



Disability Brief

Identifying and Addressing
the Needs of Disabled People

Asian Development Bank

Copyright: Asian Development Bank 2005

All rights reserved.

The views expressed in this book are those of the authors and do not necessarily reflect the views and policies of the Asian Development Bank, or its Board of Governors or the governments they represent.

The Asian Development Bank does not guarantee the accuracy of the data included in this publication and accepts no responsibility for any consequences of their use.

Use of the term “country” does not imply any judgement by the authors of the Asian Development Bank as to the legal or other status of any territorial entity.

Publication Stock No. 060205

Published and printed by the Asian Development Bank, 2005

Cover Photograph by Giuseppe Imperato

Foreword

There are some 600 million people with disabilities worldwide, or 10% of the world population, with 400 million of them estimated to live in the Asia and Pacific region. Taking into consideration the impact on families, the lives and livelihood of more than 800 million people, or about 25% of the population, are affected. Many of the disabled remain invisible. People with disabilities are poor because they are denied access and opportunities most basic to human development—education, income, and self-esteem. However, people with disabilities have the capacity to become productive citizens and contribute to national development. Given their large numbers, the short-term costs of educating and integrating people with disabilities will be surpassed by the long-term savings to families and society. Countries enjoy productivity gains and economic returns when people with disabilities are allowed to develop their skills and intellectual and physical potential, and engage in economic activities.

To assist the Asian Development Bank (ADB) and its developing member countries (DMCs) in incorporating disability issues in poverty reduction strategies and programs, a regional technical assistance (RETA 5956 on Identifying Disability Issues Related to Poverty Reduction) was cofinanced by the Government of Finland. The purpose of this project was to promote understanding of and build capacity to address the needs of people with disabilities in ADB operations and in the DMCs. The technical assistance involved a series of participatory local and national workshops leading to the preparation of four country studies—in Cambodia, India, Philippines, and Sri Lanka. Reports of the country studies were presented at a regional conference on disability and development held at ADB in October 2002.

The *Disability Brief* is an introduction to disability issues in development for operational staff and their government counterparts. The brief provides a background on disability and tools for addressing the needs of disabled people, including disability checklists, suggestions for addressing disability in development activities, resources to access knowledge on disability, implementation strategies, and case studies.

Other related outputs of the project are the ADB publication *Disabled People and Development* and the four disability country reports—on Cambodia, India, Philippines, and Sri Lanka, respectively—which can be found on the ADB website at www.adb.org/SocialProtection/disability.asp.

Acknowledgments

The key members of the team involved in the conduct of the workshops and the preparation of the country studies and overview reports for the project on Identifying Disability Issues Related to Poverty Reduction included Henry Enns, Executive Director, Canadian Centre on Disability Studies (March–August 2002); and Lorna Jean Edmonds, Director, Research Services, Queens University, Ontario, Canada (September 2002–July 2003). Consultants from the region included Son Song Hak and Sidevil Lim, Cambodia; Geeta Chatuverdi and Monica Ramesh, India; Venus Ilagan and Angela Pangan, Philippines; and Mallika Ganasinghe and Nelun Gunasekera, Sri Lanka.

All the team members would like to acknowledge the participation and contributions of Henry Enns in the project, particularly his role in the completion of the regional participatory workshops. Henry Enns is remembered as one of the world's remarkable leaders in the disability movement.

The *Disability Brief* provides an overview of key points of the companion ADB Publication *Disabled People and Development*, prepared by Lorna Jean Edmonds. The final editing of this document was done by staff from the Poverty Reduction and Social Development Division, Regional and Sustainable Development Department, and was headed by Michiel Van der Auwera, Social Protection Specialist, under the guidance of Shireen Lateef, Principal Social Development Specialist.

Abbreviations

ADB	–	Asian Development Bank
BMF	–	Biwako Millennium Framework
CBR	–	community-based rehabilitation
CPA	–	country poverty analysis
CSP	–	country strategy and program
DFID	–	Department for International Development
DMC	–	developing member country
DPI	–	Disabled Peoples' International
DPO	–	disabled people's organization
ESCAP	–	Economic and Social Commission for Asia and the Pacific (United Nations)
ICF	–	International Classification of Functioning, Disability, and Health
IDB	–	Inter-American Development Bank
ILO	–	International Labour Organization
KIPA	–	knowledge, inclusion, participation, access
NDC	–	national disability council
NGO	–	nongovernment organization
PRS	–	poverty reduction strategy
NPRS	–	national poverty reduction strategy
UNESCO	–	United Nations Educational, Scientific and Cultural Organization
WHO	–	World Health Organization
WB	–	World Bank

Contents

FOREWORD	iii
ACKNOWLEDGMENTS	v
ABBREVIATIONS	vi
I. INTRODUCTION	1
II. BACKGROUND ON DISABILITY	
A. Terminology	3
B. Disability and Development	4
C. International Action on Disability	7
D. Multilateral Banks and Disability	9
III. ADDRESSING DISABILITY IN ADB OPERATIONS	
A. Overview of Disability Analysis in ADB Operations	11
B. Disability in the Country Strategy and Program	11
C. Disability in Project Design and Implementation	16
IV. POTENTIAL SECTOR INTERVENTIONS	19
A. Employment	20
B. Education	22
C. Health	24
D. Community-based Services	25
E. Infrastructure	27
F. Postconflict/Postdisaster Rehabilitation and Reconciliation	30
APPENDIXES	
1 Useful Websites	33
2 The Standard Rules on the Equalization of Opportunities for Persons with Disabilities	36
3 Sample Terms of Reference for Social Development Specialist with Expertise in Disability	38

“An understanding of the demands of disability is important, not only because it is such a widespread and impairing feature of humanity, but also because the tragic consequences of disability can be substantially overcome with determined societal help and imaginative intervention.”

Amartya Sen during the World Bank Conference on Disability and Inclusive Development: Sharing, Learning and Building Alliances, Washington, DC, 2–3 December 2004

I. Introduction

People with disabilities around the world, but especially in the developing world, are among the poorest of the poor. Poverty and disability are interrelated. Poor people are more likely to have a disability because of the conditions in which they live; disability is likely to make people poorer because of limited opportunities and discrimination.

The number of people with disabilities is expected to increase. The reasons are complex and multifaceted and largely due to health, demographic, and development factors. These include poor nutrition (including vitamin A deficiency), the aging population, increase in violence and conflicts, land mines and unexploded ordinance, HIV/AIDS, measles and polio, traffic and occupational accidents, disaster, and substance abuse. Increased commercialization of the health sector is also a factor, as is the inaccessibility of services to address such basic needs as prenatal and primary health care, rehabilitation, education, access to clean water and sanitation, and employment and income security. Finally, reductions in infant and maternal mortality rates are leading to survival of more people with disabilities.

Most persons have not directly encountered people with disabilities and the challenges they face. Accordingly, they may not appreciate the extent to which people with disabilities and their families are excluded, impoverished, and marginalized within a vicious poverty-disability cycle. The “invisibility and isolation” of people with disabilities are caused by stigma, discrimination, myths, misconceptions, and ignorance. Only by a thorough analysis of this experience and input from people with disabilities can society build a sound understanding and development strategy to address the needs and aspirations of disabled groups. It is necessary to remove attitudinal barriers and strive for further integration of people with disabilities.

People with disabilities are also physically challenged. Inaccessibility to the built environment, such as buildings and roads, as well as public transport and communications systems, is still the major physical barrier that prevents people with disabilities from actively participating in social and economic activities. Universal/inclusive design provides an environment that enables people with disabilities to move about freely and safely and to use its facilities and services without undue convenience and danger. The creation of universal access is a matter of design and standards rather than cost. Research has shown that providing full access facilities from the outset increases costs by approximately 1%.

