4,100 more people have indirectly benefitted from CBR programmes.

NDA also has started CBR programmes for people with physical disabilities in three places in Kathmandu during the last four years. Some of these people have been able to get married after they have become economically active.

4. Prevention and control of disability

Several associations are engaged in organizing eye relief camps and other mobile camps. The number of camps has increased gradually over the past 10 years. Approximately 100 eye camps are organized every year, in which about 14,000 people with cataracts have their vision restored through surgery. Similarly, three to four ear camps have been organized. In these camps, about 200 major ear operations have been performed to restore hearing and prevent fatal complications. The number of ear camps is expected to increase in the near future.

NDA has established a 32-bed paediatric orthopaedic hospital with the help of Terre d'Homes (Switzerland). About 1,500 orthopaedic operations are performed yearly. Prosthetics and orthopaedic appliances, and physiotherapy are also provided.

Surgical operations (for example, eye, ear and orthopaedic) have been performed regularly throughout the year in both government and non-governmental organizations hospitals. Moreover, through the government expanded immunization programmes, vaccines are given regularly to prevent disability caused by preventable infectious diseases.

5. Public awareness about disability

Since 1981 the public is gradually becoming aware of disability issues. This is a result of increased activities by non-governmental organizations established for people with disabilities and information programmes on television, in newspapers and magazines, and other audio-visual media. Moreover, various non-governmental organizations organize regular meetings for parents, guardians and social workers to educate them about prevention and control of different disabilities.

6. National disability situation

As major work in the field of disability started only about a decade ago, it can be reasonably presumed that the national disability situation has not changed significantly over the course of the last Decade. The estimates of the nature and extent of disability in Nepal has been discussed earlier.

7. Local availability of low cost technical aids

As Nepal is not developed industrially, technical aids are usually not made in this country. Hearing aids, ear molds, artificial limbs, orthopaedic prosthesis and other orthopaedic appliances are made on a very small scale in the country at low cost. Similarly, a Braille Press has been established and a limited number of textbooks, magazines, news bulletins, etc. are published in Nepal. Abacus, stylus, and slates for the education of people with visual impairments are produced here at low cost, and recently white canes have also been produced locally. However, the majority of technical aids are imported and are very costly.

D. EXAMINATION OF POLICY AND PROGRAMME ISSUES

The policies and programmes launched for people with disabilities in Nepal between 1983-1992 suggest that increasing the socio-economic status of people with disabilities has already been accepted as a national responsibility. Government, local non-governmental organizations and international non-governmental organizations are implementing a variety of programme in the areas of health, education, and rehabilitation. The ultimate objective of policies and programmes is to integrate people with disabilities into the mainstream of development.

1. Efficacy of action taken

SSNCC played an important role in motivating international non-governmental organizations to help Nepalese non-governmental organizations coordinate their activities. This resulted in increased financial, technical and material aid from bilateral and multilateral agencies. SSNCC has also been a motivating factor for organizations to start various programmes for

special education, vocational training, job placement, public awareness, social rehabilitation and CBR. The international non-governmental organizations have helped by increasing the efficiency of these programmes.

The Act for the protection and rights of the disabled person, although not totally implemented, has made it possible for local non-governmental organizations to import some equipment, technical aids and materials needed by people with disabilities. The government has also allowed national non-governmental organizations to receive tax-free equipment and supplies from international non-governmental organizations to run programmes for people with disabilities in the country. The Government has also tried to promote employment for people with disabilities, although only a very small number of them have been able to get jobs.

In line with the provision made in the new constitution of 1990, the Social Welfare Council Act has been passed this year, which will replace the SSNCC Act of 1977. This new Act will help non-governmental organizations to work more efficiently and expand various services. It will also encourage better coordination between national and international non-governmental organizations to develop and expand their services.

2. Policy and programmes

The Nepal Programme for IYDP has been gradually implemented during the United Nations Decade and the national commitment to people with disabilities is reflected in the Constitution of the Kingdom of Nepal (1990). However, the Government has not yet formulated national policies and programmes to meet the needs of people with disabilities. Formulation of national-level policies is a priority issue in order to translate the commitment of the United Nations programme on disability and to implement the provisions made for people with disabilities in the new constitution of Nepal.

During 1982-1992, frequent changes were made in the roles played by SSNCC, its coordinating committees and the Ministry of Labour and Social Welfare itself. Since such changes in management are not conducive to the smooth functioning of the programme, progress has been slow in some welfare programmes for people with disabilities. Recently the Social Welfare section has been attached to the Ministry of Education and Culture. In fact a separate Ministry of Social Welfare Services should be established not only to safeguard the interests of people with disabilities but also to look after social welfare activities of the whole country. This Ministry should take the lead in meeting the national commitment to people with disabilities. Furthermore, because there are a large number of people with disabilities in Nepal and only a small amount of money allocated to programmes for them, HMG/N should mobilize national and international financial resources.

Sectoral Ministries and different organizations for and of people with disabilities are involved in the programmes for people with disabilities, but their management capacity, human resources, and equipment are limited. As a result, the achievements of these programmes have not been satisfactory. Therefore, strengthening the institutional capacity is one of the major issues in developing programmes for people with disabilities.

Limited programme coverage, both in terms of sector and geographic coverage, has raised the question of access to services. The programmes and activities of the non-governmental organizations are mostly concentrated in and around Kathmandu, the capital of Nepal, for the convenience of social workers. Programmes are almost non-existent in the rural and remote areas of the country where in fact over 90 per cent of the population live. As a result, people with disabilities living in rural and remote areas have not benefitted from these programmes.

3. Special education

There are only about 2,800 students with disability receiving education in the entire country. They include children with all types of problems: visual and hearing impairment, intellectual disability, and physical disability. It is estimated that at least 3 per cent of the children (or 160,000 children) of school age are extensively disabled. So by providing education to only 2,800 students, it is evident that a very large number of children with disability have no access to education. While it may seem easy for children with physical disabilities to participate in regular school programmes, the physical structure of the schools are not suitable for most of them.

The Braille press established at NAWB is not able to produce a sufficient number of books. Therefore, a large number of students are not getting their required books. Similarly, sufficient teaching materials are not available for students who are blind or visually impaired. Because children with hearing impairments are not able to get hearing aids, they are not making good progress in school. While the Teachers Training Programme provides training for teachers of children who are blind or visually impaired, teacher training programmes for children with other disabilities are needed.

4. Vocational training and job placement

Since unemployment and under-employment are two of the major problems of the country, it is difficult for people with disabilities to find employment even after successful completion of vocational training. With traditional training in small-scale cottage industries, only a small number of people with disabilities get jobs. Further, those who start their own income-generating work cannot easily find markets for their products.

Because of this, NAWB and NDA started CBR programmes to generate home- and agro-based self-employment for people with physical and visual impairments. This is both economical and suitable for the rural areas of Nepal where about 92 per cent of the population live. But the CBR programmes could not be expanded due to lack of funds. Unfortunately, most international non-governmental organizations have not fully realized the importance of and need for CBR programmes in Nepal and are reluctant to support such programmes.

Another programme of "On-the-Job Training" started by NAWB for people who are blind or visually impaired is very good and needs to be expanded to cover people with other types of disabilities.

5. Programme for sports and other activities

Sports programmes have been successfully implemented for people with intellectual and physical disabilities. Some of them have participated in International Special Olympics where they have been successful in winning medals. For people with other disabilities, programmes have not been implemented and are needed to help in their physical development and in maintaining good health. Cultural programmes and creative activities like dancing, drama, painting, singing, etc. are not well developed. People with disabilities have not been able to participate adequately in community and social activities, although this situation is gradually improving. They have not been fully accepted in society due to educational and financial constraints, mobility problems, and reluctance on the part of society to accept them as equal partners in social activities.

Physical facilities in school, offices and public places and public transport have not been adapted for people with disabilities. To arouse public awareness, Traffic Weeks for people with disabilities have been organized several times with the help of the traffic police. However, these efforts have not produced increased awareness amongst the general public.

The United Nations World Programme of Action concerning Disabled Persons has not been translated into the national language. Hence, the concerned organizations, agencies and the general public are not aware of the Programme. More importantly, people with disabilities and their families do not know about the World Programme of Action.

6. Medical rehabilitation

Facilities for medical or surgical treatment for prevention, control and cure of disabilities are available in only a few hospitals. As a result treatment is either delayed or not available to people who are poor and those living in remote areas. Reconstructive surgery is also not available outside Kathmandu. There is also an acute shortage of trained medical and para-medical personnel and insufficient equipment, instruments and supplies for the few trained doctors who are working in hospitals outside Kathmandu. If equipment and instruments are made available, ear and eye surgical camps can be organized in different parts of the country and would benefit many people.

E. DIFFICULTIES ENCOUNTERED

Some of the difficulties encountered in implementing and expanding programmes for people with disabilities are:

- (1) Lack of adequate policy and programmes for people with disabilities;
- (2) Minimal budget allocation for programmes;
- (3) No motivation to mobilize financial and other resources in the country;
- (4) Lack of programmes for human resources development needed for programmes for people with disabilities;

- (5) Limited programmes for special education and vocational training for people with disabilities;
- (6) Lack of employment opportunities;
- (7) Legislation for people with disabilities is not fully implemented;
- (8) Lack of leadership among people with disabilities;
- (9) Lack of access to existing programmes and opportunities for those in rural areas;
- (10) Lack of data and other information on nature and extend of disability.

F. RECOMMENDATIONS

As soon as possible, MOSW should formulate a national policy and plan for disability issues. Programmes should be developed to protect the rights of people with disabilities and to help in their overall development. Budget allocation should be increased for programmes for people with disabilities and for other work in the social sector.

Policy should be formulated to mobilize financial and other resources from within and outside the country to meet the financial need of programmes for people with disabilities.

Legislation for the protection and rights of people with disabilities which was passed 10 years ago should be implemented effectively with the necessary amendments. The rules and regulations necessary to complement the Act should be formulated by MOSW as soon as possible. Furthermore, rules and regulations should be developed for children, and labour and industrial acts should include the needs of people with disabilities.

A comprehensive standardized survey of all disabilities using WHO definitions should be conducted to find out the prevalence of different disabilities.

Organizations which have a national mandate must start programmes throughout the country. The Government should encourage non-governmental organizations to run programmes in all five development regions of the country for people with all types of disabilities. In addition to programmes run by non-governmental organizations, comprehensive programmes should be developed by the Government for education, vocational training, job placement, social rehabilitation and public awareness. The Government should focus its programmes in the areas where there is no non-governmental organization activity. Similarly, CBR programmes should be implemented throughout the country because this approach is economical and will help people with disabilities receive rehabilitation in their own villages and communities.

Efficient programmes for prevention, control and remediation of disabilities should be developed and implemented by the Ministry of Health. They must be made available in all zonal hospitals. Non-governmental organizations should also be encouraged to help in these areas.

Human resources needed for all types of programmes for people with disabilities should be developed. Preferably these training programme should be launched in Nepal with help from international non-governmental organizations.

People with disabilities should be encouraged to start more organizations of their own. Such organizations would be able to mobilize more national and international resources and could manage programmes more efficiently. Programmes for the development of leadership among people with disabilities should be launched so that they themselves can lead and guide the self-help associations.

International non-governmental organizations and bilateral and multilateral agencies should provide financial, technical and material assistance to programmes for the people with disabilities either through the government or through non-governmental organizations.

XX. PAKISTAN

A. NATIONAL OVERVIEW

Since the creation of Pakistan, the field of welfare, education, and rehabilitation of people with disabilities has been neglected by the Government owing to other pressing socio-economic needs of the country. However, the observance of International Year of people with disabilities Persons (IYDP) gave real impetus to the delivery of services for people with disabilities. In order to develop and organize special programmes for special needs groups, the subject of special education was transferred from the Ministry of Education to the Social Welfare Wing in the Ministry of Health and Social Welfare. As a result, the Social Welfare Wing acquired the status of an independent Division namely Special Education and Social Welfare Division in 1982. This Division is responsible for formulation of policy, planning and coordination of Special Education and Social Welfare activities in the country. This Division has two main objectives: i) provision of early assessment and diagnosis, treatment, education, training and rehabilitation facilities for people with disabilities and guidance and counselling services for the families as well as for the community at large; and ii) strengthening the community by helping people to develop their capacities and initiative, and mobilizing their own resources to meet their felt needs by giving proper emphasis to the welfare of children, youth, women and senior citizens.

B. POLICY MEASURES

1. Establishment of the Directorate General of Special Education

A new organization was created to spearhead pioneering work in the challenging task of meeting the needs of people with disabilities. The Directorate General of Special Education was established in 1985 within the Special Education and Social Welfare Division.

2. Enacting the Disabled Persons Employment and Rehabilitation Ordinance 1981

In order to ensure employment and rehabilitation of people with disabilities, the Government of Pakistan promulgated an ordinance titled Disabled Persons (Employment & Rehabilitation) Ordinance of 1981. Also a National Council for the Rehabilitation of Disabled Persons has been established at the federal level while counterpart Provincial Councils have been established in the Provinces as well.

The main functions of the National Council, subject to any directions given by the Federal Government, are:

- (a) Formulation of policy for the employment, rehabilitation and welfare of people with disabilities;
- (b) Evaluation, assessment, and coordination of the execution of its policy by the Provincial Councils;

- (c) Overall responsibility for the achievement of the purpose of this Ordinance.

The main functions of the Provincial Councils, subject to any directions given by the National Council, are:

- (a) Execution of policy made by the National Council for the employment, rehabilitation, and welfare of people with disabilities;
- (b) Undertaking of appropriate projects for these purposes;
- (c) Issuance of directions to the Employment Exchanges and other bodies for the implementation of the projects;
- (d) Periodic assessment of the extent of functional disabilities among persons with disabilities.

In the Ordinance there is a provision fixing a one per cent quota on jobs in all agencies, organizations, and departments which employ more than 100 people. These establishments are required to pay, every month, to the National Council for Rehabilitation of Disabled Persons 2,000 rupees in lieu of each of the unfilled posts reserved for people with disabilities. The amount collected is used for the provision of financial assistance, aids and equipment to people with disabilities. The existing ordinance also allocates a quota of one percent to people with disabilities in admission to educational and professional establishments.

The Central Board of Revenue has exempted duty on the import of equipment for persons with disabilities.

3. Educational services for persons with disabilities

The Directorate General of Special Education has established 46 centres for the education of children with disabilities. These centres also provide diagnostic and therapeutic services, as well as free transport facilities. At present, 165 centres in the public and private sectors cater to the educational needs of approximately 10,000 children in the five to 14 age group. The Seventh Five-year Plan envisages reaching another 3,000-4,000 children by 1992-1993.

4. Vocational training

A National Training Centre for Disabled Persons has been established at the federal level at Islamabad. This centre accommodates 70 persons with disabilities. Market-oriented skills are imparted to the trainees. Two more centres, one each at Karachi and Lahore, are being established by the Directorate General of Special Education. Three focal points for vocational training with community participation are being established in collaboration with UNDP. Five vocational training institutes are run by NGOs. Over 250 persons with disabilities benefit from these service units.

5. National Institute of Handicapped

In order to reduce the impact of disability, it is essential to provide services in early detection, diagnosis, assessment, treatment and follow-up. The National Institute of Handicapped (NIH) has recently been located in new purpose-built premises. It will serve as a referral centre for hospitals and organizations for treatment and correctional services. The Japanese Government has agreed to provide technical assistance and equipment amounting to 1.8 billion Yen.

The NIH has the following objectives, to:

- (a) Coordinate national efforts for the prevention of disability, plan and develop an integrated referral system throughout the country by establishing links with concerned agencies at the village, city, district and divisional levels;
- (b) Plan and develop a system for early detection; disseminate information; provide guidelines to concerned persons; and serve as a training centre;
- (c) Plan and develop a multi-professional assessment and diagnosis system at all levels for prevention, care, training and rehabilitation;
- (d) Plan and develop a health surveillance system by establishing links between existing institutions and the parents of persons with disabilities;
- (e) Coordinate and support treatment of persons with disabilities by various institutions;
- (f) Provide treatment for people with disabilities by multi-professional specialists; and utilize existing facilities by effective coordination with major hospitals, and post-graduate medical centres for people with extensive disabilities;
- (g) Provide medical rehabilitation services for persons with extensive disabilities;
- (h) Undertake research on artificial limbs; establish, in the second phase, a centre for artificial limbs to supplement existing facilities in the country;
- (i) Assemble progressively and manufacture, in the second phase, hearing aids;
- (k) Provide intensive care bay and convalescent facilities, initially for 50 persons with disabilities, to be extended to 120 persons in the second phase.

6. Human resources development

The biggest constraint in developing services for persons with disabilities is the lack of trained human resources. There is a need to evolve a coordinated approach to the training of teachers, social workers, doctors, para-medical staff and other professionals to give stability in planning and field work, and to mobilize enthusiasm. Select groups of professionals need special

training. They may be trained either by others who have been trained abroad or in special in-service training institutes and departments of special education in universities, which are yet to be established. A higher priority has been accorded to the training needs of professionals in special education and rehabilitation.

7. National Institute for Special Education

The fast expanding network of special education centres in the public and private sectors necessitated the establishment of a National Institute for Special Education. The Institute was established in 1986 to serve as a national coordinating agency for the development of training facilities at the regional, provincial and federal levels.

The Institute has the following objectives, to:

- (a) Develop programmes for human resources training in special education at the local and national levels;
- (b) Organize short- and long-term courses leading to certificates, diplomas and degrees in special education;
- (c) Collaborate with universities, other institutions, and international agencies in human resources development;
- (d) Develop and publish materials for the guidance of special education institutions.

The National Institute of Special Education has organized 97 training courses. The beneficiaries are as follows:

Federal Government	1,401
Provincial Governments	223
Non-governmental organizations	392
Others	<u>122</u>
Total	<u>2,138</u>

8. Special education sequence at universities

As special education is a new field in Pakistan, the lack of trained human resources was the main obstacle to the speedy expansion of educational services for children with disabilities. Dependence on training abroad was neither practical nor realistic. Accordingly, for the past two to three years, special education has been introduced at university level.

The main thrust has been at the following universities:

- (a) Special education sequence at universities: A degree course leading to Masters of Education in Special Education for teachers of visually-impaired children was initiated in the period 1989-1990; a group of 50 teachers was expected to complete their Master's degree course in the 1992 academic year; a separate programme for teachers of children with hearing impairments has recently commenced.
- (b) Karachi University, Karachi: The Department of Special Education was started in 1989. It runs a degree programme in special education. At present 50 students are undergoing training.
- (c) Punjab University, Lahore: The Department of Special Education has become functional; 15 students have been admitted for the Masters of Arts in Special Education course.

9. National Library and Resource Centre

A well-equipped National Library and Resource Centre has been established at Islamabad. It caters to the needs of people with all types of disability. It also serves as a reference centre. Two libraries for people with visual impairment have been established by non-governmental organizations at Lahore and Karachi.

10. National Mobility and Independence Training Centre

A national centre has been set up at Islamabad to provide mobility and orientation training to parents, teachers, para-medical staff and non-governmental organization workers engaged in the care, welfare, training and education of people with visual disabilities. Over 300 persons have benefitted from this scheme.

11. Talking Book Centre

A National Talking Book Centre has been set up by the Directorate General of Special Education at Islamabad. Its purpose is to facilitate persons with visual disabilities in their education through the distribution and circulation of recorded audio cassettes. Popular film, television and radio artists have donated their services for recording books. Similar talking book libraries have been established by non-governmental organizations at Karachi and Lahore.

12. Braille Press

Two well-equipped Braille presses have been established by the Government, one each at Karachi and Bahawalpur. In 1989, a Braille press was installed at Islamabad to print books using modern technology. This press caters to the needs of private and public sector educational institutions for children with visual impairments.

13. Ear mould laboratories

To provide free ear moulds to children with hearing impairments, three ear mould laboratories have been set up on the premises of special education centres at Islamabad, Lahore and Rawalpindi. In view of the increase in demand, another laboratory is being set up at Lahore.

14. Technical aids and equipment

All students admitted into the special education centres under the supervision of federal and provincial Governments are provided free technical aids and appliances. These items include hearing aids, low-vision aids, white canes, braces, surgical shoes and crutches.

15. Sports and recreation

The Government of Pakistan attaches equal importance to the provision and enhancement of recreational facilities for people with disabilities. The Directorate General of SPecial Education has acquired membership of the International Sports Organization for Disabled Persons (ISODP). Similarly, the Pakistan Association of the Blind is a member of the Internatioanl Blind Sports Association (IBSA). Sports and recreational programmes are considered an intrgal aprt of the co-curricular activities of children and adults with disabilities. Provincial Governments and non-governmnetal organizations arrange annual sports programmes. In January, 1990 an unprecedented sports rally of the children of special education centres at Islamabad and Rawalpindi was held. Over 500 children with disabilities participated in the rally. The Pakistan Television Corporation arranged live telecast of the event. Thousands of spectators witnessed the rally. A contingent of 16 persons with mental disability, under the supervision of the Pakistan Special Olympics, in collaboration with Special Olympics International for the benefit of citizens with mental retardation, participated in games and athletics held in July, 1991 at Minnesota, United States. The participants won 15 (seven gold, three silver and five bronze) medals.

16. Advocacy and mass awareness

The Government of Pakistan is conscious of the impact of the electronic and print media in bringing about positive change concerning the needs and problems of people with disabilities. Pakistan Television and Radio Pakistan have launched regular campaigns to highlight the needs of people with disabilities. Material has been developed by various organizations in the public and private sectors for the guidance of parents in particular, and the public in general. A famous book of David Werner's titled "Disabled Village Children" has been translated into urdu for the benefit of teachers and parents. A national workshop on "Media and People with Disabilities" was organized in February, 1988 at Islamabad. This Workshop was organized in collaboration with the local office of UNICEF. Fifty-nine delegates from Government and NGOs participated and developed a handbook titled "How to Improve Our Communications about People with Disabilities". The Pakistan national centre under the Ministry of Information and Broadcasting is also playing a significant role in creating awareness among the masses through symposia, seminars and panel discussions.

17. Construction of purpose-built buildings

The special education needs of children with disabilities in Pakistan required that an urgent response be made to create services for them. Accordingly, a network of special education centres was established by the public and private sectors. Because of the urgency of the situation, it was necessary for these centres to be established initially in rented buildings. This did not and does not provide an ideal environment for special education. However, because of the commitment of the Government, a comprehensive plan for the construction of purpose-built premises at Federal, Provincial, Divisional and District Headquarters was approved during the period 1986-87. At present, premises for the National Institute of Handicapped, Islamabad, National Special Education Centre for Hearing-Impaired Children, Islamabad, and National Special Education Centre for Visually-Impaired Children, Islamabad, have been completed. The total cost is 180,654 million rupees. Work on the other buildings at Islamabad and Provincial Headquarters is in progress.

18. Role of NGOs

The Government of Pakistan is, within its resources, providing maximum support to NGOs. More than 5,000 NGOs are working in the country. It is estimated that grant-receiving agencies are contributing ten times more than grants in the field of welfare, care and rehabilitation of persons with disabilities. These agencies completed projects worth 250 million rupees on a self-help basis during the last five years. These figures did not include the contribution of NGOs which are not receiving grants from the Government.

19. Survey of people with disabilities

According to the WHO estimate that 10 per cent of the population is disabled, over 10 million people of Pakistan are estimated to be disabled. This will include those who have some mild or temporary conditions and require access to some form of support or assistance. The studies which have been undertaken in Pakistan and elsewhere would indicate that within the larger percentage indicated by the WHO estimates a smaller group of individuals exist who have serious or extensive disabling conditions which will require detailed intervention and support on a long-term basis. The size of this group is estimated to be two to four per cent of the population as a whole. However, the distribution of different disabilities within the defined population of persons with disabilities, as indicated by the Islamabad/Rawalpindi Survey of 1986, provides a useful guideline for planning and is likely to reflect the situation in general as follows:

	Per cent
Mental disability	21
Visual impairment	15
Hearing impairment	9
Physical disability	33
Multiple/complex disability	19
Not classified	3

20. Collaboration with international agencies

The Government of Pakistan has made conscious efforts to improve and strengthen links with international agencies in the field of human resources development, equipment support, consultancy services, development national programmes, orientation visits and training fellowships to foreign countries. The major contribution was made by the Overseas Development Administration (ODA), UNICEF, UNDP, WHO, UNESCO and CIDA.

21. Out-reach services

The Federal Directorate General of Special Education has initiated out-reach services to reach persons with disabilities in the community who are unable to avail themselves of diagnostic, medical, educational and rehabilitative services. These services have been extended, with the collaboration of UNICEF and under the supervision of trained project coordinators, initially at Charsada (NWFP), Sargodha (Punjab), Mirpur Khas (Sindh) and Karachi. We intend to expand these services in six additional rural communities/urban slums by the end of the current calendar year.

22. Community-based rehabilitation

In order to involve communities in the rehabilitation of persons with disabilities, a project titled "Pilot Participation" has been initiated in collaboration with the ILO. The Project envisages establishment of three focal points, one each in the rural/slum areas of Islamabad, Karachi and Gilgit.

The main objectives of the scheme are as follows, to:

- (a) Develop a national programme of rehabilitation assistance to enhance the economic and social functioning of persons with disabilities through the mobilization of community resources;
- (b) Establish a non-institutional community-based rehabilitation programme to reach a larger number of persons with disabilities in more cost-effective ways; for this purpose, three pilot community rehabilitation units established in the rural areas will cater to the needs of a minimum of 300 disabled persons annually through vocational guidance, vocational training and income-generating activities;
- (c) Increase the employment of persons with disabilities, both male and female, in suitable jobs through more adequate and relevant job training and through active participation of the business community, by encouraging them to train and employ disabled persons with disabilities;
- (d) Create awareness and motivate local communities to participate in the rehabilitation of persons with disabilities through seminars and workshops, in collaboration with employers organizations.

23. Mainstreaming/integration of children with disabilities

The principle of educating children with disabilities together with their non-disabled peers is described as mainstreaming in the United States of America (USA), integration in the United Kingdom (UK) and normalization in Scandinavia and Canada. A report prepared by the Snowdon Working Party set up by the National Fund for Research into Crippling Diseases described the integration of people with disabilities as meaning a thousand things. Among its meanings are the absence of segregation, social acceptance, and being treated like everybody else. It also means the right to meet, to go to cinemas, to go on holidays to the usual places, and to be educated up to university level.

Many people cannot actively take part in society because of their disabilities. The Eighth Five-year Plan envisages access to primary education for all children by 1998. Thus mainstreaming or integration of children with disabilities is needed. In Pakistan we have introduced the integration of children with disabilities into regular schools. The teaching staff of these schools are given orientation and training about the needs and requirements of children with special needs.

We are facing some opposition from the parents of children without disabilities who do not think that their children should study with children with disabilities. However, through proper motivation and follow-up programmes developed by the staff of the existing Special Education Centres, the impact of this resistance has been reduced. It is notable that the success rate is 70 per cent for children with physical, hearing and visual impairments. In collaboration with the Ministry of Education, the Directorate General of Special Education has undertaken coordinated efforts on mainstreaming. In addition, an experienced consultant has been engaged at the federal level to plan and monitor the mainstreaming programme.

24. National Trust for People with Disabilities

The National Trust for the Disabled (NTD) was established at the federal level under the Charitable Endowment Act of 1890. Its purpose is to prepare and execute policy and plans for special education, to coordinate, evaluate, and undertake expansion and revitalization of the existing services and to initiate new schemes for people with disabilities. The Prime Minister of Pakistan is the President of the Trust and the Minister for Special Education and Social Welfare is the Vice President. The Federal Ministers for Finance, Planning and Development, Education and the Chief Secretaries of the provincial Governments are the members of the Board of Governors of the Trust. Initially the sum of 200 million rupees was provided as seed money by the Government. The funds for the Trust include grants from the Government and international agencies, donations, endowments and receipts from Zakat Funds.

25. Travel concessions

Pakistan International Airlines (PIA) has granted a 50 per cent concession on travel costs to blind persons. The Government is trying to obtain similar concessions for all disability groups. Pakistan Railways allows a 75 per cent concession to blind people and a 50 per cent concession to those with orthopaedic disabilities, as well as their escorts. In addition, wheelchairs are

provided at major railway stations. The Government of NWFP has provided a 50 per cent concession on road transport to blind people. This suggests that the Government of Pakistan is sincerely trying to provide maximum benefits for people with disabilities to facilitate their mobility in society.

26. Baitul Mal

The Government of Pakistan has recently established a Baitul Mal at federal level through legislation. The introduction of Baitul Mal will check the duplication of financial resources by various agencies. It will monitor financial assistance to persons with special needs including those who are destitute, widows, and people with disabilities. It will also help in the initiation of income-generating projects and self-employment schemes for special needs groups and provide grants to non-governmental organizations.

C. POLICY AND PROGRAMME ISSUES

The need to have a realistic assessment of the magnitude of the problems faced by people with disabilities has been identified repeatedly. However, initial efforts at conducting surveys of disabilities, for example through the National Census in 1981 and a sample survey in 1985, have introduced a note of caution. The present state of public awareness regarding the identification of various types of disabilities, particularly in their mild to moderate forms, is very limited and this limits the reliability of surveys. In order to have a rough estimate of national figures on people with disabilities, it has been decided to include carefully worded questions in the next national census. This will most likely be conducted in 1993. These questions have been carefully framed in consultation with the Directorate General of Special Education and will hopefully produce useful information.

In the early stages of the development of projects for the education and rehabilitation of people with disabilities, the efforts were mainly focused on the quantitative aspects of services and programmes. Because of the lack of trained human resources and appropriate equipment, the quality of such projects could not be ensured. Even the process of evaluation required expertise of the kind that was not available in the country. Foreign consultants were not in a position to help because of their lack of familiarity with the socio-cultural conditions, which is a prerequisite for in-depth analysis of disability issues. Slowly, the Directorate General of Special Education has accumulated sufficient experience to initiate the process of evaluation of the progress made so far. Replication of western service models has produced certain anomalous situations which require careful examination. For example, such models do not suit the needs of the rural population of Pakistan. Even the urban Centres for Special Education and Rehabilitation are proving to be too expensive for a developing country with limited financial resources. Alternative models that have wider coverage and are more cost-effective are needed.

