

CBM

Disability and

Development Policy





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Preface

CBM, known primarily for its work in the field of blindness, has gone through a period of change. This document explains the new CBM policy on disability and development and demonstrates the change in CBM's Vision and Purpose.

CBM supports partners in low and middle income countries, addressing disability through Primary Health Care, Medical, Education, Rehabilitation and Livelihood activities. Emphasis is placed on Community Based Services working with families and self-help groups. The overall goal is to improve the quality of life of people with disabilities and to also promote the full inclusion of people with disabilities into their respective communities.

This paper on disability and development represents the back bone of CBM's work as it addresses disability in the wider context of development, highlighting important aspects that are crucial to be dealt with, if CBM wants to make an impact. It is the main reference document for other CBM policy papers, which discuss specific approaches to disability, as well as for CBM regional strategies, which are developed to put global strategies into action.

We encourage you to use the document to stimulate discussion and exchange of ideas with partners and friends of CBM. This will enrich the debate and assist in putting policy into practical action.

We wish to gratefully acknowledge the support of the working group, which developed this paper.

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1. CBM's Purpose and Mandate

CBM is an international Christian development organisation whose primary purpose is to improve the quality of life of the world's poorest persons with disabilities and those at risk of disability, who live in the most disadvantaged societies.

CBM seeks to reduce the incidence of preventable impairments and the conditions which cause disability, and provide opportunities for social integration, economic empowerment and livelihood security.

Depending on definitions used, there are about 600 million persons with disabilities in the world, the vast majority of whom live in developing countries. The combination of disability and poverty results in very limited access to community services, such as health care and rehabilitation, and opportunities for education/occupational training leading to gainful work.

CBM is one of the larger INGOs working in the field of disability. To reach as many persons with disabilities as possible and to spread and sustain the results of its projects, CBM works with and through local partners including churches, missions, NGOs, Disabled Person's Organisations (DPOs) and governments.

CBM emphasises that persons with disabilities are first of all sons, daughters, mothers, fathers, community members, farmers, shopkeepers etc. and therefore strongly believes in and advocates a "twintrack approach" to disability in all its development policies. This involves mainstreaming disability into all strategic areas of development work and supporting specific disability initiatives which empower the participation of persons with disabilities in the development of their communities. Specific initiatives targeting disability include medical interventions, rehabilitation, and provision of relevant equipment, education and vocational training with micro-enterprise development. CBM also strongly advocates interventions aimed at preventing impairments, e.g. immunisation and nutrition programmes. Capacity development and human resource development are essential elements of both aspects of the "twin-track approach".

This Policy Paper aims to:

- Explain the links between disability and development in the areas of poverty, human rights, HIV/AIDS, tuberculosis, malaria and malnutrition, gender, children, environment, conflict and emergency situations;
- Promote the importance of the inclusion of disability issues in mainstream development practice;
- Endorse both the "twin-track approach" to disability and a "human rights approach" to development within the CBM family, its partners and beyond¹;
- Outline the role that CBM and its partners need to assume when addressing disability and development in a comprehensive way.

¹ See chapter "Glossary of Terminology" for full definitions of the "twin-track approach" and the "human rights approach"



CBM Adheres to the Following Principles in its Development Practice

- We try to achieve our primary purpose through following the example of Jesus Christ who showed us to accept, love and care for each other. We value all people as equals before God.
- CBM does not support the “charity model” of disability and of rehabilitation. Disability is a development issue: there is a cycle of disability creating poverty and poverty creating disability.
- Fragmented support is not effective in the alleviation of poverty. The objective of CBM’s work is to break the cycle of poverty and disability by working with local partners to establish the comprehensive range of services required to make a clear and lasting impact on quality of life and to advocate with and on behalf of persons with disabilities and others living in poverty.
- CBM takes a human rights approach to both development and disability. Aiming at equal opportunities for persons with disabilities, CBM seeks to ensure that all persons with disabilities have meaningful participation, inclusion, equality, security and dignity, irrespective of nationality, race, gender, religion or age.
- In planning, CBM prioritises initiatives and services that have a proven larger impact on the quality of life of persons with disabilities and their families.
- CBM seeks to ensure that the services it develops and supports are accessible to all people. CBM works pro-actively with its partners to break down barriers which prevent people accessing services. These barriers may include poverty, ignorance, nationality, race, gender, religion, age, social stigma and geographic isolation.
- CBM ensures that development programmes are implemented with highest standards of quality and effectiveness by use of the results of well conducted research, lessons learned from model programmes, and by developing standardised protocols for planning, management and service delivery, wherever possible.

CBM seeks to build creative and trusting relationships with in-country partners. In project planning, design, implementation, monitoring and evaluation with these partners CBM seeks to:

- Build trusting relationships with the beneficiaries of its programmes and the communities to which they belong.
- Give priority to a rational understanding of the needs, rights, interests and duties of its programme’s beneficiaries, giving them opportunity for influence and decision making.
- Avoid creating (more) dependency, by encouraging and incorporating self help and self reliance among its programme’s beneficiaries.
- Respect and foster internationally recognised human rights, both socio-economic and civil-political.
- Enhance gender equity.
- Ensure that services are provided by qualified staff.

- Be pro-active in protecting children (and vulnerable adults) against abuse and the promotion of early intervention programmes.
- Understand and be sensitive to the cultural and historical context of each situation.
- Aim at increasing the cultural, technical and financial sustainability of its programmes.
- Ensure that the environmental impacts of any intervention are fully screened and mitigated.
- Ensure that the lessons learned with partnerships and communities are built into improving the quality and effectiveness of each individual project and CBM supported programmes overall.
- Work with persons with disabilities and their organisations, to promote in societies across the world, the need for inclusion of persons with disabilities in all aspects of development at local, national and international level.

As an important principal rule and guiding objective, activities are designed to achieve sustainable economic and social independence for persons with disabilities, through their own participation, and that of family members and communities. In principle, welfare activities that only maintain individuals in a dependent condition should not have any place in CBM's central development philosophy. However, it is recognised, that there are situations in which caring for persons with severe disabilities and/or caring for persons living in extreme poverty without realistic options for a sustainable change of their situation for the given time, is extremely difficult – in such cases, other options need to be explored and supported.

In the task of fulfilling CBM's mandate, all funds provided through private supporters and co-funding agencies are used for development activities (unless a donor to CBM has specifically designated funds for a different purpose). CBM will not, however, be used as a transfer body for activities that are contrary to its beliefs, values and development principles.

As part of the worldwide Christian Fellowship, CBM places emphasis on its role in the Christian social ministry and will endeavour to work with churches and local Christian partners wherever possible, adhering to its development principles. CBM does not believe that humanitarian service should be used as a means to coerce a recipient into changing their chosen belief or ideology to that of the giver.

2. Disability, Poverty and Development

Vicious Cycle of Poverty and Disability

The World Bank has carried out studies which indicate that about one fifth of the world's poorest people have an impairment². Not only do persons with disabilities experience disproportionately high rates of poverty, but being poor increases the likelihood of disability. Those living in chronic poverty often have limited access to land, healthcare, clean water, nutritious food, shelter, education and employment. Furthermore people in chronic poverty often live and work in hazardous conditions, and are frequently the focus of violence and exploitation. All these factors can cause disability.

As many as half of the impairments generally are preventable and directly linked to poverty³. Poverty limits opportunities for people to improve their lives: very few persons with disabilities have access to rehabilitation and appropriate basic services⁴. Poverty in a community also makes the implementation of the most basic services difficult, even fulfillment of fundamental, basic human rights such as the right to life, the right to food, education and health care.

Poverty is one of the factors contributing most to preventable causes of impairments resulting in disability. In this, poverty refers not only to a lack of financial resources of an individual or her/his family, but also to cultural barriers in families, inadequate capacity in education (i.e. literacy and access to information) and inadequate availability and access to health and rehabilitation services, to misuse of funds and to dependency upon donors. Often the poverty is aggravated by lack of good leadership and governance at all levels and non-awareness of human rights. Other elements are disruptive colonial histories, unfair international trading policies, lack of international solidarity, and, often, poor planning on the part of development agencies.

It is not the impairment per se creating poverty and dependency, but the exclusion of persons with disabilities from mainstream social, economic and political opportunities. Persons with disabilities require often more human and financial resources from their families for support such as daily needs and activities, mobility, communication, medicines, transport, or technical devices. Besides the direct cost related to their impairment, persons with disabilities are often being unable by society to go to school, to contribute to the livelihood of the family or to get married. This increases poverty and the risk of disease and impairment within the families.

Placing the cost of disability so disproportionately on the shoulders of persons with disabilities and their families has amounted to a privatisation of disability in which responsibility for care of persons with disabilities is overwhelmingly con-

² Elwan, A (1999)

³ DFID (2000)

⁴ Despouy (1993)

signed to families and therefore, the responsibility falls mainly on the girls and women⁵. Communities and governments have demonstrated little or no responsibility to deal with these challenges. Therefore, disability has not been seen as a matter of public policy and duty. In the majority of cases in developing countries, when services for persons with disabilities do exist, they are funded by external donors and, hence, are vulnerable to the priorities and successes of those donors.

Eradication of poverty is at the very root of the existence of CBM. By adopting the Millennium Development Goals (MDGs)⁶, 189 nations have agreed to reduce significantly extreme poverty and its major consequences. In view of the additional barriers faced by persons with disabilities, these goals cannot be achieved without specifically impacting their lives and those of their families.

This can be achieved through a variety of services that restore or increase ability and function of people, their families and their social surrounding. CBM is dedicated to enabling local partners to provide such high quality services, to as many people as possible. Given the cycle of poverty and disability, CBM favours the development of comprehensive services which seek to improve the quality of life of persons with disabilities. This includes improving the self-esteem and psychological state, empowerment and influence, self-reliance/independence, social inclusion/social relationships, physical well-being/physical health, confidence and trust in society to fulfil its human rights obligations to all citizens.