II. Background on Disability

A. Terminology

Defining disability is one of the major challenges when making the connection between disability and development. Consensus on a definition, however, would facilitate communication and education and provide people with disabilities, their representative organizations, and development practitioners with a framework for developing disability policies into sound programming and sustainable development. Arriving at such a definition is not an easy task.

Disability is a multidimensional concept with both objective and subjective characteristics. When interpreted as an illness or impairment, disability is seen as fixed in an individual's body or mind. When interpreted as a social construct, disability is about the life of people with disabilities and their interaction with the community and the environment. Those defined as people with disabilities do not necessarily view themselves that way. As a result, there is no single definition of disability.

There has been significant progress in terms of the evolution of the basic philosophical foundations that characterize our global response to disability and the way disability is defined and classified. The most accepted definition is the one prepared under the International Classification of Functioning, Disability and Health (ICF), published by the World Health Organization (WHO) in 2001, which defines disability as an umbrella term for impairment, activity limitations, participation restriction, and environmental factors.

Disability for the purpose of development includes physical, intellectual mental health, sensory, and other types of impairments that limit one or more of the major life activities and put individuals and their family at risk of being in poverty. The risk of poverty for a disabled person is related to barriers to knowledge and participation, such as (i) discrimination and abuse because of gender, age, language, color, race, culture, disability, disease (e.g., HIV/AIDS), status, and geography; (ii) lack of access to education, health care, transportation, communication, housing, employment, religious institutions, marriage, and child raising; and (iii) other restrictions and limitations in the community.

The following are the most accepted definitions:

- **Impairment:** a condition of an individual's body or mind, which, if unsupported, limits that individual's personal or social functioning in comparison with someone who does not have that characteristic or condition. Impairment relates to the physical, intellectual, mental, or sensory condition. It is largely an individual issue.
- **Disability:** the outcome of the interaction between a person with an impairment or health condition and the negative barriers of the environment, including attitudes and beliefs. It is largely a social and development issue.
- **Impaired person:** a person with specific conditions.
- **Disabled person:** a person with an impairment or health condition who encounters disability or is perceived to be disabled. A person with disabilities is a person with impairments who is excluded or discriminated against due to environmental factors.
- **Environmental factors:** factors that make up the physical, social, and attitudinal environment in which people live and conduct their lives.

The reality is that everybody has impairments—they only become disabling when they interact with the environment. For instance, a person in the United Kingdom with poor vision (an impairment) would receive glasses and not be considered or feel himself/herself to be a disabled person. However, a person in rural Africa with the same poor vision who does not have access to ophthalmic care, would probably not do well at school, and would become a disabled person due to his or her impairment interacting with the environment.

B. Disability and Development

In general, disability interventions focus on reducing social discrimination and bringing excluded people, such as people with disabilities, into the mainstream of society so that they can participate in daily life—attend school, go to work, raise a family, access services and institutions—like all other citizens. It is not only rights that are wanted, nor is it simply access to “social and medical” services. People with disabilities and their families want to move away from the charity approach, where they are “being looked after,” toward full integration in society where people with disabilities are socially accepted citizens who can contribute to the socioeconomic development of the country.

Experience and research in various developed countries have demonstrated a positive correlation between growth and development and targeted social change by, with, and for people with disabilities. Social change strategies have included

- establishment of disability rights and disabled people's organizations (DPOs);
- access to the built environment, inclusive private and public sector policies; and
- participation and capacity building of people with disabilities, their families, and the organizations that represent them.

There is no expectation of sufficient capacity in developing countries to apply the full extent of disability standards experienced in more developed societies. There is, however, significant evidence that these countries still have many opportunities to do so.

1. Prevention

Most disabilities are preventable. Only a moderate proportion of the people living with disabilities were doomed to these conditions at birth. At least 50% of the causes of disability in Asia can be prevented. One third of people with disabilities are children and two thirds of them have preventable disabilities. One child in 10 is born with or acquires a disability because of preventable diseases, congenital causes, malnutrition, micronutrient deficiencies, accidents and injuries, armed conflicts, or land mines. In the last decade of the 20th century, 2 million children were killed in wars and more than 5 million were disabled. Disability can be expected to increase in the future if the economic growth does not accommodate equity, environmental factors, and social concerns.

There is need to increase access to preventive programs that mitigate the causes of disability, such as pre- and antenatal care, assisted births, good nutrition, safe drinking water, sanitation, immunizations and drugs, occupational safety and health, and peace building. Many Asian Development Bank (ADB) projects support these types of interventions without specifically referring to disabled persons.

2. Integration

Much can be done to include people with disabilities in society. Removing attitudinal barriers and promoting a positive view of disability

is an essential first step. There is need to increase public awareness and understanding of the situation of people with disabilities.

In addition, actions need to be taken to ensure that people with disabilities can develop their full potential and lead productive and fulfilling lives. The needs of the vast majority of the people with disabilities can be effectively managed through interventions for access and inclusion. This requires an appropriate legislative and policy framework, improved access to built environments and public transport, rehabilitation to enable people with disabilities to reach functional levels in society, and skills development through education and professional development. It is estimated that the needs of approximately 80% of people with disabilities could be satisfied at the community level; the remaining 20% are likely to require referral to a specialist facility.

People with disabilities need to be integrated into the workforce in order to facilitate their full social and economical independence. Various measures can be taken for this purpose, including vocational training, quota schemes, and financial assistance to enterprises employing workers with disabilities. Most such actions can be included in ADB projects as components or as subcomponents.

3. Including Disability in Development

A framework known as KIPA—knowledge, inclusion, participation, and access—has been developed as a tool for systematically addressing and integrating the needs of people with disabilities. The KIPA framework focuses on defining the key components of a disability strategy that will contribute to poverty reduction (Box 1).

The KIPA framework focuses on building an inclusive civil and rights-based society that is committed to diversity, equality, and participation for all. This is achieved by recognizing the diversity and uniqueness of people with disabilities. Equal opportunities will allow them to achieve full economic potential and realize their human rights.

The components of the KIPA model need to be addressed in a comprehensive and integrated manner through coordinated development efforts by donors, government, and the public and private sector agencies responsible for implementing and supporting programs.

**Box 1: KIPA Framework—Knowledge, Inclusion,
Participation, and Access**

Knowledge builds capacity. People with disabilities deserve quality of life through increased knowledge. Knowledge includes access to information through education, training, and research. It enables people with disabilities to participate in society.

Inclusion reflects the extent to which people with disabilities are integrated in social and economic life, from education to employment. Inclusion identifies the issues affecting people with disabilities that need to be taken into account in the design, implementation, evaluation, and coordination of strategies, policies, programs, and projects.

Participation requires that people with disabilities and their organizations are represented in decisions at all levels that affect their lives and their communities. Practically, this means consultation with disabled people's organizations and other representatives of people with disabilities, ensuring that they have a voice in the decision-making process so that they can provide expertise in development planning, programming, evaluating, and training.

Access measures how well people with disabilities can use the built and natural environments, and the accessibility of information and communication systems. One measure of accessibility is the extent to which buildings, transportation systems, and infrastructure are available for use by all members of society, including people with disabilities. The application of "universal accessibility" standards is a critical strategy here. Another measure of accessibility is the extent to which all people are able to use and benefit from communication systems and information dissemination. This includes presentation in a variety of formats, such as braille, sign language interpretation, and Internet adjustments.

C. International Action on Disability

During the latter half of the 20th century, people with disabilities joined other civil rights movements to claim their human rights. The work of these groups led to a shift in attitudes and approaches to disability that ultimately affected millions of people around the world.