The programmes for rapid examination undertaken in 1985 made it essential to attract suitable staff to take jobs in the absence of training or previous experience. Thus motivation had to be based on monetary and status incentives. Higher pay and higher grades were offered to the teachers and administrators in these centres. Now that the system has been established, further motivation needs to be provided from other sources of job satisfaction. This is a new challenge,

particularly for the Government-run centres for education and rehabilitation of people with disabilities.

The general public is still largely apathetic towards providing the basic economic and social needs of persons with disabilities. In order to facilitate self-reliance among people with disabilities, legal and moral support measures are needed. Pioneer demonstration projects thus far have not experienced the success they deserve because of widespread problems with public attitude.

Many of the technical aids and equipment needed by people with disabilities, such as hearing aids, are currently imported. A combined effort is required by Government agencies and private business organizations to make such aids available at a reasonable price and to ensure their proper repair and maintenance.

D. RECOMMENDATIONS

Based on the Pakistan experience, the following recommendations are made:

- (1) Literature about disabilities must be identified for the use of people with disabilities, their families, specialists, and the general public. This information may be available in local and foreign languages with suitable modifications.
- (2) Some mechanisms should be developed to follow up on the policies and programmes conceived during the United Nations Decade, particularly with reference to the Asian and Pacific region.
- (3) A permanent central database, in the form of an information centre, should be created to collect and disseminate information to collaborating countries.
- (4) A central pool of expertise should be created to help member countries in developing services and programmes most suited to their needs. The development of viable regional models with local variations needs to be actively encouraged.
- (5) Cost-effectiveness is emerging as an important issue in services for people with disabilities. Community-based rehabilitation (CBR) is being offered to the developing countries as a possible solution. However, before this model is widely adopted its effectiveness must be demonstrated in different socio-cultural settings.
- (6) Activity in special education for and rehabilitation of people with disabilities has been a very high priority in Pakistan during the United Nations Decade because of the patronage it received from the Governments in this period. Its continuation cannot, however, be ensured. International collaboration programmes (with a large role played by international agencies) could provide the impetus to maintain attention on the needs of people with disabilities.

XXI. PAPUA NEW GUINEA

A. NATIONAL OVERVIEW

Despite a lack of specific legal provisions for people with disabilities in Papua New Guinea, the overall view is that people with disabilities have their place in the development of our nation. There is no distinction between people with disabilities and those without. This important message is enshrined in the preamble of our national constitution which declares that:

- (1) Every person is to be dynamically involved in the process of freeing himself and herself from every form of domination or oppression, so that each man and woman will have the opportunity to develop as a whole person in relationship with others;
- (2) All citizens have an equal opportunity to participate in and benefit from, the development of our country.

The principles in our National Constitution go hand in hand with the declarations for both decades for people with disabilities. Our constitution and these declarations establish a strong and firm foundation for recognition of people with disabilities in Papua New Guinea.

B. PRESENT SITUATION OF SERVICES FOR PEOPLE WITH DISABILITIES

In Papua New Guinea the total population is 4 million people with 90 per cent living in rural areas where very difficult mountain terrain makes accessibility to services in urban areas difficult. For this reason it is difficult to come up with the exact figure on how many disabled persons there are in Papua New Guinea. However, in 1981, it was estimated that there are about 300,000 or more people with disabilities throughout the country living in different cultural settings. About 2,000 of these people were receiving direct or indirect services while the largest proportion were left out as they were either not aware of the services available or because they lived in areas of geographical isolation. Those people with disabilities who receive services live mainly in the urban areas or close to urban areas. Some of the others receive services when church workers, health clinics and other non-governmental organizations refer them to available services in urban areas.

Nearly, all the 19 provinces of Papua New Guinea have, in one way or another, provided some form of service for people with disabilities. These services are either provided through government run institutions like hospitals, or by non-governmental organizations. The main centres for people with disabilities are located in major cities like Port Moresby and Lae. They include the Red Cross Special Education Centre, the Port Moresby Sheltered Workshop, the St. John Association for the Blind, and a Cheshire Home for Disabled Children.

C. INFRASTRUCTURE AND MANPOWER

Before 1976, the responsibility for people with disabilities was directly administered by the Government through the Department of Social Services. But this has changed with the establishment of a separate body called the National Board for People with disabilities. It is funded by the Government and its responsibility is to coordinate and implement policies for the betterment of people with disabilities. Government support for programmes for people with disabilities is insufficient, therefore various agencies dealing with people with disabilities seek outside assistance. Some of the outside assistance for people with disabilities is provided by Community Chest Fund Raising organized by Charity groups like the Lions and the Rotarians.

D. POLICY IMPLEMENTATION

The policy theme in Papua New Guinea is to provide assistance in the community towards implementing out reach programmes and providing short relief accommodation or caring. With the establishment of the National Board for People With Disabilities, we are starting to coordinate activities that will enable achievement of the following goals:

- (1) Development of specialized education programmes such as setting up small sheltered workshop for training people with disabilities;
- (2) Job placements;
- (3) Social activities including sports;
- (4) Affordable housing on government-provided land at Morata, Port Moresby.

E. ISSUES

Since 1981, after the Declaration of the Decade of Disabled Persons by the United Nations General Assembly, public awareness has increased. For example, in 1989, the Cabinet members and the Prime Minister left their air-conditioned offices and came down to have lunch with disabled persons from Port Moresby. Recently, the same Government of Prime Minister Pais Wingti announced Free Education for people with disabilities in community schools, and special schools run by non-government organizations for people with disabilities.

F. PROBLEMS

The biggest problem is lack of financial resources, followed by a lack of trained manpower which contributes to poor administration and supervision of personnel in the field. There is also lack of assistance in areas of expertise about people with disabilities to properly set and achieve goals.

Discussing ways and means to assist people with disabilities in this meeting is one thing, but to use these ideas to achieve practical results is another. Therefore, there is still more room for ESCAP assistance. The experience so far is the fact that we lack the specialized expertise to

assist people with disabilities. For example, trainers to train trainers in areas like physiotherapy and blindness. These trainers could then pass on their knowledge and skills to the field officers who are already working with people with disabilities.

If ESCAP are to fund activities for people with disabilities these funds should be directed at specific areas. At the same time, ESCAP must oversee its programme implementation. ESCAP should also venture into assisting at the advisory level as to what physical materials are appropriate to enhance the general well being of people with disabilities. For example, physiotherapy equipment and equipment to give more mobility to those who are wheel chair bound.

G. RECOMMENDATIONS

For the Asian and Pacific Decade, the following recommendations are made:

- (1) That ESCAP establish a powerful secretariat staff of well qualified personnel to coordinate the work of ESCAP during the Asian and Pacific Decade and beyond.
- (2) The secretariat should assist in the following areas:
 - (a) Coordination of overall activities;
 - (b) Provision of country advisers where required;
 - (c) Provision financial resources (targeted to smaller and poorer countries for specific projects with ESCAP secretariat personnel providing on-the-ground supervision);
 - (d) Provision of high level consultation with dissemination of information to member countries;
 - (e) Creation of opportunities so that countries can exchange ideas and experience in achieving their goals.

These recommendations do not imply that ESCAP should come in and dictate what each country should do, but that they should provide expertise and financial (direct) assistance where it is not readily available. Not all countries in the region will need this type of assistance.

XXII. PHILIPPINES

A. NATIONAL OVERVIEW

1. National goals and priorities

The Philippine Government has a comprehensive national disability policy establishing a coordinated approach to the problems of disabilities. It has adopted a five-year Plan for Disability Prevention and Rehabilitation incorporating the programmes of both the government and private sectors. The objectives of the National Plan are:

- (a) Optimization of efforts to reduce or minimize the risk and adverse effects of disability;
- (b) Intensification of measures for early detection and management of disability;
- (c) Provision of support services and facilities to facilitate the integration of persons with disabilities as contributing members in society. The Plan is based on the principles of the right to the amenities of life, self reliance, and people and community-based development approach to service delivery.

Following the recommendations for developing countries set by the United Nations World Programme of Action concerning Disabled Persons and the Vienna Affirmative Action Plan, a National Plan of Action for the United Nations Decade was formulated in response to prevailing problems in disability requiring long term solution. This Plan of Action reflects national priorities directed towards disability prevention, rehabilitation and equalization of opportunities for people with disabilities. It covers a broad range of responsive programmes and projects designed to protect the rights of disabled persons and to promote their welfare.

2. Disability situation in the Philippines

At the close of the United Nations Decade, the Philippines have an estimated 6.4 million people with disabilities, 70 per cent of which are located in rural areas. These numbers have increased due to endemic poverty factors, effects of armed conflict, and of late, natural disasters. The recent calamities such as the Mount Pinatubo eruptions, earthquakes and tidal waves have crated great suffering in poor communities in many parts of the country.

Alleviation of social inequities and its resulting effect on the physical and mental health of people has always been in the agenda of the Philippine Government and thus has become its rationale for social change. Recent political and historical events such as the 1986 People Power Revolution, 1987 Constitution and 1992 presidential elections have offered concrete affirmations of hope for people with disabilities. The following changes in the situation of people with disabilities in the Philippines have been noted during the United Nations Decade:

- (a) There has been an increased awareness and understanding of disability, and of the rights of persons with disabilities among policy makers, planners, politicians, service providers, parents and disabled persons themselves;
- (b) There has been an increased visibility of people with disabilities with opportunities for interaction both at the local and national levels;
- (c) Organizations of and for people with disabilities have been formed at the municipal, city, provincial, and regional levels. There is now a national organization of disabled persons called KAMPI as well as a national association of blind persons - the Philippine Blind Union which is affiliated with the World Blind Union;
- (d) The involvement of the family and community, particularly of parents and women in disability prevention, treatment, and rehabilitation has been recognized;
- (e) The community-based approach in rehabilitation has been widely accepted and utilized as an effective method of serving large numbers of persons with disabilities in rural, remote areas of the country;
- (f) The need for a strong legal base with regard to disability issues has been recognized. Its latest expression is the passage in Congress of the Magna Carta for Disabled Persons;
- (g) Indigenous, low cost devices and appliances for disabled persons have become more available;
- (h) Partnerships among non-governmental organizations have been forged, in particular, non-governmental organizations of people with disabilities have become focal points of action for disability programmes.

B. POLICY MEASURES

There have been several significant policy measures introduced during the Decade.

1. Magna Carta for Disabled Persons

The Magna Carta was enacted in March 1992 and is considered the centrepiece of Philippine efforts to protect and promote the interests of persons with disabilities. It provides special privileges for people with disabilities and gives incentives to those who employ persons with disabilities. It prohibits discrimination against people with disabilities in employment, transportation services, use of public facilities and provides for rehabilitation efforts, self development and self reliance to enable persons with disabilities to integrate into Philippine society.

2. 1987 Philippine Constitution

A distinctive provision in the new Philippine Constitution recognized the needs and rights of people with disabilities: "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 people with disabilities. Also embodied in the Philippine Constitution are significant provisions relevant to the needs of people with disabilities such as:

- (a) The right of persons with disabilities to vote without the assistance of other persons;
- (b) The selection of a sectoral representative for people with disabilities;
- (c) 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 people with disabilities;
- (d) The right to participate in all levels of social, political, and economic decision making;
- (e) 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 students with disabilities at both the elementary and secondary levels;
- (f) The provision for vocational skill training for people with disabilities along with adults and seniors and out of school youth.

3. Accessibility Law

The passage of Batas Pambansa 344 (otherwise known as the Accessibility Law) is a significant accomplishment in the area of social rehabilitation. This is considered a giant step towards providing greater mobility to persons with disabilities. It requires installation of special parking spaces, handicap ramps on doorways and stairs, handle bars in public rest rooms, and other assistive devices for persons with disabilities. While the law has not yet been fully implemented, there are already signs of compliance. The Department of Public Work and Highways, for instance, has set aside funds for what it calls a Nationwide Project for the Handicapped. This project aims to provide streets, establishments, and buildings with access features which will enable people with disabilities to move about independently and comfortably.

4. ILO Convention 159

On April 5, 1990, the Philippines ratified the ILO Convention 159 Concerning Vocational Rehabilitation & Employment of Disabled Persons. Under this Convention, the Philippine

Government binds itself to the ILO Agreement, thus making the Philippines the second Asian country, next to China, to express a commitment to help persons with disabilities lead meaningful and productive lives.

5. White Cane Act

In declaring August 1 of each year as White Cane Safety Day in the Philippines, this act aims to instill public awareness of the needs and interests of people who are blind. It also promotes recognition and acceptance of the "white cane" as a symbol of the need of people who are blind for specific assistance and as a reminder of the individual's duty to care for and accord due respect to those who are visually impaired.

6. Postal privileges for people who are blind

Postal charges are exempted for articles and literature for people who are blind sent by mail within the Philippines or abroad, as well as aids and appliances for sent abroad by mail for repair.

7. Duties and taxes

Philippine accession to and implementation of the Nairobi Protocol to the Florence Agreement concerns the duty free international movement of equipment and materials needed to assist the daily living of not only blind persons, but people with other disabilities as well.

8. Philippine Development Plan 1989-1992

Included in the Social Development Chapter are specific policies, programmes and strategies; the intensification of campaigns or projects about disability prevention and strengthening of rehabilitation services with a focus on decentralization in the regions, and use of a community-based approach in service delivery.

9. Other Bills

There are a number of other bills on disability issues that are still awaiting passage in Congress. Those that are considered a priority are:

- (a) An act to establish a clear and comprehensive prohibition of discrimination against Filipinos with disabilities and to enhance their integration into the mainstream of society;
- (b) An act requiring all government agencies to procure 5 per cent of their annual office supplies from manufacturing firms operated by persons with disabilities;
- (c) An act granting special incentives to employers who employ disadvantaged persons and out of school youth;

- (d) An act prohibiting the portrayal or impersonation of persons with disabilities in a debasing or derogatory manner.

C. MAJOR PROGRAMMES AND STRATEGIES

The following are the major programmes, approaches and strategies for disability prevention, rehabilitation and equalization of opportunities which are being implemented by the Philippine Government in partnership with non-governmental organizations.

1. Promotion of a better understanding and appreciation of disability

This programme involves gathering of data and updating existing data on disability through surveys or surveillance network. This information is disseminated to policy makers, programme planners, implementors and the public in general to raise consciousness on the magnitude of the disability problem, develop a more positive attitude towards people with disabilities and guide them in their decisions and actions. Strategies that are utilized include publications in magazines, pamphlets, bulletins, updates, comic strips, calendars, and media services such as press releases, puppetry, radio programmes and audio visual productions.

2. Early detection and management of disability

This programme is designed to identify early signs of impairment and to develop early intervention measures in order to minimize and prevent handicap. A national manual on childhood disabilities has been developed for use during information and training drives for parents, direct service workers and volunteers to guide them in detecting early signs of disability, especially among children and to provide necessary interventions. Referral information is included when specialty service is indicated. A project on early detection and intervention of childhood disabilities is being field tested by the Department of Social Welfare and Development.

3. Provision of rehabilitation services and facilities for people with disabilities

This programme is designed to make services available to persons with disabilities to help restore their physical, mental, and social functioning to the highest possible level. This includes the provision of medical and health, social, educational, and vocational rehabilitation services by government and non-government organizations through centre based and community-based approaches.

4. Strengthening of basic services in the prevention of disability

This programme aims to minimize or eradicate the known causes of disability among which are infectious diseases, nutritional deficiencies of pregnant mothers and children (including Vitamin A deficiencies resulting in blindness), abnormal pre-natal or peri-natal events, and accidents including those that are work related. It is particularly designed for high risk groups

such as children, pregnant women, workers engaged in hazardous occupations and people exposed to environmental hazards. Activities taken to prevent disability include primary health care advocacy, campaigns for immunization and proper nutrition, intensification of maternal and child health care services, mental stimulation for children, provision of genetic counselling, early detection and intervention of disabilities, and development of measures to eliminate or regulate occupational hazards, pollution and accidents.

5. Resource development

This programme involves the development of human resources, particularly indigenous community workers for disability detection, management and service delivery, as well as the establishment of appropriate rehabilitation facilities by both government and non-government sectors. Regulatory and accreditation measures have been adopted to ensure the adherence to adequate standards and the provision of quality services to persons with disabilities. Development of organizations of people with disabilities is encouraged. In addition, this programme includes fund raising, both local and foreign.

6. Research and development

This programme provides support to programmes for developing research in four areas; medical, social, educational and vocational. The research findings will support the formulation of realistic plans, programmes, projects and aid in decision making. Also included is the development of physical aids using indigenous materials to promote the mobility of people with disabilities and facilitate their integration in society.

7. Policy support

This involves organized efforts to gain policy and political support for persons with disabilities. Priorities include: legislation to ensure adequate protection people with disabilities, decentralization of services, utilization of indigenous materials, community participation and promotion of self reliance in people with disabilities.

8. Partnership with non-governmental organizations

The private sector has assumed an important role as a partner in the Philippines' national programme for people with disabilities. Overall, in the spirit and practice of mutual self help, some 600 private organizations became involved with disability issues with over 100 non-governmental organizations directly involved in rehabilitation projects and programmes. Non-government organizations have helped to expand programme coverage to areas that would not have been reached otherwise.

9. Involvement of people with disabilities

Recently there has been more active involvement of people with disabilities themselves in community affairs. With improved public consciousness, people with disabilities have begun to explore their potential and contribute their share in developing the community. Development

of organizations of people with disabilities has been encouraged, resulting in their formation at the municipal, city, provincial and regional levels. In 1984, the Pilipinong Maykapansanan, Inc. (Disabled Filipino, Inc.) was organized as the first national organization of people with disabilities which advocated for the representation of people with disabilities in Congress and for laws benefitting persons with disabilities. It was replaced in 1990 by the Kapisanan ng mga Maykapansanan sa Pilipinas, Inc. (Organization of Disabled Persons in the Philippines, Inc.). Various groups of persons with visual handicap also formed themselves into the Philippine Blind Union patterned after the World Blind Union.

10. Vocational rehabilitation

There has been a great deal of effort in the area of vocational rehabilitation since 1981. Behind these efforts are government and non-government agencies which embarked on employment programmes through three methods of employment; open employment, self employment, and sheltered employment. Scholarships, vocational and practical skills training were provided to persons with disabilities by agencies like the National Manpower and Youth Council (NMYC) and the Area Vocational Rehabilitation Centres run by the Department of Social Welfare and Development. This department also provide loans for the self employment projects for people with disabilities. Livelihood projects implemented in productivity centre and day centres for people who are old provide opportunities for people with disabilities and people who are old to improve their socio-economic conditions. Twenty seven sheltered workshops established in various regions of the country, managed by the Department of Social Welfare, form part of the programme for the training and employment of people with disabilities. Others are organized by civic, private and religious organizations.

11. Community-based approach to rehabilitation

The community-based approach has been found to be an effective method of reaching and serving large numbers of people with disabilities in need of rehabilitation in the community. Two community-based rehabilitation projects (initiated by the Department of Social Welfare and Development) are the Rural Rehabilitation of the Blind and the Community-Based Vocational Rehabilitation of Disabled Persons which are in operation in various regions of the country. These projects were able to demonstrate the feasibility and cost effectiveness of rehabilitating persons with disabilities through a community-based programme. They also showed that it was possible to provide useful service for people with disabilities through the utilization of local field workers and village volunteers (called community rehabilitation volunteers) who could be trained quickly and inexpensively. To date, 626 volunteers have been trained and are working in the field. Through the community-based rehabilitation approach 3,696 persons with a variety of disabilities have been reached, many of whom have increased their independence and have developed new skills. As part of this programme an estimated 1,197 people with disabilities are engaged in livelihood and income generating activities.

D. ISSUES RELATING TO POLICIES AND PROGRAMMES FOR PERSON WITH DISABILITIES

An assessment of national policy and programme issues that emerged in the course of implementation of the World Programme of Action indicates the following:

- (1) *Legislation* -- In the area of legislation, a significant number of laws on disability have been enacted indicating the government's concern and commitment to disability issues. What is now lacking is faster implementation and stricter enforcement of laws and policies. For instance, despite penalties for breach of the Accessibility Law, a number of buildings still do not have accessibility features. Some prefer to pay fines rather than pay for the costly installation of required accessibility features.
- (2) *Public awareness* -- While public awareness about disability issues has been raised, there remains a need for sustained awareness campaigns to shape positive attitudes towards people with disabilities. Such activities should be directed not only at the general public but to specific sectors that are in a position to effect change (e.g. community leaders, policy makers, professionals and others in authority).
- (3) *Preventive and developmental programmes* -- There appears to be an imbalance in the nature and extent of programmes and services for people with disabilities. Currently rehabilitation services far outweigh disability prevention services which receive little attention other than from the primary health care programme. While there will always be special needs groups within society which require remedial services, more emphasis should be placed on preventive and developmental programmes.
- (4) *Rehabilitation programmes and services* -- Considerable progress has been made in the rehabilitation of people with disabilities through the development of a wide range of rehabilitation services, initiation of community-based approaches, and production of low cost technical aids. However, an assessment of these programmes indicates that concentration is placed more on the physically disabled and less on those with psycho-social difficulties including persons with mental illness. Likewise, most programmes and projects are concentrated in urban centres despite the fact that the majority of people with disabilities are in rural areas.
- (5) *Employment* -- Despite affirmative action measures, people with disabilities in the Philippines still experience serious difficulties in securing employment in open competition with non-disabled workers. Efforts in appealing to employers to hire disabled persons receive very little response because disabled workers generally lack the necessary experience, training and education that make them competitive with their able bodied counterparts. The implementation of Resolution No 98 on the Ratification of ILO Convention 159 may therefore pose some problems in

view of the lack of employment opportunities particularly in open competitive industry.

- (6) *National data* -- Existing national level data on the magnitude of disability are inadequate. There is no systematic means of updating information or data on the situation of disabled persons. There is also a lack of sensitive measures to detect disability at the community and household levels. Furthermore, available data are inadequate to provide enough organized information to enable planners to fully determine resources available, and define the gaps in services and programmes.
- (7) *Budget for disability related programmes* -- Economic constraints limit the national and local government budgets for disability related programmes. The same holds true with most private agencies. In many instances, budgetary constraints result from the lack of adequately trained people to meet the needs and concerns of people with disabilities. This lack of resources is reinforced by the increasing number of professionals, who, in search of better work opportunities, prefer to work abroad.
- (8) *Occupational, environmental, and industrial safety* -- Available data suggest that a considerable number of disabilities are incurred in the work place, in traffic and industrial accidents, and as a result of exposure to environmental pollutants, which increase vulnerabilities to disabling diseases and conditions. Yet very little work has been done in this area. Even when policies and laws exist, monitoring and enforcement of policies is inadequate. With increasing urbanization and industrialization, this problem is expected to increase.
- (9) *Community-based rehabilitation* -- A number of programmes and projects for persons with disabilities have been tried and found to be workable and effective, yet their wider scale implementation have not been fully supported. An example of this is the community-based rehabilitation programme. There is a need to expand such a programme and replicate it in more communities throughout the country.
- (10) *Measures for equalization of opportunities* -- It has been noted that inadequate attention has been given to measures for equalization of opportunities for people with disabilities in need of employment.
- (11) *Disability related research* -- There is a dearth of disability related research, data and information which could be utilized in formulating and developing programmes for people with disabilities. The data that are available are rarely disseminated thus limiting their utilization.

E. RECOMMENDATIONS

The cornerstone of the United Nations Decade Plan was laid nine years ago. Much has been accomplished yet much still remains to be done. To move ahead with the Asian and Pacific

Decade means building and strengthening the foundations on which the lives of millions of Filipino people with disabilities depend. What follows are proposed priorities for action by the Philippine Government for the Asian and Pacific Decade.

1. Intensification of disability prevention programmes and services

Programmes to prevent disability need to be intensified through primary health care, nutrition, maternal and child health care, immunization, genetic counseling, mental stimulation for children, and environmental protection and preservation. Also, a better appreciation of disability prevention can be gained through widespread public information and education campaigns, and advocacy programmes aimed at increasing the family and community level of awareness about disability issues. In addition, efforts must be made to improve their capability to prevent disabilities, detect impairments, provide intervention measures and ensure that people with disabilities have equal opportunities to participate in all aspects of development. This calls for the strengthening of coordination and collaborative efforts of concerned government and non-government organizations.

2. Improvement of accessibility and promotion of barrier-free environment

In keeping with the provisions of Republic Act 7277 (also known as the Magna Carta for Disabled Persons), the State should ensure that a barrier free environment is established for people with disabilities allowing them access to all public and private buildings. Also, national and local governments should allocate funds for the provision of architectural facilities or structural features for person with disabilities in government buildings and facilities.

3. Focus on psycho-social disabilities

Over the past years, the majority of the programmes and services implemented by rehabilitation agencies addressed the needs of persons with physical impairment. For the Asian and Pacific Decade, the focus should be expanded to persons with psycho-social disabilities such as those who are drug dependent, elderly, have AIDS and other debilitating diseases, released prisoners, street children, and members of other special needs groups. Appropriate programmes and services must be planned and implemented to meet their needs. Resources of concerned government organizations and non-governmental organizations should be enhanced through funding assistance, transfer of technology, and human resources development.

4. Decentralization and strengthening of rehabilitation services

Based on the social and economic realities in the Philippines and in keeping with the provisions of the local Government Code, decentralization of rehabilitation services should be pursued in order to reach people with disabilities in rural communities. Rehabilitation services and facilities, which include group homes for persons with mental handicaps and those who are elderly, and halfway homes for those with mental illness should be established and existing ones

strengthened. The community-based approach should be adopted as a primary strategy in this endeavor. In addition, more professionals should be encouraged to go into the field of rehabilitation to reduce the lack of human resources in the rural areas. Likewise, the training of para-professionals and community volunteers capable of providing services in disability prevention and vocational rehabilitation should be expanded. Social rehabilitation of people with disabilities should be intensified through counseling and special social services designed to help in achieving social acceptance and integration into family and community life. Attention should be given to the crucial role of the family and the community in meeting the needs of their disabled member.

5. Promotion of employment for people with disabilities

Basic education, vocational training, and retraining are prerequisites for employment to which many Filipino people with disabilities have limited access. Therefore there is a pressing need to attend to education and training programmes that are appropriate for developing the full potential of people with different disabilities. In line with this, the government proposes to support the following:

- (a) A review of vocational rehabilitation services, including the training of instructors and trainers and methodologies currently in use in rehabilitation and training centres to examine their adequacy in preparing people with disabilities for gainful employment;
- (b) Development of human resources inventories and industrial surveys to determine areas of employment in which people with disabilities are capable of working including conditions of employment;
- (c) Counseling programmes to support individual adjustment to the working environment and the development of skills for independent living.

6. Full participation and equalization of opportunities for disabled persons

This will involve maximization of opportunities available to people with disabilities in employment, education, health and socio-economic concerns through appropriate legislation, training, organization and increased participation of people with disabilities in policy formulation and decision making processes at all levels. Stricter implementation of laws such as the Accessibility Law and the Magna Carta for Disabled Persons will be vigorously advocated to ensure that laws and policy will be observed at the national and grassroots level.

7. Partnership with non-government organizations

Partnerships with non-government organizations or private volunteer organizations dedicated to the promotion of the welfare of people with disabilities should be continually encouraged. Accordingly, their participation in the implementation of rehabilitation measures and other related programmes and projects should be given all possible support by the Government.

8. Review of National Council for the Welfare of Disabled Persons

There is a need for a thorough review of the functions of the National Council for the Welfare of Disabled Persons so it can better respond to the emerging issues confronting people with disabilities in the Philippines. It should also strengthen its coordinating function with the numerous disability related agencies in order to maximize their participation and coordinate efforts. Political will is seen as an important element in the realization of this. The National Council for the Welfare of Disabled Persons can only reinforce its leadership function with the complementary support of top political structure and groups of people with disabilities.

9. Strengthening and expansion of national and international linkages

This involves close coordination and collaboration with concerned government and non-government agencies including organizations of and for people with disabilities, with United Nations bodies, and rehabilitation institutions in the Asian and Pacific region and worldwide. Technical cooperation should be intensified in terms of sharing and exchange of information, expertise, and resources for more efficient planning and implementation of disability projects. Likewise, generation of funds should be strengthened by tapping both local and international sources for the funding of special projects which are a priority but cannot be supported by the regular budget of concerned agencies.

XXIII. REPUBLIC OF KOREA

A. OVERVIEW

In the Republic of Korea the major focii of welfare policy for people with disabilities are:

- (1) Establishment of a basic framework by setting up and enforcing comprehensive long term policies and reinforcing financial assistance by securing governmental and local budgets for continuous expansion of financial resources;
- (2) Enrichment of welfare policies for people with disabilities through expanding institutions and enhancing quality of care, including provision of complete care for people with extensive and multiple disabilities, as well as changing polices to reduce the economic burden of people with disabilities;
- (3) Creation of a better living environment for people with disabilities by using public relations services to remove societal prejudices toward people with disabilities and by expanding barrier-free facilities to remove factors that prevent people with disabilities from participating in society;
- (4) Carrying out welfare services for people with disabilities at home (non-institutional services) by providing mobile rehabilitation services to facilitate the independent living of people with disabilities.

Major accomplishments during the United Nations Decade were:

- (1) The Seoul Paralympics held in 1988 where 7242 athletes from 61 nations attended;
- (2) Conduct, in November 1988 (and every five years thereafter), of a survey to determine whether programmes for people with disabilities are being implemented properly to foster more effective welfare measures for people with disabilities;
- (3) Amendments to the Welfare Law for People With Disabilities and enactment of an Employment Promotion Law for People With Disabilities to reinforce welfare policy and secure rights for people with disabilities;
- (4) Equalizing social mobility and participation opportunities for people with disabilities by guaranteeing opportunities for education and employment and expanding barrier-free facilities;
- (5) Expanding residential, non-residential, and medical facilities to ensure complete care and rehabilitation services for people with disabilities;

- (6) Reducing the economic burden of people with disabilities by discounting taxes and public fares, providing livelihood allowances, and assisting in meeting medical and educational expenses.

