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Disability Issues in East Asia: Review and Ways Forward

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CONTENTS

ABSTRACT

This paper is intended to provide the World Bank's East Asia and Pacific region with information and insights necessary for improving a focus on disability in its activities. There are two major parts to this paper. The first part reviews disability related issues in the region by describing (1) the prevalence of disability and related issues; (2) major issues and challenges confronting persons with disabilities; and (3) good practices, innovative approaches, and effective organizations in the region working to meet the needs of persons with disabilities. The second part reviews the Bank's regional level activities through examining project portfolios and AAA products, as well as through interviews with Sector managers and staff members. Based on this review, the paper recommends ways to include disability issues at the regional and sector levels.

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ACRONYMS

AAA	Analytical Advisory Assistance
BMF	Biwako Millennium Framework for Action
CAS	Country Assistance Strategy
CBR	Community-Based Rehabilitation
DAC	Development Assistance Committee (European Union)
DAC	Disability Advisory Council (Cambodia)
EAP	East Asia and Pacific
FAO	Food and Agricultural Organization
ICF	International Classification of Functioning, Disability and Health
ICIDH	International Classification of Impairments, Disabilities and Handicaps
ICT	Information Communication Technology
ILO	International Labor Organization
JICA	Japan International Cooperation Agency
JSDF	Japan Social Development Fund
LSMS	Living Standards Measurement Survey
MDG	Millennium Development Goal
MOH	Ministry of Health
MOLISA	Ministry of Labor, Invalids, and Social Affairs
MOSALVY	Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation
NGO	Non-Governmental Organization
PRSC	Poverty Reduction Strategy Credits
PRSP	Poverty Reduction Strategy Paper
TWGDC	Thematic Working Group on Disability-related Concerns
UNDP	United Nations Development Program
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNESCO	United Nations Education, Science, Cultural Organization
UNICEF	United Nations Children's Emergency Fund
UXO	Unexploded Ordinances
WHO	World Health Organization

EXECUTIVE SUMMARY

If, instead, the focus is, ultimately, on the expansion of human freedom to live the kind of lives that people have reason to value, then the role of economic growth in expanding these opportunities has to be integrated into that more foundational understanding of the process of development as the expansion of human capability to lead freer and more worthwhile lives.[1/]

Amartya Sen's work on development emphasizes the need to enhance people's capacities and their freedoms – freedoms in the areas of politics, economics, social opportunity, and security. People with disabilities account for upwards of 20% of the general population and are a significant potential resource for development. But too often they find that opportunities to develop their capabilities are lacking and their freedoms are constrained by social and physical barriers around them.

This paper makes it clear that the World Bank needs to address disability issues if it wants to meet the Millennium Development Goals. Estimates are that 20-30% of poor people are disabled; 90% of disabled people are illiterate; and 40% of disabled people are poor. This paper provides an empowering definition of disability – one that recognizes the influences of personal, social and environmental factors on people with disabilities. The definition integrates the fact that rehabilitation has the power to reduce functional limitations, and social policy has the power to alter environmental contexts (e.g., cultures, institutions, natural, and built environments) that affect the social and economic opportunities afforded to people with disabilities. This definition shifts the locus of attention from the medical community to people with disabilities as the main agents of change and empowerment. The World Bank and its development partners impact those environments through the work it is doing on such issues as education, health, transport, labor laws, social protection, and information technology. But it would have more impact at a very low cost if it could more fully integrate a disability perspective into its AAA and lending portfolio. More work on issues that would help prevent disabilities is also needed, e.g. in the areas of nutrition, immunization, road safety, and removal of landmines and unexploded ordinance. In summary, making meaningful progress toward poverty reduction goals will require the Bank to address issues of disability head on, through an approach that integrates strategies for empowerment, rehabilitation, improved social policy, and building standards, and prevention.

Chapter 1: Introduction

For the last two decades, international, regional as well as national and sub national efforts have been made to address the issues of persons with disabilities, including implementation of an international decade (1983-1992), and a regional decade (1993-2002) on disability. Despite those efforts, the situation of persons with disabilities in the Asian and Pacific region, including East Asia and the Pacific, has not been improved as expected. To further address disability issues, governments in the Asian and Pacific region extended the regional decade for another 10 years. At this juncture, this paper reviews: (1) the prevalence of disability in East Asia and the Pacific region (EAP); (2) major issues and challenges confronting persons with disabilities; (3) good practices, innovative approaches, as well as effective organizations to meet the needs of persons with disabilities in EAP; and provides recommendations on ways to incorporate

[1/] Amartya Sen. (1997). "Editorial: Human Capital and Human Capability" *World Development.* 25(12): 1960.

disability concerns into the activities of the World Bank's work in East Asia and the Pacific.

Chapter II: Prevalence of disability

This chapter describes the prevalence of disability in EAP region. It explains how different definitions and classifications systems are from country to country as well as survey to survey in the region. This discrepancy leads to a large variation of disability statistics among countries in the region. Accuracy and reliability of disability statistics are also discussed and it is concluded that most existing disability statistics in developing countries in the EAP region are not reliable and cannot be compared. However, based on available statistics, attempts are made to find out trends in terms of common types of disabilities, causes of disability, gender, old age and disability, spatial distribution, and public views of disability and persons with disabilities.

It is interesting to note that there is a large variation among countries in terms of the most prevalent types of disability. There may be a link between types of disability and prevalent causes of disability in those countries. It is recognized that the underlying cause of disability in the region is poverty and that over a half of causes are preventable. Nutritional deficiency, landmine explosion, and road traffic accidents are described as major causes of disability in the EAP region. In terms of gender difference, men tend to have more mobility disability compared to women, and men are more disabled due to war-related causes and accidents. There is no clear evidence that more men are disabled than women in the region. It is also clear that old age increases disability. As societies in the EAP region rapidly gain an ageing population, issues concerning older persons with disabilities will become a serious issue. In the region, approximately 80 per cent of persons with disabilities live in rural areas. However, rapid urbanization in the region will lead to a more balanced population of disabled persons between urban and rural areas by 2020. The prevailing attitude towards persons with disabilities in the region is one of pity as they are often considered helpless having no capacity to develop. Disabled children are viewed as punishment for family misconducts. Negative views and negative attitudes toward persons with disabilities constitute large social barriers for persons with disabilities.

Chapter III: Major issues and challenges confronting persons with disabilities in East Asia and the Pacific

Despite two decades of international efforts to address issues of persons with disabilities in the East Asian and Pacific region, many challenges still remain to be solved. The most persistent challenge in the region is an alarmingly low rate of access to education for children and youth with disabilities. Without resolving this challenge, many issues discussed in this paper will remain unresolved. Education is the foundation for the development of persons with disabilities. Lack of access to training and employment as well as income generating activities for persons with disabilities has forced them into poverty. Access to health services and rehabilitation services, including assistive devices, is still limited for persons with disabilities, and HIV/AIDS campaigns in the region have not included the needs of persons with disabilities. Women and girls with disabilities are most excluded from all social activities in the region. Present poverty reduction programs do not include persons with disabilities even though they constitute at least 20 per cent of the poor population in the region. A vicious cycle between poverty and disability has not been recognized by national development programs. Physical environments in urban areas as well as rural areas are not conducive to persons with disabilities. Many cities in the region are experiencing rapid infrastructure development, however, such that most buildings, facilities, roads and footpaths, as well as public transport systems are being built without consideration for the needs of persons

with disabilities, older persons, and other physically disadvantaged groups. In rural areas, the access needs of persons with disabilities for water and sanitation have just begun to receive attention. Furthermore, the rapid expansion of the Internet in the region puts many persons with disabilities into a further disadvantaged position in terms of access to information and communication. Contents on the Internet are not fully accessible to persons with disabilities, particularly to persons with visual impairments. Governments in the region have not yet addressed the access needs of persons with disabilities to information and communication technology.

Chapter IV: Good practices, innovative approaches and effective organizations to meet the needs of persons with disabilities in East Asia and the Pacific

There are still tremendous challenges facing persons with disabilities in East Asia and the Pacific region. However, during the course of the past two decades, various good practices and innovative approaches have been developed. Efforts over the last decade have resulted in the emergence of numerous agencies and organizations which effectively address the needs of persons with disabilities in the region. Establishment of national coordination committees on disability at the country level, as well as development of regional networks and national forums of self-help organizations of persons with disabilities can be considered as a good outcome of the last decade. In what follows, effective approaches and good practices, such as regional and national coordinating mechanisms, self-help networks, community-based approaches, inclusive education, poverty reduction, and empowerment models are discussed. In addition, the Biwako millennium framework and incorporating disability in the MDGs are also discussed. The empowerment model has been picked up outside the region, and has the potential of being scaled up in East Asia and the Pacific region. Promotion of non-handicapping environments for persons with disabilities initiated by the United Nations ESCAP has been cited as a good regional approach to promoting access standards and guidelines at the national and sub national levels. An active regional coordination mechanism was a key to the success of the regional Decade in Asia and the Pacific. Close collaboration with such committed and resourceful bodies will provide rich expertise and skills necessary to include disability issues at the national level and assist in the identification of good practices in the region.

Chapter V: Review of Bank's activities

The review of Bank's activities in this paper is made through the following three steps: (1) PRSP and CAS review; (2) Project and AAA search; and (3) Interviews with Sector Directors and Bank staff members. This chapter describes how the above-mentioned steps were taken and outcomes of each step. Although at the moment, there are relatively few projects that explicitly includes disability issues, it is indicated that there is huge potential for the Bank to make contributions to improving the situation of persons with disabilities. It is also found that Sector staff members are motivated toward the inclusion of disability issues, however, they seem to lack knowledge about disability in general, available information materials (access legislation and standards), and approaches toward inclusion.

Chapter VI: Recommendations

Based on the review exercise, recommendations are made at the Bank level, at the level of the East Asia and Pacific region, at the sector level (including projects and AAA), and concerning consultation and organizations with whom the Bank can work.

At the Bank level:

In order to take a strong advocacy role to promote inclusion of persons with disabilities toward other international development agencies, the Bank is recommended to adopt a disability policy and strategies which are based on inclusive and universal access approaches. It is also recommended that measures be taken so that disability issues can be included in PRSP and CAS frameworks. The Bank also should support the development of common sets of comprehensive disability statistical measures to resolve the lack of appropriate measures for disability statistics.

At the level of EAP:

It is recommended to establish a disability focal point for EAP to support the new initiative in the region and to support governments' efforts to implement the Biwako millennium framework for action as the fulfillment of MDG targets. Capacity building of country offices in key areas of disability inclusion, as well as the role of senior staff members to support the new initiative, is also recommended. Improvement of accessibility of regional and country offices is supported.

At the sector level:

This section of the paper describes the development of disability sensitive project screening guidelines for each sector and recommends the promotion of inter-sectoral collaboration between sectors. Furthermore, this section makes recommendations applicable to projects for each sector, and recommends five themes for AAA regional and country studies.

Consultation:

This paper recommends establishing an advisory board on disability for EAP and its composition.

Organizations to work with:

The country offices and regional offices are recommended to engage in close dialogue and network with all stakeholders in the disability field of the region.

I. INTRODUCTION

Persons with disabilities constitute the most marginalized group in the Asian and Pacific region. Women and girls with disabilities are most excluded from society as they are doubly discriminated against as women and girls as well as being disabled. Children and young people with disabilities face overwhelming barriers to participation in education and skill development programs. Most disabled persons are poor, but few poverty reduction programs include adaptive provisions for their participation.[2/]

Many persons with disabilities are handicapped by social, economic, physical and political conditions. Together, these conditions constitute barriers to disabled persons' participation in society. These barriers include the stigma of disability, poor understanding of the abilities and aspirations of disabled persons, and lack of rehabilitation services. Physical environments are suited only to the physically strong, and information environments are oriented to the mentally agile.[3/]

In response to the above-mentioned situation, at the end of the United Nations Decade of Disabled Persons, 1983-1992, the governments of the Asian and Pacific region, which consists of two thirds of the world's population, proclaimed the unique regional decade, the Asian and Pacific Decade of Disabled Persons, 1993-2002.[4/]

Guidelines were set out in an Agenda for Action for achieving the goals of the Asian and Pacific Decade of Disabled Persons within 12 policy areas: national coordination, legislation, information, public awareness, accessibility and communication, education, training and employment, prevention of causes of disability, rehabilitation services, assistive devices, self-help organizations and regional cooperation. The Agenda for Action and its Targets for the Implementation of the Agenda for Action for the Asian and Pacific Decade of Disabled Persons became effective policy tools for the governments of the Asian and Pacific region to guide their policies and the implementation of programs concerning persons with disabilities. A multisectoral approach, departing from a simple welfare-based approach, was reflected in the 12 policy categories in the Agenda for Action and was well accepted.

At the evaluation of the achievements of the Asian and Pacific Decade, governments recognized an overall improvement in all twelve policy categories under the Agenda for Action although achievements were uneven. There were significant accomplishments in the areas of national coordination and legislation, and some improvement in the areas of the prevention of causes of disability, rehabilitation services, access to built environments, and the development of self-help organizations of disabled persons. However, there persisted a continuing and alarmingly low rate of access to education for children and youth with disabilities, and marked sub regional disparities in the implementation of the Agenda for

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[2/] ESCAP, *Asia and the Pacific into 21st Century: Prospects for Social Development*, Chapter VI. Prospects for persons with disabilities, 1998. (www.unescap.org/theme/part2vi.htm)

[3/] *Ibid.*

[4/] The Decade was proclaimed by resolution 48/3 of 23 April 1992, adopted at the forty-eighth session of the Commission, held at Beijing in April 1992. The resolution was intended to strengthen regional cooperation in resolving issues affecting the achievement of the goals of the World Program of Action concerning Disabled Persons, especially those concerning the full participation and equality of persons with disabilities.

Action.[5/] Relative to governments in the Pacific, governments in East Asia have been more successful in achieving improvements in implementing the Agenda for Action.

Based on their assessment on the situation of persons with disabilities in the region at the end of the Asian and Pacific Decade, governments proclaimed the extension of the Asian and Pacific Decade of Disabled Persons, 1993-2002, for another decade, 2003-2012.[6/]

Governments adopted the Biwako Millennium Framework for Action as the regional policy targets and guidelines for the extended Decade, to promote an inclusive, barrier-free and rights-based society for persons with disabilities in the region.[7] It is expected that the Biwako Millennium Framework for Action will contribute to attaining the millennium development goals and targets, as issues relating to persons with disabilities are vital to realizing millennium development goals and targets.

For the last two decades, international, regional as well as national and sub national efforts have been made to address the issues of persons with disabilities, including implementation of an international decade and a regional decade on disability. Despite those efforts, the situation of girls and boys, women and men with disabilities in the Asian and Pacific region, including East Asia and the Pacific, has not been improved as expected.

One issue that has not been explicitly addressed is the amount of resources mobilized toward the implementation of policies and programs by national governments as well as international development agencies to meet the needs of persons with disabilities for the last two decades. The World Bank has recognized disability issues as an important development issue and recently announced the inclusion of disability issues into its work.

In this connection, this document reviews: (1) the prevalence of disability in East Asia and the Pacific; (2) major issues and challenges confronting persons with disabilities; (3) good practices, innovative approaches as well as effective organizations to meet the needs of persons with disabilities in the region; and provides recommendations on ways to incorporate disability concerns into the activities of the World Bank's work in East Asia and the Pacific.

II. PREVALENCE OF DISABILITY

It is recognized that the underlying cause of disability in the region is poverty and that over a half of causes are preventable. According to WHO estimates, one out of ten persons have some type of disability, and in the Asian and Pacific region there are 400 million persons with disabilities, comprising two thirds of the world disabled population. Among them, 80 per cent are estimated to live in the rural areas of developing countries of the region.