Disability is not just an issue of an "unfortunate" group of people, and rehabilitation cannot be achieved only by providing enabling services. All people have experiences of ability and of disability, of discrimination and injustice. Mainstream attitudes, norms and standards, denial of human rights, environmental and economic situations, all of which are in constant interaction and change which contributes greatly to the impact of the individual impairment.

Therefore CBM adheres to the "twin-track approach", meaning both mainstreaming of disability into all strategic areas of development practice as well as supporting specific disability initiatives for empowerment of persons with disabilities.

By doing so, CBM wishes to maximise its direct and indirect contribution to achieving global development goals. CBM prioritises alliances, partnerships and services that have the greatest impact on alleviating poverty, taking into account specific local factors. CBM also contributes to alliances that create awareness and tackle global causes of poverty and disability, such as systematic human rights offences and unfair trading policies. Continuous learning through impact studies will help CBM to fine-tune and maximise its approach to achieving global development goals and the alleviation of poverty.

⁵ Rehabilitation International (1992)

⁶ United Nations (2005a)

3. Disability and Human Rights

The Context

Development and human rights are inextricably linked. Sustainable development is impossible without respecting human rights and, at the same time, the advancement of human rights is not possible without development⁷.

“Development” is more than fighting poverty. Traditionally, development cooperation has concentrated on people’s needs and how to fulfil them, whereas in a human rights based approach development is broadened and includes defining people’s rights in the context of their societies and empowering people to exercise those rights. Taking this into account, CBM recognises that disability has a powerful human rights dimension because it is often associated with social exclusion, increased exposure and vulnerability.

In regard to disability, a human rights based approach starts with focussing on every person’s potential and their legitimate position in the family, community and society rather than on the physical or intellectual limitations they are experiencing. The principle that the rights of persons with disabilities are human rights has been laid down in United Nations resolution 48/96⁸.

In applying the rights based approach, CBM seeks to ensure that all persons with disabilities and their communities experience empowerment, equality of entitlement and responsibility, dignity, justice and respect.

The Challenge

Often, in developing countries persons with disabilities face particular discrimination and neglect, related to very basic rights such as right to food, shelter or even the right to life. The scale of exclusion due to disabilities is dramatic: Approximately 89% of all children with disabilities receive no formal education (violation of right to education: article 26 of the universal declaration of human rights⁹) and adults with disabilities do not have access to professional training and very seldom find a job in open employment (violation of right to work: article 23). The International Labour Organisation (ILO) states that unemployment among persons with disabilities is significantly higher than in the workforce as a whole – in some countries as high as 80%¹⁰. Persons with disabilities are likely to be in low paid jobs and in developing countries most of them work in the informal sector.

In addition to the violation of human rights experienced by persons with disabilities due to practical impediments, foremost among them being negative attitudes,

⁷ NZAID (2002); UNDP (2000); Quinn and Degener (2002); World Bank (1998)

⁸ United Nations (1993); United Nations (2000a)

⁹ United Nations (1948)

¹⁰ ILO (2003)

persons with disabilities are even denied their rights by law. e.g. the right to form a family or marry (Chile); the right to participate in elections and to be elected to office (Honduras)¹¹.

The causes of disability also have a powerful human rights dimension. The right to physical and mental health (article 25) are extensively violated. Insofar as it is at all possible for persons with disabilities to obtain provision for their physical and mental health, such possibilities are confined to the larger towns and cities. Support and assistance are virtually non-existent in rural areas. Even if some form of service does exist, whether in a large town or city or in the occasional village, knowledge concerning the needs of persons with disabilities is woefully inadequate. One hundred million people worldwide have disabilities that could have been prevented had their right to adequate nutrition, clean water, sanitation, health care and security been met¹².

CBM's Response

The objective of CBM's human rights based approach to disability and development is that all people must be active citizens with rights, expectations and responsibilities. This is based on the principle that all human rights are for all people¹³.

In cooperation with its partners, CBM is committed to mainstreaming the human rights approach both to disability and to development. CBM encourages and expects its partners to sensitise their national and local governments to recognise the rights of persons with disabilities and to plan practical implementation measures (such as inclusion of children with disabilities into mainstream education, bridging barriers for health care delivery, political participation). CBM specifically recognises that work is a fundamental element of personal fulfilment, social integration and recognition; and work of decent quality is the most effective means for persons with disabilities of escaping the ongoing circle of marginalisation, poverty and social exclusion. Barriers which persons with disabilities face in getting jobs and taking their place in society can and should be overcome through a variety of policy measures, regulations, programmes and services. A livelihood provides an individual with income, self-esteem, a sense of belonging and a chance to contribute to the wider community.

CBM's response is guided by the following documents:

- The United Nations Universal Declaration of Human Rights¹⁴, the International Covenant on Economic, Social and Cultural Rights¹⁵ and the International Covenant on Civil and Political Rights¹⁶.

¹¹ Akerberg (2001)

¹² DAA (1995), WHO (undated), Gilbert & Foster (2001)

¹³ DIFID (2000)

¹⁴ United Nations (1948)

¹⁵ United Nations (1966a)

¹⁶ United Nations (1966b)

- The ILO Convention concerning Vocational Rehabilitation and Employment of Disabled Persons¹⁷.
- The United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities¹⁸.
- United Nations Convention on the Rights of the Child. And in particular "States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's disability ... (Article 2)"¹⁹.
- United Nations Declaration on the Right to Development²⁰.
- The UN Convention on the Rights of Persons with Disabilities, adopted by the UN General Assembly in December 2006 and opened for signature on 30th March 2007.

CBM believes that educating and raising awareness in the community on the incidence and causes of poverty and disability are essential to our mandate in order to change attitudes. Lobbying and advocating for human rights in partnership with persons with disabilities, our partners and other stakeholders are integral to all our activities. CBM specifically recognises that enabling organisations of persons with disabilities whilst working closely with them is essential in CBM's role as important agents for change.

CBM recognises and supports the fact that in many communities, Community Based Rehabilitation (CBR) programmes and approaches have become the catalyst for bringing about changes in primary health care, and awareness of human rights and disability issues. All of this plays a major part in the acceptance and understanding of people who are different, inclusion of children in the education system, alleviation of poverty and increase in productivity.

CBM and its partners strongly promote and support the implementation of the UN Convention on the Rights of Persons with Disabilities through awareness raising, lobbying and advocacy on global, regional and national levels.

¹⁷ ILO (1983)

¹⁸ United Nations (1993)

¹⁹ United Nations (1989)

²⁰ United Nations (1986)

4. Disability and HIV/AIDS, Tuberculosis, Malaria and Malnutrition

1. HIV/AIDS

Over the last 20 years, HIV/AIDS has become a major obstacle towards development, especially in Africa and increasingly in other continents.

Persons with disabilities more at risk

For many years, no specific attention was given to “disability and HIV/AIDS”. It was assumed that information on HIV/AIDS, targeted at the general public, would also reach persons with disabilities and the problems many persons with disabilities have in accessing information were ignored. Additionally, some people seem to believe that persons with disabilities are sexually inactive, don’t use drugs and are at less risk of violence and rape than their more-able peers. However, recent research indicates that they are actually at greater risk for every known risk factor for HIV/AIDS²¹. In fact, persons with disabilities have less chance of finding a partner for life, and have more sexual partners than their more able peers. Poverty increases their vulnerability to accept (unsafe) sex for money. Moreover, as women with disabilities are believed to be virgins and thus free of HIV, they are more often targeted for safe sex or even for “virgin cleansing”²².

HIV/AIDS undermines rehabilitation

As they are habitually excluded from mainstream community activities and have problems in accessing information (due to illiteracy and visual, hearing or cognitive impairments) persons with disabilities, as well as their family members, often lack adequate knowledge on the causes of HIV/AIDS and the means of protection. Furthermore, they are often unaware of their right to control their own sexuality.

From a study in Tanzania we know that the prevalence of HIV infection in mothers of children with disabilities is twice as high as in other Tanzanians living in the same area²³. The same study indicated that none of the HIV positive mothers had been tested previously, nor were they receiving any type of specific care. The loss of a parent, especially to HIV/AIDS, seriously jeopardises the well-being of children. Given the crucial role of parents in any rehabilitation process, the loss also undermines the success of rehabilitation activities for children with disabilities.

HIV/AIDS affects large percentages of staff in both general and disability services such as those crucial to providing medical, educational and rehabilitative services.

Most HIV/AIDS intervention programmes are not accessible to persons with disabilities and in some cases persons with disabilities are not seen as “worthy” of the scarce interventions available.

²¹ Groce (2003, 2004)

²² The belief that having sex with a virgin would make you get rid of HIV

²³ CCBRT, 2001 – 2002. HIV Counselling and Testing Opportunity for 320 Parents of Children with Disabilities as part of the activities within the CCBRT-CBR Programme in Dar es Salaam.

CBM's Response

Exacerbated by poverty, both HIV and disability are often found in the same families. In many countries, all the above mentioned factors seriously undermine CBM's mandate to improve the quality of life of persons with disabilities and their families. CBM's work in relation to HIV/AIDS can be categorised in the following main areas of activity.

- (1) CBM follows, as in other areas, the "twin-track approach". It is important to make mainstream HIV/AIDS information campaigns as well as HIV services such as voluntary counselling and testing (VCT), and existing anti-retroviral treatment (ART) programmes accessible for persons with disabilities.

CBM advises and supports its partners in organising staff training and awareness raising activities on HIV, in collaboration with professional organisations. These activities should be specifically geared to reaching persons with disabilities, their families and community members, taking into account specific barriers for persons with disabilities. The activities should aim to create understanding of (a) the causes and nature of HIV/AIDS and (b) the rights of persons with disabilities and the ways in which they can protect themselves against HIV, emphasising sexual abuse as an essential component²⁴. Where services are available for those people who choose to test for HIV, or for those who are HIV-positive and in need of medical treatment and counselling on psychological, social and legal aid issues, these programmes should be made available and accessible for persons with disabilities.