B. GOVERNMENTAL POLICIES INTRODUCED AND CHANGED DURING THE UNITED NATIONS DECADE

1. Legislation

New legislation and changes in policies in the area of rights of, and equal opportunities for, people with disabilities that were introduced include:

- (a) Special Education Law enacted (31 December 1977);
- (b) Welfare Law for People with Disabilities enacted (5 June 1981);
- (c) President's Committee for the Welfare of People with Disabilities organized (15 September 1988);
- (d) Welfare Law for People with Disabilities revised extensively (30 December 1989);
- (e) Employment Promotion Law for People with Disabilities enacted (13 January 1990);
- (f) Decree for Welfare Law for People with disabilities revised extensively (12 January 1990);
- (g) Central Welfare Committee for People with Disabilities organized (17 September 1991);
- (h) 32 out of 38 other regulations including the Managing Harmful Material regulations, the Shipping Act, Pharmaceutical Law, Hygienist Law, Veterinary Law, Movie Operator Law, Heavy Machinery Law, Seaman Law, and Road Traffic Laws were amended to eliminate excessively high qualifications and discriminatory restrictions against people with disabilities.

2. Prevention of disability

Prevention of disability was actively pursued during the United Nations Decade by:

- (a) Strengthening maternal and child health care systems by implementing early detection and treatment of disability producing sickness programmes which included implementation of a management system for maternal and child health care, distribution of 330,000 handbooks on

prenatal and pediatric health care (1991), and vaccination of infants and adolescents (534,000 children under the age of six were vaccinated in 1991);

- (b) Introducing pilot programmes for medical examination for metabolic disorders (in 1991 31,000 babies were examined within three days following birth resulting in the discovery of six cases of hypothyroidism and two cases T.K.U.); and,
- (c) Introducing programmes for prevention of acquired disabilities due to traffic accidents and industrial injury by reinforcing a prevention campaign for road traffic accident, revising related regulations, improving the prevention system for sea and air accidents, strengthening the industrial health service for early detection and treatment of occupational diseases, establishing an educational programme to prevent industrial injury, and improving safety facilities.

3. Concessions

The following measures to reduce economic burdens and to promote independence and self support of people with disabilities and their families through development and enforcement of policies were introduced:

- (a) A livelihood allowance for severely and multiply handicapped people providing Won 20,000 per person per month (1990);
- (b) Assistance for payment of all medical expenditures by people with disabilities with low income;
- (c) Government loans to people with disabilities with low income for the cost of rehabilitation, vocational training expenses, rehabilitation appliances, and purchase of office appliances when necessary for rehabilitation, with an interest rate of 6 per cent per year, a 5 year deferment of payments, and a 5 year repayment schedule;
- (d) Assistance for educational expenses for people with disabilities with low income;
- (e) Provision of rehabilitation appliances to support physical functions and to enhance the earning power of people with disabilities with low income free of charge.

4. Institutions for disabled persons

Institutions for people with disabilities were expanded as follows:

- (a) Construction of institutions for counselling, treatment and training for people with disabilities who are not independent has been increased yearly;
- (b) Special community Welfare Centres that provide comprehensive services in counseling, treatment, training, public relation activities, survey and research, and management of volunteers and physical resources were introduced to improve the independence and self support of people with disabilities living in the community;
- (c) Mobile rehabilitation service centres to provide comprehensive services such as counselling and medical examination and treatment for people with disabilities who have difficulty getting to institutions because of severe disability or long distances were introduced;
- (d) Outreach services from comprehensive welfare centres by professionals and volunteers are started.

5. Availability of barrier-free facilities

The availability of barrier-free facilities was increased by:

- (a) Revising and supplementing regulations related to accessibility and extending barrier-free facilities to allow people with disabilities access to public houses, buildings and transportation;
- (b) Changing the Welfare Law for People with disabilities so that all public roads, parks, facilities, housing and other buildings will be accessible.

6. Education

Educational opportunities for people with disabilities were increased by:

- (a) Creating 103 special schools and 5,176 special classes across the nation that provide equal opportunities for education for people with disabilities;
- (b) Conducting surveys and research on education methods and other ways of promoting special education;
- (c) Introducing new regulations that improve the quality of education and professional counselling for people with disabilities.

7. Employment

Opportunities for jobs for people with disabilities were increased by:

- (a) Enforcing a quota system for the employment of people with disabilities that requires a company with more than 300 employees to have a minimum of 2 per cent of its positions filled by people with disabilities;
- (b) Requiring that 2 per cent of all new employees hired by central and local governments be people with disabilities;
- (c) Establishing the Korea Employment Promotion Agency for People with Disabilities (1 September 1990);
- (d) Introducing regulations for the Employment Promotion Law for People with Disabilities (18 April 1990);
- (e) Establishing a Committee on Employment Promotion for People with Disabilities" (22 March 1990);
- (f) Establishing detailed criteria (7 categories) for education of vocational counsellors;
- (g) Promoting establishment of 161 sheltered workshops operated by the government and non-government organizations to provide jobs for people with disabilities who would not be able employable elsewhere;
- (h) Establishing a vocational training centre where people with disabilities learn professional engineering skills such as metal pressing.

8. Infrastructure for rehabilitation

The following new institutional facilities have been constructed to better serve the needs of people with disabilities:

- (a) A national medical rehabilitation centre for professional medical rehabilitation and training of professional manpower;
- (b) Six new rehabilitation hospitals to provide various aspects of medical rehabilitation for people with disabilities.

9. Sports activities

The following activities to enhance participation of people with disabilities in sports activities were established:

- (a) A national annual athletic event;
- (b) Equalized opportunities for people with disabilities to participate in sports activities;

- (c) Requiring that all sports facilities be accessible;
- (d) Research for development of new sports items for people with disabilities;
- (e) Sponsoring, since 1986, the participation of people with disabilities in the Paralympics.

C. PROGRAMMES INFLUENCING THE WELFARE OF PEOPLE WITH DISABILITIES

Public awareness of issues affecting people with disabilities to remove societal prejudice toward people with disabilities has been promoted by distributing video tapes and leaflets, and operating radio and television programmes. In addition athletic games, arts festival, skills contest, and rehabilitation appliance exhibitions that promote social integration of people with disabilities have been held.

Every five years a survey of the conditions for people with disabilities is conducted in order to establish appropriate policies. In 1990 a sample of 50,000 families from 250 regions was surveyed to establish numbers of people with disabilities by type, cause of disability, employment, income, residence, welfare needs, etc.

In 1988 a registration system for people with disabilities was established to assist in determining government policies. This system will be used to develop and extend welfare policy for people with disabilities. Voluntary registration is promoted through extensive advertisement of welfare policy for people with disabilities.

Job Placement Services for people with disabilities are provided through the Ministry of Health and Social Affairs which operates a job placement programme and the Korean Society for Rehabilitation of People with disabilities which also locates job opportunities for people with disabilities. The Korean Society for Rehabilitation for People with disabilities operates 12 local branches, local labour offices under the Department of Labour, and the Korea Employment Promotion Agency for People With Disabilities. It is also obligatory for employers to employ people with disabilities with the enactment of Employment Promotion Law for People With Disabilities in 1990.

The Counselling Programme for People with Disabilities at Home offers counselling services for people with disabilities at home, in both urban & rural areas. It also administers mobile rehabilitation service centres for people with disabilities, who live in their own homes, that operate out of 16 community centres across the nation, and service centres for people with disabilities, who live in their own homes, that are located in 134 welfare centres. It also selects and establishes guidelines for counselling programmes for people with disabilities.

Support for the non-governmental organizations concerned with people with disabilities is provided by fostering 12 different welfare associations for people with disabilities and over 100 non-governmental organizations. These organizations are consulted regularly about welfare policy

decisions for people with disabilities through a process of mutual cooperation between the private and public sectors.

People with disabilities are being inspired towards self-support by holding contests and meetings of people with disabilities to organize athletic events, promote employment, hold arts festivals, organize skill contests, promote awareness about availability of rehabilitation appliances, etc.

D. RECOMMENDATIONS

Promotion of information exchange among nations is necessary in the following areas:

- (1) Practical information about techniques and experiences for efficiently mobilizing community resources;
- (2) Legislative process and construction standards for barrier-free facilities and technical standards for construction of barrier-free facilities;
- (3) Dissemination of information about the welfare of people with disabilities in each nation through regular publication of present conditions and policy implementation.

An Asian and Pacific programme of action that will take into account the diverse conditions in each country should be formulated. An overall programme of action would be infeasible because of differences in the level of welfare among nations. In the process of formulating the Asian and Pacific programme of action, the level of each nation's welfare could be classified before formulating a welfare policy for people with disabilities that would be appropriate to each level.

Leadership training for people with disabilities should be reinforced so that they can experience different models of welfare by arranging training sessions in different countries.

XXIV. SOLOMON ISLANDS

A. NATIONAL OVERVIEW

The national disability situation in the Solomon Islands has improved during the United Nations Decade, 1983-1992, because of good cooperation between government and non-government organizations and technical and financial assistance from several overseas development agencies. In the government sector service to people with disabilities has increased due to the active work of the Rehabilitation Division in the Ministry of Health and Medical Services. In the non-governmental sector the main organizations assisting people with disabilities are the Disabled Persons Rehabilitation Association (Solomon Islands) and the Solomon Islands Red Cross. The 1980's and 1990's have seen these three groups working cooperatively and with other government and non-government groups to develop policies and services to enable people with disabilities to become equal and active members of their communities. Technical assistance and funding has been provided by Cumberland Foundation (Australia), CUSO (Canada) and Save the Children Fund (Australia).

The Community-based Rehabilitation Feasibility Study carried out by the Rehabilitation Division and Save the Children Fund (Australia) in 1991-1992 found that there are between 3,000 and 17,000 people in Solomon Islands with physical (33 per cent), vision (33 per cent), speech and hearing (20 per cent) and mental (10 per cent) disabilities. The study also found that over 95 per cent of rehabilitation services still reach only those people with disabilities who live in and around Honiara, the capital city which is only 10 per cent of the total number requiring services. The challenge to rehabilitation services at this time is to reach outside of Honiara to where most of the people with disabilities live in isolated villages separated by mountains, water and dense tropical rain forest.

Specific programmes and services that are available to people with disabilities start with the Ministry of Health and Medical Services Rehabilitation Division who have a physiotherapy department, an adaptive equipment workshop, and who are developing a community-based rehabilitation programme in partnership with the non-governmental sector. Together these programmes serve over 1,000 people with disabilities per year and reach many more people through community education.

The Solomon Islands Red Cross runs a special education centre for over 40 children with handicaps and has community field staff officers who provide social welfare and disaster relief such as food, clothing and shelter to people with disabilities who are in need. The Red Cross also participates in the community-based rehabilitation programme.

Disabled Persons Rehabilitation Association - Solomon Islands (DPRA) is a self help group mainly run by people with physical disabilities. They disseminate information, advocate for services for people with disabilities, participate in sports programmes, and work in partnership with the Rehabilitation Division in developing community-based rehabilitation services.

B. POLICY MEASURES

1. Policy measures introduced and changed during the United Nations Decade

There is no specific disability legislation in Solomon Islands but the Disabled Persons Rehabilitation Association (DPRA) is recognized by the Government as a statutory body. There is no active discrimination against people with disabilities in that it is recognized that people with disabilities have the same rights as other citizens of the country and there are equal opportunities for employment in both the government and non-government sectors. In fact there is some affirmative action in that some government ministries and companies have made efforts to hire people with disabilities for specific occupations such as switch board operators and factory workers. However, there are no special provisions in place to assist people with disabilities to overcome physical, communication, and social access barriers. Because of this there are many people with disabilities who are excluded from community, educational, and vocational opportunities because of access problems.

The aims of the Ministry of Health 1990-1994 Five-year Plan as related to disability issues are as follows:

- (a) To establish a resource base of rehabilitation skills and knowledge through increased appropriate training both in country and overseas;
- (b) To train rehabilitation technicians to be provincial coordinators of community-based rehabilitation programmes;
- (c) To initiate community-based rehabilitation programmes in 3 or 4 of the large provinces;
- (d) To improve services to people with disabilities by improving the supply and distribution of essential adaptive equipment;
- (e) To improve the knowledge level of health care workers about rehabilitation concepts and techniques;
- (f) To promote national and community awareness about disability and the needs of people with disabilities;
- (g) To continue to strengthen cooperation and coordination with non-governmental organizations working in rehabilitation.

A number of policies have been developed in the past two years that address the needs of people with disabilities specifically. These include: the Medical Rehabilitation Policy which is being acted on at Central Hospital; the Community-based Rehabilitation Policy; and, the Rehabilitation Unit Policy.

Solomon Islands Government has dramatically increased its financial support for disability services in the past decade. Over the ten years the rehabilitation budget has increased from \$7,000 per year to \$100,000.00 (SID) per year. This increase includes funds designated for Red Cross and DPRA rehabilitation activities. Several overseas development agencies have also provided funding for training and for developing community-based rehabilitation.

Supply and distribution of adaptive equipment has been recognized as an important issue. Health and Red Cross supplies are admitted to Solomon Islands duty free. Within Solomon Islands they are distributed either by the Pharmacy Division or by the Red Cross. Transport is difficult and long delays in transporting equipment and supplies from one place to another are common.

2. Appraisal of the implementation status of policy measures

Most of these policies have only been in effect for the past two to three years and so strategies for implementing them are relatively new. Support for these policies is strong both in terms of funding and programme activities. Cooperation between the government and non-government sectors is very good. The current challenge is to increase services to people with disabilities who live in rural areas. The long-term challenge will be to sustain and maintain activities once start up funds run out.

C. PROGRAMMES

The programmes and activities by which the above disability policy and planning objectives are being accomplished are described below. The activities described in items 1 to 6 are provided free of charge to people in Solomon Islands. The main challenge of getting these services out to the rural areas will be gradually met over the next five to ten years as the Community-based Rehabilitation Programme develops.

1. Disability Register

The Rehabilitation Division and DPRA are working together to update and computerize the National Disability Register. The purpose of the Disability Register is to identify who is disabled, what their needs are and to improve provision and continuity of services. The Disability Register will also be use for research and evaluation of disability services. The new register is expected to be in operation by the middle of 1993.

2. Staff development and overseas training

As of November 1992 the following progress has been made on meeting overseas training objectives. Nine physiotherapists have graduated from the Fiji School of Medicine, one of which has completed a one year community-based rehabilitation manager and trainer diploma at the Institute for Tropical Health in London England. Another physiotherapy student is in his first year at Fiji School of Medicine and one is due to start training at Auckland University, New Zealand in 1993. Two occupational therapy students are studying in Australia and one DPRA

representative is attending the community-based rehabilitation Manager and Trainer course in London in 1992-1993. One prosthetics and orthotics technician has attended four months of on the job training in Papua New Guinea and in Canada. This area will be further strengthened if funding for air fares can be found, the technician and a prosthetics and orthotics student have full scholarships from J. Monroe Foundation to attend a five month prosthetics and orthotics course in Brazil in 1993.

3. Staff development and local training

As of November, 1992 the rehabilitation personnel situation has been strengthened in a number of ways. With technical assistance from CUSO (Canada) one rehabilitation technician, one physiotherapy assistant and two aides have been trained. Save the Children Fund (Australia) and several other overseas agencies are providing funding and technical assistance to develop a two year Rehabilitation Aide course for 10-15 students per in take. This course is due to start in 1993. Another way that human resources have been strengthened is by adding rehabilitation as part of the Solomon Island School of Nursing Curriculum and the Maternal and Child Health Curriculum. Further, an early detection of disability and prevention of secondary disability module is being developed for refresher courses for nurses and other health care workers. In addition, eight resource people from a variety of agencies have been trained to assist in running community-based rehabilitation workshops which are described below.

4. Community-based rehabilitation

An action plan for developing a community-based rehabilitation programme was completed with assistance from Save the Children Fund in 1992. The community-based rehabilitation programme is a partnership between the Ministry of Health, Medical Services and the non-governmental organization sector. The programme is spear headed by the Rehabilitation Division and DPRA who work very closely with several other Ministry of Health Divisions and non-governmental organizations including the Red Cross. Together they are working to help people with disabilities become equal and active members of their communities by building on the strengths of local resources. This includes disabled people, their families and their communities. Communities are helped to provide support and teach skills to disabled community members and to get help from rehabilitation services in Honiara.

Seven Community-based Rehabilitation Introductory Workshops and two Community-based Rehabilitation Workshops for People who are Deaf have been held in Honiara and in five provinces. These workshops were largely funded by Cumberland Foundation, Australia. There are active community-based rehabilitation committees in Honiara and three provinces (Guadalcanal, Temotu, Western Province). A community-based rehabilitation service model is also being piloted in one area of Guadalcanal Province. The rehabilitation aide training programme to begin in 1993 will be held in a rural area of Malaita Province. Loans for small scale, income generating self help projects will be made available to people with disabilities in 1993. A child development checklist for early identification of and intervention with children with disabilities is being developed.

5. Adaptive equipment

An adaptive equipment workshop is located at the Central Hospital in Honiara. Two staff and one student have the skills to produce below knee artificial legs (2-3 per month), basic calipers (1-2 per month), and do some basic carpentry (1 project per month). They also repair the above mentioned equipment (10-15 repairs per month), repair wheelchairs (1-2 per month) and customize footwear (120 pairs per month). A local crafts person who is disabled manufactures and sells approximately 10 pairs of crutches per month to the Rehabilitation Division.

The introduction of community-based rehabilitation programmes has put pressure on this small workshop because as more people with disabilities are identified, more and more people are being referred for adaptive equipment. A volunteer is in the process of being recruited from Overseas Service Bureau (Australia) to help improve the supply and distribution of low cost technical aids. He or she is due to arrive in January 1993 to provide technical assistance with organizing systems for inventory, ordering, supply, manufacture, distribution and repair of adaptive equipment. At the same time one staff and one student will attend a five month prosthetics and orthotics course in Brazil so long as funds for transportation are raised. In addition, the workshop staff are assisting community-based rehabilitation programme staff to identify non specialized equipment that can be produced at the community level or by local craftsmen. These measures should markedly improve the range and local availability of low cost aids over the next few years.

6. Hospital-based rehabilitation

Central Hospital is the national referral hospital for all the provinces, and people with disabilities are regularly referred for physiotherapy and adaptive equipment. This service has grown over the years as nationals have completed training and in 1992 over 1,000 new patients were seen. Seventy five percent of the case load are acute conditions and 25 per cent are chronic physical disabilities including orthopaedic disabilities and disabilities related to arthritis, amputation, spinal cord injury, leprosy, burns and neurological conditions. Hospital based and community-based rehabilitation link together in the 12 bed rehabilitation unit located at Central Hospital. In 1992 over 40 patients with chronic disabilities from throughout Solomon Islands were admitted to the Rehabilitation Unit for short term residential rehabilitation services and pre-discharge support.

7. Red Cross Handicapped Centre

In addition to running a special education programme for over forty children, the Centre provides physiotherapy for children with physical disabilities and participates in community education programmes such as school visits, public education campaigns and community based rehabilitation workshops.

8. Public education

Limited public education has been provided through participation in health campaigns such as Family Health Week, radio interviews, community-based rehabilitation shows for the public, pamphlets, posters and newspaper articles. An early identification check list is being developed. Child to child rehabilitation activities are being included in the new primary health education curriculum.

D. EXAMINATION OF POLICY AND PROGRAMME ISSUES

Much has been accomplished in the past decade but a great deal more needs to be done to continue to improve the national disability situation in the Solomon Islands. It appears that the Solomon Islands is headed in the right direction and that government and non-governmental organizations should continue the cooperative work they are doing in disability identification, training, educating the public, reaching outside of Honiara to provide community-based rehabilitation services to rural areas, and in helping people from rural areas get access to Central Hospital and Red Cross and DPRA rehabilitation support services.

There are some areas where very little has been done to date and these areas should be addressed. One major policy and service gap is in the area of education. There are no government special education support services in the Solomon Islands. Providing special education has a low priority in a country where education is not universal for all children. However, education is the main way for many people with disabilities to overcome the barriers they face as a consequence, not only of their disability but of community attitudes toward their disability.

Another gap is in activity to overcome physical, social, and communication accessibility barriers. For example, Honiara, the capital, is not at all wheelchair accessible. When a community is physically inaccessible then people with physical disabilities are invisible because they are confined to their homes. When people with disabilities are invisible they are socially marginalized and the community is unaware of the extent and nature of their potential and need.

A third gap is in providing services to the full range of people with disabilities. In Solomon Islands services for people with physical disabilities, particularly physiotherapy treatment services, have been developing well. There is also national psychiatric services, but there is little recognition of or help for people with other types of disabilities such as low vision, hearing impairment, epilepsy or slow learning. There is also little recognition of the secondary physical and social disabilities that often accompany un-treated primary disabilities such as deformity, malnutrition, poor health, cognitive deficits, poverty and social marginalization.

There are other areas where government and non-governmental organizations need to work out compromise policies. One example is the issue of whether or not to develop special, segregated programmes for people with disabilities. The Solomon Islands Government is committed to a community policy of integrating people with disabilities into existing community programmes. Both the Red Cross and DPRA support this policy but have also identified some needs for specific centralized rehabilitation programmes. The Red Cross wants to build a new handicapped centre that also provides short term family training and training for rehabilitation

workers. DPRA wants to build a residential vocational and recreational rehabilitation centre for people with disabilities to learn skills that will allow them to contribute economically and socially to their communities.

Another area of difficulty is in financial support for improving services to people with disabilities. Although a great deal of financial support has been given by the Solomon Island Government and by outside funding agencies, the support only partly meets the current need and much more support is needed if services are going to grow over the next decade. For example, the Rehabilitation Division has a budget for artificial legs but not for wheelchairs. In another example, the Rehabilitation Division has been given two full scholarships to train prosthetics and orthotics technicians but is having difficulty raising funding for airfares for them to attend the course. In a third example, Save the Children Fund Australia has provided funding to develop community-based rehabilitation services and train rehabilitation aides but funds still have to be raised to pay the rehabilitation aides once they are trained. These funding difficulties are not insurmountable but are worrying.

A third issue is international communication. The communication about the international meeting to launch the Asian and Pacific Decade of Disabled Persons did not filter down to the Rehabilitation Division until one week prior to the event. Similarly, with the exception of DPRA, other non-governmental organizations that support people with disabilities, committees that support people with disabilities, members of these organizations and the general public were not informed about this important meeting.

E. RECOMMENDATIONS

The following recommendations are being made for the Asian and Pacific Decade:

- (1) Solomon Islands should continue to develop policies and programmes that assist people with disabilities to overcome the physical, communication, and social access barriers that make it difficult for them to be equal and active members of their communities.
- (2) Solomon Islands should continue the spirit of cooperation that has developed between the government and the non-government sectors.
- (3) Solomon Islands should continue to reach outside of the capital city of Honiara to provide services to people with disabilities their own communities.
- (4) Public education efforts should be increased through regularly scheduled newspaper columns and radio programmes. In addition pamphlets, newsletters, and posters should be produced and distributed through clinics and schools in the rural areas. Participation in public education campaigns such as Family Health Week should be increased.
- (5) The Ministry of Health and the non-governmental organization sector should attempt to work with and lobby the Ministry of Education to investigate special

education support and integration of children and adults with disabilities into existing educational programmes.

- (6) Support services for all disability areas in addition to physical and psychiatric disabilities should be developed.
- (7) A major focus of rehabilitation should be prevention and minimization of secondary physical and social disabilities.
- (8) Red Cross, DPRA and Ministry of Health should work together in developing plans and policies for specialized rehabilitation. Such services should focus on short term rehabilitation and skills training that enabled people with disabilities to return to and contribute to their village communities.
- (9) Solomon Islands government should work closely with WHO, UNICEF and other major health donor agencies to plan for financial support for disability plans, policies and activities over the long term.
- (10) Communication about local, provincial, national and international disability and rehabilitation initiatives should be improved through regular announcements between the various groups involved in disability and rehabilitation in Solomon Islands.

XXV. SRI LANKA

A. NATIONAL OVERVIEW

From the time the United Nations General Assembly proclaimed the year 1981 to be the Year of Disabled Persons the concern for people with disabilities has increased internationally. In 1982 the General Assembly adopted the World Programme of Action Concerning Disabled Persons. Accordingly the member states were requested to establish well functioning and effective National Committees in order to attain the objectives contained in the World Programme of Action which are of a multisectoral nature. In keeping with this request of the United Nations General Assembly, Sri Lanka established the National Coordinating Committee on Disabled in the Ministry of Social Welfare with other Ministries and organizations involved in the activities related to people with disabilities.

B. POLICY

After establishing Provincial Councils under the 13th Amendment to the Constitution of Sri Lanka, the subject of social welfare including the rehabilitation of people with disabilities was devolved to the Provincial Councils. After 1983 the National Committee did not make much headway even though an attempt was made in 1989 to activate it. However, at the request of many organizations of people with disabilities, this National Committee has been revived under the Ministry of Reconstruction, Rehabilitation and Social Welfare with a view to creating an awareness of people with disabilities and to formulate National Policy and an Action Plan for implementation beginning in 1992. The purpose of this policy and action plan is to:

- (1) Help people with disabilities in their physical and psychological adjustment to society;
- (2) Provide them with proper assistance and training which will assist them to become more productive;
- (3) Ensure their full participation, equality and integration in society;
- (4) Educate and inform the public of the rights of people with disabilities to take part in and contribute to various aspects of economic, social and political life;
- (5) Promote effective measures for the prevention of disability and for the rehabilitation of people with disabilities.

The Ministry of Rehabilitation, Reconstruction, and Social Welfare wishes to thank the advisors, officials and organizations who have extended their fullest support for the preparation of this document at the request of the Ministry. Special mention should be made of the Swedish Organization of the Handicapped International Aid Foundation (SHIA) - Sri Lanka for its dedicated services towards the people with disabilities in this country and for its continued support to this Ministry including the finalization of the document.

In 1981 the population with disabilities was estimated to be 557,000 persons. In 1992 it rose to 682,000 persons. This shows an average increase of 1.86 per cent per annum for the period 1981-1992. Currently, about 3.9 percent of the total population consists of people with disabilities. By the year 2000 it is envisaged that there will be approximately 776,000 people with disabilities who will represent 4.1 per cent of the total population. The estimates exclude persons affected by armed conflict. In 1991 about 10,000 persons were disabled because of armed conflict.

People with disabilities are not evenly distributed geographically in Sri Lanka. The Western Province has the largest share of people with disabilities, the Southern and Central Provinces have the second and third largest shares respectively. Disability is increasing in the Northern and Eastern Provinces, which are the areas affected by the current armed conflict. In the other Provinces the incidence is rather stable. The demographic trends clearly indicate that the provision of security for people with disabilities is an urgent growing need.

The people with disabilities are a very low priority in the annual budgets of the government. About 0.015 per cent of government expenditure has been allocated the rehabilitation of people with disabilities on average during the period 1980-1990. This represents about 0.005 per cent of the GDP. Other welfare programmes were allocated about 16 per cent of government expenditure or about 6 per cent of GDP.

C. PROGRAMMES

The facilities for people with disabilities in Sri Lanka are provided in Centres. In 1992 about 5000 people were treated in 72 Centres of which 6 are run by the Department of Social Services and 66 by non-governmental organizations registered with the same Department. In addition to the normal facilities, such as health education, counselling, these Centres provide vocational training in various trades to facilitate the re-integration of people with disabilities back into society. Wherever possible, they are provided with the necessary equipment and basic funds to pursue self employment.

1. Health

The Ministry of Health offers services to people with disabilities through the Health Institutions established throughout the Island. Special Care Units such as Eye Clinics, ENT Clinics, Psychiatric Clinics and Physiotherapy Clinics were established in provincial and base hospitals. A rehabilitation hospital has been established at Ragama for providing therapy for people with disabilities.

2. Education

The Education Ministry offers education to children with disability utilizing existing schools. 134 schools in the Western Province, 43 schools in the Central Province, 40 schools in the Southern Province, 41 schools in the North Western Province, 114 schools in the North Central Province, 21 schools in the Uva Province, 57 schools in the Sabaragamuwa Province and 10 schools in the North East Province are involved in this activity. The programme affords an

opportunity for children with disability to improve their knowledge along with children who are not disabled. The Ministry of Education has also established a separate unit to study the needs of children with disability.

The education provided to children with disabilities by the Ministry of Education has been concentrated within 7 provinces and there is very little evidence of the programme in the State Schools in the North East Province. This imbalance of distribution of facilities raises a serious question of equity. There is also a dearth of integrated educational facilities for people with visual and hearing impairment. Pre-school education for children with disabilities is also lagging behind.

3. Medical rehabilitation

A number of researchers have revealed that about 70 per cent all people with disabilities require special care and attention either from the Government or non-governmental organizations. Traditionally, the provision of such care has been a family responsibility, but due to factors such as poverty, lack of knowledge, and lack of facilities to provide rehabilitation at home, the responsibility is forced back on welfare schemes operated by the State and non-governmental organizations. In 1992, on average, about one percent of people with disabilities in need were treated in the Centres. It is apparent from the prevailing conditions that the coverage is very low and that available facilities are unevenly distributed among the Provinces.

The best facilities for people with disabilities in Sri Lanka are provided in Centres. When this fact is taken into account, the expansion of Centres seems to be necessary. This will cost the government considerable financial resources. In the short term, the mobilization of resources towards this direction could be curtailed by competing government priorities. Hence, the additional investment required for this purpose is likely to come from the private companies, donors and non-governmental organizations. In this situation, the means of providing various incentives will have to be carefully considered.

Although medical treatment and therapy are provided for people with disabilities in state hospitals, the existing resources, such as manpower, equipment and appliances, are inadequate to address the needs of people with disabilities. The Rehabilitation Hospital at Ragama is also faced with the same problem. The Ministry of Health must take this important factor into consideration and recognize that it is very important that facilities be improved to match the needs of people with disabilities of all types.