The major causes of disability are malnutrition (nutritional deficiency), diseases, congenital factors, accidents and violence, inadequate hygiene, war, conflicts and landmine explosions, lack of access to a health care

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[5/] Resolution 58/4 on Promoting an inclusive, barrier-free and rights-based society for people with disabilities in the Asian and Pacific region into the twenty-first century, adopted by the 58th session of the Commission in May 2002.

[6/] The Decade was extended by resolution 58/4 of 22 May 2002 on promoting an inclusive, barrier-free and rights-based society for people with disabilities in the Asian and Pacific region in the twenty-first century.

[7/] The Biwako framework was adopted by the high-level intergovernmental meeting to conclude the Asian and Pacific Decade of Disabled Persons, 1993-2002, held at Otsu, Shiga, Japan, in October 2002.

system, exposure to chemical substances, stresses, and others. Polio, which has been the major cause of physical disabilities, has been recently eradicated from countries in the region due to successful immunization efforts. Therefore, it is expected that the number of physical disabilities in the region will decline drastically, unless other causes, such as road traffic accidents, increase. The major causes of disability in the region are nutritional deficiency, landmines explosion, and traffic accidents.

Nutritional deficiency

About half the developing countries in the region are at risk of nutrition-related disabilities (stunting of mental and physical development) associated with food deficit. Common micronutrient deficiencies which will continue to affect disability will include:

- Vitamin A deficiency — blindness;
- Vitamin B complex deficiency - beri-beri (inflammation or degeneration of the nerves, digestive system and heart), pellagra (central nervous system and gastro-intestinal disorders, skin inflammation), and anaemia;
- Vitamin D deficiency — rickets (soft and deformed bones);
- Iodine deficiency — slow growth, learning difficulties, intellectual disabilities, goitre;
- Iron deficiency — anaemia, which impedes learning and activity, and is a cause of maternal mortality;
- Calcium deficiency — osteoporosis (fragile bones).[8/]

Some countries in the region, including Cambodia, Papua New Guinea, Philippines, Vietnam, are at high risk of nutrition-related disabilities. With intensive poverty reduction schemes, a lowering of this type of disability may be expected, but the numbers affected by nutritional deficits will still be daunting. Those most vulnerable to inadequate diets will be girl children, women and older persons. As a consequence of inadequate diets, overall resistance to infectious diseases will be lowered. In the case of women, reproductive and foetal health will also be compromised.

Landmines and unexploded ordnance (UXOs)

Explosion of landmines and UXOs are major causes of disability in countries which experienced prolonged war or civil conflicts in the region. Among them are Cambodia, Lao PDR, Burma (Myanmar), Thailand and Vietnam.

In Cambodia, it is estimated that about 4-6 million anti-personnel and anti-tank mines and unexploded ordnance including about 539,129 tons of air-to-ground bombs are lying hidden underground and scattering across the country. Between 1979 and September 2002 about 54,400 mine- and UXO-related accidents were reported. Incidence of injuries most likely occur in forests, villages in former conflict areas or rice fields, where mine casualties can create amputees.[9/] Among men in Cambodia, 11% of disability was caused due to landmine explosion (CSES survey 1997).

Lao People's Democratic Republic experienced prolonged war in the past. The legacy of war is a large number of victims of landmines/unexploded ordnances, which takes many lives. Among the 10,589 victims, 5,495 (52%) died on the spot, during transportation, or at the hospital. The other half of victims who survived became disabled. Among survivors,

[8/] ESCAP, *Asian and Pacific into 21st Century: Prospects for social development*, VI. Prospects for persons with disabilities, ESCAP, 1998, at http://www.unescap.org/theme/part2vi.htm.

[9/] Council for Social Development, "Cambodia, National Poverty Deduction Strategy, 2003-2005," December 2002, p.29.

the majority (66%) were amputees, followed by paralysis (13%), visual loss (9%), burn (7%), and deaf and moderate hearing loss (5%).

Conflict also has widespread psychological consequences. According to the World Health Organization, more than 2 million Cambodians suffer from mental illness and depression and millions more from post-traumatic stress syndrome.[10/]

Road traffic accidents[11/]

Road traffic accidents in developing countries have begun to receive more attention from public health experts. In Thailand, road traffic accidents were the third highest cause of disability (9% of the total causes). By 2020, road traffic accidents will be ranked as the third leading cause of disease burden measured in disability-adjusted life years.[12/] Quadriplegia, paraplegia, brain damage, amputation and behavioural disorders are among the disabilities common among survivors of such accidents. Most at risk in such accidents will be men aged 15 to 44.

Road accidents cause annual losses to the economies of the developing countries of the region which are estimated to be around US$ 20 billion per year. With the present growth in vehicle fleet (15-18 per cent per annum in some countries; 268 per cent in Thailand and 700 per cent in the Republic of Korea between 1982 and 1992) and increases in road connectivity and populations throughout the region, the number of road accidents will continue to rise, unless dramatic action is taken to curb the increase.[13/] In Cambodia, anecdotal evidence shows that traffic accidents may overtake landmine explosion as a cause of disability.

If current trends in increasing vehicles and road connectivity persist, it is estimated that in 10 years there will be 450,000 road accident deaths per year, with millions more disabled from injuries. Improvements in vehicle design and medical facilities, as well as stronger enforcement of regulations concerning the compulsory use of seat belts (car use) and helmets (motorcycle use), and restrictions on alcohol consumption and other substance abuse combined with driving, will mean greater chances of survival from road accidents, and these should therefore be encouraged.

Causes of disabilities in Vietnam as an example in the region[14/]

The Ministry of Health (MOH) and the Ministry of Labor, Invalids and Social Affairs (MOLISA) have defined 6 general causes for disabilities in Vietnam: Congenital; Diseases; Work accidents; Traffic accidents; War and toxic agents; and Other causes. According to MOLISA's disability survey in 1994-1995, more than one-third of all disabilities combined were caused by congenital defects and diseases accounting for nearly the same proportion. War and war-related injuries accounted for about one-fifth of all relatively severe disabilities in Vietnam. The Agent Orange was estimated to have caused disability in over 1 million children. The second and third generations of war soldiers were also the victims of Agent Orange. Agent

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10/ Article: Mental Health Care Taking Slow Steps Forward, The Cambodia Daily, September 25, 2001

11/ Quoted from *Asian and Pacific into 21st Century: Prospects for social development*, VI. Prospects for persons with disabilities, ESCAP, 1998, at http://www.unescap.org/theme/part2vi.htm.

12/ Christopher J.,L. Murray and Alan D. Lopez, *The Global Burden of Diseases*, Global Burden of Disease and Injury Series (World Health Organization, Harvard School of Public Health, World Bank)

13/ ESCAP, Review of Road Safety in Asia and the Pacific (ST/ESCAP/1663), 1997

14/ JICA, Basic Survey on the Sector to Support People with Disabilities in Vietnam, March 2001, p 1-10. (http://www.jica.go.jp/english/global/dis/profile.html)

Orange still remains in many places of the former battlefields and the number of persons with disabilities affected by Agent Orange continues to increase.[15/]

In the same survey result, it is interesting to note that the major cause of amputation was war/war-related. Hearing and speech impairments were caused by congenital factors (48.5% and 79.9% respectively). Mental or psychological impairment was also caused by congenital factors, followed by war/war-related causes (48.7 and 26.5). On the other hand, the major cause of sight impairment and learning disability was disease (49.3% and 46.3% respectively).

Data Difficulties

In the majority of the countries and areas of the East Asia and Pacific region, similar to other countries in the developing world, it is difficult to ascertain the prevalence of disability as figures are not substantiated by any statistical methods, as collecting internationally comparable data on disability is difficult. A major concern for policy makers and personnel working in the field of disability formulating policies and implementing programs to meet the needs of persons with disabilities is a dearth of disability statistics and inaccuracy of what data is available. Disability data are seldom - if ever - collected, usually because of the low priority accorded to disability issues by the relevant national agencies (e.g., statistical offices, departments for social development, education and training, and NGOs delivering social services). This situation is in part also due to the lack of trained experts on disability statistics.

In order to assess the prevalence of disability, it is necessary to examine definitions of disability and its classifications. In East Asia and the Pacific, definitions and classifications of disability differ a great deal from country to country. Even within a country, results of surveys differ because of an inconsistent use of definitions and classifications, and the low technical competency of the surveyors. Because of these differences, it is extremely difficult to compare disability statistics among countries in the region. For example, the prevalence rate of disability ranges from 20 per cent of the total population in New Zealand to 1.5 per cent in Cambodia. This is significant because one would expect Cambodia to have a higher prevalence of disability compared to New Zealand, a country with relatively much less poverty. As is discussed further below, it would seem New Zealand's assessment of disability more effectively captures incidences of disability.

A. DEFINITION AND CLASSIFICATION OF DISABILITY

Definitions of disability are changing. For many decades disability was viewed through the medical model, whereby disability congenitally caused or which resulted from disease or injury was defined by medical professionals and disability was problematized on the individual level. The medical model for understanding disability focuses on the disability, such as the inability to walk or to dress oneself, and was thought to end when the disabled person reached his or her maximum potential to carry out daily activities within the home. However, none of these processes of rehabilitation address the fact that disabled persons were not included in common educational, workplace, and social activities, and rarely had leadership roles within their communities and societies.

In contrast to this medical model, the social model for analyzing disability issues emphasizes the lack of inclusion of disabled people in society, and points out that this is not

[15/] *Ibid.*, p 1-10.

due to the disability, but to the environment and society. The social model brings attention to the social disadvantage of people with disabilities, and the fact that alleviating their disadvantages and promoting their equality and human rights requires an inclusive and multisectoral approach.[16/] While the social model includes assistive devices, it moves past the individual disability to locate the problem in the wider society by making the problem of disability a problem of inclusiveness.

Amartya Sen's notion of poverty as capability and freedom deprivation is a useful lens through which to understand disability. Sen defines poverty in the context of the lives people live and the freedoms they enjoy.[17/] In this light, poverty is a deprivation of the capabilities and freedoms necessary to fully participate in society, including (but more expansive than) the opportunity to earn an income. Social, economic, and political exclusion for people with disabilities comes from inaccessible transport, buildings, recreational facilities or activities, and education, workplaces and opportunities (especially if unskilled or uneducated), and from attitudes of discrimination and denial of voice. Development interventions can alleviate the poverty that is unique to people with disability by directly building capability (e.g. new knowledge or skills, improved health or nutrition status) and by directly altering the built, social, and political environment to increase opportunities to use capabilities through accessible structures, in the application of skills in production, and in enhancing the political space for people with disabilities to bring greater freedom and to benefit the whole community.[18/] This concept places disability at the heart of the causes and perpetuation of poverty, and makes poverty alleviation critical for increasing the capacities and freedoms of people with disability, and for achieving the MDGs.

The International Classification of Impairments, Disabilities and Handicaps (ICIDH) developed by WHO in 1980 was a breakthrough for disability policy and research, as it was the first system to recognize the influences of personal, social and environmental factors on people with disabilities. It integrated the fact that rehabilitation has the power to reduce functional limitations, and social policy has the power to alter environmental contexts (e.g., cultures, institutions and natural and built environments), thus affecting the social and economic opportunities afforded to people with disabilities.[19/] Twenty years later, the WHO revised the ICIDH and adopted an improved version as the International Classification of Functioning, Disability and Health (ICF) in May 2001. Under the ICF, an "impairment" is defined as a loss or abnormality of body structure, or of physiological or psychological function; "activity" is defined as the nature and extent of functioning at the level of the person; and "participation" is defined as the nature and extent of a person's involvement in life situations in relation to impairments, activities, health conditions and contextual factors.[20/]

[16/] ESCAP, *Asian and Pacific Decade of Disabled Persons: mid-point – regional perspectives on multisectoral collaboration and national coordination*, New York, 1999, p. 95.

[17/] Caterina Ruggeri Laderchi *et al.* "Does it Matter that We don't Agree on the Definition of Poverty? A Comparison of Four Approaches." *Working Paper Number 107*. Oxford, UK: University of Oxford. p. 19.

[18/] Amartya Sen. (1999). *Development As Freedom.* New York: Knopf Books; Amartya Sen. (1997). "Editorial: Human Capital and Human Capability." *World Development.* 25(12): 1959-1961.

[19/] Metts, R. L., "Disability issues, trends and recommendations for the World Bank", World Bank, February 2000, p 2.

[20/] *Ibid*, p 2.

The ICF will be useful for a broad spectrum of different applications, such as social security, evaluation in managed health care, and population surveys at local, national and international levels. It offers a conceptual framework for information that is applicable to personal health care, including prevention, health promotion, and the improvement of participation by removing or mitigating societal hindrances and encouraging the provision of social supports and facilitators. Above all, the ICF offers a widely accepted definition that accurately and sensitively defines disability, which could facilitate the collection of comprehensive and reliable data on the prevalence and situation of children and adults with disabilities within their societies.[21/]

Despite the emergence of the ICF, most countries in East Asia and the Pacific have not reflected it into their definitions and they have different definitions of disability. Examples include:

> **Cambodia** (draft Cambodian Disability Law): "A person with disability is any citizen who lacks any physical organ or capacity or suffers any mental impairment, that causes restriction to his or her daily life or social activities and which significantly causes differences from non-persons with disabilities, and who has a disability certification from the Ministry of Health."

> **Indonesia** (The Public Act of the Government of the Republic of Indonesia No. 4 (1997), article 1): Disabled person is someone who has physical and/or mental abnormality, which could disturb or be seen as obstacle and constraint in performing normal activities, and consisted of: a. physically disabled; b. mentally disabled, and c. physically and mentally disabled.

> **Fiji** (The Fiji National Council for Disabled Persons Act, Part 1, Article 2):
> Disabled individuals are defined as people who "as a result of physical, mental or sensory impairment are restricted or lacking in ability to perform an activity in the manner considered normal for human beings."

In contrast, the United Nations census recommendations state a person with disability is defined as "a person who is limited in the kind or amount of activities that he or she can do because of ongoing difficulties due to a long-term physical condition, mental condition or health problem" (United Nations, 1998). But as can be seen, each definition differs from one another. The definitions from Cambodia, Indonesia, and Fiji include definitions based on impairments as well as activity limitations, and thus may create confusion in making classifications of disability. On the other hand, the UN definition is clearly based on activity limitations, thus making classifications easily based on activity limitations.

[21/] *Ibid*, p. 2.

Within countries of East Asia and the Pacific, classifications of disability quite often differ from country to country as well as from survey to survey within a country. In Cambodia, for example, because it is expected that there will be many persons with amputations, their classification system has adopted more detailed categories of amputees: one leg amputation; two leg amputation; one arm amputation and two arm amputation. Yet at the moment in Cambodia, there is no legal or official disability classification system. Until now different ministries have used different classification systems. The Cambodia Socio-Economic Surveys of the Ministry of Planning have classified disabilities into 14 categories, and the Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation (MOSALVY) has classified disabilities into 13 categories for operational purposes. Table 1 illustrates the two classification systems.

As those definitions still omit other major disability groups, MOSALVY with support from UNICEF now plans to use the following 8 categories based on a WHO classification system:[22/]

1. Visual impairment ("seeing difficulties")
2. Hearing impairment ("hearing difficulties")
3. Speaking impairment ("speaking difficulties")
4. Physical disability ("moving difficulties")
5. Feeling difficulties
6. Mental disability ("strange behavior")
7. Intellectual impairment ("learning difficulties")
8. People who have fits

Thus, classifications of disability based on different definitions are also inconsistent and differ significantly from country to country, and differ from one survey to another. Most classifications omit some major disability groups, thus they tend to underestimate the prevalence of disability. For further reference, definitions and classification of disability are cited in Annex 1.