Disabled Peoples' International (DPI) is a disability rights organization with members in 168 countries. It has had a major impact on the lives of people with disabilities around the world by influencing policies in many countries within the United Nations (UN) system. International

nongovernment organizations (NGOs) actively engaged in the disability movement are excellent resources for information on the issues affecting people with disabilities and have a network of people with disabilities. In many countries, there are well-established, national and community-based DPOs that engage actively in policy dialogue with communities, national government, donors, and multilateral agencies, banks, other NGOs, and implementing agencies. Appendix 1 contains websites of some major organizations active in disability.

In 1981, the UN organized the International Year of Disabled Persons to improve the social integration and participation of people with disabilities. The UN World Programme of Action Concerning Disabled People (1982) recognized the responsibility of governments both to protect the citizenship rights of people with disabilities and to promote their rights to organize themselves and to play an active role in changing national policies and programs. In 1993, the UN General Assembly adopted the Standard Rules for Equalization of Opportunities for Persons with Disabilities (Appendix 2), providing a set of international guidelines for integrating people with disabilities into societies.

Regional UN organizations, such as the Economic and Social Commission for Asia and the Pacific (ESCAP), play a leadership role in promoting disability rights. In 2002, ESCAP members, representing the entire Asia and Pacific region, adopted the Biwako Millennium Framework (BMF) for action toward an inclusive, barrier-free and rights-based society for people with disabilities in the region. An “inclusive” society means a society for all. A “barrier-free” society means a society free from physical and attitudinal barriers, as well as social, economic, and cultural barriers. A “rights-based” society means a society based on the concept of human rights, including the right of development. Through the BMF, ESCAP wants to encourage governments to shift their disability policies from a charity-based approach to a rights-based approach. The highest priorities are strengthening the leadership capacity of DPOs to voice their concerns and advising the community and policy makers regarding best-practice strategies to make communities barrier free.

In addition to this work, the UN, through its other agencies, in particular the World Health Organization (WHO) on health, the International Labour Organization (ILO) on labor, and the UN Educational, Scientific and Cultural Organization (UNESCO) on education, is playing a major international role in shaping disability policies and programs.

D. Multilateral Banks and Disability

In the World Bank (WB), the Disability and Development team spearheads the development of WB policies, the coordination of its disability and related programs, and research on the core issues affecting people with disabilities. To stimulate greater activity on disability issues, the WB has been working with each of its 6 regions to develop cross-sectoral working groups to develop work plans for addressing the needs of people with disabilities and to facilitate coordination. In addition, research is being conducted to examine the link between disability and HIV/AIDS and its impact on the populations of people with disabilities. A study has recently commenced that examines disabled women's reproductive health internationally and with a specific focus on Asia, financed through the Gender Fund.

The broader strategy of the WB Disability and Development team is to build partnerships with other development agencies to increase inclusion of disability issues in development and to avoid duplication of effort. The WB has hosted international conferences where experiences on disability and inclusive development were shared. The WB team is also partnering with other international organizations in data-gathering efforts in order to improve the quality of information on people with disabilities.

The Inter-American Development Bank (IDB) has a disability team to support those involved in disability and development work in Latin America and the Caribbean. The focus is on the inclusion aspects. Major activities have been organized on access by people with disabilities to the built environment, on creating awareness among Latin American political leaders on the inclusion of people with disabilities, and on the compilation of data on disability. In 2004, IDB held a seminar on disability and poverty reduction and created a disability website intended to become the reference site on disability for the region.

III. Addressing Disability in ADB Operations

A. Overview of Disability Analysis in ADB Operations

Poverty reduction is ADB's overarching goal as articulated in the 1999 poverty reduction strategy (PRS) and in the revised Enhanced PRS approved in 2004. The basic framework for poverty reduction comprises three pillars: pro-poor, sustainable economic growth, social development and good governance. While economic growth is recognized as necessary and critical, on its own it is not sufficient for poverty reduction. Effective poverty reduction requires simultaneous strengthening of all three pillars. These pillars are closely aligned with the Millennium Development Goals (MDGs) that include targets for both income and nonincome dimensions of poverty.

Inclusive social development programs enable disadvantaged groups in society to benefit from the expanded opportunities that growth provides. People with disabilities, mostly belonging to the poor and the most disadvantaged, are one of the vulnerable groups that need additional, targeted support to allow them to become active members of society. In the Enhanced PRS, ADB recognizes that a proactive approach needs to be adopted to help reverse social and economic discrimination and to promote initiatives that meet the needs of previously excluded groups.

Ideally, the needs of people with disabilities should be addressed in ADB operations both at the upstream stage, when analytical work is undertaken for country strategy and program (CSP) formulation, and downstream during project design and implementation.

B. Disability in the Country Strategy and Program

Stakeholder consultations, conducted during the CSP process, should first determine if disability is a major concern in the developing member country (DMC), and if people with disabilities constitute a major vulnerable group. Where this found to be the case, disability issues should be reflected in the main text of the CSP under the Inclusive Social Development section. The social protection sector roadmap should also

include a subsection on disability. The disability profile needs to be translated into pipeline projects that respond to the concerns of people with disabilities.

A social development specialist with expertise in disability could be included in the CSP team or social protection specialists could be allocated the task by including a disability focus to their assignment. Sample terms of reference for a social development specialist with expertise in disability are provided in Appendix 3.

1. **Disability in Vulnerability and Risk Analysis**

If disability is identified as a significant development concern in a DMC, disability issues should be addressed in the country poverty analysis, undertaken as part of the diagnostic work for CSP formulation. The needs of people with disabilities should be identified in the vulnerability and risk assessment, based on data obtained from national statistics and disability country profiles available from government agencies and civil society organizations. A checklist based on the KIPA framework (Box 2) provides a way of ensuring coverage of all relevant information.

The vulnerability and risk assessment identifies the risks that different population groups face of falling into poverty. The vulnerability and risk profile should identify the main causes of vulnerability and social risks, and quantify affected populations, including people with disabilities, by age group, geographical area, and other relevant criteria.¹ The main risks affecting people with disabilities and their families can be grouped into four areas:

- (i) *life cycle* risks to the individual, such as hunger, illness, injury, disability, and old age;
- (ii) *economic* risks, such as unemployment and other market risks like the loss of livelihood in case of crop failure;
- (iii) *environmental* risks, such as natural catastrophes and disasters; and
- (iv) *social governance* risks, such as extortion, corruption, crime, domestic violence, and social discrimination.

The life cycle is one obvious area in which disability is one of the risks associated with life, living, and the aging process. More important,

1 ADB. 2001. *Social Protection Strategy*. Manila. Vulnerability and risk assessments are also part of disaster reduction strategies, and required in the CSP to complement the environmental and social assessments (ADB. 2004. *Disaster and Emergency Assistance Policy*. Manila).

Box 2: KIPA Disability Checklist for Country Strategy and Program Activities**Knowledge to build capacity**

- (i) Investigate and assess the awareness and attitudes of departments and agencies (public, civil society, and private) toward disability.
- (ii) Determine the in-country capacity for managing the mainstreaming of disability across sectors.
- (iii) Find out the capacity of people with disabilities and their families to participate in society as professionals and nonprofessionals.
- (iv) Find out if disability awareness is taught in the education system generally and in professional disciplines where disability is a significant factor (e.g., health professionals, teachers, engineers, architects).
- (v) Identify gaps in participatory approaches to the development, implementation, research, and evaluation of disability issues.

Inclusion to ensure integration

- (i) Review the disability implications of laws and regulations.
- (ii) Assess the status of people with disabilities and attitudes of the agency and community toward them and the extent to which their marginalization is caused by stigma.
- (iii) Review the implications of the poverty reduction strategy on people with disabilities, assess whether there are positive or negative implications, and explore ways to mitigate negative impacts.
- (iv) Explore the different priorities for people with disabilities across age, sex, geography (urban-rural), religion, and disability.
- (v) Determine the extent to which disabilities issues are mainstreamed across sectors.