4. Community-based rehabilitation

In some areas of Sri Lanka, disability is looked upon as a degrading feature. Families therefore tend to hide their children with disability from the public eye. This social stigma can cut off access to available services for people with disabilities. The neglect of children as a result of social factors is now being changed through the community-based detection of handicaps and home based rehabilitation by volunteers. This method is now recognized as being most cost effective and adaptable to particular socio-cultural patterns. Community-based rehabilitation projects are already in place in 9 districts, with UNICEF assistance.

D. EXAMINATION OF POLICY AND PROGRAMMES AND RECOMMENDATIONS

1. Financial assistance

At present a per diem and a maintenance allowance are provided by the Department of Social Services to voluntary organizations. The per diem is about Rs. 120 per month. People with disabilities in vocational training camps are given Rs 20 per day. This amount is inadequate to meet even basic human needs. The maintenance allowance is also very low and, as a result, most of the non-governmental organizations cannot operate at full capacity.

2. Employment

People with disabilities have been ignored in the provision of employment in the organized sector. In considering this fact, the Cabinet has decided to allocate 3 per cent of employment opportunities in the public sector to people with disabilities. However, the decision has not been fully implemented because subsequently various reforms were introduced to the public recruitment procedure during 1988-1991. Policy changes of this nature frustrate people with disabilities and discourage the non-governmental organizations who dedicate their services and resources for improving the welfare of people with disabilities. With these obvious shortcomings, it has been suggested that legislation be formulated for securing job opportunities for people with disabilities in both the public and private sectors.

People with disabilities who are employed in Colombo and its suburbs have little access to publicly provided accommodation or hostel facilities. Currently, the Salvation Army Hostel is the only accommodation available for their use. The problem may become more acute in the future. In this regard, the Ministry of Rehabilitation, Reconstruction and Social Welfare must explore the possibilities of constructing a hostel for people with disabilities in collaboration with one or more non-governmental organizations.

3. Education

The Special Education Unit for the Disabled in the Ministry of Education operates under serious handicaps. Equipment is outdated and funds are inadequate. Obviously, the existing facilities adversely affect the provision of education for children with disability. The Ministry of Education must closely monitor the performance of this Unit and should make arrangements with the help of non-governmental organizations to furnish equipment and materials. There is a need to establish branches of the Special Education Unit in the provinces to deal with children with disability, especially in remote areas.

In some countries non-governmental organizations conduct various programmes to provide basic education for such children which have been found to be very effective. A similar strategy should be developed in this country with special emphasis on regional distribution.

4. Aids

People with disabilities who are being rehabilitated require wheelchairs, hearing aids, artificial limbs and other appliances to be able to be fully integrated into society. Agencies involved in providing these items do not fulfil the needs of people with disabilities, largely because of financial constraints. Consequently, a vast majority of people with disabilities are left destitute for life. This problem needs urgent attention.

5. Human resources

At present there is a shortage of skilled personnel for rehabilitation activities. The training of persons, particularly teachers, requires greater funding and is urgent. In the long run, because personnel are critical for meeting the needs of people with disabilities, it is desirable to consider establishing training schools with donor assistance.

6. Community-based rehabilitation

The effectiveness of the community-based rehabilitation approach in the long run depends on the improvement of the income generating activities of the families included in the programme. It is essential, therefore, that the various cash investment schemes implemented by both government and non-governmental organizations should be designed for the benefit of these families.

7. Disability information

In Sri Lanka, there is a shortage of data on all aspects of disability issues. During the last two decades few attempt have been made to devise a system to collect disability related data. The Department of Census and Statistics must take this into account in its future surveys and population census. Further research on the subject must be encouraged, the results of which should be the basis for development of policies, planning, financing and administrative purposes in the future.

8. Accessibility

At present many buildings are not easily accessible to people with disabilities due to their structural design. For example, there is no means for wheelchair users to enter a public building and transact business. The policies related to building design should be changed in order to accommodate the needs of people with disabilities. Similarly, special facilities are not provided for them in the public transport system. There is also a need for people with disabilities to have special access to the market, libraries, cinemas, cultural centres etc.

9. Sports and recreation

The Ministry of Sports must provide encouragement for people with disabilities to improve their talents in sports activities. A National Sports Body has been functioning in the Ministry of Sports with the patronage of the Department of Social Services. This should be

expanded to lead to the creation of such activities as the "Special Olympics" for people with disabilities as is common in many other countries.

10. Registration

A health card should be developed for people with disabilities and updated regularly. This card would facilitate surveillance of those at risk and also re-assess disabilities in cases where appropriate rehabilitation is possible.

E. CONCLUSIONS

What is immediately visible from the existing programmes is the dismal performance in improvement of status of people with disabilities and also the misuse of human resources. The various defects inherent in the present welfare strategy for people with disabilities are attributable to a number of factors including:

- (1) Potential participants of programmes are not aware of their existence;
- (2) Lack of sectoral coordination between various people and organizations involved;
- (3) A serious shortage of trained personnel to formulate policies, programmes, and plans pertaining to people with disabilities.

In view of the necessity to have an effective policy framework for the benefit of people with disabilities, the Plan of Action urged government agencies to "sustain and improve specific programmes for people with disabilities which assist them to be productive and useful to society, mobilize non-governmental organizations to implement these programmes, expand research into social development and expand training of social workers for the State, community and voluntary sub-sector." The Plan of Action also notes other requirements such as institutional facilities, resource mobilization, research, community-based rehabilitation and sectoral coordination. However, the sectoral priorities and the problem of disability prevention policies are not covered.

XXVI. THAILAND

A. NATIONAL OVERVIEW

Thailand has an area of 513,115 square kilometers with the population of 57 million. More than 6 million people live in Bangkok, the capital city. Buddhism is the primary and state religion and Thai is the national and official language. Thailand is governed by a constitutional monarchy with the King as Head of State. There are 73 provinces in the country, and each province is headed by a governor who is appointed by the Ministry of Interior, except in Bangkok where its Governor is elected. A province consist of districts, tambons and villages.

Strong economic competition and rapid social changes in Thai society have caused many problems. One of the significant problem is the increasing number of persons disabled by factors such as poverty, malnutrition, lack of knowledge about child care and self care for pregnant mothers. Based on the Survey on Health, Welfare, and Use of Traditional Medicine by the National Statistics Office in 1990, the total number of people with disabilities was 275,371.

In the past, Thais believed in a mixture of Brahmanism, Buddhism and Animism from which comes a belief in the concept of karma, the law of cause and effect, which suggests that selfishness and craving result in suffering; and conversely, compassion and love bring one happiness and well being. Within this belief system it is implicit that disability is the result of one's bad deeds in previous existences. This has created two opposing attitudes towards people with disabilities. On one hand, people tend to have pity on them and therefore they are overprotected. On the other hand, they are segregated from society or are discriminated against in many ways. Consequently, the opportunities in social, economic, political, and cultural lives of people with disabilities, their achievements, and mobility depend largely on their social and economic status. Self reliance of people with disabilities is generally accompanied by some degree of dependency on their families and kinship network as far as the cultural heritage and the extended family context of the Thais are concerned.

Since IYDP 1981, there has been an increase in the awareness of disability problem and issues as a result of the nationwide activities and campaigns about disability, for example, dissemination of information, fund raising, public education etc. It can be said that public attitudes towards people with disabilities have gradually become more positive and realistic. Since 1982, public relations programmes in disability prevention and disability related matters have been carried out regularly through mass media. Also the Government tends to pay more attention to the welfare of people with disabilities. Members of the cabinet have shown their will in a number of ways including: pushing legislation on welfare for people with disabilities; establishing a committee on standard setting for accessibility for people with disabilities; establishing more schools and vocational centres; and, community-based rehabilitation programmes have been introduced and expanded into more areas. All of these have resulted in the improvement of the standard of lives of people with disabilities.

B. POLICY MEASURES

1. National Economic and Social Development Plan

In the period 1981-1991, Thailand was completing their Fifth and Sixth National Economic and Social Development Plans. According to the policy framework of social welfare development specified in these plans, people with disabilities were regarded as a special target group along with many other groups of disadvantaged people such as orphans, needy children, elderly people, disaster victims, women etc, for whom welfare assistance would be provided to enable them to become self reliant. In this plan the private sector and general public were encouraged to participate in the provision of welfare services for disadvantaged groups. Also family institutions would be strengthened to take care of their disabled members. Collateral to these, more vocational training centres would be set up in various provinces and rural areas. In addition, support would be given to the work of the National Committee on Welfare and Rehabilitation of Disabled Persons.

Present national policy includes provision of education for the development of the quality of life of all groups focusing on educational equality and the widening of educational opportunities for people who live in poverty stricken areas, slum areas and also people with disabilities. Also, in health development measures that prevent and reduce accidents and public disasters will be increased, which will include rehabilitation for people with disabilities to allow them to become economically self reliant.

The National Plan on Welfare and Rehabilitation for the Disabled was the first master Plan established in 1982. The Medical Rehabilitation Plan stressed prevention of disability by conducting research and surveys on the causes of disability and disseminating knowledge especially on prevention of disability and rehabilitation through public and private organizations and the primary health care system. Meetings, seminars and exhibitions were also arranged periodically. Another activity in the Medical Rehabilitation Plan was to increase efficiency in health care services by enhancing the personnel development programme and increasing the number of personnel in the medical field.

The Educational Rehabilitation Plan included measures to expand and develop special schools, mainstream education and also cooperate with private organizations arranging formal and non-formal education for children with disabilities suitable to their age and abilities in order to enable them to live happily with other members of society.

The Vocational Rehabilitation Plan included measures to provide and develop vocational rehabilitation for people with disabilities of an employable age. It also encouraged private organizations to set up more vocational training centres and to provide job placement for people with disabilities both in sheltered employment and in the open market.

The Social Rehabilitation Plan promoted positive public attitudes towards people with disabilities through mass media and encouraged participation of people with disabilities in the activities of the community. It also promoted accessibility by encouraging non-governmental organizations and other public organizations to construct or adjust the buildings or environment

to make them suitable for the use by people with disabilities. Included in the plan was registration of welfare and rehabilitation activities for people with disabilities and promotion of research and surveys in all disability areas.

2. Social Security Act

This was enacted in 1990 to assist people who are insured who become disabled. Those who receive benefits must contribute to the Social Security Fund for not less than 90 days within the 15 months prior to their becoming disabled. The benefits include medical treatment expenses and cash benefits in the amount of 50 per cent of their wages. The person with disability will receive this financial assistance for not more than 15 years.

3. National Plan on Welfare and Rehabilitation for the Disabled (1992-1996)

This plan is the second Plan implemented in 1992. Most of the Plan's policies are the same as the first master Plan with some additional policies as follows:

- (a) Setting up a National Medical Rehabilitation Centre;
- (b) Increasing medical service centres;
- (c) Promoting education for pre-school children;
- (d) Encouraging the main streaming approach to education;
- (e) Expanding special schools for children with disabilities;
- (f) Implementing the quota employment system according to the legislation;
- (g) Encouraging Community-Based Rehabilitation approach to disability.

4. Legislation

Since the past decade there has been a constant attempt on behalf of the Government to draft "The Welfare and Rehabilitation Law for the Disabled" for the benefits of all people with disabilities in Thailand. Over the years, the components of the draft have been carefully reviewed by the concerned authorities at different levels and on several occasions. At present, the Government has recognized the importance of people with disabilities by enacting this legislation on November 25, 1992. Enforcement will become effective 180 days after proclamation. The most significant parts of the legislation are:

- (a) Establish a Commission for Rehabilitation of Disabled Persons consisting of the Minister of Interior as chairman, the Permanent Secretary of the Ministry of Defence, the Permanent Secretary of the Ministry of Interior,

the Permanent Secretary of the Ministry of Education, the Permanent Secretary of the Ministry of Public Health, the Permanent Secretary of the Ministry of University Affairs, the Director of the Budget Bureau, the Director General of the Department of Medical Services, the Director-General of the Department of Public Welfare, the Director General of the Department of General Education and 6 scholars, of which two shall be people with disabilities.

- (b) The Office of the Commission for Rehabilitation of Disabled Persons will be in the Department of Public Welfare. Also, this office shall be the Central Office for people with disabilities.
- (c) People with disabilities who want to receive assistance, development and rehabilitation according to legislation will apply for registration at the Office of the Commission for Rehabilitation of Disabled Persons. But people with disabilities in provinces will apply for registration at the Provincial Public Welfare Office in their areas.
- (d) People with disabilities who have registered will be given medical and educational services including advice and consultation about occupation and vocational training, acceptance and participation in social activities, government services about legal action and communication with government agencies.
- (e) A Rehabilitation Fund for Disabled Persons will be established in the Office of the Commission for Rehabilitation of Disabled Persons for the expenditure and promotion of the work of the institutions providing services for people with disabilities.
- (f) Provision of buildings, places, vehicles, or other public services to facilitate the development of people with disabilities directly.
- (g) Employers or entrepreneurs of private sectors are required to accept people with disabilities as employees. In cases where the employers or the entrepreneurs do not want to accept disabled persons as employees they must pay into the Fund for Rehabilitation of Disabled Persons.
- (h) The owners of buildings, vehicles or other public services who have added equipment to facilitate communication or mobility for people with disabilities 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 which expenditure occurrence for tax purposes.
- (i) The employers or entrepreneurs who accept disabled persons as employees are allowed to deduct from their income double the of the wages paid to people with disabilities.

- (j) The Minister of Interior, the Minister of Education and the Minister of Public Health are required to act on behalf of people with disabilities.

C. PROGRAMMES

1. Ministry of Public Health

The hierarchy of government health facilities in Thailand is made up of health centres at the local level, normally serving one tambon or group of villages, community hospitals at the district level, and general hospitals and regional hospitals at the provincial as well as national levels. Usually there is at least one general hospital in each province. Also there are university hospitals under the jurisdiction of the University Affairs Ministry.

The primary health care programme in Thailand, which was introduced in the late 1970's, can be conceptualized as public health services of the community by the community and for the community. The objectives of the programme are to: expand the coverage of health services, particularly among the under-served rural population; utilize community resources and encourage participation of rural people to solve individual health problems; and, eventually, to establish self help programmes at the village level.

Through the Department of Health, Medical Services, and Communicable Diseases Control, the Ministry renders medical services and rehabilitation to people with disabilities. Attempts have been made to integrate curative and preventive measures for persons with physical and mental disability into most of the general hospitals.

In 1983 the WHO manual on community-based rehabilitation for developing countries entitled "Training the Disabled in the Community" was translated into Thai. It was used beginning in April 1986 in a pilot project at Nonsoong District of Nakornchaisime, a major northeastern province. The project's primary objective was to find out the most feasible way for integrative rehabilitation for people with disabilities in the community. Three villages were selected to participate in the project. The outcome of the first pilot project was considered favorable. The second project has begun at Pitsanuloke province in the northern region. At present there are also some private organizations running community-based rehabilitation programmes in the country.

2. Ministry of Education

Special education in Thailand was undertaken in 1952 under the Special Education Division, Department of General Education. Pursuant to the National Education Scheme of 1977, which is still in effect, the state shall endeavour to make education accessible to the poor, the physically and socially handicapped, as well as the educationally disadvantaged. This scheme also specifies that special education may be given in special institutes or in ordinary schools. Consequently, special education programmes are diverse in nature. Groups that receive special education include children who are blind, hearing impaired, mentally handicapped, slow learners, and chronically hospitalized. Education for children from leper asylums and deprived families are also included.

The Ministry of Education organizes, supervises and promotes special education for children with mental and physical handicaps and children with specific social and economic problems. It also coordinates with other agencies and foundations having common objectives in promoting special education. The number of children with disability who studied in special schools, in regular schools and also in special classes in the hospital have doubled since 1982.

3. Ministry of Interior

The welfare and rehabilitation of people with disabilities fall within the mandate of the Department of Public Welfare and Department of Labour which are under the Ministry of Interior. The Department of Public Welfare provides five categories of services for person with disability. These include: two homes for adults with disability; a half way home for people with mental illness who have been discharged from hospital; one home for children with disability; and, two homes for children with mental handicaps. One more home for adults with disabilities and women with mental illnesses who have been discharged from hospital are under construction. Vocational and skill development for people with disabilities is provided by four vocational training centres in various provinces. In addition, a fifth centre is being established in the southern region. The number of people with disabilities who were provided vocational training in 1991 was 275 and the number in the Department of Public Works institutions was 2,456.

Another programme is the IYDP Sheltered Workshop located in a province close to Bangkok which provides employment opportunities to people with disabilities who have completed vocational training courses and can not yet find employment in the general labour market. The Department also provides prostheses and orthoses to people with physical disabilities in order to facilitate their daily living and vocational training and employment. This is either on a free of charge or cost sharing basis.

Established during 1981 IYDP, the Rehabilitation Fund for the Disabled has set objectives providing vocational capital for either learning new vocations or expanding existing businesses for people with disabilities. The amount of a loan granted for new vocations shall not exceed 5,000 Baht while for business extension the maximum amount permitted will not exceed 50 per cent of the investment but shall not be over 10,000 Baht. Both types of loans are provided on an interest free basis. It also provides up to 50 per cent of the funds required for prostheses and orthoses, and renders support for research pertaining to disabilities and the activities of the IYDP Sheltered Workshop, including the provision of vocational training equipment. In addition, the Department has launched a training project on Rehabilitation for Disabled Persons in Communities, and with SCF (UK) a programme for baby sitters in the Home for Children with Mental Handicap, Pak Kred, Nonthaburi Province.

The Department of Labour has been operating a Workmen Compensation Fund Programme since 1973 as an initial part of a Social Insurance Scheme in Thailand and as a social security measure for reducing labour disputes, and for labour promotion and rehabilitation. The Programme provides compensation to the employees in business enterprises who become disabled as a result of industrial accidents, injuries, or diseases. The compensation includes medical treatment, rehabilitation, and vocational training. After the Social Insurance Act was enacted in 1990, responsibility for this programme was transferred to the office of Social Insurance.

To cope with the policy on opportunity and equalization and to assist people with disabilities to participate in the activities of society, the Ministry of Interior has appointed a Committee on Standard Setting for Accessibility for the Disabled which is chaired by the Director General of the Public Works Department. This Committee is responsible for studying and setting the standard of access for people with disabilities in buildings, on the streets, and in public places.

4. The National Committee on Welfare and Rehabilitation for Disabled Persons

Established in 1976, the committee functions as a consultative body to the Government on welfare and rehabilitation of people with disabilities and coordinates the endeavors of public and private sectors including foreign and international organizations. The Permanent Secretary of State for Interior is the chairman of the committee. Four sub-committees on medical, educational, social, and occupational and legislative and administration have been appointed to undertake all aspects of welfare and rehabilitation for people with disabilities. The Department of Public Welfare acts as a secretariat to the committee.

5. Non-governmental programmes

The family, relatives, and communities have traditionally been a cornerstone in caring for their members who are disabled. However, in the past few decades one can observe the rise of various non-governmental organizations to serve the growing needs of people with disabilities. In fact, some agencies have initiated rehabilitative programmes long before the government assumed such duties. There are currently over 60 well established non-governmental organizations whose primary objective is to render services to persons who are blind, hearing impaired, physically disabled, mentally handicapped, have leprosy, and who have mental illness. However, few organizations deal with disability prevention. The following are a few examples of active non-governmental organizations.

The Foundation for the Blind in Thailand, under the Royal Patronage of H.M. the Queen has been operating the Bangkok School for the Blind, Skill Development Centre for Blind Men, Caulfield Memorial Library for the Blind of Thailand, Rehabilitation and Training Centre for Blind Women, and Vocational Development Centre for the Blind, located in Bangkok and nearby provinces.

The Foundation for the Welfare of the Crippled under the Royal Patronage of H.R.H the Princess Mother provides medical rehabilitation and counselling services in addition to operating a school for children with disabilities. For those living in the provinces, the Foundations's service centre serves them with accommodation, transportation, and education during the period that they are receiving medical treatment.

The Foundation for the Welfare of the Mentally Retarded of Thailand under the Royal Patronage of Her Majesty the Queen provides education both for pre-school children and children with a mental handicap who can benefit from education in five institutions. It supports volunteers and equipment for special classes in certain slum areas, runs a sheltered workshop for adults and

teenagers with mental handicaps, provides technical support to the concerned personnel, and educates parents in care of or children with mental handicaps and in preventing mental handicaps. The Foundation has recently set up welfare centres for people with mental handicaps in all regions of the country to educationally rehabilitate pre-school and school-age children.

The services of the Foundation for the Deaf in Thailand Under the Patronage of H.M. the Queen include educational support for children who are hearing impaired by way of subsidies and equipment, special media, provision of scholarships and hearing aids, and counselling services for both parents and children.

The National Council on Social Welfare of Thailand Under the Patronage of H.M. the King provides services including: operation of a goodwill industry; dissemination of knowledge about disability prevention; promotion of recreational activities; raising rehabilitation funds for economic loans and technical aids; and organizing an Annual Disabled Person's Day.

The Sai Jai Thai Foundation Under the Royal Patronage of His Majesty the King provides financial assistance and medical and vocational rehabilitation for war veterans who are disabled.

The organization of a group of people with disabilities was inspired by the spirit of the First World Congress of People with Disabilities convened in Singapore in IYDP 1981. With increased awareness of disability issues by major groups of people with disabilities, the first organization of people with disabilities for Thais was formed in 1982 under the name The Council of Disabled People of Thailand (CDPT). The CDPT comprises six major legal organizations of people with disabilities including, the Associations of the Blind, the Physically Handicapped, the Deaf, the Disabled Veterans and the Parents Association for the Mentally Retarded. The significant activities of these organizations include: advocacy for civil rights; provision of welfare programmes; essential services; and, counselling for CDPT members. It also organizes seminars and meetings on disability issues and collaborates with related governmental and non-governmental agencies.

The most significant achievement of organizations of Thais with disabilities during the first half of the United Nations Decade is the innovation of the "Dictionary of Thai Sign Language Volume I and II" published in 1986 and 1990 as a result of the research on Thai sign language concluded by the Association of the Deaf in Thailand. This dictionary will be made available to the public for reference, the parents children who are deaf, and for training of teachers of children who are deaf. Moreover, the Association of the Deaf has coordinated with the Department of Public Welfare to organize training on sign language for families and other interested people.

D. POLICY AND PROGRAMME ISSUES

1. Health

Rehabilitation medicine units or departments have been set up in a number of general and community hospitals throughout the country. Prosthetic and orthotic services utilizing local materials at low cost have been provided in these rehabilitation units. In addition, many of the

communicable diseases that cause disability (e.g. polio) have been brought under control. Therefore, emphasis has been shifted towards such non-communicable diseases as diabetes, mellitus, heart diseases, etc. Human resources in medical rehabilitation have been expanded and the concept of community-based rehabilitation has also been spread throughout the country.

2. Disability prevention

The major undertaking on prevention of disability is primarily carried out by governmental agencies. As road accidents are the most common cause of death and injuries resulting in permanent disability, the National Safety Council of Thailand was set up in 1983 to formulate policies and strategies to prevent accidents and to monitor and evaluate the results. The main areas include traffic and work accidents, occupational accidents, and home and public accidents. A Committee on Prevention and Control of Blindness was set up in 1983 together with a Health Ophthalmologic Centre in the northeastern region. The main activities in this field include conducting relevant research and epidemiological studies and training programmes for the development of health personnel. In 1984 a Committee for Prevention and Control of Deafness in Thailand was established which conducts important research. In addition, the Sirindhorn National Medical Rehabilitation Centre was established by the Ministry of Public Health. Its purpose is: to train and develop medical personnel, especially rehabilitation medicine doctors; to conduct research in medical rehabilitation; and to develop aids and equipment including various kinds of prosthetic and orthotic devices. This centre also serves as an information centre in the medical rehabilitation field.

3. Special education

Since IYDP, the concept of main streaming has received increasing emphasis. The number of schools under different jurisdictions and in various localities which are participating in main streaming programmes has increased as has the number of children with disability integrated into these schools. A school for children with mental handicaps was set up in the northeast to increase educational opportunities of those mentally handicapped people who can benefit from education living in the provinces. Also in service training and refresher courses for special education teachers are arranged regularly.

Another achievement was the setting up in 1984 of the Minimum Standard for Provision of Primary Special Education for Four Types of Disabilities coordinated by the Office of the National Education Commission with collaboration from the concerned authorities in special education. The target groups are children with visual impairments, hearing impairments, and physical and mental disabilities. This project was financially supported by the Government of Australia through the ASEAN Educational Development Projects.

There are a small number of non-governmental organizations that deal directly with disability prevention. One is the Suranaree's Eye Foundation in the northeast. Another is the Rural Ear, Nose and Throat Foundation which operates mobile units in several rural areas to make surgery accessible to the poor. It also supplies rural doctors with technical skills and knowledge and equipment; delivers public education on the ear, throat, and nose diseases to rural people; makes low cost hearing aids available to the rural poor; and, makes low cost audiometers

that can be operated by the villagers available to the public. In collaboration with IMPACT in Africa and Asia it also works to solve orthorrhoca problems. In Bangkok, the Foundation for the Welfare of Mentally Retarded children actively undertakes public education programmes about prevention of mental handicap.

4. Employment and income support

Although vocational training centres and a sheltered workshop have been established to provide employment opportunities to people with disabilities, only a few are employed in the competitive labour market even though their abilities are similar to other workers. To address this problem, the government has proposed legislation to the effect that any enterprise that employs people with disabilities can request a tax reduction for all expenses related to this matter. The legislation is expected to be enacted soon.

5. Participation of people with disabilities

At present people with disabilities are gradually increasing their participation in society. There are representatives from organizations of and for people with disabilities on committees concerned with disability issues at many levels, including the 4 subcommittees of the National Committee on Welfare and Rehabilitation for the Disabled. In political participation, at the last election in 1992 persons with visual handicaps were given the right to vote using braille ballots.

E. RECOMMENDATIONS

1. Follow-up

Monitoring the outcomes of ongoing work in the field of rehabilitation is important and will be undertaken by the sub-committees of the National Committee (medical, educational, occupational and social). Each field will have different ways of monitoring progress. In social and occupational rehabilitation, the follow up will be made by evaluation research, reports, and by sending staff for observation. After the sub-committee has finished their evaluation, they will make a report to the National Committee on Welfare and Rehabilitation for People with disabilities.

2. Main streaming education

In order to provide more opportunities for children with disabilities to be integrated into general schools and to reduce discrimination as well as help the children with disabilities become accustomed to living in the community, the programme on main streaming education will be continued and will encourage schools to provide more openings for children with disabilities.

3. Community-based rehabilitation

This programme should be expanded in order to provide comprehensive services to people with disabilities, especially those who live in rural areas. The work will emphasize using local materials and stimulating the community to have more awareness about disability and to

participate in caring for and rehabilitating community members who are disabled. It will also promote the establishing of foundations for assisting persons with disabilities in the community. There will be coordination among the main agencies involved such as the Ministry of Public Health, Ministry of Education and Ministry of Interior.

4. Research

The amount of general research and survey research will be increased in various fields of rehabilitation, especially surveys of the incidence and nature of disability in Thailand. Also an information centre will be set up in the Department of Public Welfare to be a focal point of collection and distribution of all kinds of information and data about people with disabilities.

5. Accessibility

The Committee on Standards of Accessibility for the Disabled will continue working on establishing standards for accessibility suitable for people with disabilities. Also, the government should consider enacting legislation to ensure accessibility in different areas such as public buildings, public transportation services, and housing. Moreover, the government should encourage the media, especially television, radio and newspapers, to make their services accessible as well as to encourage availability of new computerized information and service systems. Organizations of persons with disabilities should be consulted when developing measures to make information services accessible.

6. Equalization of opportunities

Persons with disabilities are members of society and have the right to remain within their local communities and they should receive the support they need within the ordinary structures of education, health, employment, and social services to do so. As part of the process of creating equal opportunities, provision should be made to assist person with disabilities to assume their full responsibility as members of society. In addition, society should raise their expectations of persons with disabilities to match the capabilities of people with disabilities. Intensified efforts are needed to achieve the full and equal enjoyment of human rights and participation in society by persons with disabilities.

XXVII. VIET NAM

A. NATIONAL OVERVIEW

Viet Nam is part of the Indochina peninsula with 337,000 km of land area made up of three different types of geography: river delta; highlands; and, mountains. The population of Viet Nam was 30 million in 1961 and since then has doubled to over 65 millions in 1991. Viet Nam is a developing country with a small, mainly agricultural based, economy. It is often threatened with natural disasters such as typhoons and floods and is still recovering from over 30 years of armed conflict. The peoples' standard of living is low, with a per capita income of approximately US\$ 200 per year.

In the whole country the number of people with disabilities represent about 10 per cent of the population including victims of armed conflict. Our government has acknowledged the needs of people with disabilities. The issues of rehabilitation and integration of people with disabilities into society are urgent and not only require immediate action but long term planning.

Viet Nam's long history of fighting for independence has had a deep impact on society. Not only were millions of people killed but 3 million Vietnamese people became disabled because of armed conflict, including children, elderly people and women. In addition, many more people suffered from imprisonment and chemical warfare. Moreover, the conflict destroyed much of the environment and the country's infrastructure such as: schools, hospitals, nursing homes, social welfare workshops, vocational training schools and other services for people with disabilities. It will take a very long time to recover the spirit and the basic structure of our society.

The socio-economic problems of the country are a barrier to gathering information about people with disabilities in Viet Nam and it is difficult to compare Viet Nam to other countries in the region and even to compare different areas of Viet Nam with each other. Although there have been many surveys since 1981, there was not enough human resources to conduct a national level survey.

About 80 per cent of the population live in rural areas, mainly farmers and manual labourers. These people have little money and are often in poor health because of lack of food and clean drinking water. The basic knowledge of the population about disability issues, primary health care and services for people with disabilities is very low. People with disabilities who live in rural areas, particularly in the mountains, do not have access to transportation systems and therefore to the rehabilitation services that have been developed in the urban areas. The cycle of poverty, illness, and disability is difficult to break.

B. POLICY

The Government has acknowledged the needs of people with disabilities and developed many policies to support their quality of life in the community. Since 1948, when the Government established the first orthopaedic workshops, a great deal has been done to ensure that people with disabilities are guaranteed their basic human rights. Viet Nam has also been active

in promoting the rights of children. It was the second country in the world to recognize the United Nations Convention to protect children's rights.