B. DISABILITY STATISTICS

Despite a number of studies and surveys in many developing countries in East Asia and the Pacific, the existing data on persons with disabilities are fragmented and outdated, and methodologies are unreliable. For example, there is no comprehensive disability database in Cambodia, and there is a great deal more information on physical than on mental disabilities.

A report titled "Draft Status of Training and Employment Policies and Practices for People with Disabilities in Cambodia" by ILO, August 2002, illustrates the situation associated with disability statistics in Cambodia:

"The Cambodia Socio-Economic Surveys (SESC 1996, CSES 1997 and CSES 1999) of the Ministry of Planning provided data on numbers and types of disabilities but used different categories.

[22/] *Ibid.*, p 7

Table 1. Classification systems adopted by MOSALVY and Ministry of Planning [23/]

MOSALVY	Ministry of Planning classification 1999
1. One arm amputated	1. One limb lost
2. Both arms amputated	2. More than one limb lost
3. One leg amputated	3. Unable to use one limb
4. Both legs amputated	4. Unable to use than one limb
5. Paraplegia	5. Lower limbs paralysis
6. Hemiplegia	6. Four limbs paralysis
7. Tetra/paraplegia	7. Visual impairment
8. Deaf-muteness	8. Hearing impairment
9. Polio	9. Muteness
10. One eye lost	10. Deaf-muteness
11. Both eyes lost	11. Mental or intellectual disability
12. Multiple disability	12. Disfigurement
13. Leprosy	13. Multiple disability
	14. Disability caused by various diseases

[23/] ILO, "Status of training and employment policies and practices for people with disabilities in Cambodia", August 2002, p 6. (http://www.ilo.org/public/english/region/asro/bangkok/ability/download/cambodia.doc)

"The CSES 1999 suggested that 1.5 per cent of Cambodia's population is disabled (169,058 people). However the prevalence of disability is almost certainly higher… The Cambodian Persons with Disabilities Organization (CDPO) estimates that 200,000 to 300,000 people have physical disabilities with 40,000 to 50,000 people disabled by landmines and 60,000 paralyzed by polio …A further 132,000 people are estimated to be blind and visually impaired and 120,000 deaf.[24/] *Furthermore, in 2000 Cambodia reported 169,000 HIV cases, giving the highest HIV/AIDS occurrence in Asia.*[25/]

"The estimated number of people with disabilities varies remarkably in the CSESs. For example, in 1996 the figure was 310,791, in 1997 it was 202,930 and in 1999 it was 169,058. The discrepancy can be explained partially by unclear definitions of disability and by lack of trained data collectors. The data from SESC 1996 shows that the proportion of disabled children under 15 years old is 19 per cent and female is 40 per cent…"

One major issue is that once a prevalence rate has been announced, whether the figure is accurate or not, that figure will be quoted as the established figure. A good example is the CSES disability prevalence rate of 1.5 per cent for Cambodia that has been quoted by many studies, although other NGO sources suggest a much higher rate.

Table 2 below shows the comparison of rates of prevalence of disabilities among selected countries in East Asia and the Pacific. This table shows how different those figures are and suggests that these are not comparable and some figures are not reliable.

Census results tend to be much lower rates than households surveys: In Thailand, the national census indicated the percentage of persons with disabilities to be 0.3%, whereas the Health and Welfare Survey in 1991 and the Ministry of Public Health Survey, 1996, calculated it as 1.4% and 8.1%, respectively. The Fiji and Philippine censuses also reported low rates of 1.5% and 1.3% each. This may be partly because the set of questions that censuses can include is limited compared to households surveys.

Higher prevalence rates of New Zealand and Australia: The disability prevalence rates of Australia is 19% and that of New Zealand is 20%, whereas other countries range from 0.7 (Indonesia) to 8.1 (Thailand Ministry of Public Health Survey 1996). A partial reason for this huge discrepancy seems to be the number of questions used to identify persons with disabilities. For example, the New Zealand Households Survey in 1996 used 22 activity limitation based questions for adults and 10 for children when asking about disability, whereas the Thailand 1990 census used 10 questions based on impairments (see Annex 1).

[24/] CDPO, Proposal for Consideration by Donor Agencies 2001-2005, 2001, p. 15

[25/] Annual Report of the UN Resident Coordinator, Cambodia 2001, p. 3

Table 2: Comparison of the prevalence of disability among some governments in East Asia and the Pacific

Country	Prevalence (%)	Source
Australia	19	ABS Survey of Disability, Ageing and Care-Givers (1998)
Cambodia	1.5	Cambodia Socio-Economic Surveys (1999)
China	5	Sampling survey in 1987 and the growth rate of the population.
Fiji	1.5	1996 Census
Indonesia	0.7	Core National Social and Economic Survey (SUSENAS) 2000
Japan	4.4	Cabinet Office Annual Report 2000
Korea (Republic of)	3.0	National Survey of the Disabled Persons, 2000
Lao PDR	0.7-1.0 Excluding intellectual and mental disabilities	Ministry of Health, in conjunction with Prosthetic and Orthotic Worldwide Education and Relief (POWER), 1996
Mongolia	4.8	Mongolian Ministry of Social Welfare and Labor, 2001
New Zealand	20	National Household Survey, 1996
Philippines	1.3	National Census 1995
Thailand	0.3 1.4 8.1	National Census in 1990 Health and Welfare Survey 1991 Ministry of Public Health Survey, 1996
Tonga	2.0	Fiji Disabled People's Association, 2001
Vietnam	5.2	Ministry of Labor, Social Affairs and Invalids Year unknown

(1) Types OF disabilities

Although classifications of disability types differ from country to country, it may be possible to discern trends in different types of disability if the classifications are generally similar. Lists of the four highest prevalent types of disabilities in several countries are cited below. As indicated earlier, comparison of data between countries is problematic because of different definitions, classifications and data collection methods among countries. Thus, discussion in the following sections should be taken cautiously.

Viet Nam (Source: Community-Based Rehabilitation Program, by Lorenzo Pierdomenico, December 2000 – Original source: MOH)

- **Difficulty in movement** **42%**
- Difficulty in learning 23%
- Hearing and speaking difficulty 22%
- Difficulty in seeing 7%

Thailand (Source:1996 Ministry of Public Health)

- **Physical disabilities** **56.9 %**
- Visual disabilities 19.8 %
- Intellectual/learning disabilities 9.9 %
- Hearing and communication disabilities 6.2 %

China (Source: 1987 Survey)

- **Hearing and speech impairment** **38.8 %**
- Intellectual impairment 22.5 %
- Vision impairment 7.9 %
- Physical impairment 6.3 %

Philippines (Source: 1995 National Census)

- **Visual impairment** **46 %**
- Physical disability 15 %
- Hearing impairment 13%
- Intellectual disability 6%

Tonga (Source: Fiji Disabled People's Association Survey 2001)

- **Mental disability** **43.8 %**
- Intellectual disability 24.6%
- Physical disability 14.5 %
- Hearing impairment 8.9 %

It is interesting to note that there is a large variation among countries cited above in terms of the most prevalent type of disability: **physical disabilities/difficulty in movement:** (Thailand and Vietnam); **hearing and speech impairments** (China); **Visual impairment** (Philippines) and; **mental disability** (Tonga). It seems difficult to explain these differences, however, there may be a link between types of disability and causes of disability in those countries. For example, in Tonga where 68.4% of disability cases are mental and intellectual disability, percentages of sickness and congenital causes are high (20% and 18% respectively). In Thailand, where physical disability is the largest disability type (56.9%), congenital anomaly, sickness, and traffic accident are the three most prevalent causes of disability (33%, 15% and 9%).

(2) Gender and disability

In the Vietnam survey, the ratio of females with disabilities and men with disabilities is 1: 1.74. As all surveys and censuses in Vietnam, Thailand, and Philippines show, more men are disabled than women. However, China has almost the same ratio between men and women, and Indonesia has more females with disabilities than males with disabilities (55.7% and 44.3%). Furthermore, the New Zealand 1996 Survey shows that one per cent more women than men are disabled (female 20.0% and male 19.0%).

In Cambodia, the highest cause of disability among women was disease (35%), with war/conflict and landmines at 2% each, whereas among men the combined percentage of causes of war/conflict and landmine explosion was 29%. In Vietnam, females with disabilities have slightly

different characteristics. In terms of types of disabilities, men with disabilities tend to have more physical disability compared to women with disabilities. Men with disabilities were also more disabled in war, compared to women with disabilities. In road traffic accident studies in countries in the region, the rate of injury for men is significantly higher than for women[26/]. Thus, it is safe to assume that more men were disabled than women due to road traffic accidents in the region.

(3) Old age and disability

It is commonly recognized that old age increases disability. A Report of the Health and Welfare Survey 1991 by the National Statistical Office, Thailand, cited that while the overall prevalence rate of disability was 1.4 per cent, the prevalence rate of disability among people 60 years old and over increased to 4.7 percent, which is 3.3 times higher than the general population[27/]. The China 1987 survey also indicates that the rate of disability for people 60 years and over was 22.0%, which is 4.4 times higher than that of the general population (5.0%). In the New Zealand 1996 survey, the disability rate of 65 years and over was 52% while that of the total population was 20.0%. In every study cited above, old women had higher disability prevalence rates than old men. Issues concerning older persons with disabilities in the region should be seriously considered. Surveys in Vietnam in 1999 identified changes in the types of disabilities among old persons with disability age 60 and over. The data suggests that mobility impairment and sight impairment become more dominant disabilities, followed by hearing impairment[28/].

A survey conducted by the UNESCAP in 2002 indicates the number of people aged 60 and over will increase from 600 million in 2000 to almost one billion in 2050 in the Asian and Pacific region. It is expected that most countries, except Cambodia, Lao PDR and Papua New Guinea, in the region will experience considerable growth in their elderly populations in the next few decades when the proportion of people aged 60+ will triple or quadruple to over 20 or 30 per cent[29/]. This trend will definitely increase the number of older persons with disabilities in East Asia and the Pacific.

(4) Spatial distribution of disability

The Vietnam survey 1994-1995 shows that the spatial distribution between rural and urban areas are 87 per cent in rural and 13 per cent in urban[30/]. China also cited that 80 per cent of persons with disabilities live in the rural areas and a large number of them live in poverty[31/]. As indicated above, the majority of persons with disabilities in the region live in rural areas. However, in keeping with the region's urbanization trend, it is expected that by 2020, with an urbanization level of 55 per cent, the spatial distribution of persons with disabilities will be more evenly balanced between the rural and urban areas. It is, therefore, important that the social development response to disability covers both rural and urban areas.

[26/] Thailand study shows that men are at 4 or 5 times higher risk of death and injury due to traffic crashes than women (Road traffic injuries in Thailand: Trends, selected underlying determinants, and status of intervention at http://www.hsph.harvard.edu/traffic/papers/Thailand.pdf.)

[27/] ILO, The Status of training and Employment Policies and Practices for Persons with Disabilities in Thailand (draft), December 2002, p9.

[28/] JICA, Vietnam, 2001, p 2-7.

[29/] ESCAP, Report on regional survey on ageing (June 2002), p 1 and 2.

[30/] JICA, Vietnam, 2001, p 2-13.

[31/] ILO report on China, August 2002, p 30.

C. PUBLIC VIEWS OF PERSONS WITH DISABILITIES

Public views of disability and persons with disabilities are important as they will determine the role of disabled persons in the community and how much opportunities for persons with disabilities should be given.

Prevailing family and community attitudes towards persons with disabilities in the Asian and Pacific region is the feeling of pity. Community members in the region, especially in rural areas, still consider children or persons with disabilities helpless, who have no capacity to develop themselves in terms of physical, and intellectual and spiritual capacities.

The 1997 Fiji Poverty Report illustrated this perception. As individuals, disabled persons are among the most disadvantaged, particularly those who are disabled from birth. Attitudes are changing, but some disabled people are still treated as if they were of no value and are not equipped to make the best of their abilities.[32/]

Concept of karma and feeling of guilt and overprotection:

It is common for parents who have a family member with disabilities to feel guilt or shame. For some very traditional communities, people sometimes consider a disabled child as "punishment" for family misconduct or as karma. Therefore many parents hide their children with disabilities at home. In addition, parents of persons with disabilities also tend to over-protect and keep children with disabilities at home to prevent them from taking any risks.[33/] Similar perceptions have been reported in Cambodia[34/] and Thailand.[35/]

The impact of negative perceptions and negative attitudes will produce no or low expectations toward persons with disabilities. Low expectations in turn will lead to low participation rates of people with disabilities in all aspects of community life, including education, training and employment, as well as their lack of access to financial resources.

The situations described above are true for almost all countries and territories in developing countries in East Asia and the Pacific. Because of negative traditional views towards disability, boys and girls, and men and women with disabilities have been excluded from daily social activities. As a consequence, persons with disabilities have extremely low self-esteem and low self-reliance because they have internalized long-term negative images of themselves and of disability. Due to low expectations placed upon them, it is very difficult for them to achieve their maximum ability.

Negative views and negative attitudes toward persons with disabilities constitute large social barriers for persons with disabilities. Therefore it is imperative to include an awareness raising component in all projects which address disability issues, and disabled persons themselves should be actively involved in such an awareness raising activity.

[32/] UNDP, Government of Fiji, Fiji Poverty Report, p. 32, 39, 1997

[33/] ILO, Indonesian country report, November 2002, p 13.

[34/] ILO, Cambodia country report, August 2002, p 9

[35/] ILO, Thailand country report, December 2002, p 14.

III. MAJOR ISSUES AND CHALLENGES CONFRONTING PERSONS WITH DISABILITIES IN EAST ASIA AND THE PACIFIC

Despite two decades of international efforts to address issues of persons with disabilities in the Asian and Pacific region, many challenges still remain to be solved. The most persisting challenge in the region is an alarmingly low rate of access to education for children and youth with disabilities. Without resolving this challenge, many issues discussed in this paper will remain unresolved. Education is the foundation for the development of persons with disabilities. Lack of access to training and employment as well as income generating activities for persons with disabilities has forced them into poverty. Access to health services and rehabilitation services, including assistive devices, is still limited for persons with disabilities, and HIV/AIDS campaigns in the region have not included the needs of persons with disabilities. Women and girls with disabilities are most excluded from all social activities in the region. Present poverty reduction programs do not include persons with disabilities even though they constitute at least 20 per cent of the poor population in the region. A vicious cycle between poverty and disability has not been recognized by national development programs. Physical environments in urban areas as well as rural areas are not conducive to persons with disabilities. Many cities in the region are experiencing rapid infrastructure development, however, most buildings, facilities, roads and footpaths, as well as public transport systems are being built without consideration for the needs of persons with disabilities, older persons, and other physically disadvantaged groups. In rural areas, the access needs of persons with disabilities for water and sanitation have just begun to receive attention. Furthermore, the rapid expansion of the Internet in the region puts many persons with disabilities into a further disadvantaged position in terms of access to information and communication, as contents on the Internet are not fully accessible to persons with disabilities, particularly to persons with visual impairments.