Participation to ensure a voice

- (i) Review how people with disabilities are consulted for information and advice on the planning and implementation of poverty reduction strategies.
- (ii) Determine how beneficiaries are consulted (e.g., through research, public surveys, interviews, or focus-group meetings).
- (iii) Determine what formal structures exist whereby people with disabilities are involved.

Access to increase visibility

- (i) Determine the broad socioeconomic factors contributing to or hindering access by people with disabilities and their families, and their participation in poverty reduction strategies and society in general.
- (ii) Determine how and what information is collected and disseminated to agencies and the public about disability for decision making and public awareness.
- (iii) Assess the accessibility of the built environment for people with disabilities (physical, sensory, and intellectual).
- (iv) Investigate the extent to which programs are reaching people with disabilities; for example, find out the proportion employed^a by government.
- (v) Find out who provides employment^a for people with disabilities and in what capacity.

^a The term *employed* can be interchanged for different sectors (attending school at all levels, receiving health services, rehabilitation services, etc.).

however, is the extent to which people with disabilities are at risk and vulnerable to the volatility of society's economy, environment, and social governance. It is important to reiterate that most causes of disability in the region are preventable and that a large proportion consists of children with mild to moderate disabilities; children with less significant disabilities are frequently not identified. Their needs can be effectively managed through access and inclusive interventions. Unless addressed, the needs of people with disabilities exacerbate these "vulnerability and risk profile" problems in the vicious poverty-disability cycle. They inhibit society's ability to recover from such vulnerability and the instability created.

a. Statistical Data

National census and household surveys provide data on disability in most instances. However, due to underreporting and inadequate data gathering, many developing countries report very low rates of disability, often 1–2%, while it can be expected that disability prevalence is close to 10% and even higher in countries where conflicts or natural disasters have taken place. Additional sources of information should be consulted, such as reports produced by UN agencies and international disability NGOs and information provided by government agencies working with people with disabilities and by local DPOs. These agencies may have more accurate and current data on the incidence of disability in the country.

A disability profile requires data that are disaggregated by age and gender, and that provide information on the types and on the causes of disability. Ideally, disability data should be detailed and complete enough to identify the relationship between poverty and disability.

b. Disability Country Profile

ADB's disability country profiles prepared for Cambodia, India, Philippines, and Sri Lanka are valuable sources of information on some of the current challenges and recommendations for integrating disability into poverty reduction strategies. In addition, the Japan International Cooperation Agency has conducted national profiles on disability for 23 countries, of which 17 are in the Asia and Pacific region.

These country profiles on disability provide information on existing legislation on disability, and national policies and their implementation by national government agencies, international development organizations, and civil society, such as DPOs and self-help

groups. In most countries, there is usually national legislation on disability that elaborates on the rights of and provisions for people with disabilities and establishes the framework for the national policy on disability.

Most governments have a national disability council (NDC) or equivalent as the focal point for disability issues and concerns. The NDC is usually composed of people from national government agencies, NGOs, and DPOs. The NDC is responsible for the development of a national plan of action.

A wide range of government agencies is responsible for specific disability programs. The social welfare ministry is responsible for welfare programs for the disabled, often carried out in collaboration with NGOs and DPOs. The health ministry has responsibilities for prevention and early identification of disability as well as the provision of medical services needed for rehabilitation. The education ministry is responsible for providing education for disabled children. The ministries of labor, transport, and public administration also have responsibilities toward disabled persons.

2. Partner and Stakeholder Consultations, Forums, and Policy Dialogue

Throughout the CSP process, consultations and forums are conducted to seek input and advice from stakeholders. CSP consultation workshops should include the NDC, main government agencies dealing with people with disabilities, DPOs, other disability stakeholders, and, of course, people with disabilities themselves. As part of this consultative process consideration could be given to conducting separate focus-group meetings with disabled groups.

It may be useful to find a champion within the government to help lead this process and guide the work of the poverty analysis team. The country studies in Cambodia, India, Philippines, and Sri Lanka identified individuals in senior government positions committed to advancing disability policies and programs interested in championing the cause. Contacting the spokesperson of the NDC when ADB is about to embark on a country poverty analysis would be an excellent starting point for finding a champion.

The NDC may also be a valuable contact to identify local consultants, NGOs, or people with disabilities and other stakeholders who could participate in the analytical team. Finding that no such council or structure exists is also a very important indicator for further investigation.

C. **Disability in Project Design and Implementation**

There are three ways to include disability in development interventions: (i) disability-specific projects, (ii) disability-relevant projects, and (iii) disability mainstreaming.

- *Disability-specific projects* are designed with disabled persons as the target beneficiaries. The project may stand alone or be a subcomponent of a larger program. It ensures that people with disabilities have the same access to basic and essential services and infrastructure as others, for instance, the development of community-based services as an alternative to residential institutions.
- *Disability-relevant projects* are those that theoretically respond to the needs of the disabled population but require some consideration in terms of making the project outputs accessible. For example, an education development project might require specific interventions to improve physical access for disabled students to the schools.
- *Disability mainstreaming* includes the first two approaches and moves beyond them to create an institution-wide commitment to addressing the indirect aspects of disability in all activities. Currently, ADB is addressing disability issues through disability-specific and disability-relevant interventions. Steps to take to ensure that all relevant information is in place for the project design are contained in Box 3.

An initial poverty and social analysis is required for all projects to identify relevant social issues. All loans also require a summary poverty and social strategy. In this strategy, disability concerns should be reflected under *Section E. Social Safeguards and other Social Risks, Other Risks, and Vulnerabilities*. Disability is likely to be significant when (i) specific measures are needed to provide for access, participation, or inclusion of disabled people; and (ii) opportunities are available for increasing access, participation, or inclusion of disabled people.

The team leader should determine the extent to which ADB personnel or consultants with disability knowledge and experience can assist in the preparation of the design of a project. It is imperative in project design to establish clear indicators for development and results that ensure

Box 3: KIPA Disability Checklist for Project Design**Knowledge**

- (i) Assess the expected impact of the project on people with disabilities.
- (ii) Identify a series of disability indicators that can be applied for planning, implementation, and evaluation of disability-related projects.
- (iii) Identify research activities and apply results in other projects.
- (iv) Ensure that monitoring and evaluation are conducted and mechanisms are in place for follow-up to ensure compliance.

Inclusion

- (i) Consult the potential beneficiary people with disabilities and their families.
- (ii) Incorporate awareness programs on disability issues into government agencies and development programs that develop infrastructure and services to which people with disabilities have a right to access.
- (iii) Build relevant capacity of staff in line ministries and sectors.

Participation

- (i) Involve people with disabilities and disabled people's organizations (DPOs) that are expected to benefit from the project.
- (ii) Ensure that people with disabilities are involved in any project steering committee.
- (iii) Develop the capacities of DPOs in knowledge and participatory management skills.

Access

- (i) Ensure that buildings are accessible to people with disabilities.
- (ii) Take transport needs of people with disabilities into account to give them access to services.
- (iii) Ensure that the information and communications are made accessible to people with disabilities.
- (iv) Ensure the enforcement of existing laws to provide an accessible environment.
- (v) Provide training for government staff on accessibility.
- (vi) Include universal/inclusive design as a criterion in infrastructure projects.
- (vii) Prepare covenants on universal/inclusive design for relevant infrastructure projects.

sustainability and replicability. Because resources are scarce, needs are great, and countries have limited capacity, projects should be:

- (i) *empowering*, so that people with disabilities and their communities have the confidence, capacity, and opportunity to make choices related to their participation

in decision making; addressing individual, community, and national issues; and directions for economic, social, and political development;

- (ii) *sustainable*, to ensure that people with disabilities and their communities have the absorptive capacity to continue the development process beyond the life of the project or program and to withstand economic and political instability and volatility; and
- (iii) *replicable*, to ensure that knowledge and experience gained from a project or program methodology, design, and implementation can be repeated so that the majority of people with disabilities and their communities can access and benefit from the momentum and capital/human investment of the social change strategies implemented.