- (2) HIV/AIDS causes disability, due to opportunistic infections and general weakness, but also due to stigma and negative attitudes by families and communities (socially disabling). CBM encourages its partners to include persons with disabilities and with HIV/AIDS into their rehabilitation programmes, as much as possible by networking and collaborating with existing specialised HIV/AIDS services. This is even more the case as with the increased access to anti-retroviral drugs, people may develop other impairments in the longer term.
- (3) CBM encourages its partners to protect and improve the lives of Orphaned and Vulnerable Children (OVC), particularly those with other disabilities, too. Use should be made of as many locally available human, material and financial resources as possible, and measures should be put in place to avoid or limit long term dependency on donor funding.
- (4) CBM also encourages its partners to develop and implement a "Work Environment HIV/AIDS Policy"²⁵ that will (a) minimise the possibility of HIV infection for CBM/Partner staff and their partners and dependents; (b) ensure a supportive work environment for staff infected and affected by HIV/AIDS; (c) manage and mitigate the impact of HIV/AIDS on the work of CBM/CBM

²⁴ CCBRT and CBM (2005)

²⁵ International HIV/AIDS Alliance

Partner staff; (d) eliminate stigma and discrimination in the workplace on the basis of real or perceived HIV status, or vulnerability to HIV infection.

- (5) Lastly CBM will join alliances that share the aim of protecting persons with disabilities from getting affected by HIV/AIDS.

2. Tuberculosis and Malaria

2.1. Tuberculosis (TB)

TB is a deadly infectious disease, which seriously jeopardises our aim to improve the lives of the poorest persons with disabilities and their families.

Tuberculosis is related to poverty (and therefore to families of persons with disabilities) in different well documented ways:

- The risk of becoming infected by tuberculosis is higher among poor people, due to higher contact rates in crowded homes and environments.
- The risk of developing active tuberculosis after infection is enhanced in persons with reduced individual immunity and resistance produced by sub-optimal nutrition and sub-optimal working conditions.
- Overall, poor persons with disabilities use weak health services. The chance of being diagnosed and of receiving proper treatment is related to the strength and quality of tuberculosis programmes and to the general infrastructure of the health services.
- TB itself is a major cause of disability. When situated in the lungs it severely limits a person's mobility and capacity for work. When it enters the spine and other bones it can lead to severe impairment and subsequent disability.

There is more TB in the world today than ever before²⁶. However, TB is treatable. All countries have treatment programmes.

In addition according to WHO, "HIV and TB form a lethal combination, each speeding the other's progress. HIV weakens the immune system. Someone who is HIV-positive and infected with TB is many times more likely to become sick with TB than someone infected with TB who is HIV-negative. TB is a leading cause of death among people who are HIV-positive. It accounts for about 13% of AIDS deaths worldwide. In Africa, HIV is the single most important factor determining the increased incidence of TB in the past 10 years"²⁷.

2.2. Malaria

In many countries, especially in Africa, Southeast Asia and South America, Malaria is the leading cause of mortality in children under five years. While infection with

²⁶ CCBRT and CBM (2005)

²⁷ WHO (2005)

either malaria or HIV can cause illness and death, infection with one can make infection with the other worse and/or more difficult to treat²⁸. Malaria also increases the risk of transmission of HIV from mother to child.

In poor families including those with disabilities, malaria is a major cost factor in terms of loss of labour as well as medical costs.

Malaria can be prevented and treated. Using mosquito nets at night is the most effective preventive measure.

2.3. CBM, CBM Partners, and the Problems of Tuberculosis and Malaria

CBM advises and supports its partners, in particular the community based organisations, in staff training and contributes to raising awareness of Tuberculosis and Malaria, the causes, preventive measures and treatment, in collaboration with professional organisations, wherever possible. These activities should be specifically geared to reaching persons with disabilities, their families and community members, always taking into account specific barriers for persons with disabilities.

3. Malnutrition and Disability

There are many strong links between malnutrition and disability.

- Women who endure poor nutrition or dietary deficiencies during pregnancy and lactation are more likely to have children with disabilities.
- Children born to malnourished mothers and those severely malnourished and having diarrhoea in infancy are more likely to become disabled.

The resulting impairments include:

- Blindness resulting from xerophthalmia due to Vitamin A deficiency.
- Mental impairment due to iodine deficiency.
- Those impairments occurring due to chronic malaria.

Children who have impairments are more likely to suffer from malnutrition, further exacerbating their disability.

A study in the Philippines found that “eighty per cent of the children with multiple impairments were also found to be malnourished”²⁹.

²⁸ CDC (undated)

²⁹ www.newint.org/issue095/miracles.htm

CBM's Response

Through its partner organisations, CBM acts to:

- Provide information and promote the importance of good nutrition for pregnant and lactating mothers and children of all ages.
- Where necessary establish feeding programmes or promote their establishment through collaboration with other professional organisations.
- Use advocacy programmes to demonstrate the links between malnutrition and disability.

5. Disability and Achieving Gender Equality

The Context

Seventy percent of people living in poverty worldwide are female³⁰. Women with disabilities are more likely to be poorer, less healthy, more socially isolated and more vulnerable to abuse than men with disabilities or women with no disabilities³¹. While generally, a large section of women in the world still endure discrimination and neglect as part of their daily existence, girls and women with disabilities live under circumstances which are even more difficult. The majority of them are invisible with their voices unheard and their concerns unknown. While the global women's movement has adopted a number of international action plans³², the discrimination faced by women with disabilities remains unchanged³³. In particular, girls and women with intellectual impairments often face horrific abuse at the hands of others. "Violence against women with developmental disabilities takes many forms and occurs with alarming frequency. Its impact on lives is often devastating."

The Challenge

The following points illustrate the situation of girls and women with disabilities; however it should be noted that the situation will vary between, and even within, countries.

- UNESCO estimates that the overall literacy rate for persons with disabilities worldwide is 3 percent, and for women and girls with disabilities it is 1 percent³⁴.
- Women are more likely than men to become disabled due to gender bias in the allocation of scarce resources (such as food) and in access to services, particularly in developing countries where services may be a considerable distance from home.
- More than 80 percent of women with disabilities have no independent means of livelihood, and are totally dependent on others for their very existence. They are twice as unlikely to find work as men with disabilities. Unlike other women, they have little chance to enter a marriage or inherit property which can offer a form of economic security³⁵.
- Physical and sexual violence and denial of reproductive rights in regard to girls and women with disabilities occur at alarming rates within families, in institutions, and throughout society.
- The leadership in disability groups at various levels tends to be dominated by men. Likewise, women with disabilities have little or no representation in the women's movement. As a result, the concerns that are unique to women with disabilities have tended to remain neglected.

³⁰ UNDP (1995)

³¹ IDP (1999)

³² To name the most important: The Nairobi Forward Looking strategy (United Nations, 1986 a), The Beijing declaration (1995), Beijing + 5 Platform for Action (United Nations, 2000b), The convention on the elimination of all forms of discrimination against women: CEDAW (United Nations, 2005).

³³ Das (2003)

³⁴ UNESCO (2003)

³⁵ Croxon (1988); Stace (1986, 1987); Rehabilitation International (1992)

CBM's Response

CBM seeks to mainstream a "gender and development approach" into its development activities, with the ultimate goal of achieving "gender equality". Women and men / girls and boys with disabilities have equal rights to the socially valued opportunities, resources, responsibilities and goods enjoyed by the rest of the community. These should be enjoyed irrespective of gender.

CBM in its approach to "gender equality" recognises the differing roles, responsibilities and needs of both females and males in their communities.

Programme design therefore seeks to be context specific and to complement local efforts which improve the situation of women and girls / men and boys.

With its partners, CBM therefore seeks to:

- Assure gender balance in terms of the people reached and accessing services.
- Assure gender balance in recruitment and training of personnel.
- Prioritise initiatives with a special focus on girls and women, given their generally increased vulnerability and disadvantage over males.
- Promote gender equality through community based rehabilitation and other "grass-root" programmes.
- Ensure that all vulnerable people (female and male, children and adults) are protected from abuse in their communities and in CBM supported projects.

CBM also participates in policy dialogue on gender at international and national levels.

6. **Achieving Equal Rights and Opportunities for Children with Disabilities**

Situation of the World's Children

The situation of children especially in developing countries is not something of which the community of nations can be proud. This is underlined in the UNICEF Report, "Childhood under Threat, the State of the World's Children"³⁶ in which the three main factors threatening child survival are identified as poverty, armed conflict and HIV/AIDS. Children with disabilities are more vulnerable than their non-impaired peers and have less chances of receiving care or survival. This is exacerbated further when facing poverty, armed conflict and HIV/AIDS in the family. Mortality of children with disabilities can be as high as 80% even in countries where overall mortality of under-fives is below 20%³⁷. Due to a lack of awareness of the specific problems relating to development and inclusion of children with disabilities, they become marginalised within the general children's agenda.

Legal Instruments

The Convention on the Rights of the Child³⁸, being the first binding instrument in international law to deal with the rights of children, is an important source of rights for children with disabilities. Article 2 of the convention prohibits any discrimination on the ground of disability. Article 23 deals with the specific rights of children with disabilities. As the Convention has been universally adopted (with the exception of the US and Somalia), it is an important legal instrument, which can and should be referred to when dealing with governments and authorities in developing countries.

Although it is a reality in many parts of the world, that children do work and contribute to the family income, CBM does not support any practice of child labour, be it children with or without impairments, that does not respect minimum labour standards and/or harms the child's physical and emotional development.