A. LOW RATE OF ACCESS TO EDUCATION FOR CHILDREN AND YOUTH WITH DISABILITIES

The education of children and youth with disabilities remains one of the most serious challenges facing governments in the Asian and Pacific region. Evidence from the review of national progress in the implementation of the Agenda for Action for the Asian and Pacific Decade of Disabled Persons suggests that **less than 10 per cent** of children and youth with disabilities have access to any form of education.[36/]

For example, in Thailand, the Ministry of Education, after the declaration of 1999 as the "Year of Education for People with Disabilities" found that the total number of students with disabilities countrywide increased about 135 per cent. However, only 11.33 per cent of the school age population of disabled persons was able to attend primary education.[37/] In Vietnam the enrollment rate of primary education is 91 per cent,[38/] and 61 per cent of children aged 6 to 15 years completed their primary education. However, a UNICEF survey in 1998 estimated that **only 3-5 per cent** of children with disabilities

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36/ ESCAP, "Regional trends impacting on the situation of persons with disabilities," background paper submitted to the high-level meeting to conclude the Asian and Pacific Decade of Disabled Persons, 1993-2002, Otsu, Shiga, Japan, October 2002, p 2.

37/ ILO, "The status of training and employment policies and practice for persons with disabilities in Thailand", 2002, p.30, (http://www.ilo.org/public/english/region/asro/bangkok/ability/download/thailand.doc).

38/ Jones, p. 16.

attended school in Viet Nam. In Cambodia in 2001, there were eight special schools for children with physical disabilities, for deaf persons, for blind persons and for children with multiple and severe disabilities. Collectively, these eight schools provide services for just 500 children per year, a small fraction of the estimated 260,000 children with disabilities who need educational opportunities in Cambodia.[39/]

Lack of adequate education remains the key risk factor for poverty and exclusion of all children, both those with disabilities and the non-disabled. For children with disabilities, however, the risk of poverty owing to lack of education is even higher than for children without disabilities. Exclusion from education results in exclusion from opportunities for further personal development, particularly diminishing access to vocational training, employment, income generation and business development. It also prevents the achievement of economic and social independence and increases vulnerability to long-term, life-long poverty in what can become a self-perpetuating, inter-generational cycle.[40/]

The most common form of educational provision for children with disabilities in the East Asia and the Pacific region has been in segregated special schools. These are mostly located in urban areas and have limited capacity. Many are run by NGOs, with or without government financial support.

Prevailing discriminatory attitudes towards persons with disabilities at all levels of society work against the enforcement of access to education for children with disabilities. Data collection on children with disabilities is limited and they are seldom specifically represented in national statistics on educational attendance and attainment, further preventing any monitoring of their progress into and within the educational system. This lack of information explains in part the minimal rate of progress that has been achieved towards their enrolment in schools during the Decade.

In 2002, many governments in the region reported increased access to regular schools for children and youth with disabilities, in a trend that should significantly boost their rate of enrolment in education. Improving the quality of education is relevant in both special and regular schools if children with disabilities are to receive an education which is appropriate, enables them to achieve satisfactory outcomes and participate fully in their communities. Some major barriers to the provision of quality education in all educational contexts include a lack of early identification and intervention services, negative attitudes, and exclusionary policies and practices towards children with disabilities. Further barriers relate to inadequate teacher training, particularly for teachers in inclusive regular schools who are expected to teach children with a wide range of abilities, lack of support systems for teachers, lack of appropriate teaching materials and devices, and failure to make modifications to the school environment to make it fully accessible. Children in special schools may receive a limited curriculum that does not prepare them for vocational training or an integrated life in the wider community. Many of these barriers can be overcome through deliberate policy, planning, implementation strategies, and allocation of resources to include children and youth with disabilities in all national education development initiatives.

[39/] DAC, Strategic Directions for the Disability and Rehabilitation Sector, 2001, p. 55; Peter Leuprecht, Report on the Situation of Human Rights in Cambodia, United Nations Economic and Social Council, 2001, p. 18.

[40/] Ibid., p 2.

B. LACK OF TRAINING AND EMPLOYMENT OPPORTUNITIES AND INCOME EARNING ACTIVITIES[41/]

Despite international standards and the implementation of exemplary training and employment legislation, policies and practices in countries of this region, persons with disabilities, and especially women, youth and those in rural areas, remain disproportionately unemployed and underemployed. It is difficult to assess the real situation of persons with disabilities in the areas of training, employment opportunities, and income generation activities, as no reliable data exists in many countries in the region. Anecdotal evidence indicates that a small number of persons have opportunity to receive vocational training in segregated settings. Some of them are exemplary, many are often inferior to mainstream programs, under-resourced, lack technologically up-to-date equipment, and are based on traditional rather than market-driven occupation opportunities. Evaluation and follow up are often lacking. Generally there is a lack of trained and competent staff for working with persons with disabilities especially with regard to employment and training. Mainstreaming disabled persons in regular vocational training courses is not a common practice in most countries. Disabled persons living in rural areas have less access to vocation related services which are located in urban areas. Many disabled persons lack access to formal employment and tend to engage in self-employment activities. Yet, entrepreneurship is demanding and not a viable option for many persons with disabilities. Even if they are suitable, they may be excluded from business development opportunities, credit and poverty reduction programs.

Negative employer attitudes, assumptions and myths about persons with disability may impede workplace entry. Negative assumptions about employers among government and NGOs also pose obstacles to moving persons with disabilities into the workplace. Greater partnerships, collaboration, and awareness building between employer services and vocational training personnel is necessary to foster the effective job training and placement of persons with disabilities in open employment. Lack of information about assistive technologies, specialized training aids, and job modification techniques limit job and training opportunities that could otherwise be open to persons with disabilities. Globalization and the introduction of ICT are having both positive and negative impacts on the training and employment options for persons with disabilities. In the job market of an increasingly digitalized economy, disabled persons face many obstacles. One reason is the lack of skills and understanding of ICT applications. This reflects the generally low-level of education received by many people with disabilities either as a result of poverty or poor access to education. People with disabilities are likely to have restricted access to digital technology and knowledge just as they are less likely to have access to basic social services. The region has some excellent examples of good practices and policies, however, more effective mechanisms to study and disseminate such expertise and skills need to be established.

C. LACK OF ACCESS TO HEALTH AND REHABILITATION SERVICES, INFORMATION ON HIV/AIDS, AND ASSISTIVE DEVICES

Persons with disabilities in the region are poorest among the poor in developing countries of the region. Thus, they are likely to live in unhygienic conditions and have less access to health care services because of inaccessible facilities, communication problems for deaf persons and many other reasons. Access to rehabilitation and assistive devices, including

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[41/] This section is based on a paper presented by Debra Perry, Senior Specialist in Vocational Rehabilitation, International Labor Office, Asia-Pacific Regional Office, at Expert Group Meeting, Bangkok, June 2002.

wheelchairs, prostheses and orthotic devices is also very limited. Only a small fraction of people with disabilities in rural areas have access to government or NGO programs. In many poor communities, particularly in rural areas, access is likely to be constrained by lack of information, lack of local services, and the cost of travel. Rehabilitation services in the region's developing countries are still inadequate and poorly coordinated and commuting to rehabilitation centers located in urban areas poses serious difficulties for persons with disabilities in rural areas, and is expensive for their families in terms of money, time and effort. Community-based approaches to rehabilitation services need to be promoted as an alternative to a center-based approach to reach persons with disabilities in rural areas. Women with disabilities face more difficulties than men with disabilities. UNICEF has reported that women and children receive less than 20 per cent of rehabilitation services.

HIV/AIDS is prevalent among many developing countries in the region, and governments are making serious efforts to contain it. In the area of HIV/AIDS prevention, a little attention has been given so far to the risk of HIV/AIDS for individuals who have a physical, sensory, intellectual, or mental health disability before becoming infected. Disabled individuals both male and female are more likely to be victims of sexual abuse and rape than their non-disabled peers due to their physical vulnerability, needs for assistance, and other reasons. For children with mental disabilities, rape is a leading concern for their well-being. It is estimated that 30% of street children have some type of disability and they are rarely reached by safe sex campaigns. As literacy rates of disabled persons are very low, messages about HIV/AIDS are difficult to reach them. Although there is no data available, a growing number of stories from disability advocates point to significant unreported rates of infection, disease, and death of persons with disabilities. There is a real need to understand the issues of HIV/AIDS in disabled persons and to design and implement HIV/AIDS prevention programs which address the needs of persons with disabilities.[42/]

D. WOMEN WITH DISABILITIES

Women with disabilities are more disadvantaged than men as they experience discrimination on three counts: as women, as women with disabilities, and, frequently, as women living in poverty. A study by ESCAP notes that the difficulties faced by girls with disabilities can start at birth and that if girls with disabilities are allowed to survive; they can face discrimination within the family, receive less care and food and be left out of family interactions and activities. They have less access to health care and rehabilitation services and fewer opportunities for education and employment. Girls and women with disabilities are at high risk of being abused physically and mentally, sometimes by those within the household. Abuse from outside the family is often unreported because of the additional shame to the family, which is already stigmatized for having a daughter with disabilities. These problems are exacerbated in rural areas. In rural areas girls and women are more disadvantaged, with higher rates of illiteracy, and a greater lack of access to information and services. Stigmatized and rejected from earliest childhood and denied opportunities for development, girls with disabilities grow up lacking a sense of self-worth and self-esteem and are denied access to the roles of women in their communities.

The mainstream gender movement has had minimal effect on the lives of women with disabilities. Women with disabilities have not been included in membership of mainstream gender organizations, their issues have not been addressed other than to note that they are of special concern and they have lacked the advocacy skills to change this situation.

[42/] Based on an article by Groce, N, "HIV/AIDS and people with disability", The Lancet, Vol. 361, April 2003.

E. DEARTH OF RELIABLE DISABILITY STATISTICS

As discussed above, a dearth of reliable disability statistics is major problem in formulating adequate and effective policies and implementing service programs for persons with disabilities in East Asia and the Pacific region. Concepts, definitions and classifications of disability are based on a medical and impairment model, thus underestimating the prevalence of disability. However, policy makers should have much broader concepts and definitions of disability.

As a concept, disability is not a dichotomy but a continuum. When babies are born, they are totally dependent on their parents. When they grow, they slowly become independent, physically, mentally, and spiritually. When they reach old age, they begin to lose their physical and mental ability. Even during their adult age, they may become temporally restricted in their daily activities due to injuries and illness. People encounter physical barriers when they travel with luggage, with accompanying children, and when women are pregnant, or persons are chronically ill. A statistical survey report of Hong Kong, China, indicated that in addition to the 4 per cent who were disabled, 13 per cent of its population had chronic illness and needed similar accommodations as what persons with disabilities require.[43/] Present policy on infrastructure development does not recognize the needs of the broader population.

Since common coverage and definitions of disability are not uniformly applied by countries in the region, international comparisons of disability data are difficult. As there is wide variation in the estimation of disability rates reported by the countries, greater effort is required to adapt internationally agreed study scopes, concepts, definitions, and classifications – possibly including survey methodologies, techniques and questionnaires. The United Nations began its initiative to formulate definitions and classifications of disability which are culturally sensitive, easy to use, and internationally comparable. The group is called the Washington city group on disability statistics. The group aims to develop sets of general disability measures suitable for censuses and national surveys or components of population surveys. These measures would be culturally compatible to the extent possible and the ICF model, as a useful framework, would be utilized in developing these measures.[44/]

To introduce the new sets of disability measures, it would be necessary to provide training for national statistical office personnel in the concepts, definitions, classifications and scope of disability statistics, as also in the methods of collecting and compiling data on disability including questionnaire design, special data collection problems, and tabulation and presentation of disaggregated disability data. It would also be important to enhance, through workshops, user awareness of the full potential of existing data sources for the purpose of strengthening disability policies and plans, and also for monitoring and evaluation of the progress of equalization of opportunities for people with disabilities. Dialogue and exchange of experience among producers and users of disability statistics will be facilitated with a view to establishing cooperation between the two groups.[45/] Technical and financial assistance of international agencies or organizations and donor governments for supporting programs which facilitates capacity

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[43/] 'Special topics report No. 28 on " Persons with disabilities and chronic diseases" Published', August 2001, http://www.info.gov.hk/censtatd/eng/press/ops/0801/210801.htm

[44/] Washington group on disability statistics at http://unstats.un.org/unsd/methods/citygroup/washington.htm

[45/] Ibid.

building for collection of data on disability will therefore remain an important element to assess the magnitude of the disability problem.

F. LACK OF BUILDING ACCESS STANDARDS AND ACCESS TO WATER AND SANITATION IN RURAL AREAS

Inaccessibility to the built environment, including the public transport system, is still the major barrier which prevents persons with disabilities from actively participating in social and economic activities in the countries of the region. Inaccessible built environments, streets and transport systems create barriers for the majority of citizens including older persons, children, pregnant women, young couples with baby in a baggy, temporarily ill persons, chronically ill persons, and persons with disabilities.

Physical barriers are known to prevent full participation and reduce the economic and social output of persons with disabilities. Investments in the removal and prevention of architectural and design barriers are increasingly being justified on economic grounds, particularly in areas most critical to social and economic participation (e.g., transport, housing, education, employment, health care, government, public discourse, cultural and religious activities, leisure and recreation). However, some governments in the region have not adopted access standards and still continue to create physical obstacles. Even through there are access standards, they are not strictly enforced, and appropriate knowledge and skills to implement access codes have not been developed among architects, engineers, designers, and workers who create physical environments. A JICA survey in Thailand included questions about difficulties encountered by persons with disabilities when they are outside of their homes. Many stated difficulties getting on the bus, other stated they had difficulties walking along the road and others thought transportation expenses were high.

In rural areas, persons with disabilities have difficulty in fetching water for their daily use and accessing usable public sanitation facilities including toilets in the community. In particular, women in the rural areas of developing countries who are mostly responsible for household chores, have difficulty in responding to this duty. To address this issue, it is necessary to initiate efforts to create appropriate designs for wells and/or mechanisms to alleviate the burden of many disabled persons in rural areas, in particular women with disabilities. Accessible sanitation facilities, including toilets, should be designed and technology should be disseminated to the rural areas. The domestic water cycle includes drawing and transporting water, domestic water storage, domestic bathing and laundry, household cleaning, gray water disposal, sanitation – urination and defecation; household solid waste and excreta disposal. Communal facilities are to be included where domestic facilities may not be available. Facilities to be looked at include springs, wells, rivers, streams and ponds, hand-pumps, tap-stands, and rainwater catchment tanks, laundry, bathing facilities, solid waste and toilet facilities.[46/]

G. DIGITAL DIVIDE FACED BY PERSONS WITH DISABILITIES[47/]

ICT has become one of the main drivers of economic growth and the expansion of information-communication networks. Since the mid-1990s, the Internet and wireless

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[46/] Jones, H, Parker, K.J., Reed, R., Water supply and sanitation access in use by physically disabled people: Literature review, September 2000, p 8, at www.lbora.ac.jk/wedc/projects/auwsfpdf/

[47/] This section is based on "Regional trends impacting on the situation of persons with disabilities", background paper submitted to the high-level intergovernmental meeting to conclude the Asian and Pacific Decade of Disabled Persons, 1993-2002, held at Otsu, Shiga, Japan in October 2002. p 5-6.

communications technology – all of which comprise modern ICT – have generated unprecedented cross-border flows of information, investment, industry and individuals. ICT is so much a part of everyday activities that it is regarded as indispensable for public, business and personal productivity and daily pursuits.

There has been much progress worldwide in ICT development in the last 10 years, which has opened up more opportunities for people with disabilities, especially in matters of networking, solidarity, employment and independent living. Deaf people and people with visual impairment have easier and more frequent access to information and communication via e-mail and other augmentative communications products for the deaf and speech synthesizer, text-magnifier, and screen reader programs for those who are visually impaired. Those who have lost the use of or have difficulty using an upper limb can now make use of voice navigation software and deaf-blind persons can now utilize refreshable Braille screen readers.