IV. Potential Sector Interventions

This chapter provides suggestions on addressing disability in various sectors of ADB operations. The subsections present critical issues in the sector and ideas for disability-specific and disability-relevant interventions. Case studies of ADB projects addressing disability in the relevant sectors are provided. Box 4 presents the aspects of various sectors in which disability interventions are highly relevant.

Box 4: Sectors with Potential Disability Issues^a

Employment

- Private and public sector targeted employment opportunities
- Small business development and microenterprise initiatives
- Vocational rehabilitation programs
- Supported work

Education

- Primary
- Secondary
- Tertiary/university
- Technical education
- Inclusive education

Health and Social Security

- Prevention and public health
- Mainstreaming in primary health care
- Hospitals and rehabilitation centers
- Disability insurance
- Disability benefits

Community-based Services

- Independent living
- Community-based rehabilitation
- Nongovernment organizations

Infrastructure

- Architectural design
- Physical infrastructure development
- Social infrastructure
- Water and sanitation

Postconflict/Postdisaster Rehabilitation and Reconciliation

- Health centers
- Nongovernment organizations
- Community-based rehabilitation

Information

- National census
- Public awareness raising program Research

^a These sectors are not parallel to Asian Development Bank sectoral classification.

A. Employment

1. Critical issues

Employment is a key factor in the process of empowerment and inclusion into society of people with disabilities. They remain disproportionately undereducated, untrained, unemployed, underemployed, and poor—especially women, youth, and those in rural areas.

People with disabilities have unique differences and abilities. They require the same educational, vocational training, employment, and business opportunities as others. Some may require specialized support services, assistive devices or job modifications, but these are all small investments compared to lifetimes of productivity and contribution. A list of interventions based on the KIPA framework is shown in Box 5.

2. Case Study: ADB Grant for Expanding Employment Opportunities for Persons with Disabilities in Mongolia²

During the communist era, government policy stressed the segregation of disabled persons. “Sheltered” employment facilities exclusively for disabled members of the labor force (DMLFs), such as factories for blind workers, were established and separate education and training services were provided, even for DMLFs capable of being integrated into mainstream employment. In the postcommunist period, this expensive and undesirable system has proven unsustainable. New policies and programs are needed that draw on the full resources of government, NGOs, employer’s representatives, and aid agencies to effectively promote the sustainable and viable employment of DMLFs.

The project is developing new community-based approaches to expand employment opportunities for DMLFs, by upgrading their employment-related skills; by supporting business development by DMLFs; by integrating them into the mainstream workforce as well as providing selective support for maintaining employment in sheltered employment; and by raising public awareness about their potential to participate productively in the workforce.

The indirect effects of the project will be substantial. By expanding employment opportunities for DMLFs, resources for social assistance

2 ADB. 2002. *Grant Assistance for Expanding Employment Opportunities for Poor Disabled Persons (MON-35179)*. Manila.

benefits to people with disabilities can be concentrated more on disabled persons unable to work, thereby improving their incomes. In addition, securing employment for DMLFs will reduce their dependency on affected households. By emphasizing and demonstrating the potential of disabled persons to contribute as full-fledged members of the labor force, the project should make a sustainable and substantial contribution to poverty reduction in the country.

Box 5: KIPA Disability Checklist for Employment Projects

Knowledge

- (i) Train employers to increase their understanding of the needs of people with disabilities and to promote their inclusion in the workforce.
- (ii) Establish standards for accrediting organizations that provide services to increase the functional capacity of people with disabilities to lead independent lives (e.g., vocational rehabilitation).
- (iii) Create a database of employers and vocational rehabilitation programs involved in employing and educating people with disabilities and their families to enter the work force.
- (iv) Conduct disability awareness-building workshops and job fairs to introduce employers to the skills of people with disabilities and to introduce people with disabilities to potential employment opportunities.

Inclusion

- (i) Create incentives for employers to hire people with disabilities.
- (ii) Establish proactive employment policies and incentives for the private and public sector to recruit people with disabilities and to offer supportive working environments for people with intellectual disabilities.
- (iii) Development agencies should implement pilot programs to employ people with disabilities that demonstrate the value of their inclusion.

Participation

- (i) People with disabilities and their organizations should participate in and lead the design and implementation of microenterprise and vocational and supportive training to ensure that such programs are relevant, appropriate, and lead to secure employment.

Access

- (i) Buildings should be made accessible and offices ergonomically designed according to the needs of people with disabilities.

B. Education

1. Critical issues

Available evidence suggests that less than 10% of children and youth with disabilities have access to any form of education. This compares with an enrollment rate of 70% for nondisabled children and youth in primary education in Asia and the Pacific.

The exclusion of children and youth with disabilities from education results in their exclusion from opportunities for further development, diminishing their access to vocational training, employment, income generation, and business development. Failure to access education and training prevents the achievement of economic and social independence and increases vulnerability to poverty.

Inclusive education, with access to education in the regular local neighborhood or community school, provides the best opportunity for the majority of children and youth with disabilities to receive an education, including those in rural areas. In some instances, special education may be considered to be the most appropriate form of education for some children with disabilities. The education of all children, including children with disabilities, assists in breaking down barriers and negative attitudes and facilitates social integration and cohesion in communities. The involvement of parents and the local community further strengthens this process. A list of appropriate interventions in education projects is given in Box 6.

2. Case Study: ADB Loan for Secondary Education Support in Nepal³

Considerable progress in secondary education has been made in the past two decades. Enrollment has increased dramatically but still remains low, especially for girls and for the most poor and disadvantaged, including students with physical disabilities.

The project aims to improve the quality of public secondary education by improving access to public secondary education, particularly for girls and students from poor and disadvantaged groups and districts; and by strengthening the education system for sustainable management and delivery of education.

3 ADB. 2002. *Project Loan Secondary Education Support Project (NEP-34022)*. Manila.

Box 6: KIPA Disability Checklist for Education Projects**Knowledge**

- (i) Enact legislation, with enforcement mechanisms, to mandate education for all children, including children with disabilities
- (ii) Organize public awareness on the need for disabled children to go to school.
- (iii) Introduce curricula that are disability sensitive, particularly in relation to the needs of disabled women and children.
- (iv) Offer, at universities and continuing education institutes, disability, independent-living, and community-based rehabilitation programs in social, political, and health sciences and in architecture and business.

Inclusion

- (i) Establish programs that allow more people with disabilities, particularly disabled girls and women, to attend and graduate from education in all sectors.
- (ii) Implement a public awareness and action-oriented, inclusive education plan to increase the enrollment in schools of children with disabilities.
- (iii) Eliminate barriers to the admission process for people with disabilities.

Participation

- (i) Involve people with disabilities and their family members, disabled people's organizations, and other stakeholders in school activities.
- (ii) Increase, through participatory approaches, the participation of students with disabilities and their parents in the management of education programs.

Access

- (i) Establish the necessary support to enable people with disabilities to access the school (accessible toilets, ramps, stipends, and funds).
- (ii) Design school programs to meet disability-specific needs, including accessibility, flexible hours, and needs of parents who are working but need to be involved in the education program.
- (iii) Provide scholarships/stipends for people with disabilities to attend university or technical education programs.
- (iv) Make professional education accessible to people with disabilities and their families, with equal emphasis on girls and women.