Implications for CBM's Work

Due to the high level impact of early intervention, CBM prioritises activities that benefit children with disabilities.

As in other areas CBM adheres to a twin-track approach of (1) creating awareness and lobbying for the inclusion of children with disabilities into the general children's agenda and (2) supporting projects and activities specifically designed for children with disabilities to ensure their development and growth as individuals enjoying their full human rights, achieving their full potential and participating in community and society life to the fullest extent possible.

³⁶ UNICEF (2005)

³⁷ DFID (2000)

³⁸ United Nations (1989)

CBM's three priority areas are:

- (1) **Child Protection:** The physical, emotional and sexual abuse as well as neglect of children are a worldwide violation of human rights and occur in every culture. According to WHO, 10% (male) to 20% (female) of children suffer forms of child sex abuse. Due to their additional vulnerability, children with disabilities are more likely to become victims of abuse than their non-impaired peers. They are less able to report their abuse or to be believed when they do. Accurate statistical data are not available or rare. One recent baseline study suggests that the issue needs urgent attention³⁹. CBM has endorsed a child protection policy aiming at creating and maintaining child safe environments. The policy and implementation package sets standards and procedures for CBM and the partners providing services for children (and vulnerable adults) including regulations for recruiting staff and for any person travelling under the direction of CBM.
- (2) **Early Intervention:** The first five years are of critical importance for a child's life. This is especially the case for children with disabilities. Through early intervention, mainly in CBR and educational settings, children with disabilities are located, undergo assessment and are provided with the most appropriate services. In this process, close collaboration with health services is crucial. Early intervention prevents further impairment, restores ability and reduces disabling effects. Early intervention is most effective when working through and closely with parents and parent groups.
- (3) **Education:** CBM supports education and training for children in CBR settings, resource centres, different types of schools and vocational programmes. However, given the unacceptable situation, lobbying and networking are also important to ensure that children with disabilities are fully included into the Education for All (EFA) process. This will only be successful, if children with disabilities are included into mainstream schools and receive education together with their non-disabled peers. Inclusive education will promote an open and inclusive society, starting in the every day life of children, to prepare them for inclusion in their adult life. Wherever possible, CBM promotes inclusive education as the ultimate goal. However, recognising that different circumstances require different approaches, CBM prioritises access to education. CBM helps to set up resource centres and to develop curricula for special and mainstream teachers to ensure that children with disabilities get the attention and education they need in inclusive settings.

³⁹ CCBRT and CBM (2005)

7. Environment, Disability and Development

CBM recognises the wide concept of environment, and how it affects persons with disabilities and CBM itself in its role as an active organisation in a specific environment. This broad concept includes the ecological environment, the physical environment, the cultural/attitudinal environment and the social environment. This chapter deals with only two specific components: the ecological environment and the physical environment.

The Challenge

As disability is to a great extent poverty related, many persons with disabilities live in the poorest neighbourhoods with degraded environments, a lack of clean water, polluted air and contaminated soils, leading to hazardous conditions for health. Challenges to the ecological environment represent challenges to poor people and persons with disabilities, as health and well-being are closely related to the state of the environment in which people live. The lack of access to natural resources, public places and health care or social services is both a cause and consequence of disability and societal (including physical) barriers⁴⁰.

Some of the greatest obstacles faced by persons with disabilities in accessing sanitation and water supply have to do with the physical environment, such as steps, slippery areas around hand-pumps, rough access paths, etc. This situation is often aggravated by natural and man-made disasters that destroy the environment and the economic and social infrastructure of communities.

In regard to the impact of service delivery on the environment, CBM is aware that some services such as hospitals and workshops can cause serious hazards to the immediate environment e.g. due to inappropriate disposal of waste.

The inaccessibility of areas after disaster, the additional health and safety issues, the breakdown of support structures as well as the difficulties persons with disabilities have in accessing emergency relief programmes seriously endanger their position.

CBM's Response

CBM takes part in global awareness raising and lobbying to promote inclusive development practices taking into account environment and accessibility issues.

Networking and Alliance Building

Improving access to safe natural resources (e.g. safe water) and the built environment (e.g. transport, education and health services etc.) as well as dismantling barriers will result in greater social equity for persons with disabilities⁴¹ and reduce their vulnerability and dependence on others.

⁴⁰ Heinicke-Motsch & Sygall (2004)

⁴¹ Institute of Development Studies (2005)

CBM promotes the use of “universal design principles”. These principles ensure accessibility of buildings and facilities for all as an integral part of the construction process⁴². Strategies for implementing universal design include the use of local resource materials and the inclusion of local persons with disabilities in the analysis of needs, implementation, manufacturing, maintenance, etc.

In this context, CBM emphasises the following priorities:

- Promotion of sound environmental practice in our development work starts within the whole of the CBM family itself, privately as well as in our working environment in terms of proper stewardship of resources such as energy, paper etc.
- Promotion of and support for proven environmentally sound projects, activities and practices, in particular relating to: (1) building and infrastructure construction, including wells and latrines, (2) waste management (hospitals, vehicles, fuel, etc.), (3) (micro-) enterprise activities for clients of rehabilitation projects such as animal husbandry, agriculture, workshops.
- Encouragement of implementation of universal design, through advocacy at international and national (governmental and nongovernmental) level and after natural and man-made disasters.
- Development of the capacity of Disabled Person’s Organisations (DPO) to lobby service providers for access and inclusion.
- Inclusion of the experiences of persons with disabilities in the decision making in terms of construction (infrastructure) and reconstruction (after a disaster) of a physical environment.

⁴² Mace (1998)

8. Disability, Conflict and Emergency Situations

The Context

Disaster⁴³ situations caused by natural hazards, conflict and war have always occurred in the history of humanity. However, due to climate change, growing population, settlement in unsafe areas, lack of early warning systems and ongoing violent conflicts especially in low income countries⁴⁴, increasing numbers are affected by disasters. Over the past twenty years, about 200 million people have been affected by disasters every year⁴⁵. The approach of relief and aid agencies has changed not only in terms of planning well beyond the actual disaster situation, but also in terms of consulting and including the affected communities when establishing and managing disaster response and rehabilitation plans⁴⁶.

Looking at conflict and emergency situations, one should not only consider the direct negative impact it has on people (loss of life, injuries, impairments), but also the devastating effects on health and other supporting systems (e.g. hospitals and orthopaedic workshops), all of which are crucial in the prevention of impairments and reduction of the disabling effects of untreated conditions.

The Challenge

In situations of conflict and emergency persons with disabilities are extremely vulnerable. For example they are less likely to reach safety, access health care, water and sanitation, adequate nutrition and to be re-united with family and community members. It has been noted that persons with disabilities and those disabled by conflict who become refugees, tend to be overlooked in relief operations⁴⁷. The same applies to persons with disabilities facing natural and manmade disasters. Furthermore, a significant number of people become disabled during or in the aftermath of a disaster. Some statistics related to disaster situations underline the tragic consequences. Whereas one century ago, 90% of war casualties were soldiers, today, 90% of those killed and disabled are civilians of whom 80% are women and children⁴⁸. According to UNICEF, for every child killed, three are permanently disabled, and no more than 10-20% of children disabled in conflict have access to prosthetics and other necessary supports.

The aspect of post-traumatic stress disorder caused by conflict and emergencies often tends to be overlooked, but can cause long term damage not only to the people affected but to the communities and societies in which they live.

⁴³ ISDR (2005): A disaster is 'a serious disruption of the functioning of a community or a society causing widespread human, material, economic or environmental losses which exceed the ability of the affected community or society to cope.'

⁴⁴ UNDP (2005): Almost 40% of the world's conflicts are in Africa. Although the number of conflicts is falling, wars last longer and have a severe impact on human development.

⁴⁵ ISDR (2004): This figure relates to disasters caused by hazards of natural origin and related environmental technological hazards and risks.

⁴⁶ IFRC (undated, 2005)

⁴⁷ Miles (1999)

⁴⁸ Rehabilitation International (1997), Dawn Ontario Disabled Women's Network (undated)

Conflict is recognised as a preventable cause of disability⁴⁹.

The World Disasters Report 2005 states that many of the disasters in 2004 could have been avoided with better information, as “for tens of thousands of people, disaster arrived suddenly, unannounced”. A disability perspective needs to be consistently included in early warning systems. The Sphere Project⁵⁰ stresses the importance of including persons with disabilities in all disaster response activities as a major issue. Although international relief agencies are more and more recognising this importance, it seems that it has not yet fully found its way from the handbooks to implementation, especially to the levels of decision making and planning⁵¹.

CBM's Response

CBM is not a traditional relief agency and its expertise and strength does not lie in sending emergency response teams. However, given the plight of persons with disabilities in emergencies and the high numbers of disabling injuries occurring in emergency situations, CBM must be involved by the nature of its mandate. CBM, through its local partners or if necessary directly by the Regional Office, has an important role to play in all phases of a disaster, namely relief, rehabilitation and development work, as well as in disaster preparedness. More broadly, CBM has a role in advocacy for and with persons with disabilities who are affected by emergencies.

CBM support and activities take place on various levels:

- (1) Direct support to partners where the project, staff and clients are affected by the disaster. This can be assistance with planning appropriate responses, the provision of food, water, preliminary shelter and medical treatment as well as the reconstruction of buildings.
- (2) In cases where a partner is not directly affected but has the capacity to develop relief activities, CBM supports and encourages this. CBM works with these partners in developing plans and strategies for such activities.
- (3) In the rehabilitation and development phase after a disaster, in situations where there are no or inadequate services available for persons with disabilities, CBM considers how to develop these with either existing or newly identified partners.
- (4) CBM strives to influence and train key stakeholders, such as partners, governments and relief agencies on inclusive disability practice in emergencies, and inclusion of the special needs of persons with disabilities in disaster preparedness and the establishment of early warning systems.