Across the world, however, there is a growing concern about what is called the "digital divide" – a reference to the gaps in access to ICT between individuals, groups, countries and areas. In a global society that is becoming increasingly dependent on technology and knowledge, exclusion particularly threatens the ICT "have-nots" that are denied access to ICT and the skills and knowledge that accompany it. People with disabilities in the region still face multiple barriers in accessing ICT and the skills and knowledge that are required to benefit from it. Even when and where there are available ICT hardware and software, people with disabilities face problems of accessibility ranging from physical barriers to the lack of assistive computer technology and inaccessible multimedia design. The transformation of the Internet from a text-based medium to a multimedia environment, for instance, is causing problems for people with visual impairments.

For many people in developing countries of the region, the basic problem is the absence or the lack of the infrastructure to support ICT development, access and use – such as telecommunications, hardware and software. The problem is especially acute in rural areas in the region where a majority of people with disabilities live. About 80 per cent of people with disabilities live in rural areas in developing countries which lack sufficiently extensive and affordable ICT infrastructure.

In order to overcome the above-mentioned challenges, measures have to be devised to ensure that persons with disabilities have the same access rate to the Internet and related services as that of the rest of citizens. It is also necessary that governments should adopt ICT accessibility guidelines for persons with disabilities in their national ICT policies and specifically include persons with disabilities as their target beneficiary group with appropriate measures. Bilateral and multilateral donor agencies and international funding agencies should adopt criteria based on the social responsibility of the receiving agencies/organizations, including their obligation to promote ICT accessibility for persons with disabilities.

H. POVERTY AND DISABILITY

In the Asian and Pacific region, it is estimated that about 160 million persons with disabilities, about 40 per cent of disabled persons in the Asian and the Pacific region, are living in poverty. It is estimated that in China there were about 20 million impoverished disabled people in 1992. Among the disabled poor in rural areas, 30 per cent lived in state-designated impoverished counties. One third of the total poor population is disabled persons in China.[48/] Elwan notes in her literature survey that disabled persons were estimated to make up 15 to 20 per cent of the poor in developing countries.[49/]

[48/] ILO report on China, August 2002, p 30. (http://www.ilo.org/public/english/region/asro/bangkok/ability/download/china.doc)

[49/] Elwan, Ann, "Poverty and disability: a survey of the literature" World Bank, 1999, p v.

Diagram 1: Poverty and disability

Therefore, disability issues have increasingly become important factors in poverty reduction efforts, as there is a higher rate of disability among the absolute poor. On the other hand, poverty reduction programs have become the major approach to resolve issues of persons with disabilities in the rural area as a high percentage of disabled persons in the rural area are poor. Those persons with disabilities have been prevented from accessing entitlements available to other members of society, including health, food, education, employment and other basic social services, and from participating in community decision-making processes.

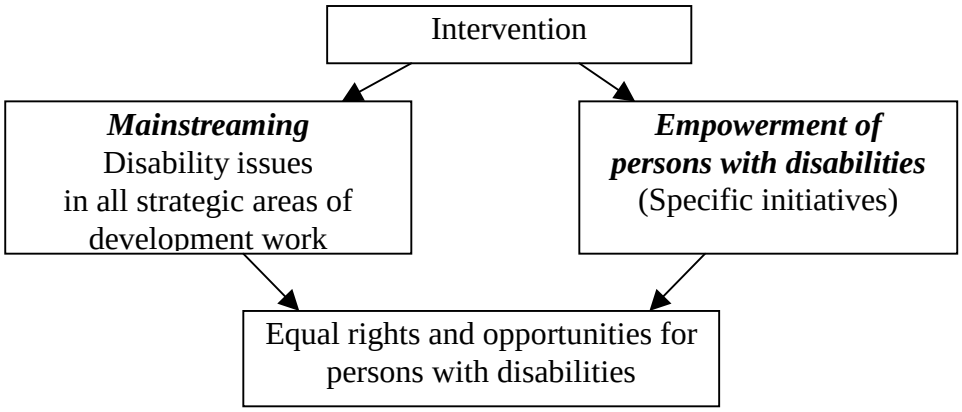
Poverty is both a cause and consequence of disability. Poverty and disability reinforce one another, contributing to increased vulnerability and exclusion. Poor nutrition, dangerous working and living conditions, limited access to vaccination programs and health and maternity care, poor hygiene, bad sanitation, inadequate information about the causes of impairments, war and conflict, and natural disasters are factors responsible for disability. Many of these causes are preventable. Disability in turn exacerbates poverty, by diminishing access to means of livelihood, increasing isolation from the marketplace and economic strain. This affects not just the individual but often the entire family. Social and economic survey data at the household and community levels, which are necessary for an analysis of the factors for poverty, are lacking. It is important to examine to what extent the development of community-level infrastructure affects the provision of services for poor persons with disabilities.

An integrated approach is required, linking prevention and rehabilitation with empowerment strategies and changes in attitudes. The significance of disability should be assessed as a key development issue and its importance should be recognized in relation to poverty, human rights and the achievement of internationally agreed development targets. Eliminating world poverty is unlikely to be achieved unless the rights and needs of persons with disabilities are taken into account. However, at present, disability issues have not been addressed in mainstream poverty reduction programs as they have been considered welfare issues and belonging only to the social welfare sector. It would be necessary to mandate the incorporation of disability issues into all poverty reduction programs by international development agencies and funding organizations.

Twin track approach

An approach to issues on disability and development could be well addressed by a twin-track approach. The twin track approach consists of two tracks: one to mainstream disability issues into all strategic areas of development work, such as gender, education, health, employment, transport, infrastructure development, environmental protection, poverty reduction, telecommunication, and rural and urban development. In this approach, barriers should be identified and removed in all mainstream programs. The other track may be to provide specific services for persons with disabilities including rehabilitation services, assistive devices, and support for empowerment of disabled persons through formation of self-help groups and their federations in the rural areas and urban slums. The mainstreaming track will address inequalities between persons with disabilities and non-disabled persons and create inclusive environments for all. The empowerment track will directly provide opportunities for disabled persons to overcome internalized negative views of themselves and increase self-motivation and self-esteem through collective consultation as a self-help group. The combination of the two track approach is expected to achieve the equal rights and opportunities of persons with disabilities.

Diagram 2: Twin track approach[50/]



[50/] Department for International Development (DFID), Issue Paper Disability, Poverty and Development, 2000.

IV. GOOD PRACTICES, INNOVATIVE APPROACHES AND EFFECTIVE ORGANIZATIONS TO MEET THE NEEDS OF PERSONS WITH DISABILITIES IN EAST ASIA AND THE PACIFIC

As discussed previously, there are still tremendous challenges facing girls, boys, women and men with disabilities in East Asia and the Pacific region. In the region however, during the course of the past two decades, various good practices and innovative approaches have been developed. Efforts over the last decade have resulted in the emergence of numerous agencies and organizations which effectively address the needs of persons with disabilities in the region. Establishment of national coordination committees on disability at the country level, as well as development of regional networks and national forums of self-help organizations of persons with disabilities can be considered a good outcome of the last decade. In what follows, effective approaches and good practices, such as regional and national coordinating mechanisms, self-help networks, community-based approaches, inclusive education, poverty reduction, and empowerment models will be discussed. In addition, the Biwako millennium framework and incorporating disability in the MDGs will also be discussed. The empowerment model has been picked up outside the region, and has good potential to be scaled up in East Asia and the Pacific region. Promotion of non-handicapping environments for persons with disabilities initiated by the United Nations ESCAP have been cited as a good regional approach to promoting access standards and guidelines at the national and sub national levels. An active regional coordination mechanism was a key to the success of the regional Decade in Asia and the Pacific. Close collaboration with such committed and resourceful bodies will provide rich expertise and skills necessary to include disability issues at the national level and assist in identification of good practices in the region.

A. EFFECTIVE NATIONAL COORDINATION COMMITTEES

The establishment of national coordination committees on disability is one of the most important actions a government can take on disability. Such committees typically coordinate all activities concerning persons with disabilities at the country level. They formulate national policies and programs concerning disability, and monitor and evaluate the implementation of such policies and programs. During the past Asian and Pacific Decade of Disabled Persons, which ended in 2002, the following governments in East Asia and the Pacific established a national coordination committee on disabilities: Cambodia, China, Indonesia, Lao PDR, Malaysia, Mongolia, Republic of Korea, Philippines, Thailand and Vietnam (East Asia); Fiji, Micronesia, Papua New Guinea (The Pacific).

Among them, the Disability Action Council (DAC) in Cambodia has been a good example of an effective national coordinating committee. The DAC is a semi-autonomous national coordinating body, with representatives from government, non-government organizations, international agencies and individual members who are committed to the work of the Council in promoting the development of disabled persons in Cambodia. It has become one of the largest cooperative organizations in Cambodia, with 35 government and non-government organizations under its umbrella. Some of the major achievements of the Council include the development of a draft plan of action and draft legislation as well as the national Cambodian Plan of Action for the Disability and Rehabilitation Sector. It also coordinates many projects on disability, including an income generation project, public awareness program, and education for children with disabilities in cooperation with UNICEF and UNESCO. One of the key

achievements of the Council has been the development of a close relationship with the Cambodian Disabled People's Organization (CDPO). This had ensured that the voice of people with disabilities was incorporated into all planning and activities of the Council. The Council works hard to develop and improve relationships among donor agencies, government, and non-government organizations.

B. DEVELOPMENT AND NETWORKING OF SELF-HELP ORGANIZATIONS OF PERSONS WITH DISABILITIES

Persons with disabilities are the most qualified and best equipped to support, inform and advocate for themselves and other persons with disabilities. Evidence suggests that the quality of life of persons with disabilities, and of the broader community, improves when disabled persons themselves actively voice their concerns and participate in decision-making. Self-help organizations are the most qualified, best informed and most motivated to speak on their own behalf concerning the proper design and implementation of policy, legislation and strategies which will ensure their full participation in social, economic, cultural, and political life and enable them to contribute to the development of their communities.[51/]

The Asian and Pacific Decade, 1993-2002, evidenced the formation of many self-help organizations of disabled persons and their national forums. Their national organization applies for memberships of international organizations, including Disabled People's International, World Blind Union, and World Federation of the Deaf. Countries which are members of all three or one or two of the three international self-help organizations are: Australia, Cambodia, China, Indonesia, Fiji, Japan, Lao PDR, Malaysia, Philippines, Republic of Korea, Philippines, Singapore, Solomon Island, Thailand and Vietnam. In addition to them, Inclusion International, World Federation of the Deaf-Blind, and World Network of Psychiatric Users and Survivors have been extending their networks in the region. As advocates for their own rights, members of such organizations were able to articulate their own issues and advocate for reforms that will bring about their development and independent living in their communities and society at large. These self-help organizations are more vocal in advocating the elaboration of an international convention on the rights of persons with disabilities which has been discussed at the Ad Hoc Committee at the United Nations. National affiliations and regional offices of these self-help organizations could be excellent consultation partners for international development agencies, in particular, the World Bank, as they will bring their rich knowledge about the needs of persons with disabilities and means to meet such needs in partnership with governments and other civil society organizations.

C. COMMUNITY-BASED APPROACH

Many developing countries in the region are now beginning to augment and replace traditional institutional and centralized rehabilitation programs and projects with approaches better suited to their social and economic environments of poverty, high unemployment, and limited resources for social services. Community-based rehabilitation programs form the hub of such strategies. The community-based approach is particularly appropriate for the prevention of causes of disability, early identification and intervention of children with disabilities, reaching out to persons with disabilities in rural areas, raising awareness, and advocacy for the inclusion of persons with disabilities in all activities in the community –

[51/] Biwako millennium framework for action towards an inclusive, barrier-free and rights-based society for persons with disabilities in Asia and the Pacific, an regional framework adopted at the high-level intergovernmental meeting to conclude the Asian and Pacific Decade of Disabled Persons, Otsu, Shiga, Japan in October 2002, p. 5.

including social, cultural and religious activities. Education, training, and employment needs could also be met by this approach. It is essential that persons with disabilities exercise choice and control over initiatives for community-based rehabilitation.

In East Asia and the Pacific, Community-Based Rehabilitation (CBR) programs have been given priority and emphasis as it has proven to be an effective grassroot mechanism for increasing awareness and participation of the community on disability issues, as well as enhancing the quality of life of the disabled themselves towards independent living, especially in the rural areas. At the end of the past Decade, the following governments in the region indicated that they have some types of CBR programs or are preparing one: China, Indonesia, Malaysia, Mongolia, Myanmar, Republic of Korea, Philippines, Thailand, Vietnam; in the Pacific, Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands, and Tonga.

D. INCLUSIVE EDUCATION FOR CHILDREN AND YOUTH WITH DISABILITIES[52/]

The most common form of educational provision for children with disabilities in the region has been in segregated special schools. These are mostly located in urban areas and have limited capacity. The Standard Rules on the Equalization of Opportunities for Persons with Disabilities and the Salamanca Statement and Framework for Action on Special Needs Education stated that integrated or inclusive education, with access to education in the regular local neighborhood or community school,

Provides the best opportunity for the majority of children and youth with disabilities to receive an education, including those in rural areas.

In 2002, 27 Governments in the Asian and Pacific region reported increased access to regular schools for children and youth with disabilities, a trend that should significantly boost their rate of enrolment in education within the region.[53/] There are many examples of inclusive policies being implemented in schools in countries and areas in the region, including in China, the Lao People's Democratic Republic, and Samoa, among others.

An inclusive education program for children and youth with disabilities in Lao People's Democratic Republic has been considered an example of good practice in East Asia. Lao PDR is a land-locked least-developed country with a per capita GDP of US$ 350, and is ranked 135 out of 175 countries on the Human Development Index. Its Constitution and Prime Ministers' Decree guarantee free compulsory education for all children including children with disabilities. The Education Act of 2001 includes provisions that the State should create conditions for disabled children who are willing to study and provide them a chance to study in integrated classes with non-disabled children. As well, appropriate training and incentives should be given to the responsible teacher. Thus, Inclusive Education has become part of the Ministry of Education's policy and written into various policy documents.[54/]

[52/] This is based on a presentation made by Mr. Cliff Meyers, Education Project Officer, Learning for Child and Community Development Section, UNICEF, Vientiane and Mr. Khamhoung Sacklokam, Director, Department of General Education Ministry of Education, Vientiane, at the high-level meeting to conclude the Asian and Pacific Decade of Disabled Persons, 1993-2002, held at Otsu, Shiga, Japan, in October 2002.

[53/] ESCAP, "Regional trends impacting on the situation of persons with disabilities" (E/ESCAP/APDDP/3), background paper for the high-level intergovernmental meeting to conclude the Asian and Pacific Decade of Disabled Persons, 1993-2002, Otsu, Shiga, Japan, 25-28) October 2002, p. 3-4,

[54/] Smith, Stanford, "Inclusive Education Initiatives for

Beginning in 1993, with support of many UN agencies and NGOs, the Ministry of Education began to implement an Inclusive Education Program. The Inclusive Education Program has since become a nation-wide program, and has been expanded to at least some districts in all 18 provinces. Currently 219 schools (65 kindergartens, 142 primary schools and 9 secondary schools and three special schools for the blind) participate in the program, including more than 1,600 children with disabilities. It is planned to expand to all districts by 2005. Inclusive Education in the Lao PDR is the system in which children with mental and physical disabilities attend their local schools and study alongside their peers. Certain changes were made in the education system, the school, and the classroom so as to enable these children to learn successfully. A specific Objective for 2000-2005 was set to increase annually the number of Children with Special Needs (mental, physical, and learning difficulties) in all provinces; and for children with disabilities who will gain access to and complete at least primary school. Nine year's experience in the implementation of the Inclusive Education Program shows how inclusion benefited all children making the school more responsive to the range of abilities, skills, learning styles of children.