The aim of one of the three components is to increase equitable access, particularly for educationally disadvantaged groups and girls, by improving the learning environment in schools through improved facilities, provision of residential accommodation for women and girls in remote areas, and scholarships for girls and students from disadvantaged groups, including students with disabilities.

C. Health

1. Critical Issues

The main causes of disability are malnutrition and unsanitary living conditions, together with poor perinatal care. Other causes are related to communicable and noncommunicable diseases. All these causes can be easily reduced through preventive medical interventions and awareness-raising campaigns.

As a result of the aging population, the number of people with disabilities is increasing. The epidemic of noncommunicable diseases has resulted in a continuing rise in the number of persons with chronic diseases and disabilities. Injuries are also on the rise due to increasing violence, conflict, and traffic accidents. People with disabilities are living longer in all societies. The consequence of this trend has been a greater demand for rehabilitation services. A list of interventions appropriate for health projects is given in Box 7.

2. Case Study: ADB Loan for Reproductive Health in Pakistan⁴

Pakistan's rapid population growth has negated the positive impact of development and poverty has worsened during the last decade. However, there is a clear evidence that the transition to lower fertility has begun and that there is potential for accelerating this transition. High mortality and disability of women and infants, and high fertility result from a combination of early pregnancy, lack of birth spacing, poor hygiene, late referral, and unavailability of appropriate and affordable services. The Government plans a transition from separate family planning and maternal and child health services to the integrated reproductive health approach. It gives priority to expanding reproductive health to the poor in the least-developed and underserved districts.

The project aims to improve the reproductive health status of families, reduce maternal and infant mortality, and reduce population growth. The expected output is to integrate family planning, and maternal and child health into the reproductive health approach, to improve the acceptability, efficiency, and impact of the services, and to make these services available to those in need. It is estimated that the project will prevent 11,000 maternal deaths and prevent 150,000 obstetric disabilities.

4 ADB. 2001. *Project Loan for Reproductive Health Project (PAK-30210)*. Manila.

Box 7: KIPA Disability Checklist for Health Projects

Knowledge

- (i) Develop curricula for mainstreaming disability in the education of existing health professional and nonprofessional workers, especially in disability prevention, identification, assessment, and referral.
- (ii) Educate people with disabilities and their families in health and physical and psychosocial rehabilitation to become village community workers, health educators, nurses, etc.
- (iii) Educate health personnel in management and participation strategies to promote multidisciplinary teams and coordination of programs in health, rehabilitation, and community-related activities.
- (iv) Educate people with disabilities and their parents on health and rehabilitation matters to improve their quality of life and functional independence.
- (v) Establish quality standards for nonprofessional and professional services and personnel
- (vi) Provide continuing education for rehabilitation personnel on international approaches to rehabilitation.

Inclusion

- (i) Develop outreach and home-based programs by rehabilitation centers
- (ii) Decentralize rehabilitation services through the establishment of community-based rehabilitation centers or programs within the network of primary health care.
- (iii) Encourage participatory community-based health and rehabilitation programs.

Participation

- (i) Increase involvement of nongovernment organizations and people with disabilities and their families in the management of health and rehabilitation programs through participatory approaches.
- (ii) Ensure consumer leadership in the design and delivery of health and rehabilitation services.

Access

- (i) Prioritize areas for prevention in vulnerable communities and concentrate efforts to eradicate the problem (e.g., vitamin A deficiency causing blindness).
- (ii) Provide the necessary support to enable people with disabilities to access health, rehabilitation, transportation, and other essential services (toilets, ramps, stipends, and funds).

D. Community-based Services

1. Critical issues

In the Asia and Pacific region, it is estimated that of 400 million people with disabilities, over 40% are living in poverty. Those with disabilities have been prevented from accessing entitlements available to

other members of society, including health, food, education, employment, and other social services, and from participating in community decision-making processes.

Community-based services could facilitate access to social services. The community-based approach is particularly appropriate for the prevention of causes of disability; early identification and intervention of children with disabilities; reaching out to people with disabilities in rural areas; and raising awareness and advocacy for the inclusion of people with disabilities in all activities in the community, including social, cultural, and religious activities. Education, training, and employment needs could also be met by this approach. A list of interventions in community-based activities is given in Box 8.

Box 8: KIPA Disability Checklist for Community-based Services Projects

Knowledge

- (i) Carry out capacity building of disabled people's organizations (DPOs) and other stakeholder groups to lead, manage, and participate in projects as managers, professionals, and community workers.
- (ii) Educate people with disabilities and DPOs in the concept and practice of independent living and community-based rehabilitation (CBR).
- (iii) Educate employers and DPOs on the range of accommodation that can increase the employability of people with disabilities.

Inclusion

- (i) Finance DPOs and small businesses for assisting and employing people with disabilities and their families.
- (ii) Expand the number and scope of independent-living and CBR programs with a particular focus on rural communities and on increasing the number of programs by people with disabilities.
- (iii) DPOs from diverse disability groups should develop mechanisms to engage rural people with disabilities, particularly youth and women, in self-help initiatives and to collaborate in rural and urban development with NGOs and government.

Participation

- (i) Include people with disabilities in the management and governance of community development activities on governing councils, coordination meetings, etc.
- (ii) Encourage participatory community-based disability services accessible to all people with disabilities.

Access

- (i) Require that the built and communication environment is accessible for all community services, including affordable transportation.
- (ii) Collect information on the access needs of people with disabilities.

2. Case Study: ADB Loan on Social Security Sector Development in Mongolia⁵

From 1921 to 1990, Mongolia achieved high levels of human development with no recorded poverty. Since the beginning of the transition in 1990, the economy has contracted sharply due to the withdrawal of assistance from the former Soviet Union. The collapse of the state budget led to drastic cuts in subsidies and welfare programs. Following transition, the Government made steps to change the social welfare system from provision of universal access to targeted interventions. Despite these efforts, the social welfare system has had limited success in reducing poverty. Government policy for poverty reduction is to (i) reduce unemployment, (ii) provide essential social welfare services for the most vulnerable who are incapable of working, and (iii) provide social insurance services to support working people at risk of falling into poverty.

One of the components of the project is development of community-based social welfare service delivery mechanisms to mobilize additional resources for social security and improve access to, choice of, and quality of such services. The project is supporting a shift away from large, centralized institutions to smaller, and more sustainable community-based facilities, which can support integration of vulnerable groups into the community. The community-based facilities are being developed through pilot-testing small-scale projects implemented at the community level by government agencies, NGOs, individuals, or groups. Maximum emphasis is placed on contracting services to the private sector.

Lessons from the project will support the development of a national strategy for community-based social welfare service delivery and refinement of procedures for contracting out services to the private sector and identifying the most successful practices.

E. Infrastructure

1. Critical Issues

Inaccessibility to the built environment, including public transport, is still the major barrier for people with disabilities to active participation in social and economic activities. Some governments recognize the basic right of people with disabilities to equal access to built environments. The application

5 ADB. 2001. *Loan Projects and Technical Assistance Grant for the Social Security Sector Development Program (MON-33335)*. Manila.

of universal/inclusive design has emerged as a result of the struggle of people with disabilities for accessible physical environments.

Two main perspectives need to be considered with regard to infrastructure, transport, and disability: access to and accessibility of the built environment. Access to the built environment means making it possible for all people to reach all places within the built environment. Accessibility of the built environment means making it possible for all people to maneuver and make use of the built environment in an unassisted way.

Inclusive transport is a critical element in the inclusion of disabled people in society. Transport systems that exclude people with disabilities virtually guarantee that people with disabilities will be poor, because such systems may rule out education, prevent participation in the labor market, and restrict access to health and other social services. Road safety programs contribute considerably to the prevention of disability.