People wounded in armed conflict and their families should be strengthened, supported and provided resources to ensure their participation in decision making process in our society. They should receive rehabilitation until they reach their maximum potential and have suitable jobs based on their capabilities. In 1951, President Ho Chi said to the people that everybody should receive veterans and those disabled in armed conflict into their homes and communities and thus began an active campaign for all society to recognize and support people with disabilities. Other policies that have been established are:

- (1) Priority for people with disabilities in medical treatment, in employment related activities and job placement, and in housing grants;
- (2) Provision of welfare allowances for people with serious disabilities;
- (3) Priority for medical, educational, and vocational rehabilitation;
- (4) Support for the system of non-governmental organizations and agencies that support people with disabilities;
- (5) Support for families of people with disabilities who continue living at home;
- (6) Special support in social activities such as cultural events, sports, civil committees and clubs at all levels (national, provinces, cities, districts and communes).

C. PROGRAMMES

1. Rehabilitation centres

The Ministry of Labour, Veterans and Social Affairs with assistance from United Nations agencies, non-governmental organizations and private individuals has set up a system of 8 rehabilitation centres all over the country: the rehabilitation and orthotic centre system; centres for production of component of orthotic devices; and, centres for production of wheelchairs and other technical aids. In 1990 a new prosthetic research foundation was established with American assistance. The centre which produces high technology automatic fabrication mobility aids (AFMA) has three sections: operations; physio and ergotherapy; and, a workshop which produces prosthetic and orthotic devices. In the past decade all the centres have supplied about 110,000 devices, 6,000 wheelchairs and many other technical aids while working with over 24,000 people with disabilities. However, many of the centres are out of date and need renovation which will require assistance from United Nations agencies and non-governmental organizations.

2. Nursing homes

Nursing homes for short term rehabilitation of people with new disabilities and long term care for people with severe disabilities were first built many years ago. There are a number of

different types of nursing homes including those for people with: spinal cord and brain injuries; mental disorders or diseases; and, specific kinds of disabilities such as hearing, speech and visual impairments. Some of the services offered by nursing homes include: treatment and secondary prevention; ADL training; education; and, pre-vocational and vocational training. Currently there are 5,000 people using these services and in the past decade over 10,000 people with disabilities have used them before returning to their families and communities.

3. Educational rehabilitation

In 1978, in recognition of the importance of education for children with disabilities, Viet Nam expanded and strengthened the special education system for children with impairments. The project offers education in either basic or special schools to children with all types of disabilities including physical and mental handicaps, behavioral problems, and visual, hearing and speech difficulties. These children receive assistance in academic and vocational studies and recreational activities and are integrated whenever possible into the mainstream system. With aid from United Nations agencies and international non-governmental organizations currently there are 2,675 children enrolled in the special education programme at 33 special schools. Hanoi has 5 schools with 248 pupils and Ho Chi Minh city has 10 schools with 511 pupils.

The special education programme has three approaches:

- (a) Integrated classes with the normal children,
- (b) Special classes in order to provide children with handicaps a special curriculum and materials,
- (c) Classes in the Rehabilitation Centre to prepare children to return to their homes and communities.

Some of the principles used in the special education programme are:

- (a) Contents and methods should be relevant to the student's age and capabilities;
- (b) Programmes should be implemented in close cooperation with the relatives;
- (c) Programmes should be offered in many areas of the country so that the children will be better able to reintegrate into their communities.

4. Vocational training programmes

While it is easy to say that all people with disabilities should have employment, not all can be trained at jobs that they enjoy. Others lack even pre-vocational skills that prepare them for the work force. Viet Nam has established a wide spread vocational training system from the national level down to the communes. Training provided at the village level is effective because

transportation and accommodation is not needed and the jobs are often traditional hand work that takes a short time to learn, require little funding and results in a product that is salable in the local area. People with disabilities often get on the job training at the communes and cooperatives where they learn to make high quality goods quickly. In this kind of programme they can also receive assistance from co-workers. Some people with disabilities become teachers in the cooperatives. In addition there are Vocational Training Schools, although they do not take a large number of people with disabilities. Even after training in these schools it is difficult to place people with disabilities in the job market.

5. Production units for people with disabilities

There are some people with disabilities who, because of the complexity of their disabilities, have difficulties in competitive markets. If they desire, we need to develop special units where these people can have stable jobs and the opportunity to prepare themselves for community re-integration. In Viet Nam we have over 100 sheltered work situations for 20,000 people with disabilities. Most of these are located in cities and towns and are not accessible to those living in rural areas. Other government policies such as giving people with disabilities priority in housing and equipment and supplies will also strengthen the economy of their families.

6. Receiving people with disabilities back into the community

There is a humanitarian focus in welcoming people with disabilities back in to the commune. Family members, commune leaders and individual community members provide support for people with disabilities. With this support many are able to live a stable life within their community. Full integration of people with disabilities back into the community also requires:

- (a) A maintenance level of social welfare allowance that is assigned to the individual which is paid to family members for assisting people with disabilities who live in the community;
- (b) Priority in medical treatment and exemption from payment for drugs, transportation, nutrition and other services while in hospital;
- (c) Support for people with disabilities and their families in terms of land or other means of production;
- (d) Training courses for family members of people with disabilities who support them in the community;
- (e) Respite care for those people with disabilities living in the community who have complications or difficulties as a result of their disability and require more intensive care.

7. Community-based rehabilitation

The rehabilitation of people with disabilities in the community is very important. To achieve the final goal, that is, to allow people with disabilities to be integrated into community life, rehabilitation should occur in the community setting. This approach gives knowledge to both family members and people with disabilities, is shorter than institutional rehabilitation and is less expensive.

Community-based rehabilitation programmes have been conducted for several years with the assistance of UNICEF and Radda Barnen through the Ministry of Labour, Rehabilitation and Social Affairs and the Ministry of Health. This kind of project, as its name clearly indicates, is a community-based project which provides technical, consultative, and financial supports to a number of localities to facilitate the integration of disabled people in their communities. Currently the following provinces have community-based rehabilitation projects: Vinh Phu, Hai Hungj, Tien Giang, Son Tay, and Hanoi (Ministry of Health project). Our experiences in community-based rehabilitation have taught us that:

- (a) Community-based rehabilitation is a strategy that can be used anywhere in the commune and most of population can take part in the programme and many of the requirements of people with disabilities can be met at home or within the commune;
- (b) Many technical aids can be made from low cost local materials;
- (c) Local training courses on disability issues can increase the knowledge and interest of leader of the commune and people with disabilities themselves;
- (d) Many children with disabilities can, with early detection and intervention, be rehabilitated early and attain much higher levels of functioning than was previously thought possible;
- (e) Community-based rehabilitation removes many barriers in the community that prevent people with disabilities from being integrated into the community.

With the new open policy of the Vietnamese Government, relations with many other countries have been established which has allowed many United Nations agencies and international non-governmental organizations to assist in meeting the rehabilitation needs in Viet Nam. These groups have done a great deal in promoting equal rights for people with disabilities in developing a long term strategy for rehabilitation and integration to the year 2000. Help has come from agencies such as: American Friends Service Committee, World Vision, Helen Keller International, Radda Barnen, WHO, Christoffel Blindenmission, Save the Children Fund, Free University of Amsterdam Holland, International Red Cross Ho Chi Minh City, Handicap International, and the Prosthetic Research Foundation (Seattle USA). It is our earnest request that

government and non-governmental organization assistance continue so as to assist us in reaching our goal.

D. POLICY AND PROGRAMME ISSUES

Because the number of people with disabilities is so large and the current economic and social conditions difficult, Viet Nam can not meet all the needs and requirements of people with disabilities in the foreseeable future.

Almost all facilities in the rehabilitation system are very old and must be improved.

The Government's limited finances will not cover the rehabilitation requirements of people with disabilities, such as payments for limbs and devices and transportation.

There are no resources for surveys, research, or evaluation activities at a national level that would provide information for future planning.

E. RECOMMENDATIONS

The following items are recommended for the Asian and Pacific Decade:

- (1) The Government of Viet Nam should have appropriate policies at all levels to support people with disabilities and create more opportunities for them to be integrated with their communities and society.
- (2) A stronger system of government agencies, non-governmental organizations and organizations of people with disabilities themselves should be established to provide more coordination and better opportunity for people with disabilities to take part in the decision making process.
- (3) Promote and strengthen the umbrella organizations and branches which support organizations of and for people with disabilities as well as the Viet Nam Social Welfare Committee of the Disabled.
- (4) Encourage the involvement and efforts of community members in supporting people with disabilities in their daily life as well as in rehabilitation activities.
- (5) Appropriate steps should be taken to involve people with disabilities and their family members in planning, implementation and evaluation of rehabilitation projects.
- (6) More effort should be undertaken in prevention of disability including: primary health care; maternal and child health programmes; and, family planning programmes. In addition all attempts should be made to remove the cultural, economical and social barriers which may prevent the full participation of people with disabilities in society.

- (7) It is necessary to organize a better system of rehabilitation centres to care for people with severe disabilities.
- (8) Community-based rehabilitation activities should be more widely developed and implemented so that people can have better knowledge and skills in using simple techniques and aids to support people with disabilities in the rehabilitation process.
- (9) Attention should be given to the role of prevention, education, information, and communication activities in order to improve the understanding, knowledge and awareness of society about people with disabilities and to focus more effectively on their needs for community life.
- (10) A widespread campaign of disability awareness is needed so that financial, technical, and material support can be obtained to support people with disabilities.
- (11) A nationwide campaign should be undertaken in collaboration with United Nations bodies and agencies, international organizations and non-governmental organizations to develop and implement a long term strategy for disability to the year of 2000.

PART FIVE

**PAPERS BY
UNITED NATIONS AND NON-GOVERNMENTAL ORGANIZATIONS**

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I. UNITED NATIONS

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A. ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC (ESCAP)

Activities Pertaining to the United Nations Decade of Disabled Persons, 1983-1992

I. THE POLICY FOCUS OF ESCAP WITH RESPECT TO DISABILITY ISSUES

The proclamation of the United Nations Decade of Disabled Persons, 1983-1992, stimulated increased concern for disability issues at both the regional and national levels in the Asian and Pacific region. Experience in the region indicated a pressing need for support to national disability policy and programme endeavours, particularly to enable people with disabilities to participate in national economic and social development. In response to that increased concern, the Economic and Social Commission for Asia and the Pacific (ESCAP) endorsed at its forty-first session in 1985 a new work programme element on the integration of disabled persons in development.

Initially, ESCAP activities relating to disability issues were designed to assist the less developed countries of the region in designing and implementing prevention and rehabilitation policies and programmes. However, the concluding years of the United Nations Decade of Disabled Persons saw growing recognition in the region that, of the three goals of the World Programme of Action concerning Disabled Persons (i.e., prevention, rehabilitation and equalization of opportunities for people with disabilities), the equalization goal was the most neglected. It was recognized that this was an issue that ESCAP could help to address.

Thus, at the urging of the Commission and its Legislative Committee on Social Development, the focus of ESCAP activities has evolved to emphasize the full participation and equality of citizens with disabilities. This policy focus is in consonance with that of, *inter alia*, the Social Development Strategy Towards the Year 2000 and Beyond, adopted by the Fourth Asian and Pacific Ministerial Conference on Social Welfare and Social Development, held at Manila in October 1991. As the majority of disabled people in the region are handicapped by economic and social deprivation, this policy focus is also in keeping with the new thematic thrust of the Commission on poverty alleviation through economic growth and social development.

II. OVERVIEW OF ESCAP ACTIVITIES PERTAINING TO DISABILITY

The secretariat's activities pertaining to disability have been undertaken within the context of the regional meetings in the field of social development convened by the secretariat and as part of projects on disability issues funded by extrabudgetary sources.

Disability issues have been discussed in intergovernmental meetings such as the Third and the Fourth Asian and Pacific Ministerial Conferences on Social Welfare and Social Development convened by the secretariat in 1985 and 1991, the Committee on Social Development in 1988 and the Committee on Population and Social Development in 1990. To facilitate Government

consideration at those meetings of critical issues that emerged during the United Nations Decade, the secretariat prepared policy documents that included suggestions on action that could be pursued in the region towards the implementation of the World Programme of Action concerning Disabled Persons.

Furthermore, to promote fulfillment of the goals of the World Programme of Action, the ESCAP secretariat organized eight regional meetings and training activities on issues such as the following:

- (a) Local human resources and technology development for disability-related services in poverty areas;
- (b) Planning and organization of disability prevention and rehabilitation services;
- (c) Development of national training programmes concerning disability;
- (d) Review and appraisal of the region's progress on achievement of the goals of the United Nations Decade of Disabled Persons;
- (e) Planning and development of community-based rehabilitation programmes;
- (f) Equalization of opportunities through community-based services;
- (g) Establishment and strengthening of self-help organizations of disabled persons;
- (h) Community-based support services for disabled persons.

Two multi-year technical assistance projects were implemented. The first project (1986-1991) aimed at assisting selected least developed countries of the region in the strengthening of national capabilities regarding disability issues. In the implementation of the project, special attention was given to the development of expertise on community-based approaches to national disability prevention and rehabilitation. Technical advisory missions, national training workshops, regional exchange programmes and the preparation of publications were among the activities of the project.

The second project, which is ongoing (1990-1993), aims at supporting the development of self-help organizations of disabled persons in the developing countries of the region. A primary focus of the project is the strengthening of dialogue and cooperation among diverse disability groups so that they may play a more effective role in the development of policies and programmes that affect them.

Following a series of inter-agency consultations on the United Nations Decade of Disabled Persons, the Asia-Pacific Inter-organizational Task Force on Disability-related Concerns was established in 1986, with the Social Development Division of ESCAP as its secretariat. The Task Force is composed of United Nations agencies whose work relates to disability issues and non-governmental organizations that are active in helping to resolve those issues. Task Force

members collaborate through information exchange and networking to strengthen at the regional level the activities initiated by individual members.

Altogether 18 policy documents, reports and publications pertaining to disability issues in the ESCAP region have been prepared by the secretariat.

III. APPRAISAL OF SUPPORT PROVIDED

The activities undertaken by the secretariat, together with the endeavours of other Task Force members, have contributed to a heightened awareness of disability issues in the ESCAP region. That increased awareness was reflected in the co-sponsorship of Commission resolution 48/3 on an Asian and Pacific Decade of Disabled Persons by 33 Governments of the ESCAP region at the forty-eighth session of the Commission, held at Beijing, 14 to 23 April 1992, in the concluding year of the United Nations Decade of Disabled Persons.

ESCAP project: "Assistance for national disability prevention and rehabilitation programmes for least developed countries through TCDC"

Through this project, nearly 400 persons participated in five national and four regional training workshops. The national workshops were held in five least developed countries of the region. The participants included government officers from diverse ministries and non-governmental organization personnel who were responsible for disability-related programme planning and management, health workers and rehabilitation personnel.

In one least developed country the national training workshop formulated a national plan for disability prevention and rehabilitation for possible inclusion in the next Five-year Plan. In another, the national workshop was the first such meeting devoted to disability issues in that country. As a result of the encouragement and support provided by the project, a country-wide survey of disability prevalence was undertaken as a basis for the extension of rehabilitation services to disabled persons in remote mountainous areas through the primary health care network of that least developed country. Subsequent to the activities of the project, a more detailed community-based rehabilitation feasibility survey in selected districts was undertaken prior to the implementation of a community-based rehabilitation programme.

In another least developed country where non-governmental organizations are active in social service delivery, the project gave some technical and financial support to a leading national non-governmental organization in the field of disability to include training and community-based rehabilitation service delivery among its hitherto largely institution-centred achievements. In yet another least developed country, where the trend had been to concentrate on rehabilitation services in the national capital, the resources of the project were pooled with those provided by the World Health Organization (WHO) to improve services at the provincial and district levels.

It is felt that, with regard to this project, it would be desirable for the Governments of the countries concerned to undertake further follow up at the technical level to reinforce the interest and capabilities in community-based approaches developed through the project. Project implementation experience indicates that there is a particular need for the Governments to conduct

public education activities directed at specific groups at the policy formulation and programme management levels, especially in mainstream development programmes.

Another observation drawn from the implementation of this project points to a need for increased opportunities for exchange within and among countries on conceptual and practical issues to help generate a more conducive climate for action. This is particularly relevant for the least developed countries.

ESCAP project: "Assistance to the development of self-help organizations of disabled persons"

This project is a pioneering collaborative effort between the secretariat and Disabled Peoples' International (DPI), with the support of the Government of Japan, to promote the self-help initiatives of disabled people in the Asian and Pacific region. Since the project commenced in April 1990, technical advisory missions have been undertaken to four countries and three national training workshops have been conducted.

There was good representation by women with disabilities, hearing-impaired persons and rural disabled persons in the workshops. Issues concerning people with intellectual disabilities were discussed, especially in the context of mutual support within the self-help movement of disabled persons in the region. All three workshops were the first of their kind in the countries concerned. The workshops contributed to dialogue not only among diverse disability groups, but also between the organizations of people with disabilities, other non-governmental organizations in the field of social development, and government agencies concerned with education, social welfare and development and accessibility issues.

A notable feature of these ESCAP activities was the active role played by disabled persons in their development and implementation. A woman expert with a disability served as a programme specialist in the first project. A former Chairperson of a national DPI member organization, a wheelchair user, is the project expert in the on-going self-help project. In consonance with United Nations mandates, the participation of disabled persons as trainees, resource persons and experts was, and continues to be, a prominent feature of ESCAP activities pertaining to disability.

Publications

Of the eight publications issued by the secretariat between 1986 and 1991, demand has been particularly high for the following:

- (a) *Handbook on Funding and Training Resources for Disability-related Services in Asia and the Pacific* (ST/ESCAP/541);
- (b) *Community-based Disability Prevention and Rehabilitation: Guidelines for Planning and Management* (ST/ESCAP/743);

- (c) *Handbook on Community Awareness Programmes concerning Disability (ST/ESCAP/824)*;
- (d) *Self-help Organizations of Disabled Persons (ST/ESCAP/1087)*.

**IV. PROPOSALS FOR IMPLEMENTATION OF
COMMISSION RESOLUTION 48/3:
"ASIAN AND PACIFIC DECADE OF DISABLED PERSONS, 1993-2002"**

It is proposed that the secretariat's contribution to the implementation of Commission resolution 48/3 will be through, *inter alia*, the following activities:

- (a) Assistance to the Governments in the formulation of a regional agenda for action for the new Decade (underway);
- (b) Convening of an intergovernmental meeting to launch the Asian and Pacific Decade of Disabled Persons, 1993-2002 (to be convened at Beijing from 1 to 5 December 1992);
- (c) Assistance in the mobilization of resources to support regional cooperation in implementation of Commission resolution 48/3;
- (d) Publication of a regional compendium of legislation in support of disabled persons, and collaboration with the United Nations Office at Vienna/Centre for Social Development and Humanitarian Affairs (UNOV/CSDHA) in the convening of an expert meeting on national disability legislation for developing countries in the region;
- (e) Conduct of a regional survey of accessibility conditions and standards, and preparation of studies on and technical guidelines for the promotion of accessibility and the convening of meetings to review and publicize the guidelines;
- (f) Convening of meetings of representatives of national coordination committees (NCCs) on disability matters, including representatives of self-help organizations of disabled persons in the NCCs, and members of the Asia-Pacific Inter-organizational Task Force on Disability-related Concerns, to review national progress in pursuance of the aims and objectives of the Asian and Pacific Decade of Disabled Persons, and to consider further action;
- (g) Assistance to the development of self-help organizations of disabled persons, focusing on their:
 - (i) Participation in the promotion of the establishment of NCCs on disability matters;

- (ii) Representation of people with disabilities in the NCCs;
 - (iii) Participation in the planning and management of the work of the NCCs.
- (h)** Convening of meetings of the Asia-Pacific Inter-organizational Task Force on Disability-related Concerns, with a view to strengthening regional cooperation to achieve the aims and objectives of the Asian and Pacific Decade of Disabled Persons;
- (i)** Monitoring of progress in the implementation of resolution 48/3 and preparation of the Executive Secretary's biennial progress reports to the Commission.

The adoption by the Commission at its forty-eighth session in April 1992 of resolution 48/3 proclaiming the period 1993-2002 as the Asian and Pacific Decade of Disabled Persons has provided fresh impetus and clear focus for ESCAP's activities on disability issues. An agenda for action for the Asian and Pacific Decade, presently being considered by the member and associate member Governments, will further crystallize the programme of work of the secretariat during the Asian and Pacific Decade.

B. UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES

Findings and Recommendations of the Workshop on Assistance to Disabled Refugees 4-8 October 1992 Peshawar, Pakistan

1. Assisting people with disabilities in refugee emergencies

During refugee emergencies:

- (a) Establish policies, strategies, guidelines, and mechanisms for the assistance of people with disabilities in the early stages of emergency assessments;
- (b) Include in the emergency preparation package a programme for the assistance of people with special needs;
- (c) Include Social Service Officers or specialized resource persons in the preliminary needs assessment missions to the areas of disaster;
- (d) Include in the plan, programme and budget component, FMIS code and all other related requirements for the assistance of people with disabilities;
- (e) Orient and train staff on the guidelines, policies, existing resources and special programmes for the assistance of people with disabilities;
- (f) Determine appropriate specialized staff in social services for field duties during emergency operations;
- (g) Strengthen the Social Service Unit at the UNHCR and other relevant agencies for advocacy and coordination of issues concerning people with disabilities;
- (h) Highlight issues for people with disabilities during public information campaigns;
- (i) Include information on the danger of mines, available facilities and programmes to serve people with disabilities in all public awareness and training programmes.

After the emergency situation:

- (a) Build upon the emergency initiatives and programmes which should be viewed as pilot projects;

- (b) Improve facilities to cope with referral programmes generated during the emergency situation with a view of longer term plans;
- (c) Set up ongoing evaluation tools built into all programmes to ensure the effectiveness of assistance extended to people with disabilities;
- (d) Design and implement the assistance programmes in a way that they can be sustained by the community.

2. Counselling people with disabilities

The following procedure should be followed when counselling people with disabilities:

- (a) It is necessary to adopt an integrated approach to the assistance of people with disabilities who are refugees including provision of: protection, health and rehabilitation workers, social workers, and programme planners;
- (b) Interpreters who form an essential element of assistance to refugees need to be trained in awareness of the psycho-social aspects of health care and rehabilitation. Their role and importance in the helping process should be recognized and given its due importance;
- (c) Cross-cultural aspects of refugee life need to be understood and integrated into services provided to refugees;
- (d) Counselling for people with disabilities who are refugees should include their families and facilitate their full integration into the community, through sensitive programme planning, training for income generation, and self reliance.

3. Community-based rehabilitation

The following conditions should be adhered to in order to meet the needs of disabled refugees through community-based rehabilitation:

- (a) In planning programmes, efforts should be made to identify existing community resources which need to be reinforced and supported;
- (b) Refugees should be assisted in acquiring the necessary knowledge and skills needed to work directly with their own community as health workers, rehabilitation workers and community leaders;
- (c) Decision-making should include the refugee community and should give feedback to them on subsequent developments involving budgeting and programme planning to ensure a genuine shared responsibility;

- (d) The differing realities of varied agendas of donors, assisting agencies and refugees should be bridged through an honest dialogue and arriving at viable compromises to meet the established goals. Respect for the beneficiaries should be the cornerstone of all interactions;
- (e) Programmes should be established which are compatible with the level of services available to the local population so as to not make refugees a privileged group. Services for the local population should be simultaneously developed by UNDP/UNHCR and non-governmental organizations.

4. Recommendations for training community health workers

In the emergency phase:

- (a) Identify people in the community who are motivated and interested in undertaking short-term training and in working as volunteers;
- (b) Provide these people with on the spot short-term practical training;
- (c) Closely supervise and monitor all programmes;
- (d) Motivate medical staff to facilitate integration at a later stage;
- (e) Motivate and create awareness in the community.

Long-term programme goals are to:

- (a) Start extensive theoretical and practical training for new students having some medical background and upgrade knowledge and skills of existing workers;
- (b) Integrate rehabilitation with medical training which should include professional sharing and an interdisciplinary approach as well as geographical integration;
- (c) Develop cooperation between all agencies to standardize training curriculums;
- (d) Prepare the entire population for repatriation;
- (e) Work towards sustainability of all programmes;
- (f) Promote extensive training and sharing of knowledge and skills among the refugees beginning with those who are medically trained and moving on to those who are interested but do not have the necessary background.

5. Vocational rehabilitation of people with disabilities who are refugees

To facilitate the vocational rehabilitation of people with disabilities who are refugees the following suggestions are being made:

- (a) People with disabilities who are refugees that have a marketable skill should be given a grant or loan for purchase of equipment or materials to enable them to establish self help activities. They also may be assisted on a preferential basis to set up small retail businesses;
- (b) Some options for vocational training for people with disabilities are tailoring, shoe making, typing, welding, carpentry work and other trades. Recommended approaches for vocational training include: sponsored apprenticeships (in bazaar workshop); "mobile" camp-based training (project moves from camp to camp); fixed centre training (institutional based) such as short-term sponsored apprenticeship in bazaar workshops;

Successful trainees may be provided with a tool kit. One approach is to give the trainees the same tools with which they were trained;

- (c) Marketing projects may seek out large production orders to give work experience to ex-trainees, for example, production of quilts, tarpaulins, school uniforms, medicine boxes etc.;
- (d) Community volunteers or facilitators may assist in the identification of people with disabilities for training and provide support and assistance where needed after training;
- (e) All projects established for refugees should admit people with disabilities on a preferential basis to certain trades, for example, the tailoring trade may be reserved for people with disabilities and needy women who cannot undertake heavy work.

6. Repatriation of people with disabilities who are refugees

To facilitate the repatriation of refugees:

- (a) The phase down of camp services should be well planned ahead of repatriation and should be constantly re-evaluated. Services provided to people with disabilities should be looked at carefully and sometimes even increased in order to prepare people with disabilities for repatriation (i.e., increase production of orthopaedic devices in order to provide for all people with disabilities before they return home);

- (b) Promote self help activities for people with disabilities through community workers and families in order to prepare them for repatriation and integration;
- (c) Ensure that all possible documents on treatment, medication (generic names), prostheses, education, employment etc. are given to the concerned refugees;
- (d) Identify services for people with disabilities existing in their country of origin and area where they will be repatriated to and inform people with disabilities accordingly;
- (e) Encourage and ensure that people with disabilities are repatriated with their "natural" support groups (family, neighbors, community etc.);
- (f) Identify people with disabilities who are without support or with specific difficulties and prepare and organize special assistance for their repatriation and reintegration in cooperation with local authorities and professional staff in their home country;
- (g) Implement an intensive information campaign and counseling for people with disabilities before and during repatriation, covering security, mine awareness, and the living conditions in their home country including health, education, economic and other related problems;
- (h) Set up links and information flows between organizations, staff, refugees, and local populations in both the host and home countries. These linkages will assist in building confidence among the people being repatriated, help make integration easier and assist in future planning;
- (i) Special efforts should be made to ensure integration of trained personnel. Lists of trained personnel and their training courses should be given to specialized agencies such United Nations, non-governmental organizations and others who could then assist in their integration with the appropriate authorities in their home country. Trained personnel should carry proper certificates with them and they should report to concerned authorities and agencies upon arrival;
- (j) Projects serving people with disabilities should be reinforced and developed in the country of relocation before people with disabilities are repatriated;
- (k) Budgets should be allocated by UNHCR for sponsoring special activities to cover the needs of people with disabilities during repatriation and reintegration.

7. Resettlement as a solution for disabled refugees

The recommended general guidelines for resettlement are that:

- (a) Resettlement be considered as an alternative solution for refugees who can be neither repatriated nor integrated in the country of asylum;
- (b) Resettlement be considered as a means of protection for refugees, for example, physical protection, deportation, expulsion and exploitation, etc.;
- (c) It be remembered that resettlement may not necessarily be in the best interests of refugees, especially in cases where the potential for integration is limited, given particular needs and vulnerability;
- (d) In the course of the assessment of individuals strict distinction should be made between medical cases and people with disabilities.

Specific recommendations applicable to people with disabilities are that:

- (a) People with disabilities should be given special attention during the screening process;
- (b) Repatriation or local integration should be thoroughly considered;
- (c) Refugees should be counselled as to the options available to them, including their advantages and disadvantages;
- (d) Wherever possible resettlement of people with a permanent disability should be avoided unless there are other factors that need to be considered, such as: immediate security threats, clear political profile, clear family support in the receiving country, or other traditional resettlement criteria;
- (e) Field programmes should be continuously updated on resettlement criteria and policies regarding medical and disability issues;
- (f) Resettlement policies should be standardized as much as possible to avoid irregular movement of refugees and the creation of false hopes;
- (g) As an alternative to resettlement, receiving countries should consider making contributions to assist people with disabilities or medical problems who are refugees in the country of first asylum;
- (h) These criteria will be updated according to changes in the resettlement country criteria.

C. INTERNATIONAL LABOUR ORGANIZATION (ILO)

1. ILO'S policy on disability issues

The objective of the Vocational Rehabilitation Programme of ILO is to increase training and employment opportunities for people with disabilities by helping member states formulate equity-oriented policies which ensure the access of people with disabilities to training and employment, and to design and implement strategies to increase the skills development and income earning possibilities of these people.

To these ends, the Programme establishes guidelines, develops innovative training and income generating approaches and helps member states to formulate and adapt legislation, policies and programmes which are consistent with the provisions of ILO Convention 159 and recommendations 99 and 168 concerning the vocational rehabilitation and employment of people with disabilities. These International Labour Standards offer the basic guidelines for ILO's activities in this field. They support the right of people with disabilities to appropriate training and employment, not only in specialized institutions and programmes, but alongside non-disabled people in mainstream training centres and in open employment as well. So far, Australia, Azarbaijan, China, France, Japan, Philippines and the Russian Federation are those ESCAP members having ratified this Convention, thus taking on the commitment to formulate, implement and periodically review a national policy on vocational rehabilitation and employment of people with disabilities.