Many countries in the region are looking to Lao PDR as a model for inclusive education. The experience of the Lao PDR program has shown that inclusive education can be introduced in countries with limited resources and can be taken to a national scale.

Children with Disabilities", UNICEF, October 2002.

E. POVERTY REDUCTION PROGRAM FOR PERSONS WITH DISABILITIES IN CHINA[55/]

In the East Asia and Pacific region, there is an emerging realization of the vicious cause-effect relationship between disability and poverty. Yet, still many governments in the region and international development agencies have not come to realize that a close relationship exists and pretend that disability is a welfare issue and should be dealt with only by the ministry in charge of social welfare. No government except China has clearly targeted persons with disabilities as the major target group in their poverty reduction programs. China has realized that poverty reduction measures for persons with disabilities in rural areas are the key to success of general poverty reduction efforts.

In China, there were an estimated 60 million disabled persons in 1997. Among them, 17 million were absolute poor and 12 million were rural absolute poor. Thus these figures suggest that disabled persons account for about one quarter of the whole rural population.[56/] By the end of 2000, the problem of feeding and clothing the rural poor was basically resolved and the objectives of the National Key Poverty Relief Program were, in the main, achieved. However, the exception remained for people who are taken care of by the social security system, the destitute poor who live in areas with extremely harsh natural conditions, and people with disabilities. Therefore, poverty reduction has become the key to assist rural-based poor people with disabilities

[55/] This section is based on ILO report on China, "Status of training and employment policies and practices for people with disabilities in the People's Republic of China, August 2002, pp 79-82.

[56/] World Bank, *China Overcoming Rural Poverty: World Bank Country Study*, 2001, p10.

to secure adequate food and clothing and improve their living condition. The State made unified arrangements with the mainstream poverty reduction program to implement poverty reduction work for disabled persons. The Work Programs for Disabled Persons during the Eighth, Ninth and Tenth Five-Year Plan period approved by the Chinese Government contained schemes for poverty reduction for persons with disabilities. In 1998, the State specially formulated the Priority Poverty Reduction Program for the Disabled (1998-2000) to ensure comprehensive implementation of poverty alleviation for disabled persons, with objectives, tasks, methods, measures, and policies to achieve the goals. The local governments at various levels also gave priority to support for persons with disabilities, drawing up plans, implementing projects, ascertaining responsibilities, and providing manpower, financial, and material support.

In the same year, the Coordinating Committee for the Disability-related Work of the State Council issued the Decisions on Strengthening the Building of the China Disabled Persons' Federation (CDPF) at the Grassroots Level. Additionally, six departments under the State Council, including the Poverty Alleviation Office adopted the Measures for the Implementation of the Development-oriented Poverty Alleviation Projects for the Disabled in the Rural Areas (1998-2000), setting forth the requirements to strengthen building of the service system of the CDPF at the grassroots level. As a result of great efforts by government agencies and the CDPF, the number of the disabled poor in China has dropped dramatically, as evidenced by the fact that the problem of food and clothing has been solved for 10 million disabled persons in the previous 10 years, leaving only 9.79 million still beset by this problem at the end of 2000. According to the statistics by the CDPF, by the end of 2001 nearly 3 million persons with disabilities in poverty had received support from governments at all levels.[57/]

F. EMPOWERMENT MODEL OF SELF-HELP GRASSROOTS GROUPS OF PERSONS WITH DISABILITIES IN RURAL AREAS[58/]

In the previous section, a poverty reduction scheme for persons with disabilities in rural China was introduced, which has the strong support of the government for its implementation. The scheme was part of a government poverty reduction program, and large funds were available from the government. This section introduces a different model that is based on community-based self-help groups of persons with disabilities in the rural areas. When these small groups get together and form federations at different levels, this scheme has the potential to reach a large number of rural disabled persons who have been neglected even by national organizations of persons with disabilities in their own country.

In the mid-1980s, NGOs in India promoted the view that only people with disabilities can bring about fundamental change in their own situation. They began to promote self-help groups of disabled people in poor communities (known as *sanghams* in India), helping them to identify their own needs, and assisting them to prioritise and take action. These NGOs have reached about 1,400 villages, including about 5,000 men, women, and children with every kind of disability. The *sanghams* they form are all cross-disability organizations, which is important because the issues of poverty and changing attitudes are common to all disability groups, and because the power of the poor is in

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[57/] China Statistical Yearbook of Undertaking of Persons with Disabilities, 2002.

[58/] This section is based on an ESCAP publication "Management of self-help organizations of people with disabilities" (ST/ESCAP/1849) at http://www.unescap.org/decade/publications/z15006mg/z1500604.htm#case5.

their numbers. *Sanghams* practice shared leadership, in which problems are put forth to all members so that they can participate in solving them.

A *sangham* includes between 7 and 20 people with disabilities. The *sangham* meets regularly to discuss various matters, including education for children with disabilities, assistive devices, income generation, property, marriage, sexual abuse, drinking water, and health. They meet with representatives of the local authorities to improve their situation when necessary. Many *sanghams* undertake savings as an activity. Each member puts a small amount of savings into common coffers. Members can borrow with interest from this fund, either for emergency use or for capital for income generation. *Sanghams* also deal with larger community issues, such as drinking water, immunization campaigns, roads, better health delivery, and joining women's and youth groups. By so doing, they have a social function in the community and receive identity and recognition. *Sanghams* have become active in local politics and began to be represented at village committees in the region. *Sanghams* believe that encouraging linkages with other oppressed groups, at both the local and national levels is the only way to get meaningful representation of poor people with disabilities in the decision-making of national disabled people's organizations and of the Government. The *Sangham* movement has been duplicated in Bangladesh and Cambodia. The development of self-help groups of persons with disabilities is considered to be one of the best approaches to empower poor persons with disabilities in difficult rural areas in developing countries.

G. ACCESS PROMOTION IN THE ASIAN AND PACIFIC REGION

This section describes a series of regional initiatives by the United Nations which resulted in adoption of access promotion policies and practices at the national level, as well as the creation of networks of access promotion groups in the region, involving technical personnel, policy-makers, and persons with disabilities. This regional initiative has impacted China, Fiji, Indonesia, Malaysia, Philippines, Thailand, and Vietnam, all of which have developed and strengthened their access legislation, access standards, and their implementation.

Soon after the Asian and Pacific Decade was launched, the United Nations Economic and Social Commission for Asia and the Pacific recognized that architectural and transport barriers prevent the full participation of persons with disabilities and initiated a series of projects to address this urgent concern. It undertook a project to generate a set of guidelines and case studies for the improvement of access to the built environment. The guidelines (ST/ESCAP/1492), published in 1995, cover planning and building design, access policy provisions legislation, and the promotion of public awareness to improve access.[59/]

The follow-up project was formulated to support the implementation of the guidelines at the municipal level through pilot projects, creating demonstration sites under conditions in developing countries of the ESCAP region. The pilot projects were implemented in three cities: Bangkok, Beijing, and New Delhi, designating a project site of approximately one square kilometer for access improvement in each city. Seminars and local workshops at each of the three pilot project cities were organized with technical and financial support from ESCAP. As the outcomes of the project, actual accessibility improvements were achieved at all three sites. The pilot projects also led governments to the examination of policies and programs concerning accessibility for people with disabilities and the issuance of improved regulations on accessibility, in addition

[59/] These publications are available at the ESCAP website: http://www.unescap.org/decade/publications.htm

to the physical improvement of the pilot project sites.[60/]

Building on the project outcomes, ESCAP undertook other initiatives such as development of *Disabled Persons as Promoters of Non-handicapping Environments: Guidelines for Training Trainers* (ST/ESCAP/2046) in 2000; the first training seminar on accessible public transport, (Shenzhen, China, November 2000); the Asia-Pacific Conference on Tourism for People with Disabilities, (Bali, Indonesia, September 2000); and a series of 14-day regional training of trainers' courses at Bangkok in 2000, 2002, and 2003 for teams of architects, urban planners, and disabled persons from 11 countries, in collaboration with Thai Government and JICA.

H. REGIONAL COORDINATION MECHANISM IN ASIA AND THE PACIFIC

The successful implementation of the Agenda for Action for the Asian and Pacific Decade of Disabled Persons, 1993-2002, has been attributed to the existence of an active regional coordination mechanism in Asia and the Pacific. The regional coordination mechanism existed before the Decade, but when the Decade was launched, its name was changed to the RICAP subcommittee on disability and its function and scope were expanded. It drafted for governments a regional policy framework, called the Agenda for Action, which promoted multi-sectoral collaboration toward disability issues. It functioned as a monitoring body of the implementation of the Agenda for Action upon its adoption by governments.

The RICAP subcommittee included 11 United Nations bodies and agencies. A wide range of service-delivery and self-help NGOs in the field of disabilities joined the Subcommittee and actively participated in its activities. One of the major factors for its success was the active membership of regional NGOs. Representatives of Governments interested in contributing to regional cooperation also attended its sessions. The subcommittee met twice a year, with subcommittee members organizing themselves into teams to develop regional support for the implementation of particular areas of the Agenda for Action. Members with the mandates, competence, and resources volunteered to serve as team coordinators. An important mode of Subcommittee cooperation was through the sharing of information and the pooling of expertise.

In 2000, the Thematic Working Group on Disability-related Concerns (TWGDC) replaced the RICAP Subcommittee. The primary objective of the Working Group was to sustain the momentum towards the fulfillment of the goals of the Asian and Pacific Decade. The Working Group's members were active in the process of reviewing the achievements in the implementation of the Agenda for Action. It was instrumental in advocating for the extension of the Asian and Pacific Decade for another decade, 2003-2012. Members of the Working Group were actively involved in drafting the Biwako Millennium Framework for Action (BMF), which was adopted at the final year's high-level intergovernmental meeting to conclude the old decade and to launch the new Decade held in Japan in October 2002. The TWGDC's term has been extended to promote and monitor the implementation of the BMF. TWGDC, with its collective knowledge and expertise, will be an excellent working partner for the World Bank in the East Asia and Pacific region (See Annex 4).

I. INCLUSION OF DISABILITY INTO EFFORTS TO ACHIEVE THE MDG TARGETS IN ASIA AND THE PACIFIC FOR THE NEW DECADE, 2003-2012

The Biwako Millennium Framework for Action was adopted as the regional framework to guide governments in the East Asia and the

[60/] A publication on experiences of these pilot projects is also available at http://www.unescap.org/decade/publications.htm.

Pacific to implement the extended Asian and Pacific Decade for another 10 years. BMF identifies the following seven priority areas: (1) self-help organizations of persons with disabilities and related family and parental associations; (2) women with disabilities; (3) early detection, early intervention, and education; (4) training and employment, including self-employment; (5) access to built environments and public transport; (6) access to information and communications, including information, communications, and assistive technologies; and (7) poverty alleviation through capacity-building, social security, and sustainable livelihood programs. (See Annex 2)

As its major feature, the BMF incorporates disability concerns into national efforts to achieve the targets of the United Nations millennium development goals (MDG). The BMF consists of 21 targets, 17 strategies to achieve those targets. In particular, two targets incorporate MDGs (see Annex 2).

The first MDG target is "to halve, by the year 2015, the proportion of the world's people whose income is less than one dollar a day and the proportion of people who suffer from hunger, and by the same date, to halve the proportion of people who are unable to reach or to afford safe drinking water." In comparison, target 21 of the BMF states "Governments should halve, between 1990 and 2015, the proportion of persons with disabilities whose income/consumption is less than one dollar a day."

The main target of the millennium development goals is poverty eradication. However, there is a danger that this strategy may omit the important vulnerable group of persons with disabilities as efforts to achieve the targets could focus on those who can be brought out of poverty most easily and not those in extreme poverty, among whom persons with disabilities are disproportionately represented. The root causes of poverty of persons with disabilities are far more complicated and multifaceted. Hence, conscious efforts should be made to include persons with disabilities in the target groups given priority in the poverty reduction strategy to achieve the millennium development goals.

Similarly, the MDG goal on universal education is universal primary education for all children by the year 2015. The BMF target on education is to encourage governments to ensure "At least 75 per cent of children and youth with disabilities of school age will, by 2010, be able to complete a full course of primary schooling." When governments have achieved the goal by 2010, this target allows five years to fully achieve the MDG target. The BMF contains important actions required to achieve such targets. Governments are encouraged to incorporate them into their national MDG plans and programs.

V. REVIEW OF BANK'S ACTIVITIES

Review of Bank's activities have been made through the following three steps: (1) PRSP and CAS review, (2) Project and AAA search, and (3) Interviews with Sector directors and staff members. Results of each step are described below.

(1) PRSP and CAS review

CAS/PRSP from the following countries were reviewed for whether disability issues were included in the documents: Cambodia, China, East Timor, Indonesia, Lao PDR, Malaysia, Mongolia, Pacific region, Philippines, Papua New Guinea, Thailand and Vietnam.

It was surprising to note that only four countries (Cambodia, Malaysia, Mongolia and Vietnam) mentioned disability concerns in their PRSP/CAS. Cambodia extensively mentioned the word disabled persons (18 times), whereas Vietnam's PRSP mentioned disability 9 times, Malaysia 5 times, and Mongolia twice.

(2) Search on projects and AAA

Project and AAA documents were searched for their use of (a) disability specific terminology, and (b) general words that are often used in relation to programs and activities concerning persons with disabilities (access, participation, rehabilitation, prevention, child nutrition, etc).

Through this project information search process, over a hundred projects were identified to contain such words. Identified projects were then meticulously examined for whether they contain any disability related issues in them. The projects obtained were in urban development (urban environment, poverty reduction, transport improvement); social development (community empowerment); poverty reduction (small scale enterprise); education (primary education, school readiness, teacher development, distance education); health (primary health, basic health, health and nutrition, early childhood development); social protection; and rural development.

Outcome

Search results showed that there were few projects or AAA which directly involved persons with any types of disabilities.[61/] After the PRSP/CAS review, it was expected that some projects which directly address disability issues from the four countries whose PRSP/CAS mentioned disability would be evident. There were projects concerning iodine deficiency linked to disability, however these focused on the prevention of disability, but neither supported poverty reduction for persons with disabilities nor supported their empowerment.

The project search, however, found there is huge potential for the Bank to contribute to improving the situation of persons with disabilities by including disability concerns into its current and future project activities. For example, many Bank projects involved constructing infrastructure, including renovation and construction of schools, hospitals and clinics, rehabilitation and construction of public transport systems and road/sidewalk construction and maintenance work, and rural and urban housing and resettlements. If accessibility requirements are included in these infrastructure projects, a major physical barrier against persons with disabilities will be drastically reduced and as a consequence the participation of persons with disabilities in all spheres of sociality will be enhanced.

(3) Interviews with the heads and staff of Sectors

The Director and Sector Managers and staff in the following Sector Units were interviewed between 16 June and 23 June 2003:

Energy and Mining Development

Environmental and Social Development

Human Development

Infrastructure

Poverty Reduction & Economic Management, Financial Private

Rural Development & Natural Resources

Transport

Urban development

Outcome

All directors, managers, and staff were very receptive to the inclusion of disability in their work. Most of them, however, did not have any knowledge about whether disability issues were included in past projects. Some of them had already noted the importance of disability issues

[61/] Examples of a project and AAA product are the Vietnam *Primary Education for Disadvantaged Children Project*, the Philippines *Social Expenditure Management Project*, and the JSDF Grant for disability related work in Cambodia.

in terms of poverty reduction efforts, however, there had been no project-level initiatives. In some sector discussions, initiation of pilot projects to include disability issues was discussed and should be followed up (Rural Development and Transport Sectors).