The marginal costs of providing “access for all” features are generally much less when these are incorporated in the original design. Research indicates that providing full access facilities from the outset has an additional cost of approximately only 1%. In many situations, low-cost improvements, such as kerbed insets at street corners, ramps to public buildings, and larger letters on bus destination signs can bring disproportionate benefits.

The creation of a barrier-free environment requires the formulation of policy and legislative frameworks as well as the planning and implementation of access strategies. Further action is required to develop guidelines on universal/inclusive design and barrier-free access. A good reference work prepared by the United Kingdom Department for International Development is available on the Internet.⁶ A checklist of activities for projects with infrastructure components is given in Box 9.

2. Case Study: Access Legislation and Policy Provisions in India⁷

The existing legislation relating to the built environment includes building by-laws that stipulate administrative procedures to regulate building construction activities and the Motor Vehicle Act, the national regulation covering all road accidents.

6 Department for International Development. 2004. *Overseas Road Note 21. Enhancing the mobility of disabled people: Guideline for practitioners*. London (http://www.transport-links.org/transport_links/filearea/publications/1_831_ORN%2021.pdf).

7 Based on a paper by Santosh K. Rungta, General Secretary, National Federation of the Blind, New Delhi.

Most public and other buildings in India are not accessible. The most common access feature added to existing public buildings in urban areas is a ramp at the entrance point. Local buses are overcrowded and almost completely inaccessible to wheelchair users. Pavement height, footpaths, road dividers, and speed breakers are not regulated by guidelines or standards.

Box 9: KIPA Disability Checklist for Projects with an Infrastructure Component

Knowledge

- (i) Adopt accessibility standards for planning of public facilities, infrastructure, and transport, including those in rural/agricultural contexts, and enforce compliance through adequate monitoring.
- (ii) Establish national and/or regional mechanisms to exchange information between governments, disabled people's organizations (DPOs), and civil society, such as professional architecture and engineering associations, on means to realize accessible environments.
- (iii) Ensure that professional education and academic courses in architecture, planning and landscape, and building and engineering contain universal design approaches.
- (iv) Encourage innovative techniques to identify particular applications that enhance accessibility and apply local knowledge and materials.

Inclusion

- (i) Advocacy and confidence-building by DPOs to present their needs collectively and effectively in the built environment in one voice, representing the needs of different disability groups, including not only persons with physical, visual and hearing disabilities but also persons with intellectual disabilities.

Participation

- (i) Ensure that the accessibility needs of people with disabilities are included in projects through a process of consultation that includes disabled user groups.

Access

- (i) Identify sources of funding to implement improved access and mobility for people with disabilities.
- (ii) Prepare strategies for planning the deployment of access improvements in the transport environment.
- (iii) Keep village roads and tracks free of obstacles and keep them as accessible as possible.
- (iv) Incorporate inclusive design (level pathways of adequate width, curb ramps serving wheelchair users and all other pedestrians, ramps to public buildings, tactile surfaces, raised boarding platforms for trains, accessible bathrooms, etc.) in pedestrian pathways and buildings serving the public.

A process to formulate access legislation and policy provisions has been introduced recently. It has included the active involvement of disabled persons and local NGOs. A major constraint in the enforcement of the access legislation is the lack of sensitivity to access issues among policy makers, town planners, architects, and engineers. The government is contemplating modification of its national awards scheme to include an award for the improvement of accessibility.

F. Postconflict/Postdisaster Rehabilitation and Reconciliation

1. Critical Issues

Disasters leave large numbers of people ill, disabled, widowed, orphaned, displaced, or suffering from post-traumatic stress disorder. At the individual level, victims of disasters lose self-confidence and experience psychological disturbances, such as despair, helplessness, fear, insecurity, vulnerability, or loss of faith. More broadly, disasters contribute to (i) fragmentation of the community or society; (ii) loss of social identity; (iii) breakdown of social norms, including such traditional values as respect for elders and authority; and (iv) loss of informal social safety nets. If governments do not deal with these effects of disasters effectively and promptly, major damage to society can result, because restoring social cohesion, values, and norms is not easy. If emergency situations are allowed to deteriorate, people experience widespread loss of confidence in institutions and governments over time.⁸ A checklist of activities for postconflict/postdisaster rehabilitation and reconciliation projects is given in Box 10.

2. Case Study: ADB Grant on Psychosocial Health in Conflict-Affected Areas in Sri Lanka⁹

After 20 years of conflict in Sri Lanka and repeated efforts to resolve it and achieve lasting peace, a breakthrough was achieved in February 2002. The Government and the Liberation Tigers of Tamil Eelam signed a ceasefire agreement, which is still supported by both sides. During the conflict, more than 60,000 people were killed and over 1 million displaced people live in difficult circumstances. There is a sharp increase in psychosocial disorders in the country. Most notably, suicide and drug abuse have become more prevalent.

⁸ ADB. 2004. *Disaster and Emergency Assistance Policy*. Manila.

⁹ ADB.2004. *Advisory Technical Assistance for Psycho-Social Health in the Conflict Affected Areas (SRI-38129)*. Manila.

Box 10: KIPA Disability Checklist for Postconflict/Postdisaster Rehabilitation and Reconciliation Projects

Knowledge

- (i) Establish standards for programming for physical and psychosocial rehabilitation.
- (ii) Mainstream in the education system the training of personnel in counseling for post-traumatic stress disorder, prosthetics, and orthotics, and physical and occupational therapy to improve the scope and quality of the multidisciplinary teams.
- (iii) Focus training programs on functional independence, building self-confidence, coping skills, and participation in the community.
- (iv) Increase capacity for effective coordination of initiatives of donors, governments, and nongovernment organizations (NGOs).

Inclusion

- (i) Demobilize and reintegrate former combatants.
- (ii) Prepare social and economic reintegration of displaced people.
- (iii) Plan and program postconflict development with the full spectrum of services, including vocational training, income generation, rehabilitation, education, and accessibility of the built and communications environment.
- (iv) Include all people with disabilities in social insurance and disability benefit policies, not only war injured, war veterans, and land mine victims.
- (v) Focus programming on the establishment of an integrated, multidisciplinary, and multisectoral, community-based and participatory system.
- (vi) Include a focus on the arts and culture as a core program in reconstruction programs; accessible playgrounds should be created for children and mothers.
- (vii) Make appropriate technology accessible.

Participation

- (i) Increase representation of all people with disabilities, with equal emphasis on women and not only veterans, war injured, and land mine victims in planning and implementation of postconflict reconstruction initiatives.
- (ii) Increase representation of people with disabilities from rural communities in activities related to reconstruction by disabled people's organizations, government, and international NGOs.

Access

- (i) Reconstruct war-damaged communities according to international accessibility standards for people with disabilities.
- (ii) In resettlement programs and reconstruction, include not only making new homes accessible but also incentives for displaced persons returning to previous homes to renovate them.
- (iii) Make certain that project (including pension program) beneficiaries include all people with disabilities and are not discriminatory by disability category.
- (iv) Collect information on land mine victims and war injured to establish a sound understanding of the impact of the conflict on war-damaged communities.

The project will pilot-test an approach to help people with mental health problems, their families, and communities by providing services like counseling, awareness creation, medical services, training of staff, and institutional development. Service delivery will rely on NGOs wherever possible.

The principles of the project are (i) community-based participatory approach, (ii) working with people with psychosocial health problems as “agents” for change, instead of “victims,” (iii) effective services for adults and children, (iv) public-private partnership, and (v) service delivery that includes establishing links with economic opportunities.