⁴⁹ World Bank (2005)

⁵⁰ The Sphere Project (2004)

⁵¹ IDDC (2005)

- (5) Long term planning with partners and others in regard to the establishment / re-establishment of disability and preventive services.

Being one of the few INGOs with experience in Mental Health work using community based approaches, CBM supports and helps developing initiatives dealing with the vast problem of trauma, which affects individuals and societies where disaster and emergency situations have occurred.

The inclusion of persons with disabilities and the prevention of disability in all phases of disaster response may include the following activities: Representation of persons with disabilities in community groups and their inclusion in assessment exercises, ensuring rebuilding programmes create accessible buildings and infrastructure. Partners may consider to include Disabled Person's Organisations (DPOs) and community based programmes, because of their knowledge of where persons with disabilities can be found. Other important activities may include CBR work in refugee camps, repatriation, and the establishment of mechanisms for re-uniting family members.

For more information refer to the CBM Emergency Policy.

9. Executive Summary

1. CBM's Purpose and Mandate

CBM aims to add value to human lives by implementing a set of principles (see following sections) which are fundamental to its identity and to what is believed to be the best ways to fight poverty. As such, CBM is not “just” a service provider or a “technical presence”, but is a pro-active agent for high quality development.

Together with CBM's “values”, these principles are not just an “add on”, but are the basis for its structure and its mode of working through development partners, thereby creating positive and lasting change in the lives of persons with disabilities, their families and communities.

This set of principles, together with the means of implementation is expressed in CBM's Disability and Development Policy, which is to be a “living” document under constant critique, review and implementation.

2. Disability, Poverty and Development

Given the recurring cycle of poverty and disability, CBM strongly advocates for preventive programmes and the development of rehabilitative programmes, which will truly change the life of persons with disabilities and those at risk of disability and break the cycle leading to further disability and poverty. A comprehensive approach is considered to be of far greater benefit than fragmented support, which may provide high statistics, but often fails to address the underlying causes and impacts of the cycle of disability and poverty. If the full impact of poverty on the lives of persons with disabilities, on their environment and on existing service delivery is to be addressed, then a comprehensive approach is truly necessary.

3. Human Rights of Persons with Disabilities

Real development is more than fighting poverty. Whereas traditionally, CBM like other agencies has concentrated on people's needs and how to fulfil them, CBM's human rights approach defines persons with disabilities as stakeholders and empowers them to exercise those rights in their day to day experiences of social exclusion. CBM makes a commitment to focus on every person's potential and their legitimate position in the family, community and society.

Implementing this requires a re-thinking and re-modelling of our development work. Advocacy has an important role to play with the aim of changing society's negative attitudes and prejudices related to persons with disabilities. Human rights are acquired at birth and belong equally to all human beings regardless of their impairment/disabilities. They apply to all people wherever they may be found. Inclusion is the fundamental condition for development.

In setting targets for national policies, the most vulnerable, marginalised and excluded people should be prioritised.

CBM expects its partners to be more than just “implementing partners” i.e. more than the typical NGO or church body “receiving and spending money”. CBM encourages its partners to pressurise the national and local governments to recognise the rights and needs of persons with disabilities and to plan practical implementation measures (such as inclusion of children with disabilities into mainstream alleviation of poverty, e.g. education, bridging barriers for health care delivery, political participation).

CBM believes that educating and raising awareness in the community of the incidence and causes of poverty and disability are also essential to our mandate.

CBM does however realise that some partners will have the skills and capability of concentrating on providing direct service delivery, whilst others will have experience and therefore, will be more professional in taking up advocacy.

4. Disability and HIV/Aids, Tuberculosis, Malaria and Malnutrition

Persons with disabilities are affected by HIV/AIDS on many different levels. First of all, they themselves are at an extraordinary high risk of HIV/AIDS infection because they have less opportunities for education, thus less access to information, they are more dependent and generally more abused.

Furthermore, the loss of a parent undermines the success of rehabilitation activities for children with disabilities. HIV/AIDS also affects large percentages of staff in both general and disability services such as those crucial to providing medical, education and rehabilitation services. In addition to that, persons with disabilities are at an extraordinary high risk of HIV/AIDS infection.

In many countries, not only HIV/AIDS, but also Tuberculosis, Malaria and nutrition are not only major causes of disability, but also seriously undermine CBM’s mandate to improve the quality of life of persons with disabilities and their families. CBM therefore needs to ensure that the challenges imposed by these conditions are included in its mainstream service provision, wherever possible in collaboration with other professional organisations.

It needs to be understood within CBM that this is not about creating specialised HIV/AIDS, Tuberculosis, Malaria and nutrition services but about taking these conditions into account within some parts of our work, especially in Community Based Rehabilitation (CBR). This applies in particular to Africa, but also to other continents where specifically HIV and Tuberculosis are on the increase. CBM should do all it can to help in slowing down the spread of these diseases.

These activities should also be specifically geared to reaching persons with disabilities, their families and community members, taking into account specific barriers faced by persons with disabilities.

5. Disability and Achieving Gender Equality

Seventy percent of people living in poverty worldwide are female. Women with disabilities are more likely to be poorer, less healthy, and more vulnerable to abuse than men with disabilities or non-disabled women.

CBM in its approach to gender equality needs to take into account the different roles, responsibilities and needs of both females and males in their communities. Programme design therefore needs to be context specific and to complement local efforts which improve the situation of women and girls/ men and boys with disabilities.

6. Achieving Equal Rights and Opportunities for Children with Disabilities

Due to the high level of impact of early intervention, CBM prioritises activities that benefit children with disabilities.

Preventive, rehabilitative and educational services for children generally have a large impact on quality of life of the individual and family, given the long term benefit to children and the high enabling effect on family members, over a long period of time.

In addition to supporting projects that directly address children's needs, CBM is also active in lobbying and advocacy, and seeks to gain commitment from governments to accept legal responsibility for ensuring access to education for all children, including those with disabilities/impairments. Once this responsibility is recognised and accepted, CBM's role will be the provision of technical and professional advice and support.

CBM has endorsed a Child Protection Policy, aiming at creating child safe environments. This policy applies not only to the projects involving children, but also to staff or any other person travelling in the name of CBM.

7. Environment, Development and Disability

CBM will work with and through its development partners to protect and improve the ecological, physical, social, cultural and institutional environment as an integral component of development work.

CBM takes part in global awareness raising and lobbying to promote in particular inclusive development practices regarding the ecological environment and the physical environment (accessibility issues). Within its mandate, CBM affirms its commitment to sound environmental practice and environmental stewardship.

8. Disability, Conflict and Emergency Situations

In situations of conflict and emergency, persons with disabilities are extremely vulnerable, and there is a high incidence of disabling injuries. By the very nature of its mandate, CBM needs to be strategically involved in emergencies.

This involvement will vary depending on each situation but may include the following activities:

- Direct support to partners where the project, staff and clients are affected by the disaster. This can be assistance with planning appropriate responses, the provision of food, water, temporary shelter and medical treatment as well as the reconstruction of buildings.
- In cases where a partner is not directly affected but has the capacity to develop relief activities, CBM supports and encourages this. CBM works with these partners in developing plans and strategies for such activities.
- In the rehabilitation and development phase after a disaster, in situations where there are no or inadequate services available for persons with disabilities, CBM considers to develop these with either existing or newly identified partners.
- CBM strives to influence and train key stakeholders, such as partners, governments and relief agencies on inclusive disability practice in emergencies, and inclusion of the special needs of persons with disabilities in disaster preparedness and the establishment of early warning systems.
- CBM will also consider long term planning with partners and others in regard to the establishment/re-establishment of disability and preventive services.

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CBM Alphabetic Glossary

Access

Access in its fullest sense refers to physical access, communication access, and social access to facilities, services, training, and jobs. Physical access means that people with disabilities can, without assistance, approach, enter, pass to and from, and make use of an area and its facilities without undue difficulties.

The UN Standard Rules state that "...states should initiate measures to remove the obstacles to participation in the physical environment. Such measures should be to develop standards and guidelines and to consider enacting legislation to ensure accessibility to various areas in society, such as housing, buildings, public transport services and other means of transportation, streets and other outdoor environments...".

CBM promotes the use of "universal design principles". These principles ensure accessibility of buildings and facilities for all as an integral part of the construction process.

Advocacy / Lobbying¹

Advocacy is a system of actions directed at changing attitudes, policies, positions, practices or programmes in society. Advocacy refers to any activity that attempts to change mainly government policy, but also attitudes and perceptions within society.

Lobbying is a subset of advocacy that aims to influence specific legislation. Advocacy covers a much broader range of activities which might, or might not, include lobbying. Almost all social change has started with non-lobbying advocacy but ended with major lobbying efforts. As shown in the example of the protection of women's rights, and child labour laws: all initially combined a broad spectrum of non-lobbying advocacy activities, with lobbying employed somewhat later to achieve the needed change.

Attitudes

The core way how individuals think about disability and persons with disabilities. It is this thinking that will lead to practices that either exclude or include persons with disabilities.

Capacity Development / Building

Capacity building and capacity development are both used to describe the process of individual and organisational development that assists the achievement of aims, effective management and sustainability. In a development context, capacity development refers to investment in people, institutions and practices that will, together, enable that country to achieve its development objectives. Capacity development was introduced when capacity building was perceived as derogative, denying the already existing capacity of beneficiaries².

¹ www.cbm.org

² www.add.org.bd/glossary.html

Community Based Rehabilitation (CBR)

Until recently, the centre-based (institutional) approach has been the predominant method of rehabilitation of persons with disabilities. As institutions are expensive and exclusive (catering for only a few), in most countries only 3-5% of persons with disabilities have benefited from such services. It is unlikely that institutions would be able to provide services for a significantly larger percentage.