Generally, Sector staff members were motivated toward the inclusion of disability issues, however, they seemed to lack knowledge about disability in general, what information materials (access legislation and standards) were available, and what were possible approaches toward inclusion. Based on the above-mentioned review exercise, recommendations are contained in the following chapter.

VI. RECOMMENDATIONS

The review of the Bank's activities in East Asia and the Pacific provided an excellent opportunity to examine Bank work at the operational level to identify ways to improve a focus on disability. The following are recommendations drawn from a review of the Bank's portfolios (existing and planned Bank projects and AAA) in East Asia and the Pacific, as well as interviews with Sector directors, managers, and staff members.

A. AT THE BANK LEVEL

The Bank has the following competitive advantage: (1) it is a multi-sectoral international organization involved in macro-economic policy, infrastructure development, social development, and poverty reduction programs at the community level involving various stakeholders world-wide; (2) it has a lending power to support developing client countries; and (3) it is a leader in the international development assistance community. Disability issues are a cross-cutting issue and crucial to achieving the poverty reduction targets of the millennium development goals. Addressing disability issues therefore requires a comprehensive and inclusive approach, rather than a piecemeal approach. The World Bank is very much qualified to be the leading advocate for inclusion of persons with disabilities into poverty reduction initiatives among international development agencies, client governments, the private sector, and civil society organizations and non-governmental organizations.

Recommendation 1:

The Bank should adopt a disability policy and strategies which are based on inclusive and universal access principles (within a year).

With a clear policy direction, the Bank can take a strong advocacy role in promoting inclusion of persons with disabilities among international development assistance agencies, governments and other stakeholders.

Recommendation 2:

The Bank at the organizational level should adopt a policy and strategy for promotion of accessible environments and public transport systems, as well as accessible standards for information and communication technology. At the same time, that policy and strategy should be shared with other international development agencies to facilitate the establishment of a common policy and strategies (within two years).

- Discuss and adopt a common policy and strategy for promotion of accessible environments and public transport systems, and access ICT standards at the Harmonizing Committee of international donor agencies chaired by the World Bank President and reach consensus among member agencies (within a year).

Recommendation 3:

Include disability issues into country PRSP and CAS, which will encourage governments to include disability into their projects funded by the Bank (within two years).

- Conduct an in-depth study on disability within countries, with a view to developing a set of core questions concerning disability for inclusion in the Living Standards Measurement Survey (LSMS), which will ensure the inclusion of disability issues in the PRSP and CAS (within a year).

Recommendation 4:

Support the development of common sets of comprehensive and culturally sensitive disability statistical measures (disability definitions and classifications and related methodologies) (immediately).

- Support the participation of representatives from developing countries in meetings of the Washington city group on disability statistics (the initiative of the United Nations), support the dissemination of the final products of the Washington city group through funding for training, and adopt them as the Bank's standard disability measures (within a year).

B. AT THE LEVEL OF THE EAST ASIA AND PACIFIC REGION

Recommendation 5:

Establish a disability focal point for the EAP region which will work closely with the Adviser on Disability and Development of the Bank. The focal point should be a person(s) who has extensive knowledge and expertise on national policies and programs on disabilities in the EAP region as well as activities of NGOs including organizations of grassroots self-help organizations and national forums of such organizations (within a year).

The functions of the focal point may include (all within a year):

- Develop disability sensitive screening guidelines for project portfolio and involve in screening process and monitoring to promote the inclusion of disability concerns into all relevant portfolios.
- Technical backstop for the Bank staff at the headquarters and at regional/country offices concerning disability inclusion.
- Information clearing house on disability for EAP
- Conduct in-house disability awareness training for EAP staff and client country personnel.
- Develop EAP regional database on experts on disability-related subjects.
- Coordinate the development of technical assistance kits for the staff to provide awareness raising training at the country level.

Recommendation 6:

Support client governments, civil society organizations and NGOs in their implementation of the "Biwako millennium framework for action (BMF) towards an inclusive, barrier-free and rights-based society for persons with disabilities in Asia and the Pacific" with a view to achieving MDG targets particularly in its poverty reduction and universal education targets (immediately).

BMF incorporates disability issues into government efforts to fulfill the MDG targets in particular for poverty reduction and universal education. Some governments have already expressed that they will make efforts to achieve the BMF targets, e.g., Malaysia and Vietnam. In this connection, the Bank is in the best position to support governments' efforts to include disability into the MDG targets.

Recommendation 7:

Develop the capacity of country offices in the areas of inclusive education, architectural and transport accessibility and ICT accessibility, and establish networks among country offices to exchange their knowledge and expertise in these areas (within two years).

At this moment, country offices do not have sufficient knowledge and expertise in the above-mentioned areas. With such knowledge and expertise, country offices should be able to advise and promote inclusion of disability issues at the national level.

Recommendation 8:

Senior officials at the EAP region should support the inclusion of a new initiative to include disability issues in Bank's activities through:

(a) Announcing the inclusion of disability as a new priority area in the Bank's activities at meetings with high-level government officials in EAP (within a year).

(b) Allocating operational funds for pilot projects until knowledge and expertise within the Bank have been developed, e.g., hiring international consultants to assist pilot projects (within a year).

Recommendation 9:

Regional and country offices should be physically accessible and their information and communication activities should be accessible by persons with sensory disabilities (as soon as feasible).

This will send a strong message to the countries and region that the Bank is serious on including disability and that it takes proactive action to comply with access standards that many governments in the region have already adopted.[62/]

[62/] In Bangkok, the FAO, UNESCO, and JICA Thailand offices have already made their buildings accessible.

C. AT THE SECTOR LEVEL

Recommendation 10:

Develop a disability sensitive project screening guidelines for each sector. The screening guidelines may include the following (within a year):

- *Inclusion of disabled persons as a target group whenever feasible.*
- *All surveys (e.g., households surveys and resettlement surveys) to be conducted by Bank projects should include disability questions to develop disability-related database within the Bank.*
- *Whenever projects include infrastructure development component (construction and rehabilitation of schools, health clinics, public buildings, public transport systems, roads/sidewalk, as well as water and sanitation facilities), national access standards should be incorporated. If no national standards are available, Bank staff should be able to provide appropriate access standards for the government counterparts.*

- *Projects which provide ICT facilities or services, ICT access standards for persons with disabilities should be incorporated.*

Recommendation 11:

Inter-sectoral collaboration between Sectors, (e.g., education and rural development, health and urban development, etc.) should be encouraged to develop a comprehensive approach to disability issues which are multi-sectoral (immediately).

1. PROJECTS

The following part includes recommendations and comments for each Sector Unit in developing sector projects.

(1) Environment and Social Development Sector

a. ***Post-conflict areas***

- *A planned project targeting widows could include widows with disabilities. Disabled persons should be a target group in conflict areas, and a project could be developed in support of persons with disabilities as their number may be larger in post-conflict areas (e.g., Timor Leste, Mindanao Philippines, or Aceh, Indonesia) (within a year).*

b. ***Resettlement***

- *Disabled re-settlers could be given priority in resettlement programs, as they are the most marginalized group among disadvantaged groups, such as women and older persons (immediately).*

(2) Energy and Mining Sector Unit

Rural energy program

- *The Bank provides support to develop small scale energy projects for small communities or a group of houses in rural communities. When the Bank or government provides energy subsidies to targeted groups, families with disabled persons should be given priority (immediately).*

(3) Infrastructure Sector

- *To play an advocacy role for access to built environments as the Unit is in a position to influence other international agencies to adopt common access standards in infrastructure development (immediately).*
- *To strengthen governments in their capacity to develop access standards for buildings through provision of training opportunities, and good practice and examples (within one year).*

(4) Transport Sector

- *To develop a new project which includes a demonstration project on accessible public transport, with a view to experimenting with how to promote accessibility at the local government level and encourage compliance to national access standards at the sub national level, if they exist (within a year).*
- *To promote road safety to prevent accidents and reduce injuries which lead to disability (immediately).*

- *To include a topic on accessible transport in its annual forum on transport, with a view to improving understanding and building capacity of the Unit (immediately).*
- *To organize regional seminars on access policies and strategies for transport, with a view to developing i) its knowledge base on good practices; ii) how to develop access policies and standards; iii) implementation mechanisms, including legal procedures; iv) a list of experts on access public transport; and v) a list of donor governments who are likely to fund access promotion initiatives (within a year).*

(5) Rural Development Sector

This Sectoral Unit showed good understanding of the link between disability and poverty from its field experience. For example, it indicated a strong interest in promoting the inclusion of poor children with disabilities in the education systems of poor mountainous areas of China. The Unit wished to learn best practices from such initiatives in the region. Recommendations are:

- *To include into a follow-up poverty project a demonstration project to cover one country to experiment with ways to support poor children and persons with disabilities in a poverty reduction program (within a year).*
- *To include as part of new projects, a pilot project to make water and sanitation facilities accessible for poor persons with disabilities in the rural areas, in close collaboration with international efforts to develop design methods to enhance access in the rural areas of the region (immediately).*
- *To make a new project to experiment with an empowerment model of self-help groups of poor persons with disabilities as part of poverty reduction efforts in rural areas (within 2 years).*

(6) Urban Development Sector

The recommendation for this unit is:

- *Access standards should be included in the housing and slum projects and disabled slum dwellers should be targeted by poverty reduction efforts in urban development programs (immediately).*

(7) Human Development Sector

a. Education

The Unit has a new project which has a component involving inclusive education in Vietnam.

- *Projects which have school construction and/or rehabilitation should include access standards to ensure full access by children and youth with disabilities. Follow-up education projects for Timor Leste on school construction should incorporate access standards (immediately).*
- *Support inclusive education as the most appropriate education method for children and youth with disabilities in the region (on-going).*
- *Disabled persons should be included in all projects concerning secondary and tertiary education, including university (immediately).*
- *Children, youth, and adults with disabilities should be included in all Bank supported projects concerning early childhood education and non-formal education (immediately).*

b. Health

- *Access building standards should be included in all projects constructing and/or rehabilitating clinics and hospitals. As a start, the follow-up project on health clinic reconstruction in Timor Leste should include full access standards (immediately).*
- *Support projects which incorporate a community-based rehabilitation approach for persons with disabilities (on-going).*
- *Include a rehabilitation component into primary health care services and community development services funded by the Bank (immediately).*
- *Include in HIV/AIDS related projects persons with disabilities, especially women with disabilities as one of the major target groups as they are the most vulnerable among disadvantaged groups (immediately).*
- *Support nutrition and immunization programs particularly for countries at high risk for malnutrition and inadequate hygiene (on-going).*

c. Social assistance

- *Persons with disabilities should be part of the Bank's social security and safety-net projects (immediately).*

(8) Poverty Reduction and Economic Management, Financial & Private Sector

This Unit is responsible for the compilation of information for the PRSP. Recommendations are:

- *To advocate for the incorporation of a set of core questions on disability in the Living Standards Measurement Survey (LSMS) (immediately).*
- *To support governments for inclusion of disability issues into their PRSP through provision of PRSC (within a year).*
- *To assist governments in the inclusion of disability concerns into their labor laws and employment policies (immediately).*

2. AAA

Recommendation 12

The Bank should conduct in-depth studies on the relationship between poverty and disability, as well as issues on disability inclusion in EAP region (within two years). Themes of the studies may include the following:

Study 1: Link between poverty and disability: The study consists of two surveys: (1) a quantitative survey, which would indicate how severe the level of income poverty among persons with disability is; and (2) a qualitative survey which could identify the needs and demands for public support to overcome economic disadvantage for persons with disabilities. The study could be based on the Bank's "Voices of the Poor" series and focus on persons with disabilities and their families and communities. The study should help in developing Bank-wide poverty reduction strategies for persons with disabilities. This study can be conducted both at the regional as well as country levels.

Study 2: MDGs and disability: This study is to identify concrete measurements to trace whether MDG-oriented national development policies reduce poverty among persons with disabilities. This could help donor agencies, including the World Bank, come up with a list of indicators, policy tools, and best practices to reduce poverty among persons with disabilities.

Study 3: Best practices: This study would document effective practices in income generation for persons with disabilities, including skills training initiatives, as well as document addressing issues surrounding children with special learning needs in the region. There are many praise-worthy practices by self-help groups comprised of persons with disabilities, NGOs, the private sector, and governments. The study could collect best practices and the results disseminated.

Study 4: Cost-effectiveness of assistive devices: This study would examine the production and dissemination of low-cost but high quality assistive devices that meet the needs of disabled persons in the region. The study can identify innovative designs, affordable materials, and expertise available in the region, plus suggest ways to promote exchange within the region.

Study 5: Data quality: This study would identify the status of disability statistics and causes of inadequate development of disability statistics, including definitions, classifications and data collection techniques at the country level, with a view to supporting understanding and dissemination of a set of disability measures to be completed by the Washington group on disability statistics.

D. CONSULTATION

Recommandation 13:

Establish an advisory board on disability for the EAP region. The Advisory Board will provide advice to issues concerning poverty and disability and other development issues concerning disability, and guide the Bank's activities to achieve maximum impacts in the lives of persons with disabilities (within a year). The Advisory Board may consist of the following:

- Leaders of persons with diverse disabilities in the region (e.g. Disabled Persons International, World Blind Union, World Federation of the Deaf).
- NGO personnel working in the field of disability.
- Government policy-makers who have contributed to the formation of policies and programs to enhance equal opportunities for persons with disabilities.
- Academics and researchers.

E. ORGANIZATIONS FOR POSSIBLE PARTNERSHIP

Recommendation 14:

Country Offices and Regional Offices should engage in close dialogue with, and networking with all stakeholders listed below which are active in disability-related issues at the community as well as country levels (immediately):

- Government focal points on disability (see Annex 3).
- Academics and researchers.
- Village self-help groups of persons with disabilities and their federations.
- National forums of self-help organizations of persons with disabilities.
- Local NGOs and international NGOs in the field of community development and disabilities.
- Members of the Thematic Working Group on Disability-related Concerns, chaired by UNESCAP (see Annex 4).

ANNEXES

Annex 1

Sample Census Disability Related Survey Questions

A. New Zealand 1996 Survey

Source: Statistics New Zealand, Disability Counts (1998).

Questions used to identify persons with disabilities:
Adults:

1. Can you hear what is said in a conversation with one another person?
2. Can you hear what is said in a group conversation with three other people?
3. Do you have any difficulty speaking and being understood?
4. Can you see ordinary newspaper print, with glasses or contact lenses if you usually wear them?
5. Can you clearly see the face of someone across a room, with glasses or contact lenses if you usually wear them?
6. Can you walk the distance around a rugby field, without resting, that is about 350 meters or 400 yards?
7. Can you walk up and down a flight of stairs that is about 12 steps?
8. Can you carry something as heavy as a 5 kilo bag of potatoes, while walking, for 10 meters or 30 feet?
9. Can you move from one room to another?
10. Can you stand for 20 minutes?
11. When standing, can you bend down and pick something up off the floor, for example a shoe?
12. Can you dress and undress yourself?
13. Can you cut your own toe-nails?
14. Can you use your fingers to grasp or handle things like scissors or pliers?
15. Can you reach in any direction, for example above your head?
16. Can you cut your own food, for example meat or fruit?
17. Can you get in and out of bed by yourself?
18. Do you have a condition or health problem, which has lasted or is expected to last for 6 months or more, that makes it hard in general for you to learn?
19. Do you have a condition or health problem, which has lasted or is expected to last for 6 months or more, that causes on-going difficulty with your ability to remember?
20. Do you need help from other people or organizations because of an intellectual disability or an intellectual handicap?
21. Does a long-term emotional, psychological or psychiatric condition, cause you difficulty with, or stop you from doing everyday activities that people your age can usually do?
22. Does a long-term emotional, psychological or psychiatric condition, cause you difficulty with, or stop you from communicating, mixing with others or socializing?
23. Do you have any other condition or health problem, that we have not talked about?