In the context of these International Labour Standards, new trends have emerged in recent years which have influenced the work priorities of the ILO Vocational Rehabilitation Programme:

- (a) A shift from the sole provision of vocational rehabilitation services and the development of institutional and non-institutional rehabilitation programmes towards a greater concern for human rights and promotion of equal training and employment opportunities;
- (b) Greater attention is being given to removing discriminatory legal provisions and practices and to improving the accessibility of general training and employment programmes to people with disabilities;
- (c) An effort to de-mystify traditional concepts of disability and to promote, wherever possible, the integration of people with disabilities into vocational training and employment (mainstreaming);
- (d) The view that disability should be a concern of all development programmes, notably those that address the problem of poverty and the protection of vulnerable groups.

These international trends are also reflected in the programme with respect to disability issues in the Asian and Pacific context.

2. Disability related activities of ILO in the Asian and Pacific region during the United Nations Decade

This section presents a brief summary of activities in the field of training and employment of disabled people undertaken by the ILO in the last ten years in the Asian and Pacific region. The Asian group within the Governing Body of ILO selected the theme of vocational rehabilitation of people with disabilities as one of the three agenda items for its Tenth Asian Conference, which was held in Jakarta in December 1985. As the Director General of the ILO stated then:

The decision to include the subject of vocational rehabilitation of disabled persons as a major topic of discussion at the Tenth Asian Regional Conference of the ILO reflects the growing concern of governments and employers' and workers' organizations in the Asian region with the magnitude of the problems of disabled persons and the need to ensure for them a more equitable share in the benefits of social and economic development.

The report, which was prepared for discussion at this conference, (Vocational Rehabilitation of Disabled Persons, Third Item on the Agenda) offers an in-depth analysis of the socio-economic situation of the region's disabled people at the beginning of the United Nations Decade. Together with the conclusions and recommendations of this conference it remains without doubt a key policy document for Asia and the Pacific in the field of training and employment of people with disabilities for the years to come.

During the United Nations Decade the ILO has assisted many Governments in the region to implement a number of technical cooperation projects.

(a) Indonesia (1979-1987)

In this country the ILO assisted in developing the first community-based rehabilitation programme. Under this programme the ILO undertook a massive staff training programme. By attending intensive training courses, trainers learned new ways and means of serving disabled people. These trainers then trained hundreds of community workers. The project also helped develop pilot community stations in which the trained workers would organize skills training and production activities for disabled community members. Finally, the project created back up services from existing rehabilitation services and introduced mobile units to reach rural communities.

(b) Philippines (1986-1989)

This community-based vocational rehabilitation project adopted a different approach: volunteers from selected communities were trained to open up income-generating opportunities for disabled community members with the support of the community, and, entirely based on its own resources. These volunteers are not trained to provide rehabilitation services but to act as advocates and promoters who stimulate positive action. A recent review of this approach, three

years after the termination of the project, has shown encouraging results in regard to its sustainability.

(c) Republic of Korea (1989-1992)

Of a very different focus is the technical cooperation project with the Government of the Republic of Korea. Here, technical advisory services for the improvement and expansion of an Industrial Rehabilitation Centre and a Production Workshop were provided. In particular, this project trained vocational rehabilitation professionals and prosthetics and orthotics technicians to improve the effectiveness of existing vocational rehabilitation services for disabled workers and to upgrade the quality of the artificial limbs and braces produced.

(d) The Islamic Republic of Iran (1989-1993)

This project focuses on the vocational rehabilitation and employment of people with disabilities resulting from armed conflict. Although nationally executed to a large extent, the ILO provides support for adjusting existing training and rehabilitation facilities and equipment to the needs of disabled people and by organizing and implementing study tours of key Government officials to exemplary programmes in the United Kingdom of Great Britain and Northern Ireland and Sweden.

(e) Afghanistan (1990-1993)

This project, in spite of the very difficult situation it is working under, has organized employment support services to disabled Afghans in six provinces of the country. In close cooperation with the National Association of Disabled Afghans and other non-governmental organizations on the provincial level, employment support workers have been trained who now place disabled trainees with a local business or workshop for a short term apprenticeship. Stipends are paid to the trainee as well as the trainer throughout the training, and follow-up is provided by the employment support worker. In the period from August 1990 to August 1992, seven hundred and four disabled people have been placed for training in sixty-five different skills and trades. Preferred activities include tailoring, carpet weaving, embroidery, mechanics and bicycle repair. The majority of trained people with disabilities have immediately found work after terminating training, most of them by staying with the master trainer. One hundred seventy graduates have been placed into employment independent of their former trainer. The project is continuing its activities until late 1993 and aims at creating a sustainable network of employment support services in additional provinces of the country.

(f) Pakistan (1992-1994)

Following a three month project in 1986 to advise the Social Welfare and Special Education Division of the Federal Ministry of Health on a comprehensive national plan to tackle the problem of vocational training, rehabilitation and integration of people with disabilities, a new project commenced recently to establish community-based vocational rehabilitation services in three regions of the country. Particular emphasis will be given to the training and employment of women with disabilities, whose needs and ambitions are often overlooked. As in other ILO

vocational rehabilitation projects, the close cooperation of workers' and employers' organizations, as well as of organizations of and for people with disabilities, is being sought to reach the goal of full participation and equal opportunities of disabled people in the productive life of their society.

(g) Myanma (1984-1986)

This technical cooperation project focused on: improving and expanding the facilities for assessment, training, selective placement and follow up at a Vocational Training School for people with disabilities; establishing referral facilities at the central level; and, in cooperation with UNESCO, strengthening the special education facilities of the School for Disabled Children, School for the Blind and School for the Deaf.

(h) Sri Lanka (1984-1986)

Funded by DANIDA, the Danish International Development Agency, this project provided employment related training for people with disabilities, in particular blind people, in the field of electrical and electronic repairs and subsequent employment and self-employment.

(i) Asian Workshop on Social Reintegration of Persons Having Suffered Mental Illness

This ILO workshop was held 21-26 March, 1989 in Kuala Lumpur with participation from China, India, Japan, Malaysia, the Philippines, Sri Lanka and Thailand. Workers' and employers' organizations and non-governmental organizations from the field of psycho-social rehabilitation were represented as well. The workshop reviewed the current situations in participating countries concerning the reintegration of people with psycho-social disabilities, trend indicators, legislation and policy, and the principal difficulties encountered. The participants also established a set of priorities and goals for action to be proposed to Governments and non-governmental organizations within the region to encourage and assist in initiating innovative and experimental activities.

(k) Consultancy services by the ILO Regional Vocational Rehabilitation Adviser for Asia and the Pacific

Throughout the United Nations Decade the ILO has continued to provide the services of a Regional Adviser on Vocational Rehabilitation to the countries of Asia and the Pacific. Based in the ILO Regional Office in Bangkok, the Regional Vocational Rehabilitation Adviser, funded from the ILO regular budget, has the task of providing short-term advice and assistance to Governments of the region at their request on all questions relating to the vocational rehabilitation and employment of people with disabilities. It is a service which involves no direct cost to requesting governments and which has proved to be invaluable both for the recipient countries and the ILO itself. It enables the ILO to respond quickly to urgent requests for help in the planning of policies and programmes towards people with disabilities' full participation in training and employment. It also means that the ILO has a specialist available to attend and make a technical contribution to regional seminars and workshops. Equally important is the role of the

Adviser in helping to coordinate ILO rehabilitation activities in the region with those of the United Nations, ESCAP, WHO, UNICEF, UNESCO and international non-governmental organizations such as Disabled Peoples' International. The Adviser also ensures that the issue of equal opportunities for and full participation of women and men with disabilities are integrated in all other ILO activities in the region which do not have a disability focus. This is particularly important in the areas of vocational training, small business development, employment creation and women workers.

(k) Publications

Among the many books on disability issues published and distributed by the ILO during the Decade, three have been particularly targeted to the Asian and Pacific Region or reflect on developments there:

- (i) *Social and Vocational Rehabilitation Resources: An International Directory - Volume Two* lists major institutions and services providing vocational rehabilitation people with disabilities.
- (ii) *Dispelling the Shadows of Neglect* is a survey of women with disabilities in six Asian and Pacific countries: Fiji, India, Japan, Pakistan, the Philippines and Thailand.
- (iii) A report on the aforementioned community-based vocational rehabilitation project in Indonesia was published under the title *Community-Based Rehabilitation Services for the Disabled: A Pilot Experience In Indonesia*.

Other ILO publications, such as *Self-employment for Disabled People: Experiences From Africa and Asia*, and *From Community-Based Rehabilitation to Community Integration Programmes: Experiences and Reflections on a New Concept of Service Provision for Disabled People* rely heavily on the experiences of this region while providing guidance at the same time.

3. Effectiveness of ILO support

The United Nations Decade has set in motion a variety of national, regional, and international activities that we believe have contributed significantly to an improvement in the situation of people with disabilities throughout the world, though many insufficiencies still exist. One special feature of the United Nations Decade has been the unprecedented collaboration between, on the one hand, various entities of the United Nations system, and, on the other, organizations of and for people with disabilities. Today, people with disabilities and their organizations play a key role in advisory committees assisting ILO executed technical cooperation projects, something unheard of only ten years ago.

The major contribution of the ILO to the United Nations Decade was the adoption, in 1983, of the ILO Convention 158 and the ILO Recommendation 168 on vocational rehabilitation and employment of people with disabilities. The fact, that until today, forty-three Governments have ratified the ILO Convention 159, and we expect this number to grow further in coming

years, proves that a considerable number of countries are serious in their attempts to "formulate, implement and periodically review a national policy on vocational rehabilitation and employment of disabled persons" (Article 2 of ILO Convention 159) which would "be based on the principle of equal opportunity between disabled workers and workers generally" and which would recognize that "special positive measures aimed at effective equality of opportunity and treatment between disabled workers and other workers shall not be regarded as discriminating against other workers." (Articles 2 and 4 of ILO Convention 159).

We believe that through this Convention the ILO has significantly contributed a major change in the focus of disability, a policy which is similarly advocated by the World Programme of Action. First, it establishes the principle that a national policy should not just concern the establishment of vocational rehabilitation services but extend beyond that into an active labour market policy aimed at securing employment for disabled people. Second, it establishes the duty to pursue equality of treatment and opportunity and thus to accord people with disabilities the right to equitable treatment. This right includes the right to be trained and employed, wherever possible, alongside non-disabled trainees or workers. However, there are still major constraints in implementing these standards.

One has of course to understand the difficulties Governments face in reorienting their policies and programmes in accordance with these international standards. One lamentable development has been that the United Nations Decade, which had as its objective the stimulation and promotion of new initiatives in favour of people with disabilities, particularly in developing countries, has coincided with a deep economic crisis in the majority of these countries. Rigid structural adjustment policies have seriously affected the development of social sector policies and often have made any substantial progress in terms of disability related activities practically impossible. Obviously it is difficult to create new income and employment opportunities for disabled people at a time when the overall number of persons having a regular income is decreasing in a country. However, several countries in the Asian region have enjoyed a period of substantial economic growth; some even have an acute labour shortage. These countries may be more inclined to take a fresh look at training and employment policy for people with disabilities. However, we would like to caution against a frequently occurring attitude, that disabled people are a convenient reserve labour force which one can easily dispose of in times of labour surplus.

The ILO sees it as a major task to continue and intensify its participation in the United Nations effort to design and implement a long term strategy beyond the United Nations Decade. The Asian and Pacific Decade offers an excellent opportunity to do so. The challenge which the whole United Nations system faces in this endeavour is to lead the discussion in the direction of the global concept of a "society for all", that is, a society that learns to accommodate the diversity of its members without falling into the trap of segregating some of them and creating expensive structures and programmes to maintain them at the margins of society. The ILO, owing to its tripartite structure, will be working with Governments, workers' and employers' organizations to achieve the objective of integrating disability concerns into global and national social and economic policy and practice. In order to do this, we are committed to exploring new forms of effective cooperation and to supporting and complementing each other throughout the Asian and Pacific Decade.

4. ILO proposals for its activities to support the implementation of ESCAP resolution 48/3

In general, efforts will be stepped up to advise ESCAP member states about developing cost effective approaches towards equalizing labour market opportunities for people with disabilities. In developing countries this may often mean that a greater participation of people with disabilities in informal sector activities will be promoted, including better training for self-employment and assistance in finding the necessary access to credit, business advice and apprenticeships. In industrialized countries efforts will be strengthened to prevent the exclusion of people with disabilities from education, training and consequently from the labour market, through legislation and affirmative action policies. In this context, a manual for human resource development planners is under preparation. It will provide guidance on how to integrate people with disabilities into ordinary vocational training programmes and institutions and thus broaden their training and vocational options.

ILO reaffirms its readiness to act as an implementing agency for projects which aim at enhancing the equality and full participation of people with disabilities in economic and social development as requested in ESCAP resolution 48/3 on the Asian and Pacific Decade of Disabled Persons. The ILO will also consider new ways by which it can harmonize training and employment policies in the Region, such as by developing networks for coordinated research and staff training.

Finally, the ILO will participate actively in the Inter-Agency Task Force on the Asian and Pacific Decade and is ready to review its responses and priorities in the light of the priorities of the Decade.

The ILO is planning three regional or inter-regional activities relevant to the Asian and Pacific Decade:

- (a) A tripartite expert's meeting on returning injured workers to employment in 1994 in Japan;
- (b) A regional seminar on training and employment policies for members of the national coordinating committees on disability matters to be established under para 3b of ESCAP resolution 48/3. This seminar will offer the opportunity to review existing labour legislation and policy on disability in order to identify obstacles discriminating against the full integration of disabled women and men in training and employment and to develop new policy approaches towards their increased participation in the socio-economic development of their countries;
- (c) A regional seminar on the role of disabled peoples' organizations in the development of national policies and programmes concerning the training and employment of people with disabilities. This seminar will help to make disabled persons' organizations be more effective in their effort to

promote equal opportunities in training and employment and to acquire full consultative status with governments.

Lastly, the Vocational Rehabilitation Specialist in the ILO Multidisciplinary team in Bangkok will participate in the work of the United Nations Task Force for the Asian and Pacific Decade and will be available to advise Governments on training and employment policy for people with disabilities. During the United Nations Decade we collaborated closely with UNCSDHA in Vienna and other agencies of the UN System as well as non-governmental organizations. We are committed to do the same for the Asian and Pacific Decade and look forward to a period of active partnership in this work.

D. WORLD HEALTH ORGANIZATION

The World Health Organization feels privileged to be associated with this important meeting to launch the Asian and Pacific Decade of the Disabled Persons, 1993-2002, and sincerely hopes that the deliberations at, and the outcomes of, this meeting will engender increased cooperation among various organizations in not only preventing disabilities from occurring but, more importantly, in making the needed services available to people with disabilities to enable them to participate in the social and economic development of their own societies.

Health has been defined in the Constitution of the World Health Organization as a state of complete physical, mental and social well-being and not merely the absence of diseases or infirmity. Keeping this broad definition in mind, the Organization has encouraged Member States to provide adequate attention to four aspects of health services provision, promotion, prevention, cure and rehabilitation.

In 1977 a landmark resolution now commonly known as Health For All by the Year 2000, was passed by the World Health Assembly and subsequently endorsed by the United Nations General Assembly. This resolution emphasized the attainment of a level of health by all sections of the population which would enable them to lead a socially and economically productive life. This concern for social productivity of the population was further reflected in the declaration of Alma Ata which emphasized that primary health care should address the main health problems in a community by providing promotive, preventive, curative and rehabilitative services.

Following the Alma Ata Declaration, WHO developed the concept of community-based rehabilitation, as a strategy for incorporating rehabilitation into primary health care. Under this strategy, WHO has been playing an active role in supporting Member States in the formulation of policies and national plans and the application of technologies for cost effective community-based rehabilitation of people with disabilities. The policies emphasize a national framework for inter sectoral cooperation aimed at physical, mental and social rehabilitation in cooperation with education, labour, social services and health sectors. WHO continues to provide technical support in improving the national managerial process for the development of rehabilitation programmes, including cost financing and evaluation. It also provides guidelines and technical support for the adoption and adaptation of appropriate technology at the primary health care level through preparation, dissemination and utilization of various training manuals as well as development of tools. Back up support for community-based rehabilitation is provided both at regional and global levels. Further, the strategy calls for continuous involvement and use of community resources, including community health workers, to help people with disabilities to increase their abilities to perform self care, move around, communicate, as well as go to school, work and take part in family and community activities. The strategies for health promotion, preventive and curative care have been, by and large, effective in reducing the occurrence of disabilities, but community-based rehabilitation strategy has had a much lesser impact.

The participants of this meeting constitute a vast store house of knowledge and information on the extent of disability, its prevention, management and rehabilitation. Today we have an unacceptable level of disability amongst us.

It is currently estimated that there are approximately thirty-five million people who are blind in the world. To this number should be added another fifteen to twenty million people with severe visual impairment and disability. Of this total number, more than 90 per cent live in developing countries.

Based on information available from developing countries, it is estimated that there are some forty-two million people with moderate to severe hearing impairment in the world. This estimate may well be low.

Iodine deficiency and vitamin A deficiency constitute two of the world's greatest causes of preventable disability. It is estimated that iodine deficiency is currently responsible for six million cases of cretinism and also constitutes the commonest cause of preventable mental retardation. We are also aware that vitamin A deficiency is the world's single largest cause of preventable blindness in children. It is currently responsible for total or partial blindness in some two hundred fifty thousand to five hundred thousand pre-school children.

Reliable information is not available from most developing countries about injuries from road accidents. However, we do know that in the countries of the European Community, head injuries are the first cause of death among the 50,000 people killed in road accidents each year. Head injuries also result in one million hospitalizations and 10,000 new cases of disability, including epilepsy, psychological damage, loss of vision or locomotion, or even coma or indefinite dependence on medical life support systems. In the United States of America alone, more than 80,000 people are permanently handicapped because of brain or spinal cord injuries.

We do not have even a rough estimate of persons who suffer from damage from occupational hazards which have considerable impact on the working population in all countries of the world. Unfortunately, the extent of this damage will keep increasing as developing countries increase the pace of their industrialization. These increases will use up a large portion of the new resources being generated.

1992 marks the close of the United Nations Decade. During this Decade preventive measures undertaken by many countries have significantly reduced the incidence of some diseases which can cause disabilities. Public awareness about disability has also increased following the awareness campaign during the International Year of the Disabled Persons in 1981 and the efforts made during the United Nations Decade. It must, however, be admitted that in most developing countries, there has not been a significant increase in rehabilitation services that provide training, equipment or appliances to improve abilities in self care, communication and mobility of people with disabilities.

Now is the time to recognize clearly that disabilities constitute both social and economic burdens, and unless serious steps are taken in an interactive and pro-active manner, the problem will only become worse. WHO believes that the available technology is sufficient to meet and

deal with this problem in an adequate manner if all the organizations who play leading parts in this important field of disability prevention and rehabilitation combine their energies in a synergistic manner.

Disability prevention and rehabilitation programmes of the World Health Organization put emphasis on the prevention of disability on the one hand, and restoration of health to people with disabilities on the other. It involves measures aimed at reducing the impact of handicaps thereby enabling people with disabilities to achieve social and economic integration by creating an appropriate supportive, physical and social environment. Needless to say, WHO not only needs, but actively welcomes more intense collaboration with governmental, non-governmental and voluntary organizations working in this field to improve the lives of people with disabilities.

We need to recognize that if the disability rate currently estimated at 7 to 10 per cent of any given population does not come down by the turn of the century, the present rate of economic growth, particularly in the developing countries, will not be able to provide, even with the best of intentions, for the handling of disabilities. Therefore, we urgently recommend that the following steps be taken:

- (1) Take, without any further delay, action for introducing community-based rehabilitation as an integral part of primary health care in all nations, recognizing that community-based rehabilitation is the only effective approach that could provide both appropriate, preventive and rehabilitative services to at least 70 to 80 per cent of people with disabilities;
- (2) Make a rapid assessment, if necessary, of the disability situation in each country and provide a comprehensive report to the highest decision-making forums such as National Parliament and Congress, indicating not only the social impact, but also the economic impact of the disabilities persisting in the population, and couple this, with a plan of action for the remaining period of the century;
- (3) Decide the need and type of referral services to support community-based rehabilitation and take measures to establish such a service network;
- (4) Allocate adequate resources for disability prevention and rehabilitation activities;
- (5) At the country level, endeavour to fully implement the proposals in the World Programme of Action concerning People with Disabilities as well as those included in other important decisions and resolutions proposed by governing bodies of WHO and other United Nations sister organizations;
- (6) Develop new appropriate technologies and exchange information in the spirit of technical cooperation among Developing Countries (TCDC).

WHO fully endorses the principles, ideas and contents of the proposed activities for the Asian and Pacific Decade recognizing, however, that many of the important decisions and plans of actions, collectively decided both in the United Nations and its many organs, still remain to

be implemented. It is important to note that the mere designation of a decade is intended to emphasize the urgency of attending to problems in a coordinated manner so as to maximize the results of the financial and other inputs for solving the problems within the period of the decade. It has also to be understood that this is only the beginning and the activities planned to solve the problems of people with disabilities have to be implemented, with suitable modifications, and newer technologies introduced, even after the decade comes to an end.

The report of the Director General of WHO (Document A45/6) on Disability Prevention and Rehabilitation, which was submitted to the Forty-fifth World Health Assembly in May, 1992, outlines the policy of the World Health Organization on this important subject and the activities proposed for disability prevention and rehabilitation. In addition there are also three short reports on the role of the three Regional Offices of the World Health Organization on disability prevention and rehabilitation to indicate the seriousness with which WHO deals with this important subject.

II. NON-GOVERNMENTAL ORGANIZATIONS

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A. CHRISTOFFEL-BLINDENMISSION (CBM)

CHRISTIAN BLIND MISSION INTERNATIONAL (CBMI)

1. Overview

Christoffel-Blindenmission Christian Blind Mission International (CBM/CBMI) is an independent fellowship of Christians from a variety of different denominations who share a common commitment to serving people living in the developing world who are blind and handicapped. Their compassion for people who are poor and disabled transcends nationality, race, religion and sex. The work of CBM/CBMI focuses on the prevention and treatment of blindness as well as on the schooling and professional training of people who are blind, physically disabled and hearing impaired. CBM/CBMI's rehabilitative work has as its end the integration of people who are permanently disabled into local community life. Altogether, the international fellowship of CBM/CBMI supports more than 1,000 projects in nearly 100 less developed countries: hospitals with eye departments; mobile eye clinics; village health care and rehabilitation programmes; schools; training centres; and, many other projects.

About thirty years ago CBM/CBMI broke from the traditional mission agency model. This model promoted the establishment and support of separate, independent mission posts that worked in tandem rather than in an interactive relationship. Instead CBM/CBMI chose the role of a service rendering fellowship, enabling local churches to care for themselves and their needy countrymen by providing these churches with specialist counselling, financial support and expert staff.

Partnership, the most feasible and integral relationship between responsible partners, is all the more possible in the context of a common and strong belief in Jesus Christ. However, an effective relationship can also grow amongst non-Christian partners; the ever present needs of people with disabilities requires all available measures. For CBM/CBMI, in each instance partnership requires:

- (a) The partner's acceptance of responsibility for its own tasks;
- (b) A common set of goals and work structures;
- (c) The willingness to give and take simultaneously, especially in crucial professional discussions.

At present CBM/CBMI works with nearly six hundred partners, including national Christian churches, international mission agencies and local self help groups. The one hundred twenty ophthalmologists, nurses, special education teachers, rehabilitation experts, and agriculturalists, serving overseas understand their task to be primarily one of training national co-workers. Their slogan and their hope, to train hundreds is to cure hundreds of thousands, is embodied in the more than eight thousand two hundred national specialists who work with CBM/CBMI via partner organizations.

CBM/CBMI's Mission Headquarters is situated in Bensheim (Germany). CBM/CBMI's worldwide ministry is possible thanks to more than five hundred thousand mission friends in Germany, Switzerland, Austria, the United States, Canada, and Australia who donated some US\$36 million in 1991. Between 1975 and 1992, independent offices were established in the United States, Canada, Australia, Austria, Switzerland and Czechoslovakia. These branch offices support their own projects and administer the donations they receive. The same was true of "CBM/CBMI in the German Democratic Republic", founded in 1962. After the German unification the offices in East and West have merged.

2. Strategies, principles, and policies

Training is the key. CBM/CBMI encourages, facilitates, and finances training seminars and courses in medical, educational and rehabilitative fields at primary, secondary, and tertiary levels in order to develop indigenous human resources and to train competent national counterparts who are able to carry on the work by themselves. Lecturers are increasingly being seconded from within the region or continents.

CBM/CBMI has helped to set up pilot and model projects in needy target areas, which demonstrate that successful preventive programmes and education and rehabilitation for children and adults with disabilities are possible.

CBM/CBMI encourages self supporting low cost and low tech projects, easily serviceable and sustainable, so that replication becomes a realistic and feasible possibility.

Wherever possible, CBM/CBMI encourages partners and projects to work within existing governmental structures or whatever other structures are already in place, and to make maximum use of potential governmental or other local resources available, something that is one of the necessary pre-requisites for ensuring the long term success of medical, education, and rehabilitation programmes.

CBM/CBMI gives priority to preventive and curative measures over rehabilitation, integration over segregation, community-based services over institution based programmes, vocational training over purely educational services. CBM/CBMI also encourages comprehensive services (such as the inclusion of prevention of blindness programmes into community-based rehabilitation services) without neglecting the development of special expertise for the sake of resource and referral.

Some of these principles received special focus in the 1980's reflecting a decided effort on CBM/CBMI's part to implement modern concepts of prevention, rehabilitation and equalization. For instance, it has required considerable persuasion, and sometimes financial leverage:

- (a) To encourage existing schools for blind children to adopt the integrated education concept;

- (b) To include early intervention schemes, incorporate pre-vocational and vocational training;
- (c) To initiate community-based rehabilitation services.

Likewise, it has required some concerted effort for eye hospitals and eye departments not only to practice ophthalmology but also to offer a full range of eye care services, with screening and referral systems permeating whole districts in order to detect and eradicate cataract, vitamin-A deficiency, trachoma, etc.

3. Fields of service

Primary focus of CBM/CBMI efforts is on:

- (a) Prevention of blindness and other disabilities through early detection of eye diseases, inclusion of primary eye care into primary health care schemes, public awareness programmes, nutritional programmes, potable water projects, immunization programmes, and the screening of children for vitamin-A, deficiency, trachoma, refractive errors etc.;
- (b) Treatment and cure of blindness and sight threatening eye diseases through the supplying of ophthalmic surgical instruments, equipment and medicines, training of ophthalmologists, ophthalmic nurses and auxiliary staff, and through the setting up of eye units in hospitals, mobile eye clinics, outreach services etc.;
- (c) Provision of spectacles to clients with refractive errors and low vision aids for those with useful functional vision through training of opticians, setting up of optical workshops (edging, surfacing, frame making), and the supply of lenses and frames, simple low cost magnifiers etc.;
- (d) Education of children who are incurably blind or visually impaired through: upgrading of existing schools for children who are blind; encouraging and developing integrated education programmes; training of specialist teachers; supporting special education programmes on a tertiary level; and, by developing and supporting low vision programmes;
- (e) Rehabilitation of people who are blind through early intervention programmes for infants and young children, orientation and mobility courses, teaching of daily living skills, vocational training, and job placement schemes, etc., particularly through community-based rehabilitation services.

Secondary focus of CBM/CBMI efforts is on:

- (a) Education and rehabilitation of people with hearing impairments through early detection and assessment, and intervention through development of total communication and vocational training and job placement. CBM/CBMI has also begun to place some emphasis on preventing hearing loss, especially by tackling the common problem of otiti media as early as possible;
- (b) Programmes for people with physical disabilities, children with mental handicaps, people with multiple disabilities, including those who are deaf and blind, leprosy sufferers, and other people who are socially disadvantaged. These programmes provide corrective surgery, medical treatment, early intervention, physiotherapy, orthopaedic appliances, education and vocational training etc.

4. Statistics from CBM/CBMI programmes

In 1991, CBM/CBMI supported 1,032 projects in 102 countries on four continents. 122 co-workers were assigned to overseas assistance and they worked alongside some of the 8,265 national specialists in the field.

The 431 medical, 597 education and rehabilitation, and 4 emergency relief projects reached out to 5,481,884 people in need at a cost of Dm. 54.73 million. Those helped included:

- (a) 3,876,821 eye patients who received 172,489 cataract operations, 86,025 sight threatening operations, and 370,521 people who received spectacles;
- (b) 79,314 ENT patients;
- (c) 54,566 orthopaedic patients or receivers of artificial limbs;
- (d) 23,999 polio patients;
- (e) 22,763 leprosy patients;
- (f) 95,500 people with other types of disabilities [people who are blind or visually impaired (42,906), deaf and hearing impaired, orthopedically or mentally or multiply handicapped, etc.] received education or social rehabilitation.

In Asia in 1991 there were 435 projects in 32 countries that were supported through CBM/CBMI's numerous on going partnerships at a cost of DM 20.5 million. From among the 122 CBM/CBMI co-workers of 13 nationality assigned to partner projects, 24 were in Asia where CBM/CBM also supported, in part or fully, some 4,129 skilled national co-workers.

5. Examples of CBM/CBMI's work in Asia

Here are just a few examples of CBM/CBMI supported programmes Asia which have made a significant impact in their respective regions and some of which have also served as model programmes for other countries.

(a) India

In India's state of Tamil Nadu, in the district of Tiruchirapalli with a population of four million a system of primary, secondary and tertiary eye care that has virtually eliminated all avoidable blindness in the area was developed. A closely meshed network of community workers, together with a well functioning referral system, detects, refers and treats all blinding eye diseases and identifies all people with disabilities in the district for the purpose of early intervention, integration, and rehabilitation.