Community-Based Rehabilitation (CBR) has been widely adopted by UN agencies and NGOs as the most feasible approach to initiate and expand basic rehabilitation services to a much larger number of persons with disabilities. CBR is a strategy to meet the basic needs of persons with disabilities through access to community services, and the provision of direct and appropriate rehabilitation services where these do not already exist. The majority of basic needs of persons with disabilities can be effectively met at community level.

CBR concepts and methods vary widely from country to country, organisation to organisation and project to project. To date, no universally accepted criteria for quantity and quality control of rehabilitation have been agreed upon by organisations involved in CBR.

According to consensus of three UN agencies (UNESCO, ILO, WHO), CBR is a strategy within community development for the rehabilitation, equalisation of opportunities, and social integration of all people with disabilities. CBR is implemented through the combined efforts of disabled people themselves, their families and communities, and the appropriate health, education, vocational and social services" (WHO, 1994).

In addition to there being very different concepts about what CBR is, the resources available for CBR varies greatly from one context to another. This contributes further to the great variability in how CBR is carried out.

At any given location, the "best possible" CBR program will be a unique endeavor that is a balance between the needs and efforts of the people themselves, available human, infrastructure and financial resources, management and networking skills.

For more information see the policy document of CBM on CBR.

Comprehensive Services

Recognising that, in the context of poverty, fragmented service delivery may not achieve improving the quality of life of persons with disabilities, the comprehensive approach to service delivery aims at the active establishment of service delivery networks in order to provide all necessary elements of care and rehabilitation according to the identified multiple needs of an individual.

Comprehensive service delivery therefore means that the provision of services to an individual does not end after the completion of eg. a medical therapy, but service providers actively interlink with other services (eg. education, occupational, voca-

tional, etc) and stakeholders (family and community) to continue rehabilitation up to the level of maximum skills and opportunities in the given circumstances.

'Comprehensive services' differs from 'cross disability services': an approach that provides services to persons with different disabilities e.g. blind, deaf, mentally challenged, and / or physically disabled.

Cross-Cutting Issues

Cross-cutting issues must on authority of a (back) donor agency be taken into consideration as from the appraisal stage of any programme or project. Typical examples are gender equality, participatory development / good governance, environmental protection, conservation of natural resources and conflict prevention. If e.g. inclusion of people with disabilities is accepted by a donor agency as a cross cutting issue this implies that all projects or programmes must foster the achievement of this goal, or must at least have no negative impacts on the inclusion of persons with disabilities.

Developing Economies

The Worldbank uses the term "developing economies" for low and middle income economies (low income, \$825 or less; lower middle income, \$826 - \$3,255; upper middle income, \$3,256 - \$10,065 per capita at 2004 prices).

The term "developing economies... does not imply either that all the economies belonging to the group are actually in the process of developing, nor that those not in the group have necessarily reached some preferred or final stage of development³.

Development

The ongoing process of increasing / enhancing individual freedoms and sharing in a more equitable distribution of the world's resources.

Development as Human Rights Based Approach

Development is more than fighting poverty. Traditionally, development cooperation has concentrated on people's needs and how to fulfil them, whereas in a Rights Based Approach development is broadened and includes defining people's rights and empowering people to exercise those rights. Disability has a powerful human rights dimension because it is often associated with social exclusion, increased exposure and vulnerability to poverty. Development is then measured in experienced empowerment, equality of entitlement, dignity, justice and respect.

Disability & Impairment⁴

Disability: The interaction between a person with an impairment or health condition and the negative barriers of the environment (including attitudes and beliefs, etc.).

³ web.worldbank.org

⁴ www.cbm.org

Impairment: A characteristic and condition of an individual's body or mind which unsupported has limited, does limit or will limit that individual's personal or social functioning in comparison with someone who has not got that characteristic or condition. Impairment relates to a physical, intellectual, mental or sensory condition; as such it is largely an individual issue. Accordingly, disability is the way(s) in which people with impairments are excluded or discriminated against; as such, it is largely a social and development issue.

Disability Models⁵

- The medical model that sees disability as a health issue.⁶
- The social model that understands disability as a social issue characterised by unequal opportunities for participation.⁷
- The multidimensional model conceptualises disability through four dimensions: impairments, activity limitations and participation restrictions and environmental barriers and facilitators. It can be called the bio-psychosocial model of disability⁸.
- A political perspective understands the issue of disability as a human rights issue. The work towards an International (UN) Convention on the rights of persons with disabilities may be seen to emphasise this perspective⁹.

Disability as Described in a Multidimensional Model

Though arising from physical (including sensorial) or intellectual impairment, disability has social implications as well as health ones. A full understanding of disability recognises that it has a powerful human rights dimension and is often associated with social exclusion, increased exposure and vulnerability to poverty. Disability is the outcome of complex interactions between the functional limitations arising from a person's physical, intellectual, or mental condition and the social and physical environment. It has multiple dimensions and is far more than an individual health or medical problem.¹⁰

This multidimensional (bio-psychosocial) model of disability is illustrated as follows by the WHO¹¹:

⁵ Working Group on Disability and Poverty Reduction www.stakes.fi/sfa/disabilityandpoverty/index.htm

⁶ The International Classification of Impairments, Disabilities and Handicaps (ICIDH, WHO 1980)

⁷ The United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities reflects this stream of thinking.

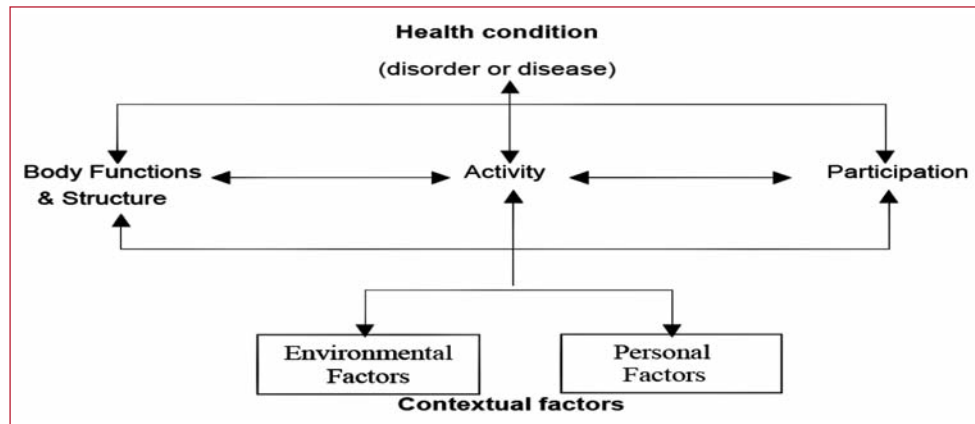
⁸ www.UN.org/eva/socdev UN Enable - Standard Rules, Overview

⁹ such as the WHO International Classification of Functioning, disability and Health (ICF, WHO 2002).

¹⁰ UN Enable - Promoting the rights of Persons with Disabilities - Ad Hoc Committee

¹¹ www.dfid.gov.uk/Pubs/files/disability.pdf

¹¹ www3.who.int/icf/beginners/bg.pdf



Activity is the execution of a task or action by an individual.

Participation is involvement in a life situation.

Activity Limitations are difficulties an individual may have in executing activities. Participation restrictions are problems an individual may experience in involvement in life situations.

Environmental Factors make up the physical, social and attitudinal environment in which people live and conduct their lives.

Disability and Development

Impairment and disability are development issues because of their close connection to poverty.

- Poverty is the major cause of impairment and disability.
- Poverty is the major reason that there are few services and little assistance available for people who have impairments and persons with disabilities.
- Impairment and disability create poverty.
Development is primarily focused on eradication of poverty and a large part of development activities focus on changing the attitudes and practices of people.

Disabled Persons

See persons with disabilities. The chosen terminology of the disability movement varies between cultures and languages. For example disabled people is favoured in the UK, however in other countries, people with disabilities is preferred. The best guideline is to ask persons with disabilities themselves in a given culture. CBM has chosen to use persons with disabilities in its development policy document since this is the terminology used in the newly developed UN convention on the rights and dignity of persons with disabilities. However both terms are used interchangeably in CBM's communication. See also separate list with appropriate terminology.

Disaster

A disaster is "a serious disruption of the functioning of a community or a society causing widespread human, material, economic or environmental losses which exceed the ability of the affected community or society to cope."¹²

¹² From UN ISDR, www.unisdr.org/eng/library/lib-terminology-eng%20home.htm

Discrimination on the Basis of Disability¹³

Means any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation.

Discrimination

Making decisions in prejudicial manner that may exclude or deny opportunity; making distinctions based on racial, ethnic, or distinguishing features such as gender, religious identification or disability. Often double or triple forms of discrimination are experienced. Discrimination has many dimensions:

- Attitudinal: Fear, ignorance, low expectations.
- Environmental: Public services, buildings and transport are not designed according to universal design principles.
- Institutional: The law discriminates (explicitly or by omission) against the rights of persons with disabilities, making them second class citizens without the right to vote, to own land, to attend school, to marry and have children.

Disabled Persons Organisation (DPO)

The main characteristic of a DPO is that the members and leadership are persons with disabilities. The main roles and functions of DPOs are to represent the interests of persons with disabilities, to advocate and lobby for disability rights, to ensure that the government and service providers are responsive to the needs and rights of persons with disabilities; some also provide information and other services to their members.

Empowerment

Is the process of increasing the capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes. Central to this process are actions which both build individual and collective assets, and improve the efficiency and fairness of the organisational and institutional context which govern the use of these assets.¹⁴

Equalisation of Opportunities

Is a basic concept in the principle of equal rights. It is the process through which the various systems of society and the environment (such as services, information, and documentation) are made available to all – particularly to those who are excluded by social, economic, cultural, political, or physical disabling barriers.