Children:

1. Is --- blind or does --- have trouble with her/his eyesight which is not corrected by glasses or contact lenses?
2. Has --- been diagnosed by an eye specialist as being blind?
3. Does --- use any equipment for seeing, other than glasses or contact lenses?
4. Is --- deaf or does--- have trouble hearing, which is not currently corrected?
5. Does --- use any equipment for hearing such as a hearing aid or an FM system?
6. Because of a long-term condition or health problem, does --- have any trouble speaking and being understood?
7. How well is--- able to make himself/herself understood when speaking with:
a) members of his/her family?

b) His/her friends?
c) Other people?
Alternatives: Completely, Partially, Not at all, and Don't know.
8. Does --- use any equipment for communication such as a Macaw, a Communication Board or a computer?
9. From time to time, most children have occasional emotional or nervous problems. However, does --- have any long-term emotional, behavioral, psychological, nervous or mental health condition which limits the kind or amount of activity that she/he can do at home, at school or at play?
10. Does --- have a learning disability?

B. Thai 1990 Census

Questions used to identify persons with disabilities:

Is (name) disabled?
Not disabled
Blind
Deaf
Dumb
Armless, legless
Mentally Retarded
Insanity
Paralyzed
Others (Specify)

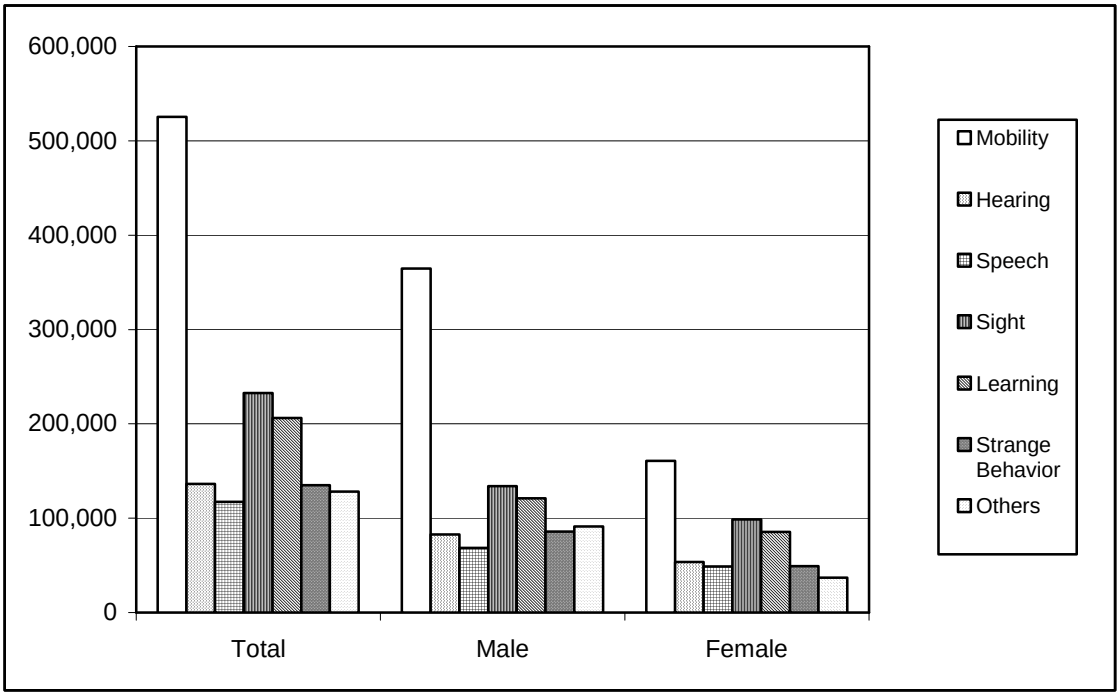
Annex 2
Disability Classifications

Causes of Moderate to Severe Disabilities According to Census Data 1994-1995

Cause of Severe Disabilities Percent Distribution						
Cause	All Disabilities (Severe only)	Mobility	Amputees Lower Limb	Amputees Upper Limb	Limb Deformities	Paralysis
Congenital	34.2	25.7	1.6	6.7	33.7	28.5
Disease	35.7	32.1	4.2	3.2	26.3	57.0
Work Accident	2.0	3.4	4.6	6.2	4.1	1.7
Traffic Accident	5.5	8.5	10.7	25.4	9.7	3.7
War/Related	19.1	26.6	74.7	52.3	21.7	7.0
Other Causes	3.4	3.7	4.2	6.3	4.4	2.0
Total (Number)	100 (1,312,690)	100 (534,613)	100 (65,171)	100 (41,461)	100 (183,731)	100 (151,788)
Cause	Hearing	Speech	Sight	Learning	Strange Behavior	Other
Congenital	48.5	79.9	19.4	38.3	48.7	30.7
Disease	36.6	16.5	49.3	46.3	22.1	24.1
Work Accident	0.5	0.3	1.6	1.3	0.9	1.2
Traffic Accident	1.8	1	8.6	1.4	0.6	2.6
War/Related	10.1	1.3	15.4	9.5	26.5	38.1
Other Causes	2.5	1	5.7	3.2	1.2	3.2
Total (Number)	100 (140,693)	100 (121,712)	100 (236,034)	100 (210,076)	100 (137,043)	100 (131,302)

Source: Disability in Vietnam in 1999: A Meta-Analysis of the data, by Thomas T. Kane, PhD, October 1999 (Original source: MOLISA)

Types of People with Disability by Gender 1994-1995

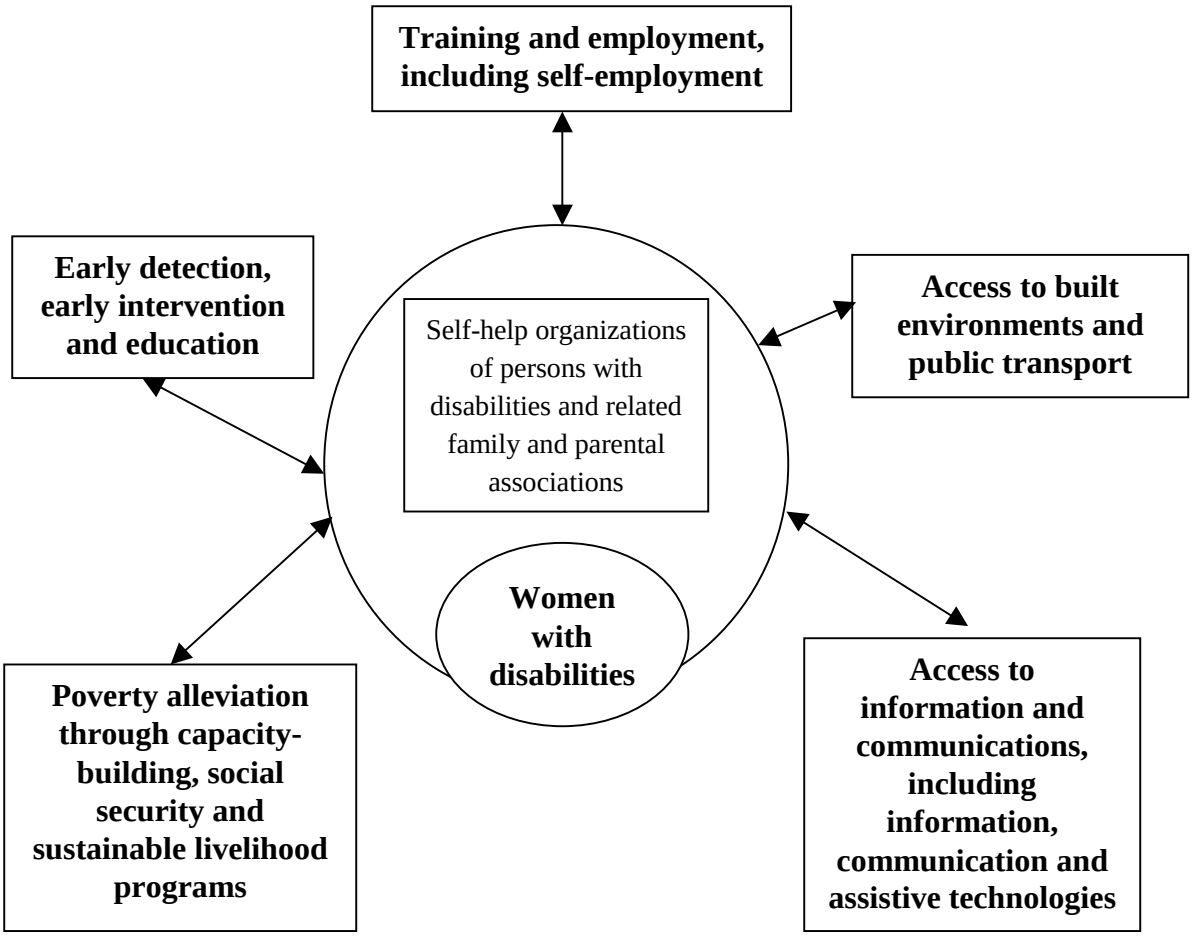


Source: Disability in Vietnam in 1999: A Meta-Analysis of the data, by Thomas T. Kane, PhD, October 1999 (Original source: MOLISA).

Annex 3

The Biwako millennium framework for action towards an inclusive, barrier-free and rights-based society for persons with disabilities in Asia and the Pacific

Graphic presentation of the seven priority areas



Biwako Millennium Framework for Action Targets

(1) Self-help organizations of persons with disabilities and related family and parent associations

Target 1. Governments, international funding agencies, and NGOs should, by 2004, establish policies with the requisite resource allocations to support the development and formation of self-help organizations of persons with disabilities in all areas, and with a specific focus on slum and rural dwellers. Governments should take steps to ensure the formation of parents associations at local levels by the year 2005 and federate them at the national level by year 2010.

Target 2. Governments and civil society organizations should, by 2005, fully include organizations of persons with disabilities in their decision-making processes involving planning and program implementation which directly and indirectly affect their lives.

(2) Women with disabilities

Target 3. Governments should, by 2005, ensure anti-discrimination measures, where appropriate, which safeguard the rights of women with disabilities.

Target 4. National self-help organizations of persons with disabilities should, by 2005, adopt policies to promote the full participation and equal representation of women with disabilities in their activities, including in management, organizational training and advocacy programs.

Target 5. Women with disabilities should, by 2005, be included in the membership of national mainstream women's associations.

(3) Early detection, early intervention and education

Target 6. Children and youth with disabilities will be an integral part of the population targeted by the millennium development goal of ensuring that by 2015 all boys and girls will complete a full course of primary schooling.

Target 7. At least 75 per cent of children and youth with disabilities of school age will, by 2010, be able to complete a full course of primary schooling.

Target 8. By 2012, all infants and young children (birth to four years old) will have access to and receive community-based early intervention services, which ensure survival, with support and training for their families.

Target 9. Governments should ensure detection of disabilities at as early an age as possible.

(4) Training and employment, including self-employment

Target 10. At least 30 per cent of the signatories (member States) will ratify the International Labor Organization Vocational Rehabilitation and Employment (Disabled Persons) Convention (No. 159), 1983, by 2012.

Target 11. By 2012, at least 30 per cent of all vocational training programs in signatory countries will be inclusive of persons with disabilities and provide appropriate support and job placement or business development services for them.

Target 12. By 2010, reliable data that measure the employment and self-employment rates of persons with disabilities will exist in all countries.

(5) Access to built environments and public transport

Target 13. Governments should adopt and enforce accessibility standards for planning of public facilities, infrastructure and transport, including those in rural/agricultural contexts.

Target 14. All new and renovated public transport systems, including road, water, light and heavy mass railway, and air transport systems, should be made fully accessible by persons with disabilities and older persons; existing land, water and air public transport systems (vehicles, stops and terminals) should be made accessible and usable as soon as practicable.

Target 15. All international and regional funding agencies for infrastructure development should include universal and inclusive design concepts in their loan/grant award criteria.

(6) Access to information and communications, including information, communications and assistive technologies

Target 16. By 2005, persons with disabilities should have at least the same rate of access to the Internet and related services as the rest of citizens in a country of the region.

Target 17. International organizations (e.g., International Telecommunication Union, International Organization for Standardization, World Trade Organization, World Wide Web Consortium, Motion Picture Engineering Group) responsible for international ICT standards should, by 2004, incorporate accessibility standards for persons with disabilities in their international ICT standards.

Target 18. Governments should adopt, by 2005, ICT accessibility guidelines for persons with disabilities in their national ICT policies and specifically include persons with disabilities as their target beneficiary group with appropriate measures.

Target 19. Governments should develop and coordinate a standardized sign language, finger Braille, tactile sign language, in each country and to disseminate and teach the results through all means, i.e. publications, CD-ROMs, etc.

Target 20. Governments should establish a system in each country to train and dispatch sign language interpreters, Braille transcribers, finger Braille interpreters, and human readers, and to encourage their employment.

(7) Poverty alleviation through capacity-building, social security and sustainable livelihood programs

Target 21. Governments should halve, between 1990 and 2015, the proportion of persons with disabilities whose income/consumption is less than one dollar a day.

Annex 4

National Coordination Committees on Disability (NCCD) East Asia and the Pacific region

Australia

Head, Office of Disability
Commonwealth Department of Health and Family Services
MDP 113, GPO Box 9848
Canberra ACT 2601
Australia

Cambodia

Disability Action Council (DAC)
Executive Director, Disability Action Council,
P.O. Box 115, Phnom Penh, # 28, St. 184, Khan Daun Penh,
Phnom Penh, Cambodia
Tel: 855-23-215 341; 218-797 Fax: 855-23-214 722
E-mail: dac@bigpond.com.kh sisovann@council.deg.com

China

President
China Disabled Persons' Federation
44 Beichizi Street, Dongcheng District,
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Tel: (8610) 651-39719 Fax: (9610) 651-39722

Fiji

Executive Director
Fiji National Council for Disabled (FNCDP),
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Suva, Fiji
Tel: 321 066/320 055 Fax: 320 055

Indonesia
Director of Directorate Rehabilitation for the Disabled
Department of Social Affairs of the Republic of Indonesia
Jalan Salembaraya No. 28, Jakarta Pusat 10430
Indonesia
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Japan

Counselor (Measures for Persons with Disabilities)
Cabinet Office, Director General for Policy Planning and Coordination,
Secretariat of Headquarters for Promoting the Welfare of Disabled Persons
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E-mail: nyoshid1@op.cao.go.jp

Kiribati

Officer-in-Charge, Centre for Disabled Persons
Kiribati Red Cross
P.O. Box 213, Bikenibeu,
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Lao PDR

Chairperson, National Committee for Disabled Persons
Director, Department of Social Welfare
Ministry of Labor and Social Welfare
Pangkham Road, P.O. Box 347,
Vientiane, Lao PDR.
Fax: (856-021) 213-287

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Director General, Social Welfare Department
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Malaysia

Marshall Islands

Head Start Teacher
c/o Majuro USP Centre
Majuro, Marshall Islands

Micronesia

Secretary
(Minister) of Foreign affairs of the Federated States of Micronesia
Palikir, Pohnpei,
Micronesia

Mongolia

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