(b) Thailand

In Thailand CBM/CBMI has assisted partners to set up at least 5 different community-based rehabilitation programmes, some with emphasis on people who are blind, others catering primarily to people with physical disabilities, some incorporating primary eye care components, but all with a definite trend towards comprehensive services. The growth and expansion of these community-based rehabilitation programmes is currently taking place in terms of enlarged geographical area, increased expertise, and inclusion of additional disabilities and preventive measures. Thailand also boasts one of the most successful integrated education programmes in Asia, serving as model for many other countries. In this too, CBM/CBMI has been involved from the very beginning which was just over ten years ago.

(c) China and Viet Nam

In China and Viet Nam, where good medical infrastructure and referral systems are already in place, CBM/CBMI has, over the last 5 to 7 years, made some significant contributions in terms of training eye surgeons (including a batch of 40 doctors trained in cataract surgery in Qinghai Province in Northwest China), the supply of essential surgical instruments, ophthalmic equipment and eye medicines. In China, CBM/CBMI has also conducted numerous courses in special education to upgrade institutions responsible for training special education teachers.

(d) Philippines

In the Philippines, together with its many partners including the Department of Health, CBM/CBMI has intensified efforts and increased funding to help clear the cataract backlog of 600,000 Filipinos who are bi-laterally blind and to produce low cost aphakic spectacles at Pesos 100 a pair (US\$4).

(e) Pacific islands

In the Pacific island nations including Papua New Guinea CBM/CBMI has, often in close cooperation with other international non-governmental organizations and the respective governments, developed prevention of blindness programmes and community-based rehabilitation projects including early intervention, integrated education, vocational training etc., the latest programme being in Vanuatu where a new community-based rehabilitation project is reaching out to people with disabilities on its various islands. CBM/CBMI has also participated in the formation of the Pacific Islands Council (PIC) recently constituted under the auspices of Sight Savers, a council that is to coordinate and streamline services for blindness prevention and rehabilitation in the islands.

6. Structures and networks

CBM/CBMI, in carrying out its many tasks, makes use of a unique internal structure while linking up with an international network of agencies in order to optimize services.

Internally, CBM/CBMI has 9 regional offices and 1 continental office for Africa headed by representatives whose intimate knowledge of the projects, of CBM/CBMI's general policies and regulations, as well as of accepted concepts of prevention, education and rehabilitation, enable them to make appropriate recommendations to both the project partners and to CBM/CBMI headquarters, for the purpose of improving the services of the CBM/CBMI supported projects and programmes.

In addition to the Continental Director for Africa and the 9 Regional Representatives, the CBM/CBMI regional offices utilize the services of experts such as our ophthalmic consultants, all of whom are working in developing countries. They visit and advise projects and come together once a year to review strategies and formulate policies for a more effective way of preventing and curing blindness and other disabilities. There are also groups of experts in the various fields of education and rehabilitation who, besides overseeing their own project, are involved in evaluations, consultations, courses, seminars etc.

Externally, CBM/CBMI works within a network of international agencies and organizations, some of which CBM/CBMI has co-founded. These linkages help CBM/CBMI to coordinate services, to better disseminate information, and to continuously update expertise and strategies. Some important organizations and associations of which CBM/CBMI is a member are:

- (a) The Consultative Group of Non-Governmental Organizations to the Programme Advisory Group of the WHO Prevention of Blindness Programme;
- (b) International Agency for the Prevention of Blindness (IAPB);
- (c) International Council for the Education of the Visually Handicapped (ICEVH);

- (d) European Partners for Blindness Prevention (EPBP);
- (e) Euro Rehabilitation Partners (ERP);
- (f) World Blind Union (WBU)

7. Recognition by the World Health Organization (WHO)

Since 1989, CBM/CBMI has been officially recognized by the World Health Organization (WHO) as an organization specialized in the prevention and treatment of blindness. CBM/CBMI cooperates with WHO's department for blindness prevention in Geneva to find new ways in combatting the major eye diseases such as river blindness (onchocerciasis) in West Africa through mass distribution of Mectizan. Other priorities for cooperation are the prevention of childhood blindness, for example by distributing vitamin A, and the local production of spectacles and eye drops with appropriate methods at low cost.

8. Experience gained by CBM/CBMI in the provision of regional support and programmes concerning disabilities

In many countries, the respective governments have given good support to non-governmental organizations to initiate, expand or ameliorate services for blindness prevention or education and rehabilitation of people with disabilities. This should be recognized and acknowledged.

In a number of countries, a national plan of action regarding prevention of blindness has been adopted, following WHO guidelines, which has resulted in a marked improvement of services and a lower incidence of blindness.

Some countries have adopted legislation regarding equalization of opportunities and even employment quotas for people with disabilities, but they often lack the means or the will to implement or enforce them, with the result that many of these policies regarding prevention of disabilities and the education and rehabilitation of people with disabilities have not filtered down to the medium level authorities and the grass roots.

While many governments have recognized the contributions of non-governmental organizations working in the fields of prevention and education and rehabilitation, allowing them to get involved in various activities, other governments in the Asian region are still making it difficult for non-governmental organizations by refusing official recognition, requiring high import duty on donated equipment or vehicles, or simply by slow and cumbersome administrative and bureaucratic red tape.

Although a number of governments have expressed support for internationally accepted strategies for disability prevention and education and rehabilitation of people with disabilities, in actual fact many of the government officers often still adhere to outdated concepts, favoring, for example, big expensive special institutions over generic, comprehensive and community-based services which are much better suited to cater for the vast unmet needs, especially in rural areas.

There is a conspicuous absence or low profile of national committees on education and rehabilitation whose task it would be to review, monitor, oversee, and initiate national disability legislation, education and rehabilitation programmes, training facilities, referral networks, grass roots community level projects, and government salary schemes for rehabilitation workers or integrated education teachers.

9. Conclusion

Improved health care, a longer life expectancy, the population explosion, the ravages of armed conflict, and the economic slow down are all contributory factors to the ever increasing prevalence of disabilities, particularly in the developing countries of Asia, Africa and Latin America. Against such a scenario, CBM/CBMI and its partners can play only a catalytic role as agents of change for the betterment of people with disabilities worldwide by demonstrating what can be done and how results can be achieved at a modest cost.

To quote Mr James P Grant, Executive Director of UNICEF, from his Introduction to the 1992 Annual Report:

We have estimated the cost of meeting the 27 goals of the World Summit for Children at an additional US\$20 billion a year during the 1990's. It sounds like a lot of money. But it pales to very modest and achievable proportions when measured against two brutal facts of life. I urge you to consider the following: our community of nations will spend about US\$20 billion on the military *this week* as two hundred fifty thousand children die from preventable illness.

Can we afford not to beat our swords into plough shares of human development for our children, for our future?

CBM/CBMI is committed, during this Asian and Pacific Decade of Disabled Persons, to its mandate and is prepared to share its knowledge, experience and human resources with any government which is serious about developing and supporting national plans of action: to prevent blindness and other major disabilities; and, to implement appropriate cost efficient and cost effective solutions for its citizens who are disabled.

B. DISABLED PEOPLES' INTERNATIONAL (DPI)

1. Introduction of DPI

In December 1981, Disabled Peoples' International (DPI) held its founding World Congress in Singapore, where it adopted a constitution and manifesto. DPI is people helping people help themselves. Its philosophy states that people with disabilities should achieve full participation and equality with their fellow citizens in every society. Today, DPI has active membership in over a hundred countries around the world, over half of which are developing nations. DPI's cross disability composition and its developing world focus makes it a unique self-help movement.

The Asia Pacific Region of DPI, one of the five regions of the world, currently has sixteen member countries, with more countries and territories interested in becoming members. After the 1981 World Congress in Singapore, the Regional Council held its First Regional Assembly in Adelaide, Australia in 1984. The Second Regional Assembly was held in Bangkok, Thailand in 1988, with the Third Regional Assembly having been just concluded in Beijing this year.

DPI at the global level holds consultative status with ECOSOC, WHO and UNESCO and is included in the special list of the ILO. In 1987 DPI was awarded by the United Nations for its contribution to the goals of the United Nations Decade of Disabled Persons, 1983-1992. At the regional level, it maintains a good working relationship with ESCAP. DPI provided assistance to an ESCAP project to strengthen national disability prevention and rehabilitation programmes in selected least developed countries in the region and currently supports an ESCAP project that provides assistance to the development of self-help organizations of people with disabilities. DPI, in cooperation with other entities, also worked at lobbying member governments of ESCAP to approve the declaration of an Asia Pacific Decade of Disabled Persons, 1993-2002, resulting in ESCAP resolution 48/3 which declared such a decade last April in Beijing. Then, this December, in Beijing, the DPI Regional Council worked in close cooperation with ESCAP for the Meeting to Launch the Asian and Pacific Decade of Disabled Person, 1993-2002. At the sub-regional level, DPI, through its member in Pakistan, contributed significantly to the declaration by SAARC of the SAARC Year of Disabled Persons, 1993.

2. DPI's contribution to the United Nations Decade

(a) Establishment of national cross-disability movement for disabled persons to represent themselves

When the United Nations Decade started in 1982 there were almost no nation wide cross disability self-help organizations in the region. During the Decade, DPI has succeeded in establishing member organizations in sixteen countries namely: Australia, Bangladesh, China, Fiji, India, Indonesia, Japan, Malaysia, New Zealand, Pakistan, Philippines, Republic of Korea, Singapore, Solomon Islands, Sri Lanka and Thailand. Many other countries, including Nepal, Maldives, Viet Nam, Brunei Darussalam, Papua New Guinea, Tonga and Cook Islands, are preparing for membership application through consolidation of their organization. In fact some

of the DPI national organizations are well established to exert a wide range of influence on disability issues nationally while others are still developing. On the whole the DPI movement has been successful in mobilizing people with disabilities, who were heretofore fragmented, into unity and solidarity.

DPI's current challenge is to establish national cross disability organizations in countries without DPI and to consolidate and broaden the organizational base of DPI organizations that already exist. Reaching people with disabilities at the grassroots level and inclusion of the majority of people with disabilities in the mainstream of the movement are the tasks beyond the United Nations Decade.

(b) Human resources development

People are the major beneficiaries of development, and development is possible only with peoples' participation. People and development are inseparable. People with disabilities, a segment of all populations, are also essential contributors to development. With this in mind the major activity of DPI in Asia Pacific has been leadership training for people with disabilities. Leadership training has been identified as the major means of human resources development and empowerment of people with disabilities since people with disabilities themselves are then positioned to initiate the changes needed to provide themselves with a better place in society. The participants at leadership seminars acquire skills needed to organize or consolidate organizations of people with disabilities which include various types of disabilities. A participant brings back his/her skills to each country and community and passes them on to other people with disabilities. These skills can be utilized at local or national levels. Input of these disabled leaders also assists national and local governments in planning, implementation, and evaluation of disability related services.

DPI has organized ten leadership training seminars during the Decade within the region. Two of these seminars focused on issues concerning women with disabilities. The seminars completed by DPI are listed in section VI. After 1986, Japan International Cooperation Agency (JICA) has become the main funder of these leadership seminars. It has provided transportation and training expenses for participants from developing countries through its Third World Country Training Scheme. The Voluntary Fund for the United Nations Decade of Disabled Persons has given support to the participation of resource persons from developing countries in some seminars. In the last year of the Decade, DPI has also managed to provide for the holding of national level leadership training seminars with funding from the Voluntary Deposit for International Aid of Japan (VDIA). In 1992 and 1993 the Republic of Korea, Philippines, Sri Lanka and Fiji held national leadership training seminars.

Another initiative completed with the assistance of DPI during the Decade was the JICA Group Training in Leadership of Physically Disabled Persons. This was started in 1986 and is organized in Tokyo and other parts of Japan. Initially it included only persons with physical disabilities but is now open for people with visual and hearing impairments. In 1991, the 6th seminar was for hearing impaired participants since Tokyo hosted the World Congress of the World Federation of the Deaf that year.

(c) Empowerment of women with disabilities

In the beginning the representation of women with disabilities within DPI was generally minimal. Most of the leaders and members were men. The DPI 2nd World Congress in 1985 decided that women's under representation should stop. The argument was that if DPI cannot cope with discrimination within its ranks, then it could hardly persuade others to stop discrimination against them. In response to this call, and with the awareness that unless men and women can be represented within the organization, DPI cannot stand for people with disabilities, the DPI Asia Pacific Regional Council took the initiative to encourage more women to participate in and to take leadership roles within the organization. Two leadership training seminars were held for women with disabilities; one in Seoul, in 1986, and another in Islamabad, in 1987. Each national assembly and sub-region were requested to have more women in their membership and leadership. As a result of these efforts more women were empowered and became part of the movement and its leadership. In fact, three out of the twelve members of the Regional Council are women, with another woman representing women with disabilities from the Asian Pacific Region sitting on the DPI World Council. Additionally, out of four vice chairpersons for the four sub-regions of DPI Asia Pacific, two are women with disabilities.

(d) Technical cooperation among disabled peoples' organizations

Some DPI member organizations have started to assist their neighbors who do not have DPI yet. For example, DPI Thailand has a Thai-Laos fellowship programme in which DPI Thailand coordinates the training of Lao sign language teachers, policy makers and rehabilitation administrators in Thailand. Another example are Australian activities in the Oceania sub-region. The most outstanding demonstration is the Pacific Regional Conference on User Rights in Disability Services hosted by DPI Australia in Sydney, Australia, 27-30 January, 1987. Eleven countries and territories, mostly isolated small island nations, in the sub-region were represented.

(e) Research

In the last year of the United Nations Decade, DPI Asia Pacific has also participated in the International Study of Income Generation Strategies for People with Disabilities. Research on income generation strategies by government and private entities for and of people with disabilities were conducted in the South-East Asian and South Asian sub-regions for the purpose of determining successful strategies which may be used for the economic main streaming of people with disabilities. DPI, ILO and the Walter Dinsdale Centre for Empowerment of Canadians with Disabilities funded this research.

3. Experience gained from the United Nations Decade

(a) Difficulties encountered in participation in decision making

It is important for people with disabilities to have a greater say in decision making related to disabilities. In order to realize this, people with disabilities have to organize themselves at the local, national and international levels to have their views represented. Unless people have

representation, they are not heard. Better national disability organizations have succeeded in getting themselves into decision making processes. Some of the DPI organizations in the region, such as the ones in Australia, New Zealand, China, Philippines and Thailand, have become strong enough to influence disability policy at the national level. However, a number of organizations are still trying to get proper recognition from government and society in general, recognition that they represent people with disabilities and that they should be heard when policies concerning them are being developed.

(b) Limited access to resources

Most of the self-help organizations of people with disabilities have suffered from severe lack of resources. Lack of access to financial resources has limited DPI activities substantially. One positive aspect in this area that DPI has experienced during the Decade is the willingness on the part of some international development agencies to cooperate with the self-help movement of people with disabilities. Swedish International Development Agency (SIDA), Canadian International Development Agency (CIDA) were the main funders of regional activities initially, and Japan International Cooperation Agency (JICA) has helped fund recent seminars. Their assistance, even though quite limited, has been very encouraging for DPI's regional operations.

Our experience has proven that if one can come up with good proposals one's efforts are not totally wasted. It may not lead to tangible results immediately, but in the long run it will lead to some result. People with disabilities and their organizations need to acquire the necessary skills to write and submit project proposals.

4. Proposal

(a) Representation of people with disabilities in meetings regarding disabilities

The Global Meeting of Experts to Review the Implementation of the World Programme of Action Concerning Disabled Persons held in Stockholm, Sweden, August 17-22, 1987 was a water shed in that, for the first time in United Nations history, the majority of participants at the meeting were people with disabilities. This illustrated recognition by the United Nations that people with disabilities are experts on disability issues. This recognition was also apparent in the following meetings: International Meeting on Human Resources in the Field of Disability, Tallinn, Estonian Soviet Socialist Republics, USSR, 14-22 August, 1989; and, the Expert Group Meeting on Alternative Ways to Mark the End of the United Nations Decade of Disabled Persons, Jarvenpaa, Finland, 7-11 May, 1991. The presence of many experts with disabilities demonstrated the commitment to the principles of the World Programme of Action which emphasizes the participation of people with disabilities in decision making.

This commitment was also witnessed at the Regional Expert Seminar to Review Achievements at the Mid-point of the United Nations Decade of Disabled Persons which was organized by ESCAP in Bangkok, Thailand, 2-5 June, 1987. This was held in cooperation with DPI Asia Pacific Regional Council and people with disabilities were well represented even though they were not a majority as in the case of the Stockholm meeting.

People with disabilities are still extremely under represented at the policy decision making level and their political representation is minimal as well. It is essential that people with disabilities are well represented at meetings on disability issues at all levels. It is also essential that funding arrangements are made for the participation of people with disabilities who lack resources. All who are present at this meeting are urged to secure the participation of people with disabilities in their decision making processes.

**(b) Establishment of joint projects through DPI Asia Pacific
Regional Office as a regional focal point**

DPI has opened its regional office in Bangkok, Thailand with a regional development officer managing the office. The regional office is expected to work with organizations of people with disabilities in the region and identify national, sub-regional and regional projects. It will also assist people with disabilities in countries without their organizations to establish DPI organizations in their countries. The regional office in the course of time is expected to play the role of focal point for the disability movement in the region. The office can be the regional information and coordination centre. For this to happen cooperation with inter-governmental organizations, governmental and non-governmental organizations in the region is needed. Information sharing with organizations of professionals and single disability organizations will be indispensable.

(c) Disability as a component of development programmes

Environment and Women in Development (WID) are receiving wide attention in the development field. The emphasis on WID is very encouraging since the view point of a significant minority is finally introduced in development issues. People with disabilities as another minority group also demand a more equal share of resources and more opportunities within each society.

In its Policy Statement enunciated by the Development Assistance Committee Aid Ministries and Heads of Aid Agencies, OECD states, "enabling broader participation of all the people in the productive processes and a more equitable sharing of their benefits" is required. The application of this philosophy to minority groups is still largely limited to women. But the needs and interests of children, youth, and men and women with disabilities need to be recognized in the planning and implementation of all projects and programmes. No development projects should be inaccessible to people with disabilities. Only when the perspectives of minorities such as women and people with disabilities are adequately considered, is development sustainable.

**5. Closing: Institutional framework
after the United Nations Decade**

Are people with disabilities equal to other citizens without disabilities? Do people with physical, sensory and mental disabilities have the same opportunities as others without disabilities? Can people with disabilities live in their own communities, not in isolated and segregated institutions? We need to ask these questions, very essential ones, as we end the United Nations Decade of Disabled Persons.

The achievements of the United Nations Decade has not lived up to the great expectations and aspirations of people with disabilities. The United Nations Decade contributed to the main streaming of people with disabilities in some countries, but generally speaking its effect in this region was quite limited.

The major institutional framework after this Decade is being decided by the members and associate members of ESCAP at the end of the United Nations Decade. People with disabilities need all the means available in order to attain high international and national priority to disability issues.

(a) The Asian and Pacific Decade of Disabled Persons

The ESCAP Declaration 48/3 on the Asian and Pacific Decade of Disabled Persons, 1993-2002, is a very effective measure for the continued struggle of people with disabilities within the region. Second Decades were declared for racism, industrial development for Africa, disarmament, development and transport and communication in Africa. The Asian and Pacific Decade of Disabled Persons should serve as a most effective tool because of its focus on equality and full participation for people with disabilities as well as actions at the national level.

(b) Standard Rules on the Equalization of Opportunities for People with Disabilities

During 2-6 September, 1991 the Commission for Social Development organized the first of three sessions of the Ad Hoc Open-ended Working Group to Elaborate Standard Rules on the Equalization of Opportunities for Disabled Persons. The Working Group finished its last session from 28 September to 2 October, 1992 at the United Nations Office in Vienna. This measure is in response to the "Swedish Initiative". As in the case of women and children, international standards on equalization of opportunities for people with disabilities is a very effective means to guide governmental commitment to such equalization.

(c) Vital role of United Nations and ESCAP

The indispensable role of the United Nations organizations, ESCAP in particular, in realizing "full participation and equality" of people with disabilities in the Asian and Pacific Region is very clear. Much still remains to be done. Therefore, all of us, the United Nations, Governments, and non-governmental organizations, including organizations of people with disabilities, have to work hand in hand until the day when full participation and equality of people with disabilities in the region have been achieved.

6. History of DPI Asia Pacific Leadership Training Seminars

1983	April	First Seminar, Bangkok, Thailand
1984	November	Second Seminar, Adelaide, Australia (First Asia Pacific Regional Assembly)

1985	June	Third Seminar, Dhaka, Bangladesh
1985	October	Fourth Seminar, Tokyo, Japan
1986	October	Fifth Seminar, Seoul, Republic of Korea
1987	November	Sixth Seminar, Islamabad, Pakistan
1988	August	Seventh Seminar, Bangkok, Thailand (Second Asia Pacific Regional Assembly)
1990	June	Eight Seminar, Suva, Fiji
1991	November	Ninth Seminar, Singapore
1992	November	Tenth Seminar, Beijing, China (Third Asia Pacific Regional Assembly)

C. INTERNATIONAL CENTRE FOR THE ADVANCEMENT OF COMMUNITY-BASED REHABILITATION (ICACBR)

1. Introduction

In May, 1991 Queen's University was selected to establish the International Centre for the Advancement of Community-Based Rehabilitation (ICACBR) as one of six Canadian International Development Agency (CIDA) Centres of Excellence. Queen's received \$C 5.5 million for six years to operate the Centre.

(a) Partner organizations

ICACBR is a consortium of 11 academic, consumer and service organizations committed to advancing the concept and practice of community-based rehabilitation for persons with disabilities. They include:

(1) from Asia:

- Centre for Social Change and National Development, University of Allahabad, India;
- School of Physiotherapy and School of Occupational Therapy, Seth G.S. Medical School, University of Bombay, Bombay, India;
- Voluntary Health Services Society (VHSS), Dhaka, Bangladesh;
- PPRBM Prof. Dr. Soeharso - YPAC Pusat (Regional CBR Development and Training Centre), Solo, Indonesia;

(2) from Canada:

- Coalition of Provincial Organizations of the Handicapped (COPOH), Winnipeg, Manitoba;
- Canadian Rehabilitation Council for the Disabled (CRCDD), Toronto, Ontario;
- Hugh MacMillan Rehabilitation Centre (HMRC), Toronto, Ontario;
- Queen's University: Kingston, Ontario;
- Universite de Montreal, Ecole de Readaption, Faculte de Medecine: Montreal, Quebec;

- (3) international:
- Disabled Peoples International (DPI);
 - Rehabilitation International (RI).

(b) Mandate

The mandate of ICACBR is to enhance Canadian Universities efforts to achieve world class standing in teaching, education and research in the international development of community-based rehabilitation. To achieve this ICACBR is specializing in the following areas:

- (1) Conducting research and programme evaluation on community-based rehabilitation and disability;
- (2) Creating the opportunity for undergraduate and graduate study and research in community-based rehabilitation;
- (3) Sponsoring and organizing workshops and seminars on the philosophy and strategies of community-based rehabilitation and disability;
- (4) Identifying characteristics of community-based rehabilitation service delivery models.

Together these programmes will refine skills, enhance knowledge of issues concerning disability and community-based rehabilitation, and promote the development of effective and realistic community-based rehabilitation programmes in collaboration with persons with disabilities internationally.

2. FOCUS

(a) Mission statement

ICACBR is an organization committed to advancing the concept and practice of community-based rehabilitation. Participants in this organization are committed to working in partnership with communities to promote the full integration of, and equal quality of life for persons with disabilities. ICACBR will fulfill this mission through the development, enhancement and implementation of community-based rehabilitation services, teaching methods and tools and research initiatives.

The mission of ICACBR is also to include persons with disabilities in the social and economic advancement of their communities. Committed to the objectives of the Centre of Excellence Programme, ICACBR is striving to achieve world class standing in teaching, training and research in international development.

(b) Goals

The overall goal of the Centre is to advance the acceptance of, and knowledge about community-based rehabilitation as a viable method for improving the quality of life of persons with disabilities and their families. In order to achieve this goal the Centre will:

- (1) Enhance Canadian Universities efforts to achieve world class standing in teaching, education, and research in the international development of community-based rehabilitation;
- (2) Facilitate knowledge and skill transfer of community-based rehabilitation internationally;
- (3) Identify core characteristics of community-based rehabilitation which can be adopted by, and introduced into the social, economic and cultural environments of communities;
- (4) Demonstrate the impact of community-based rehabilitation on persons with disabilities and their communities and increase the effectiveness of community-based approach to disability through the development of skills and techniques in research and evaluation;
- (5) Facilitate the development and application of appropriate technology in the management of physical disability such that assistive devices are available which are culturally, economically and socially acceptable to the persons and communities in which they will be used;
- (6) Develop strategies that will ensure the long term continuation of community-based rehabilitation as a realistic, effective and efficient model for disability prevention, detection, and intervention.

(c) Principles

The activities of ICACBR are guided by the following principles:

- (1) To promote integration of the experience of persons with disabilities in all activities that affect them;
- (2) To give special consideration to the role of women as professionals, care givers, and consumers;
- (3) To recognize the unique cultural, traditional, and economic circumstances and priorities of each partner community;
- (4) To take an interdisciplinary approach to the problems associated with disability and community development;

- (5) To operate both nationally and internationally;
- (6) To work with existing institutions to ensure programme continuity and sustainability;
- (7) To develop projects that can easily be adapted and replicated elsewhere;
- (8) To address the issue of positive attitudes towards disability;
- (9) To recognize the effectiveness of early detection and prevention activities;
- (10) To share knowledge and information.

3. Implementation strategies

The implementation strategies of ICACBR are directed towards the development of:

- (a) Human resource potential of consumers and professionals committed to community-based rehabilitation and improving the quality of life of persons with a disability;
- (b) A database on community-based rehabilitation;
- (c) A quarterly Newsletter;
- (d) Collaboration with other universities and organizations internationally to offer training programmes in the field of community-based rehabilitation.

In order to enhance Canadian Universities Role in the International Development of community-based rehabilitation ICACBR will:

- (a) Support a faculty position in the School of Rehabilitation Therapy, Queen's University to concentrate on community-based rehabilitation and international health issues;
- (b) Establish and fund a Graduate Student Fellowship Programme at Queen's University which will support two students each year to study in the field of community-based rehabilitation;
- (c) Initiate meetings with other universities internationally to encourage their involvement in community-based rehabilitation and international development;
- (d) With the School of Rehabilitation Therapy, Queen's University, jointly sponsor a conference on Community-based Rehabilitation and Participa-

tory Development in Kingston, Canada, October 1991 for the academic and professional community to examine issues related to persons with disabilities and the concept and practice of community-based rehabilitation from a national and international perspective.

In order to facilitate the transfer of knowledge and develop skills in the area of community development and practice of community-based rehabilitation ICACBR have implemented the following activities:

- (a) Community-based Rehabilitation Initiators' Workshops, Solo, Indonesia, November 1991 and 1992;
- (b) National Seminar on Community-based Rehabilitation and Disability and Workshop to Develop an Action Plan for Community-based Rehabilitation Approaches to Disability, Dhaka, February 1992;

ICACBR has identified eight (8) Demonstration Projects in Asia and Canada that it will be working closely with to identify core characteristics of community-based rehabilitation models. The primary role of ICACBR is to provide evaluation and monitoring skills, some resources to support the operation of these initiatives, and opportunities for information sharing among project members to improve the quality and scope of their programmes. The Demonstration Projects participating include:

- (a) in Asia:
 - Community-based Rehabilitation Development in Rural and Urban Communities, Bombay, India;
 - Development and Implementation of Community-Based Disability Prevention and Rehabilitation, Menado, Indonesia;
 - Development of Community Based Support Services for Rural Disabled Persons, Bangladesh;
 - Health Care of Women, Children and People with Disabilities, Allahabad, India;
 - Community-based Rehabilitation Demonstration Project on Socio-psychological Aspects of Physical Disability, Allahabad, India.
- (b) in Canada:
 - Physically Challenged Farmers of Alberta, Canada;

- Yee Hong Community Wellness Foundation: Scarborough, Ontario, Canada.

To demonstrate the Science of community-based rehabilitation ICACBR is:

- (a) Conducting a socio-demographic-epidemiological survey of communities in Canada and Asia to provide the basic context for understanding disability and to develop a greater understanding of the similarities and differences in how disability is treated and understood across cultures;
- (b) Doing research to investigate the process of the diffusion and adoption of community-based rehabilitation in communities, the impact of community-based rehabilitation on women (other initiatives will also be included in the future);
- (c) Documenting ICACBR programmes and initiatives using performance and outcome measures;
- (d) Developing evaluation instruments necessary to conduct efficient and comprehensive programme evaluation;
- (e) Developing an evaluation Handbook for organizations interested in community-based rehabilitation programme evaluation;
- (f) Holding an Evaluation Workshop for ICACBR Demonstration Projects in February, 1993 to educate programme managers on how to measure and evaluate the ability of programmes to meet their goals and objectives.

To facilitate Rehabilitation Technology Development ICACBR will:

- (a) Sponsor three members from two of our Asian partner organizations to attend a Conference on Towering Achievements: Technology for Consumers organized by the Rehabilitation Engineering Society of North America (RESNA), June 1992;
- (b) Sponsor a seminar given D. Werner, the Hesperian Foundation and R. Hotchkiss, the Wheeled Mobility Centre, San Francisco State University, for our partners on Advancing Rehabilitation Technology, in June 1992;
- (c) Identify the assistive devices requirements of persons with disabilities and the availability of rehabilitation aids in communities;
- (d) Link partners to Societies and Associations in the field of Rehabilitation Technology and Assistive Devices.

In order to develop strategies for sustainability of community-based rehabilitation ICACBR will:

- (a) Advocate for the full integration of persons with disabilities in the promotion of equality of life;
- (b) Document and publish its research and initiatives;
- (c) Develop and expand its network of individuals and organizations interested in the value and impact of community-based rehabilitation on persons with disabilities and the community;
- (d) Establish a Secretariat at Queen's University, Kingston, Ontario, Canada which will function as a central resource that individuals and organizations can contact to raise questions and issues concerning community-based rehabilitation and to access information on community-based rehabilitation internationally;
- (e) Develop linkages with government and non-governmental agencies to promote the value and impact of community-based rehabilitation.