Gender and Development (GAD)

An approach to development that focuses on women and men and their roles and needs rather than women and men as separate groups and their specific situations and needs. GAD focuses on social, economic, political and cultural forces

¹³ United Nations (2006 b), chapter 2

¹⁴ <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTPOVERTY/EXTEMPowerment/0,,contentMDK:20245753~pagePK:210058~piPK:210062~theSitePK:486411,00.html>

which determine how women and men can participate in, benefit from and control resources and activities.¹⁵

Global Development Goals

See Millennium Development Goals

Good Governance

Governance is the process whereby public institutions conduct public affairs, manage public resources, and guarantee the realisation of human rights. Good governance accomplishes this in a manner essentially free of abuse and corruption, and with due regard for the rule of law.¹⁶

Handicap

Handicap is a term which should not be used within CBM's communication in English due to its negative connotation in that language. By WHO definition, handicap is: "not recognising the existence of persons with disabilities, excluding them from society, and not providing services to meet their needs. In the process of revising or adding to the standard rules (see standard rules) the UN convention notes: "...that considerable confusion has arisen concerning the use of the word 'handicap'. Even if the term is established in many languages, it has acquired a derogatory, negative and even insulting connotation in several languages, and should therefore be used with great care..."¹⁷.

Health

Health is defined in WHO's Constitution as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Health is a resource for everyday life, not the object of living. It is a positive concept emphasising social and personal resources as well as physical capabilities.

Heavily Indebted Poor Countries (HIPC)

The Heavily Indebted Poor Country (HIPC) Initiative is an agreement among official creditors designed to help the poorest, most heavily indebted countries escape from unsustainable debt. It enables poor countries to focus their energies on building the policy and institutional foundation for sustainable development and poverty reduction.¹⁸ Anno 2005 the following countries are classified by the World Bank as being HIPC:

Africa: Angola, Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Comoros, Congo, Cote d'Ivoire, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Rwanda, Sierra Leone, Sao Tome and Principe, Senegal, Sudan, Tanzania, Togo, Uganda, Zambia.

Latin America: Bolivia, Guyana, Honduras, Nicaragua

Asia: Laos, Vietnam, Myanmar (Burma)

Middle East: Republic of Yemen

¹⁵ AusAID Guide to Gender and Development

¹⁶ www.unhcr.ch/development/governance.html

¹⁷ www.un.org/esa/socdev/enable/disec520024e2.htm

¹⁸ www.worldbank.org/hipc/

Human Resource Development (HRD)¹⁹

All activities aimed to improve people's abilities to achieve defined objectives and targets.

Human Rights²⁰

Background of Human Rights Based Approach

Since the 1990s there has been an increasing interest in attempts to utilise a human rights framework to argue that we have obligations, in one way or another, to do something about the human suffering among the large number of poor in the world. The argument is that the suffering of the poor is a violation of their human rights, and the international human rights instruments place an obligation on us to do something about it.²¹

Human Rights Conventions and Declarations

"International declarations of human rights²² appeal to world citizens and their governments to respect individuals' civil and political rights – such as their rights to free speech, fair trial, and political participation – and to promote their economic, social and cultural rights²³ – such as their rights to health care and education."

Some important examples are:

- Universal Declaration of Human Rights²⁴
- EU Convention on human rights and fundamental freedoms²⁵
- Convention on the rights of the child²⁶

Human rights expressed in declarations are not legally enforceable entitlements unless governments have ratified treaties, agreements, conventions, covenants, plans, with clear obligations to implement intentions expressed and entitlements have been translated into national laws and regulations. In this process an active role is expected from INGO's like CBM and its networks.

For this reason a human rights based approach is at the core of CBM's renewed policy.

The objective of CBM's Human Rights Based Approach to disability and development is that all people be active citizens with rights, expectations and responsibilities. This is based on the principle that all human rights are for all people.²⁷

¹⁹ www.cbm.org

²⁰ Human Rights Watch, www.hrw.org/doc/?t=esc&document_limit=180,20

²¹ From an article on how to use a human rights based approach in the mobilisation of resources for health: www.biomedcentral.com/1472-698X/4/4

²² such as the United Nations Universal Declaration of Human Rights, 1948 (see web.amnesty.org), the international Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights, 1966

²³ www.unhchr.ch/html/menu3/b/a_cescr.htm

²⁴ <http://web.amnesty.org/pages/aboutai-udhr-eng>

²⁵ www.pfc.org.uk/legal/echrtext.htm

²⁶ www.unicef.org/crc/crc.htm

²⁷ DIFID, 2005

Human Rights Approach to Disability

A person with a disability has a right to be included and to participate in a society as a full member. Any project can be disability-relevant and should therefore be disability-sensitive, i.e. take persons with disabilities into account and support their integration and full participation in society. Disability is a social and societal issue, not only a medical condition.

A major break through for promotion and protection of the human rights of persons with disabilities was the adoption of the UN Convention on the Rights of Persons with Disabilities on 13th December 2006 (opened for signature on 30th March 2007). The negotiation process of the Convention was outstanding as civil society actors, including DPOs and NGOs, were actively involved and had a major influence through the ad hoc committee meetings and side events. The Convention is a human rights instrument with an explicit social development dimension, adopting a broad categorization of persons with disabilities and reaffirming that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms. It clarifies and qualifies how all categories of rights apply to persons with disabilities and identifies areas where adaptations have to be made for persons with disabilities to effectively exercise their rights and areas where their rights have been violated, and where protection of rights must be reinforced. The Convention also has specific articles on International Cooperation (32) and Humanitarian Aid (11) which highlights the importance of disability being included in all strategic areas of development cooperation.²⁸

Human Rights Approach to Development

A rights-based approach to development differs from a needs-based approach to development in that it is based on empowerment, equality of entitlement, dignity, justice and respect for all people. In a rights-based approach "development" is more than fighting poverty. Where traditionally development cooperation would have focused on people's needs and how to fulfil them, a rights-based approach to development focuses on defining people's rights (as laid down in international conventions), and empowering people to claim those rights. A rights-based approach to development includes the following principles:

- express linkage to rights
- accountability
- empowerment
- participation
- non-discrimination and attention to vulnerable groups

Inclusion²⁹

Inclusive development: Inclusive development refers to the planning and implementation of policies, programmes, projects and actions for the human and socio-economic development. It ensures and makes feasible the ideal of equal opportunities and the exercise of rights – civil, political, economic, social and cultural –

²⁸ <http://www.un.org/disabilities/default.asp?navid=8&pid=150>

²⁹ www.cbm.org

for every person, regardless of his / her social status, gender, physical or mental condition and ethnic affiliation. CBM strives for the inclusion of the disability perspective into all development activities.

Inclusion in the context of education: Inclusion refers to the educational process that wishes to extend to the maximum the opportunity of children with disabilities to attend regular classrooms. It involves providing necessary special education services under the responsibility of the general classroom teacher. Inclusion does not mean to take children with special needs to regular classes without the assistance of a special education teacher, or to ignore the specific needs of the child.

Inclusive Design

A process whereby designers, manufacturers and service providers ensure that their products and environments address the widest possible audience, irrespective of age or ability, (see also access and Universal Design principles).

INGO

International Non-Governmental Organisation

Integration³⁰ (in Education)

In the context of education, integration is the selective placement of a child with a disability in a regular classroom, requiring that this student has the ability to participate in the school programme.

Mainstreaming Disability

Mainstreaming implies that all development interventions are planned and implemented in such a way that people with disabilities, their needs, rights and potentials, are taken into account on equal terms with those of other population groups. See also twintrack approach.

Medical/Charity Model of Disability

Now considered out-dated and disempowering, it emphasises the impairment and the functioning of the person as being the central issue, focusing upon treatment, cure and charitable assistance as methodologies for improving the lives of persons with disabilities.

Millennium Development Goals

Poverty reduction became the focus of the international community during the second half of the 1990s. The major inter-governmental summits of the United Nations resulted in an international consensus on the goals. The Millennium Development Goals (MDGs) agreed at the United Nations Millennium Summit in 2000 constitute the foundation of the concrete road map guiding the international community in achieving poverty reduction and social development through joint and concerted action. The MDGs are a set of eight goals for which 18 numerical targets have been set and over 40 quantifiable indicators have been identified.

³⁰ www.cbm.org

The goals are:

- Eradicate extreme poverty and hunger
- Achieve universal primary education
- Promote gender equality and empower women
- Reduce child mortality
- Improve maternal health
- Combat HIV/AIDS, malaria, and other diseases
- Ensure environmental sustainability
- Develop a global partnership for development.

“North”

This term refers to the group of countries that are also often referred to as “developed” or “industrialised”. The terms “developed and developing” have not been used because they imply a judgement based solely on economic criteria and ignore the huge degree of cultural development to be found in poorer countries. The term “north” is a generalisation because the concept also includes Australia and New Zealand, to be found in the Southern hemisphere, so it should not be taken literally, but should be understood to refer to those countries who have substantial international power and resources. Variation on the formerly much used term “third world” are the “one third” and “two third's world”, referring to the fact that the richer countries only have one third of the population, yet control over two thirds of the resources.³¹

IDDC used in some documents “Economically Less Developed Countries” for the South. Consequently the North should then be called “Economically Developed Countries”.

The World Bank, with adherence to the principle that income per capita remains the most relevant indicator, uses “high-income economies” or “high-income OECD members”.

South: income poor settings; economically less developed countries. Economically developing countries, low income economies, or middle income economies.

Rather neutral are regionally specific terms like Sub-Sahara Africa. Simple and still much used terms are also poor countries, poorer countries and bottom 10 or bottom 20 of the poorest countries as opposed to the rich countries, the richer countries and the top ten or top 20 of the richest countries. Low-income countries, middle-income countries etc. are only related euphemisms.