Useful Websites

ORGANIZATIONS

Asian Development Bank (ADB): Disability and Development
<http://www.adb.org/SocialProtection/disability.asp>

Asia-Pacific Development Center on Disability
<http://www.apcdproject.org/>

Department for International Development of the United Kingdom: Disability Knowledge and Research
<http://www.disabilitykar.net/>

Disability and the Inter-American Development Bank
http://www.iadb.org/sds/SOC/site_6213_e.htm

Disabled People's International
<http://www.dpi.org/en/start.htm>

International Labour Organization: Disability and Work
<http://www.ilo.org/public/english/employment/skills/disability/index.htm>

Japan International Cooperation Agency - Disability
<http://jica.go.jp/english/global/dis/index.html>

United Nations (UN): Enable
<http://www.un.org/esa/socdev/enable/>

United Nations Educational, Scientific and Cultural Organization (UNESCO): Inclusive Education
http://portal.unesco.org/education/en/ev.php-URL_ID=11891&URL_DO=DO_TOPIC&URL_SECTION=201.html

World Bank and Disability
<http://www.worldbank.org/disability>

World Blind Union
<http://umc.once.es/>

World Federation of the Deaf

<http://www.wfdeaf.org/>

World Health Organization (WHO): Disability and Rehabilitation

<http://www.who.int/ncd/disability/index.htm>

TOPICS AND DOCUMENTS**ADB Handbook on Poverty and Social Analysis**

http://www.adb.org/Documents/Handbooks/Poverty_Social/default.asp

ADB Regional Workshop on Disability and Development

http://www.adb.org/documents/events/2002/disability_development

Biwako Millennium Framework

<http://www.unescap.org/esid/psis/disability/bmf/bmf.html>

UN Standards Rules on the Equalization of Opportunities for Persons with Disabilities

<http://www.un.org/esa/socdev/enable/dissre00.htm>

WHO International Classification of Functioning, Disability and Health

<http://www3.who.int/icf/icftemplate.cfm>

ACCESSIBILITY**Center for Universal Design**

http://www.design.ncsu.edu/cud/univ_design/ud_pubs.htm

Promotion of Non-Handicapping Environments for Disabled Persons

http://www.unescap.org/esid/psis/disability/decade/publications/pnedp/index_pdf.asp

Universal Design: General Concepts, Universal Design Principles and Guidelines

http://trace.wisc.edu/world/gen_ud.html

United States Agency for International Development (USAID): Policy on Standards for Accessibility for the Disabled in USAID-Financed Construction

http://www.usaid.gov/about/disability/financed_construction.html

COMMUNITY-BASED REHABILITATION

Community-based Rehabilitation links

www.cbrresources.org/#anchor490954

EMPLOYMENT

Comparative Study of Employment Policies For Disabled Persons in Selected Countries

Neil Lunt & Patricia Thornton, University of York, Social Policy Research Unit, York

<http://gladnet.org/infobase/employment/Policies/conclus.htm>

THE STANDARD RULES ON THE EQUALIZATION OF OPPORTUNITIES FOR PERSONS WITH DISABILITIES

(Adopted by the United Nations General Assembly, forty-eighth session, resolution 48/96, annex, of 20 December 1993, <http://www.un.org/esa/socdev/enable/dissre00.htm>)

Introduction

- Background and current needs
- Previous international action
- Towards standard rules
- Purpose and content of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities
- Fundamental concepts in disability policy

Preamble

I. Preconditions for Equal Participation

- Rule 1. Awareness-raising
- Rule 2. Medical care
- Rule 3. Rehabilitation
- Rule 4. Support services

II. Target Areas for Equal Participation

- Rule 5. Accessibility
- Rule 6. Education
- Rule 7. Employment
- Rule 8. Income maintenance and social security
- Rule 9. Family life and personal integrity
- Rule 10. Culture
- Rule 11. Recreation and sports
- Rule 12. Religion

III. Implementation Measures

- Rule 13. Information and research
- Rule 14. Policy-making and planning
- Rule 15. Legislation
- Rule 16. Economic policies
- Rule 17. Coordination of work
- Rule 18. Organizations of persons with disabilities
- Rule 19. Personnel training

- Rule 20. National monitoring and evaluation of disability programmes in the implementation of the Rules
- Rule 21. Technical and economic cooperation
- Rule 22. International cooperation

IV. Monitoring Mechanism

SAMPLE TERMS OF REFERENCE FOR A SOCIAL DEVELOPMENT SPECIALIST WITH EXPERTISE IN DISABILITY

1. Under the guidance of Asian Development Bank (ADB) staff and in consultation with the senior officials of the line ministries and state governments concerned, the consultant will

- (i) be responsible for conducting the study at the national and state levels;
- (ii) prepare an overall work plan for the study;
- (iii) identify, in consultation with ADB, suitable state-level agencies (state and nongovernment) and stakeholders for state-level consultations in the country/countries and develop a state-level study outline;
- (iv) visit the participating country/countries for state-level consultation and field study/assessment, and
- (v) prepare a report that consolidates all the work.

2. More specifically, the consultant will be responsible for the following:

1. **Review of literature and secondary data**

- (i) Review publications (research papers, reports, statistical data, etc.) on disability internationally and specific to the participating country/region;
- (ii) examine disability gaps/disparities and their trends in demography, education attainment, health standards, and economic/political and social participation, etc., which will to the extent possible, be disaggregated by state, rural-urban; and socioeconomic group (e.g., income levels) and analyze their causes;
- (iii) examine the legislation related to equal opportunities and treatment of people with disabilities and their rights to equity in education, health, training and employment, social services and other areas;
- (iv) examine social, gender and cultural factors that affect the roles of people with disabilities; and
- (v) look into the plurality of needs of people with disabilities in different regions and different religious groups, ethnic groups, and communities within states that have a high incidence of poverty.

2. Analysis of policies and institutions

- (i) Examine macroeconomic government policies and other policies (including policies on disability, women, and children) and analyze their implications for people with disabilities, in particular, the impact of macroeconomic and sectoral policies on people with disabilities; correlation between disability, inequality, and poverty; correlation between disability and gender; and institutional issues;
- (ii) examine institutional settings, roles, and mandates of government and nongovernment agencies responsible for the implementation of the relevant policies and assess the capacity and effectiveness of these institutions;
- (iii) look into the implementation systems established for the delivery of programs at the state, district, and subdistrict level, and suggest appropriate strategies for improving the system;
- (iv) explore to what extent different grassroots-level initiatives created through self-help groups and voluntary organizations can be integrated for delivery of programs; and
- (v) based on the analysis, identify the critical areas that require interventions.

3. Assistance to people with disabilities

- (i) Collect information on the programs, projects, or other activities of disabled people by government institutions, donors, nongovernment organizations, and private sector; and
- (ii) assess the impact of these activities and compile a list of lessons learned.

4. Assessment of ADB operations

- (i) Examine ADB operations in participating country/countries and assess the extent to which disability policies for promoting an enabling environment have been implemented and their impact at the macroeconomic, policy, sector, and project levels; and
- (ii) identify key issues, constraints, and opportunities for ADB to incorporate disability issues into its operations, in particular, in the scope of its poverty reduction goal.

5. Identification of priority needs of people with disabilities for ADB

- (i) Study the findings of ADB's participatory poverty analysis and identify the linkages between disability and poverty;
- (ii) identify major areas of concern regarding disability considerations for the country/countries in general and for ADB assistance in particular, with specific attention to policy support, capacity building, and state-level operations; and
- (iii) draft the ADB disability strategy based on the analysis, stipulating the overall goal, approach, strategic areas of assistance, and implementation mechanisms and procedures, with specific reference to addressing public awareness, providing policy support and advice on appropriate legislative requirements, and capacity building.

6. Preparation of country study report on people with disabilities

On the basis of the above, prepare a country paper on disability for the participating country/countries as outlined.

7. Reporting

The consultant is responsible for preparing regular progress reports and a final report at the end of the study.