D. INTERNATIONAL COUNCIL FOR THE EDUCATION OF THE VISUALLY HANDICAPPED (ICEVH)

ICEVH is an organization whose aim is to promote the education of people with visual handicaps throughout the world. It was founded by the American Foundation for the Blind, Perkins School for the Blind, and the Royal National Institute for the Blind. The international members of its Executive Committee are: Christoffel Blindenmission, Helen Keller International, International Association for the Education of the Deaf and Blind, Royal Commonwealth Society for the Blind, and the World Blind Union. It is also receiving generous support from Organization National de Ciegos and the Tomtebodas Resource Centre. ICEVH has Category II consultative status with the United Nations Economic and Social Council and with UNICEF.

ICEVH is the world's largest organization of professional educators of children and young people who are blind or visually impaired. Therefore, in the context of the World Programme of Action Concerning Disabled Persons and the Declaration of Education for All, our two thousand five hundred professionals are concerned that the Asian and Pacific Decade be aware of the situation regarding children and young people with visual impairment.

According to the conservative estimates of the World Health Organization there are 1.5 million children who are blind in the world and 72 percent of them are to be found in the Asian and Pacific Region. Globally the incidence rate for blindness is almost one per minute, and yet 50 to 75 percent of these occurrences are preventable. Unfortunately, in developing countries, less than 5 percent of children under sixteen years of age who are blind have access to even basic education. Moreover, current facilities in residential schools cannot cope with the needs even though there are an estimated minimum of an additional one million children whose special education needs should not be ignored. In light of this we recommend the expansion of integrated education programmes in standard schools, especially in developing countries. This method of education is more conducive to the full participation of people with visual handicaps in society as a whole. It would also increase the space available in existing special facilities for the growing number of children with multiple handicaps who also need services. To accomplish this there has to be:

- (a) A transformation of special residential facilities for children and young people with visual handicaps into resource centres;
- (b) An increased amount of attention given to staff development in the form of training for teachers and other personnel;
- (c) The provision of basic braille and low vision materials;
- (d) The provision of basic educational equipment.

At the same time greater emphasis should be given to the prevention of avoidable blindness in children.

ICEVH cherishes its relationship with ESCAP and pledges its full cooperation in order to assist governments through the provision of technical resources in order that children and young people with visual handicaps can enjoy access to education no better and no worse than that given to their sighted peers.

E. REHABILITATION INTERNATIONAL (RI)

1. Introduction

Rehabilitation International is a federation of national and international organizations and agencies working for the prevention of disabilities, the rehabilitation of persons with disabilities and the equalization of opportunities within society on behalf of persons with disabilities and their families throughout the world. RI is currently composed of 150 organizations involved in disability prevention and rehabilitation service development in 89 nations in all of the world's regions.

Rehabilitation International maintains official relations with United Nations Economic and Social Council, the World Health Organization, the International Labour Organization, UNESCO, UNICEF, The Commission of European Communities and the Council of Europe. It provides the Secretariat for the International Council on Disability, a coordination body of 35 international non-governmental organizations working in the disability field.

The RI Regional Committee for Asia and the Pacific maintains its regional Secretariat at the Hong Kong Council of Social Service under the leadership of the Chairman, Peter S.S. Chan, MBE. Officers of the region include: Vice Chairman, Dr. Satoshi Ueda, Japan; Dato E. Lawrence, Malaysia; and, Mr. Gou Jianmo, China. The Honourary Secretary Treasurer is Dr. Joseph Kwok of Hong Kong.

2. Overview of Rehabilitation International programmes and activities internationally and in the Asian and Pacific Region

Rehabilitation International is an open forum for the exchange of experience and information on research and practice; an advocate for policies on legislation recognizing the rights of persons with disabilities and their families; and, a deliberative body for change of public attitudes to encourage the equal participation of persons with disabilities in education, employment and the cultural and social life of their communities.

In 1992 Rehabilitation International marked the conclusion of the United Nations Decade of Disabled Persons and celebrated its 70th Anniversary year. RI completed many activities during the Decade of Disabled Persons.

(a) Mass media

Rehabilitation International collaborated with the United Nations in its first expert seminar on Mass Media and Disabilities. The United Nations booklet "Improving Communications About People with Disabilities" resulting from this meeting was edited by RI and has served as the basis for numerous meetings and projects that have initiated positive changes in how people with disabilities are presented in the mass media. Most recently a joint workshop on the theme was

carried out in 1992 at the 17th World Congress in Nairobi in Cooperation with the International Labour Organization.

(b) Children with disabilities

Over the last ten years Rehabilitation International has maintained a technical support programme on childhood disabilities with the United Nations Children's Fund. As a result UNICEF offices in more than 50 countries have established programming and expertise in the area of childhood disabilities. This has been accomplished primarily through the provision of technical assistance, organization of training seminars, and development of audio-visual and print materials.

(c) Effects of armed conflict

RI carried out an in depth field study commissioned by UNICEF in 1990 on the effect of armed conflict and rehabilitation services on women and children. Field visits were conducted in Asia, Africa, Latin America and the Middle East. The study found that for every child killed in conflict three more were injured or physically disabled. Severe psychological trauma is estimated to have had an impact on 10 million children worldwide. The recommendations from this study are now being utilized by the United Nations Children's Fund in determining how to expand and introduce services to affected women and children.

(d) Research

A six country investigation on new technologies and the employment of disabled persons was conducted on behalf of the International Labour Organization and published in 1992. The study focuses on new technology training programmes for people with disabilities, technology to assist people with disabilities to access employment, and the experience of companies, organizations and governments in the placement and employment of persons with disabilities trained in new technologies. The study was based on the experiences of the United Kingdom, the United States, Sweden, Japan, Israel and Hungary.

(e) Legislation

In 1986 RI cooperated with the United Nations Office in Vienna, to hold a meeting of experts to compare legislative provisions in the disability field. The report of the meeting *International Comparison of Legislation for Equalization of Opportunities for People with Disabilities* was later published.

(f) Periodicals

During the United Nations Decade, Rehabilitation International continued publication of its disability periodicals, including the International Rehabilitation Review and its newsletter on childhood disability "One in Ten" which is published jointly with UNICEF in English, French, Arabic and Spanish. These periodicals promote the international exchange of scientific and practical information and they are received in 150 countries throughout the world.

(g) World meetings

RI World Congresses promote the international exchange of practical and scientific information in the field of disability. During the United Nations Decade the Congress has been held in Lisbon (1984), Tokyo (1988) and Nairobi (1992). Major improvements in accessibility of airports, hotels and other facilities are among the results of the World Congresses in all host cities. The Congresses have achieved major public awareness of disability issues and are an important means of information networking in the disability field among all interested groups in government, the non-governmental sector, organizations of people with disabilities and professional services providers.

Governing Assemblies of RI have been held each year during the United Nations Decade. These Assemblies also provide the opportunity for member organizations to exchange information, ideas and strategies for the future. During the period 1983-1992 Governing Assemblies have been held in the Netherlands, the United States, Portugal, Swaziland, United Kingdom, Finland, Japan, Spain, China, Germany and Kenya.

(h) 1992 Presidential Award

In 1992 Rehabilitation International awarded the RI Presidential Award to the United Nations Centre on Social Development and Humanitarian Affairs. The presentation took place at the concluding plenary session of the 17th World Congress in Nairobi, Kenya. The UNCSDDHA was honoured for its global efforts to promote rehabilitation, prevention of disabilities and equalization of opportunities for persons with disabilities during the UN decade of Disabled persons. The RI Presidential Award, is presented every four years and includes an award symbol and an honorarium, endowed by the Hong Kong International Rehabilitation Foundation.

3. Regional programmes in Asia and the Pacific

The RI Regional Committee for Asia and the Pacific based at the regional Committee Secretariat in Hong Kong, carries out a range of activities on a regular basis. These include regional meetings of the Executive Board officers and every two years an assembly of all RI member organizations in the region. Sub-committees and sub-commissions are active in the following fields:

- (a) Education: Chairman Dr. Simon Haskell, Australia;
- (b) Technology and accessibility: Chairman Professor John Evans, Hong Kong;
- (c) Medical: Chairman Professor Zuo Da Huang, China;
- (d) Vocational: Chairman Mr. Kozo, Japan;
- (e) Recreation and sports: Chairman Dr. York Chow, Hong Kong;

- (f) Organization and administration: Chairman Ms. Janet Braithwaite, Australia;
- (g) Staff training: Chairman Dr. Seo, Republic of Korea;
- (h) Social: The Philippines;
- (i) Information: Taiwan Province of China;
- (j) Working Group on Community Based Rehabilitation: Chairman Dr. Handojo Tjandrakusuma, Indonesia;

The Regional Committee maintains liaison with the regional offices of the ILO: Professor Matsui, Japan; The World Health Organization Western Pacific Office: Dr. Harry Fang, Hong Kong; and, ESCAP: Khunying Koblob, Thailand. A regional newsletter, RECAP, is produced annually. The editors include Dr. Joseph Kwok (Hong Kong), Mr. David Henderson (New Zealand), and Mrs. Soegeng Soepari (Indonesia).

(a) Community-based rehabilitation projects

The Asia and Pacific region secured a grant from the Dr. Ip Yee Trust Fund which was utilized to assist the development of community based rehabilitation projects for children and adults with disabilities in the region. Community-based rehabilitation projects were supported in India and other projects are under development.

As a consequence of the RI 16th World Congress in Tokyo, Japan and with the generosity of the Japanese Society for Rehabilitation of the Disabled, a technical assistance fund was initiated to benefit programmes for people with disabilities in Asia and the Pacific. This fund has made grants to regional workshops on community based rehabilitation, through leadership training of practitioners in Hong Kong in 1991, and there are additional training programmes planned during the second decade.

(b) Special events

Special events of RI during the United Nations Decade were:

- *September 1988* -- The RI 16th World Congress held in Tokyo, Japan, bringing more than 2800 participants from 93 nations. The World Congress called for a substantial increase in bilateral and international assistance to reduce the impact of disability in developing countries, innovative efforts to transfer the benefits of new technologies to educate and train people with disabilities for real jobs in the modern economies of the world, and coordination of the multiple sectors of rehabilitation work: education; vocational training; medical therapies; technical aids; and, income support systems. The Congress further urged adoption of legislation and governmental support in each nation to guarantee that

people with disabilities are accorded the same human and civil rights as other citizens.

- *October 1990* -- The Asia and Pacific Regional Conference held in Beijing, China was attended by an estimated 1000 participants from 50 countries. This was the first comprehensive international rehabilitation conference held in China. It was opened in the Great Hall of the People by His Excellency the President Mr. Yang Shangkun. The conference featured reports from Asian and Pacific Countries on eight themes: legislation and policy development; special education policies; research priorities in prevention and rehabilitation; concrete action to promote employment of people with severe disabilities; utilizing mass media to improve attitudes; barrier free design and mobility; assisting people with disabilities to have a full family life; and participation in sports, recreation and cultural activities. Workshops focused on cross cultural aspects of independent living, community based rehabilitation, and childhood disability programmes in developing countries.
- *1995* -- The 10th RI Asia and Pacific Regional Conference will take place in Jakarta, Indonesia from 4-9 September. The Indonesian Society for the Care of Disabled Children (YPAC) in cooperation with the Indonesian National Council on Social Welfare (DNIKS) are the host organizations. Scientific programme planning and all local arrangements are now in progress.
- *1995* -- Abilympics IV, a skills activities demonstration programme in daily living and employment will take place in Perth, Australia in advance of the Asia Pacific Regional conference in Indonesia. The dates and travel are being coordinated to facilitate attendance at both events.
- *1996* -- 18th World Congress of Rehabilitation International is scheduled to be held in New Zealand, under the auspices of The Disabled Persons Assembly (New Zealand) and the New Zealand Accident Compensation Corporation, dates and locale to be determined.

(c) New President of Rehabilitation International

Mr. John Stott of New Zealand was elected President of Rehabilitation International for the period 1992-1996 at the RI Governing Assembly concluded in Nairobi, Kenya, September 1992. Mr. Stott served as President of the Disabled Persons Assembly (New Zealand) and has been a national president of many of the disability focus organizations of New Zealand. He is a member of the New Zealand Society of Local Government Managers, having served as district Manager of the Banks Peninsula District Council and as a member of the International City Managers Association. Prior to assuming the Presidency of Rehabilitation International, Mr. Stott served as Deputy Vice President for the Asia and the Pacific Region.

4. Effects of the United Nations Decade in the Asian and Pacific region

RI Former President Dr. the Honourable Harry S.Y. Fang, who serves as Chairman of the RI Council of Honour, accessed the effectiveness of the United Nations Decade in Asia and the Pacific Regional Conference. Dr. Fang concluded:

Through concerted and determined efforts of both international governmental and non-governmental organizations, global immunization against communicable diseases have made significant impacts in many countries. Effective implementation of low cost and appropriate nutrition and hygienic programmes of water and sanitation have also greatly reduced these kinds of disabilities. However, there are no promising signs that disabilities as caused by poverty, malnutrition, armed conflict and natural disasters are decreasing. Sadly the fact remains that the situation is almost unchanged as it was at the beginning of the United Nations Decade, the disabled population still outgrows any expansion of rehabilitation programmes.

Over the United Nations Decade, early intervention measures for children with disabilities have gained importance in many countries. Such action programmes recognize that children with disabilities suffer not only from handicaps, but also problems due to interference to their normal developmental growth. Corrective surgery for many people with disabilities is important in restoring physical functions. In this regard would you join with me to congratulate our host, The China Disabled Persons Federation, in launching a five year action programme to provide cataract surgery to 500,000 blind people, corrective surgery to 300,000 polio victims and early speech training to 30,000 deaf children. Such a massive scope of rehabilitation operation is not only unprecedented in the history of China, but also in the world. I am extremely happy to note that their initial years of operation have proven to be outstandingly successful, particularly in least developed areas of the country.

Adapting advanced technology and science to aids for independent living and product work have gained increased interest and enthusiasm from the region.

Sadly as I have mentioned earlier, no matter how advanced technology may become and how conventional rehabilitation services are being expanded, the hard fact still remains as it was decades ago - i.e., disabled populations growing at a much faster rate and that over 80 per cent of them have extreme difficulties in getting access to rehabilitation service.

5. The challenge of the future

There is increasing optimism that the region is moving into an era in which diplomatic negotiations in international cooperation are taking the place of confrontation and armed aggression to resolve differences among nations. However, the economic outlook for the region in the 1990s is not showing a similar enlightening future.

The future regarding disabilities is quite predictable. The number of disabled people is on the increase year after year, due to reasons we all know too well. The gap between demand and supply of rehabilitation services is still widening - over 85 per cent of the disabled population are as ever experiencing severe difficulties in getting access to these services.

Going into the next century population changes will give rise to a larger proportion of old people and age related disabilities. While old people with disabilities still possess enormous

potential as contributing members of society, they also have special needs and require special services.

The Asia and the Pacific Region comprises over fifty countries and territories, over 50 per cent of the world population and over 50 per cent of the land mass on earth. In spite of its diversity in culture, language, economic development, social and political systems and religions, people in the region are getting closer to each other thanks to modern media and communications. Countries are being more dependent on each other due to technological advances and increased economic and tourism activities.

A deeper sense of unity and solidarity has evolved in the region through a common recognition of the goals of the United Nations of Disabled Persons and the emergence of strong political wills to implement the World Programme of Action. This change of human thinking and behaviour as witnessed in the region must be further nourished and expedited and should uphold our optimism in tackling the problems of the present and the future.

6. Support for future action during the Asian and Pacific Decade

Rehabilitation International, its member organizations in the Asian and Pacific Region and its Regional Committee for Asia and the Pacific are committed to enhance non-governmental organization cooperation with agencies of the United Nations and governmental entities in the region throughout the second Decade of Disabled Persons for Asia and the Pacific.

Two activities in the period ahead will focus this support: the 1995 10th Asia and Pacific Conference, Jakarta, Indonesia and the 1996 18th World Congress in New Zealand. The 17th World Congress in Nairobi, Kenya identified challenges for the twenty-first century: to bring about equal access for the world's estimated 500 million disabled people now living for the most part as second class citizens in their societies, limited by inaccessible environments and devalued by their fellow human beings. The countries that have made measurable progress in advancing equalization of opportunities for people with disabilities during the twentieth century, have persevered in certain concrete areas: legislation with attached enforcement measures; provision of the basic needs package of benefits and allowances; attention to the physical environment; integrated education; training opportunities; support systems providing technical aids and personal assistance services; and, public education and attitude change initiatives.

During the period 1993 through the year 2000, to accelerate the pace of progress, Rehabilitation International calls on all governments to pursue a policy of affirmative action by accepting a degree of positive discrimination to ensure that disabled individuals have the opportunity to become literate, educated, trained, employed and to be involved in social, cultural, leadership and policy making matters.

Rehabilitation International will utilize all of the resources at its disposal through its network of member organizations and regional programmes to achieve these ends.

F. SAVE THE CHILDREN FUND (U.K.) (SCF)

1. SCF's Policy

Working for lasting benefits for children overseas and in the United Kingdom has been SCF's fundamental aim for more than seventy years. Based on our fieldwork experience, we are attempting to influence policy and practice in favor of the needs and rights of children world wide. For work with children with a disability overseas, the following issues are central.

A community based approach is seen the most effective method of ensuring an equitable distribution of the usually limited resources available for working with people with disabilities. The difficulties which confront people with disabilities cannot be solved through treatment of disorders alone. This does not suggest that the importance of specialist intervention should be ignored, but rather that such interventions as surgery, the fitting of hearing aids or special education are only one part of a complex process towards improving self reliance. Difficulties arising from disability include poverty, lack of opportunity for education and gainful occupation, and a generally low status in the eyes of the community. Only community solutions can change such attitudes.

Home based interventions are vital. Without the support, understanding and active participation of the family members of people with disabilities rehabilitation is likely to be of limited effectiveness. Parents of children with a disability tend to hold different views on disability than do people with disabilities. The birth of a child with a disability may be perceived as a tragedy. This is the antithesis of the viewpoint of a person with a disability which is the view that a person with a disability must be seen first and foremost as a person, not as a disability or a problem. It is of paramount importance to fully involve parents in programmes with their children to heighten the parents awareness of disability issues so that they can play a principal role in, and keep full responsibility for, leading their children towards independence.

People with disabilities need to be actively involved in all major decisions affecting them, particularly the design of special services and legislation for people with disabilities. Strong Associations of People with disabilities can play a key role in influencing government policies and advocating change in society.

Cooperation between different administrative departments (including Education, Health, Labour, Welfare, etc.) is essential to ensure a consistent policy for people with disabilities. Associations of people with disabilities can foster such co-operation.

All disability groups ought to benefit from community based rehabilitation. Traditionally, much of the emphasis of rehabilitation is focussed on the people with a "physical" disability, particularly children who have contracted polio. This approach tends to ignore the less obvious, but by no means less prevalent or devastating problems that arise from sensory impairments, learning difficulties, etc.

Working with people with disabilities does not just mean providing services but touches upon human rights and fighting discrimination and prejudice.

2. Major SCF programmes for children with disabilities in the Asian and Pacific region

Throughout Asia SCF is supporting a very diverse range of projects in response to different situations and histories. Changes in SCF programmes reflect changing world perceptions of disability, with the understanding that:

- (a) Rehabilitation should, when possible, take place within the community if real advances in life opportunities are to be made, and the handicapping effects of impairments are to be reduced;
- (b) In order to make this work, people with disabilities must not only be consulted but play a leading role in developing services and shaping policies affecting them;
- (c) Disability is a human rights issue, not a mere service provision problem.

Some of the programmes, by country, that are supported wholly or partially by SCF are described below.

(a) China and Hong Kong

The Anhui Integrated Education Programme for Disabled Children started with the SCF sponsored establishment of two kindergartens where children with mild mental handicap (MMH) were educated along with other children. The enthusiastic cooperation of SCF's partners, education administrations, kindergarten staff, parents and, to a certain extent, organizations concerned with people with disabilities, has been essential for the programme's success. As an important "side effect", more participative and individualized new teaching methods have stimulated the healthy development of all children in the pilot kindergartens. Adequate training for teachers and education administrators will be the focus of the follow up programme, which will gradually spread integrated education (including an enlarged range of disability groups) to kindergartens and primary schools throughout Anhui Province, within the framework of the Province's plans to reach the target of Basic Education for All by the Year 2000 SCF has provided an Integrated Education Adviser to assist APEC in setting up an adequate training system and a resource centre on special education, and to find ways to provide community based support to children with a disability who cannot be integrated into the mainstream education system.

Under the SCF Foster care Programme in Hong Kong, SCF has encouraged the Hong Kong Government to support fostering mildly mentally handicapped children.

Also in Hong Kong, SCF advocates improving the intake of and facilities for children with special needs in kindergartens.

A Special Needs Coordinator for Vietnamese asylum seekers in Hong Kong camps has developed community based rehabilitation activities in co-operation with SCF's well baby service

and preschool projects, primarily for children under six years. Both nurses and health educators working in the camps have been trained in identification of children with disabilities and the setting up of individual development programmes, concentrating on daily living skills. They are working closely with parents and motivate them to form support groups. It is hoped that these parents will play the role of catalysts within their communities once they return to Viet Nam.

(b) Fiji

At the request of government, SCF initially concentrated on children with physical disabilities and cerebral palsy, but is now looking at ways to incorporate children from other disability groups.

Save the Children has assisted in training physiotherapy aides who work within the structure of the Ministry of Health to: assist in early identification of disabilities; train parents and cadres in early intervention; train nurses and village health workers; and, raise community awareness about disability issues.

SCF has provided support to Fiji Crippled Children's Society (CCS) who assist children with physical and hearing handicaps through an early intervention centre and a segregated special education school. SCF is now encouraging the development of ways to integrate children with a disability into community schools.

(c) India

In South India, SCF co-operates with the Arthik Samata Mandall (ASM) agency in Andhra Pradesh in the fields of health, nutrition and education. During the past nine years, about 6,500 children with a disability were involved in a community-based rehabilitation programme run by ASM. Some of these children are now able to earn their livelihood and support their families.

(d) Lao People's Democratic Republic

SCF Advisors are working with the Ministry of Education to develop teacher training programmes at primary school and preschool levels to introduce ideas on the integration of children with special needs into normal schools. This includes identifying "slow-learners", analyzing their needs and designing appropriate support programmes.

(e) Nepal

SCF has recently started to launch community-based rehabilitation activities to improve the care of children with a disability who are known at a SCF supported clinic.

(f) Papua New Guinea

SCF has been one of several supporters of the Western Highlands Association for the Disabled (WHATD) which operates a community-based rehabilitation programme that provides

a system of support for people with disabilities in their home communities, and promotes integration of children with a disability in community schools. SCF also supports the National Board for the Disabled with information and funding.

(g) Sri Lanka

The Nuware Eliya programme in Sri Lanka is based on the activities of a special education day centre which functions three days a week, and a home visiting programme. A community volunteer programme in the beginning, it has developed into a highly professional service. Key features are the expertise for working with children with very severe disabilities, the extremely democratic decision making process used by the teaching team, and the central role of parents.

SCF currently works with eight very varied disability projects, from small scale innovative non-governmental organization initiatives to large scale planning for three provinces. More emphasis has been placed on training and support, and networking between projects.

(h) Thailand

In Bangkok, the Integrated Education Project for Intellectually Impaired Children is working to expand its experience in two pilot schools throughout the city, using a video of the project to persuade city education leaders. In the North-East, we are supporting the extension of an Integrated Education Project for the blind into rural areas by funding itinerant teachers to support community school teachers. We hope to integrate children from other disability groups soon. Co-operation with a nearby community-based rehabilitation project of the Ministry of Public Health (MOPH) aims at laying more emphasis on educational aspects and greater community participation. In a Northern project, community-based rehabilitation work in rural communities is becoming a focus as parents are taking more responsibility for the funding and running of a special class.

(i) Viet Nam

SCF is working in Ho Chi Minh City with a mixture of government organizations, non-governmental organizations and community groups. The Centre for Research and Training of Handicapped Children has been until recently the focus for SCF. The Centre works primarily on training teachers for mentally, hearing and visually impaired children of school age.

3. SCF Approaches to providing service for children with disabilities

(a) Community based rehabilitation

Growing experience in community-based rehabilitation has led to a clearer understanding of the variables affecting implementation. There are many different models that have been tried:

- (1) Implementation through the public health system. This approach tends to:
- Experience difficulties gaining the co-operation of education and welfare departments;
 - See the main role of community level workers as referring up to district professionals;
 - Allow doctors and nurses to underrate the contribution parents can make in the rehabilitation process, and give little importance to parents' wishes and observations;
 - Operate effectively in early identification, but concentrate on physical and operable disabilities;
 - Underrate local resources such as low cost aids;
 - Remain highly centralized.
- (2) Small scale cross-sectoral "pilot projects", which may experience problems by:
- Omitting to clearly define mechanisms how, and by whom, the "pilot projects" would be "upgraded" to larger scale;
 - Neglecting contacts with government health personnel, teachers and social workers and thus missing opportunities to share experience gained by project community-based rehabilitation workers;
 - Relying on a high proportion of external funding without mobilizing community and government funding;
 - Neglecting genuine community participation and thus depriving the project from potential resources (skills and funding) available within the community; and, v) omitting to design strategies for changing community attitudes. Many small scale projects are often run by a few energetic individuals, with little encouragement to community participation. It is important to clarify who really "owns" the project, is it the project staff, people with disabilities and their families, or the steering committee?

(b) Integrated education

An understanding of the possibilities and importance of integrated education for children with special needs has greatly increased in recent years. The advantages are not only for children individually who gain an appropriate education in order to fulfil their personal potential, but also in effecting lasting changes in community attitudes to all disabilities. While accepting that for some children segregated classes, or even schools, may be necessary, clearly integrated education is the best and only solution possible for the vast majority of children in developing countries. Segregated schools can never meet the needs of rural children in a cost effective way, however, they can play a very positive role in developing services if:

- Teachers see their role to prepare the majority of their pupils for community schools in as short a time as practicable;
- Special schools work as centres of expertise, training and resources, aiming to give support to children with a disability in community schools, and their teachers and families.

The question whether SCF should support schools which are not working towards integration as a primary goal has often been asked. Where the Ministry of Education have a Department for Special Education they will often tend to work against integration. Finding imaginative ways to involve such Departments from the beginning of integrated education projects may be vital to removing long term obstacles. It is interesting to note that in Papua New Guinea, the country that appears to make great progress towards integration, there has been no such department.

Working with teachers towards integration may involve developing:

- More knowledge about child development issues;
- A better understanding of the process of individual assessment;
- Improved teaching methods;
- Individual programmes for special needs children.

(c) Disabled persons' associations and legislation

During the United Nations Decade much legislation has been passed as a result of various United Nations resolutions and the efforts international pressure groups of people with disabilities. However, this is but a first step in enabling people with disabilities to obtain their rights. Associations of people with disabilities tend to be led by well educated adults, who often have been physically disabled after school age. They are not necessarily able to empathize with adults from other disability groups. In some countries there may even be a legislatively and socially "privileged" group, often the blind. Unless these various disability groups are able to form a common front, pressurizing government and advocating change will remain most difficult.

In SCF experience, understanding of children with disabilities is likely to be even weaker; in fact parents and their attitudes tend to be seen as "part of the problem" rather than "part of the solution". Encouraging the development of associations of parents will give a better balance and understanding to their needs.

Working with and for people with disabilities is specifically difficult because it demands the crossing of many inter ministerial boundaries even though disability is the one issue that could actually promote such co-operation. It is further complicated by the fact that too close involvement with one ministry may jeopardize co-operation with others. The first step in working with people with disabilities is to persuade governments, communities, families and people with disabilities themselves that "something can be done" for all, within the home environment and at an affordable price.

4. Towards the implementation of ESCAP Resolution 48/3

In 1991/92, SCF carried out a comprehensive evaluation of its disability programmes in the South East Asian and Pacific Region (including China), and explored ways of taking full account of disability concerns in all Save the Children programmes. One result of this evaluation was the creation of the post of the Disability Advisor within the Fund's London headquarters which represents a further step towards:

- (a) Strengthening SCF supported work with children with a disability;
- (b) Increasing awareness about disability issues in all SCF programmes;
- (c) Advocating change in national and international policy and practice.

SELF-EVALUATION EXERCISE

The Social Development Division of ESCAP is undertaking an evaluation of the publication: **Asian and Pacific Decade of Disabled Persons, 1993-2002 : the Starting Point (ST/ESCAP/1342)**. The objective of this publication is to **facilitate the development of activities and the strengthening of regional cooperation to promote the Asian and Pacific Decade of Disabled Persons, 1993-2002: "Full participation and equality."** We would appreciate it if you could complete this questionnaire and return it at your earliest convenience to:

Chief
Social Development Division
ESCAP, United Nations Building
Rajadamnern Avenue
Bangkok 10200, Thailand

QUESTIONNAIRE

1. After the date of its posting, the publication was received by your organization within:
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One week	Two weeks	Three weeks	One month	Other.....	(Please indicate)
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Quality and usefulness rating: (Please encircle)	Excellent	Very good	Average	Poor	Very good
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2. Please indicate your assessment of the *quality* of the publication with respect to:

- presentation/format	5	4	3	2	1
- readability	5	4	3	2	1
- timeliness	5	4	3	2	1
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Effectiveness and impact rating: (Please encircle)	Com- pletely	Substan- tially	Suffi- ciently	Insuffi- ciently	Nil
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4. To what extent has this publication served its objective?

5	4	3	2	1
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5. To what extent have you used relevant parts of this publication?

5 4 3 2 1

6. Please indicate how this publication has contributed to your work; in what area(s)?

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a) on dissemination, presentation, quality, utilization, etc.:

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Occupation (e.g. policy-making, development planning, programme planning, administration, management, research, advisory, technical expert etc.):

.....

Field of work (e.g. social welfare, health, management of self-help organization of persons with disabilities, public administration etc.):

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Type of institution (e.g. government, intergovernmental, government institute/university, private institute/university, business, non-governmental national/international organization etc.):

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Educational background (e.g. social work, sociology, education, psychology, economics, statistics, demography, law etc.):

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