Participatory Development

Participatory development implies a partnership which is built on a dialogue among the various actors (stakeholders), during which the agenda is set jointly and a variety of local views and indigenous knowledge are deliberately sought and respected. Participatory development implies negotiation rather than the dominance of an externally set project agenda.³²

³¹ www.iddc.org.uk/cdrom/iddc/define.htm

³² Vainio-Mattila 1999

Persons with Disabilities³³

See “disabled person”. A person or people (group of individuals) with an impairment or health condition who encounters disability or is perceived to be disabled. The term “persons with disabilities” should always be understood as referring to “girls, boys, women and men with disabilities”. It is important to emphasise both gender equality and the inclusion of children and youth, wherever appropriate.³⁴

Poorest of the Poor

The principle to serve the poorest of the poor – so popular only a decade ago is nowadays forsaken by many development actors because of the often unspoken and unvoiced understanding that the poorest of the poor are so extremely disadvantaged that any developments efforts for their sake are doomed to fail anyway.

CBM however continues to adhere to the “poorest of the poor” value, deeply imbedded in CBM’s culture and mission. Adherence to serving the poorest of the poor has special relevance as so many disabled persons belong to this group.

Poverty³⁵

A human condition characterised by the sustained or chronic deprivation of the resources, capabilities, choices, security and power necessary for the enjoyment of an adequate standard of living and other civil, cultural, economic, political and social rights.

Poverty (absolute)

Live on less than \$1 a day, the plight of about 1.1 billion people – one fifth of the world’s population, is what is called absolute poverty.

Poverty Reduction Strategy (PRS)

In low-income countries, the World Bank uses the Poverty Reduction Strategy (PRS) approach which involved widespread consultation and consensus building on how to boost development. Under this process, a national poverty reduction strategy is prepared by the country, creating a framework for donors to better coordinate and align their programmes behind national priorities. The government consults a wide cross-section of local groups and combines this with an extensive analysis of poverty in the country’s society and its economic situation. The government determines its own priorities from this process and produces targets for reducing poverty over a three to five year period. These are outlined in a Poverty

³³ a letter from the chair during the last session of 2005 on the UN Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities notes ..“Views are divided as to whether it is necessary to define ‘Disability’ and ‘Persons with disabilities’. I tend to think that we don’t, as this will be very difficult, and there is a risk that we will unintentionally exclude someone.”...

³⁴ UN convention updates, proposed supplement to the standard rules

³⁵ The United Nations Committee on Economic, Social and Cultural Rights, in its statement on poverty notes:..“In the recent past, poverty was often defined as insufficient income to buy a minimum basket of goods and services. Today, the term is usually understood more broadly as the lack of basic capabilities to live in dignity. This definition recognises poverty’s broader features, such as hunger, poor education, discrimination, vulnerability and social exclusion. The Committee notes that this understanding of poverty corresponds with numerous provisions of the Covenant... (follows definition) “...While acknowledging that there is no universally accepted definition, the Committee endorses this multi-dimensional understanding of poverty, which reflects the indivisible and interdependent nature of all human rights. [www.unhchr.ch/tbs/doc.nsf/\(Symbol\)/E.C.12.2001.10.En?Opendocument](http://www.unhchr.ch/tbs/doc.nsf/(Symbol)/E.C.12.2001.10.En?Opendocument)

Reduction Strategy Paper (PRSP). The Bank and other aid agencies then align their assistance efforts with the country's own strategy – a proven way of improving development effectiveness.³⁶

PRSP's call for active citizenship from interest groups including organisations of persons with disability. Advocacy and lobbying are expected to ensure that the problems of persons with disabilities are addressed in the Poverty Reduction Strategies.

Poverty Reduction Strategy Papers (PRSP)

One of the central international instruments for poverty reduction consists of Poverty Reduction Strategy Papers (PRSP) – a framework originally prepared for the Highly Indebted Poor Countries (HIPC) as a precondition to qualifying for debt relief and concessional lending. Despite this limited origin, the PRSP process is becoming the main framework for all donors. The strategies are to be driven by the recipient countries themselves, and the preparatory process needs to be participatory. The participatory approach is also very relevant to disability-relevant and disability-specific development co-operation policies, as they must also be designed and evaluated in the policy context of the beneficiary country and take into account the local ownership.

Prevention of Disability (Some Key Terms)

Prevalence & Incidence³⁷

- The number of cases of a clearly-defined condition in a defined area at a defined point in time is called prevalence.
- The number of new cases with a defined characteristic occurring in a defined area in one year is called incidence.

Prevention through Early Intervention

- Early Intervention is a range of services cooperating to intervene in the crucial first five years of the life of a child with disability.³⁸

Primary Prevention

The purpose of primary prevention is to reduce the incidence of disabling illnesses, violence and accidents. Primary prevention includes such activities as health promotion, human security improvements, preventive health care, environmental health promotion and social risk management.

Rehabilitation

Rehabilitation may include measures to provide and/or restore functions, or compensate for the loss or absence of a function or for a functional limitation. The rehabilitation process does not involve initial medical care. It includes a wide range of measures and activities from more basic and general rehabilitation to goal-oriented activities, for instance vocational rehabilitation.³⁹

³⁶ web.worldbank

³⁷ www.cbm.org

³⁸ www.firstsigns.org/treatment/EI.htm

³⁹ source: www.cbm.org

Situation Analysis

Assessment of all aspects of the present status of a health programme: its needs, the current output, unmet needs, constraints, available resources, costs, barriers, etc.

Social Model-Oriented as Opposed to Medical Model-Oriented

Social model explains that disability is a relationship with the society, and does not reside in persons with disabilities. Disability is the result of the interaction with environment, society and economy. Example: using a wheelchair is not a disability, but the impossibility to go to school due to inaccessible building design is a disability.

The medical model looks at impairments and tries to “normalise” persons, but the social model stresses the need to adapt society and question to the ideal of “normalcy”.

Social / Cultural Model of Disability

Based in a rights-based approach to disability, it understands disability as being society, not impairments, that disables individuals. In other words “disability” is not something that people possess, or that is inherent to the person or group, but rather it is the inability of society to recognise difference and remove barriers that inhibits the full inclusion and participation of people with disabilities. The social model emphasises the removal of societal barriers that exclude people with disabilities, including environmental, institutional, and attitudinal barriers.

Social Exclusion

Social exclusion is “the inability of an individual to participate in the basic political, economic and social functioning of the society in which she lives”.⁴⁰

“South”

Like “North”, this term refers to the larger number of countries in the world that are economically poorer and less powerful. It needs to be acknowledged though, that this vast range of countries are extremely diverse, and many of them have pockets of power and wealth, or are countries in transition towards the market economy and democracy. The term “South” is best understood as referring to poor and less powerful populations, wherever they are (and many are also within the richer countries).⁴¹ See also “North”.

The (International) Standard Rules on the Equalization of Opportunities for Persons with Disabilities⁴²

“The United Nations Standard Rules on the Equalization of Opportunities for People with Disabilities” constitutes the current international standard on disability policies, at both the national and international level. The rules were adopted in 1993 and are considered to be the guide to the interpretation of the Universal Human Rights Instruments from the disability perspective.

⁴⁰ Tsakloghu and Papadopoulos, 2001

⁴¹ www.iddc.org.uk/cdrom/iddc/define.htm

⁴² www.un.org/esa/socdev/enable/dissre00.htm

Sustainability

Common definitions are:

- The extent to which an activity can maintain itself without external inputs (usually economic or technical).
- The ability of an organisation to develop a strategy of growth and development that enables it to continue to function indefinitely.⁴³

It is however useful to make a distinction between financial sustainability, institutional sustainability, cultural sustainability and ecological sustainability.

Sector-Wide Approaches (SWAp's)

This is a process that entails all spending for a sector (government, donor, private, international organisations) supporting a single, comprehensive sector strategy under recipient government leadership. Donor support can take any form, including aid, technical assistance or budgetary support.⁴⁴

Twin-Track Approach to Disability

The twin-track approach to disability means both mainstreaming of disability into all strategic areas of development practice as well as supporting specific disability initiatives empowering persons with disabilities.

Universal Design

The design of products and environments to be usable by all people, to the greatest extent possible, without need for adaptation or specialised design.

The UN and Disability

The UN Programme on Disability is the lead programme on disability within the United Nations system. It's mandate stems from "the World Programme of Action concerning Disabled Persons" adopted by the United Nations in 1982, the "Standard Rules on the Equalisation of Opportunities for Persons with Disabilities", adopted in 1994, as well as from the "UN convention on the Rights of Persons with disabilities", adopted in 2006.

The major objectives of the programme are the following:

- to support the full and effective participation of persons with disabilities in social life and development;
- to advance the rights and protect the dignity of persons with disabilities and;
- to promote equal access to employment, education, information, goods and services.

⁴³ www.npgoodpractice.org/CompleteGlossary.

⁴⁴ www.unicef.org/campaigns/glossary

Vicious Cycle of Poverty

Disability is both a cause and an effect of poverty. Most disabilities are strongly related to poor and unsafe living conditions. Lack of access to medical care and rehabilitation leads to worsening activity limitations. These in turn, combined with social stigma, discrimination and physically inaccessible living environments, tend to generate a process of exclusion from participation in social life, schooling, vocational training and employment. In the end, it results in a life-long exclusion from mainstream society. Disabling and excluding risks tend to accumulate. Disabled girls and women face multiple discrimination.

As a consequence of the cumulative effects of such risk factors persons with disabilities have often a higher poverty rate than the population. World Bank studies show that persons with disabilities are poor by all dimensions of poverty: they lack access to income, work, education and other basic services, social security, personal safety, and participation. People with disabilities are at the bottom by all Millennium Development Goals (MDG) indicators.⁴⁵

⁴⁵ World Bank: Poverty and Disability – A Survey of Literature (PDF doc)

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