

Council for International Development

Kaunihera mō te Whakapakari Ao Whānui

**POLICY PAPER ON
DISABILITY AND DEVELOPMENT**



Cover Photo: "Shore Of Life" by Bernard Franck is one of 33 awarded photographs from the WHO photo contest "Images of Health and Disability 2005". The contest has been organised in order to promote the understanding and use of the International Classification of Functioning, Disability and Health (ICF). Used with permission.

Photos Pages 1,3,5 and back cover: Provided by J B Munro, Inclusion International, New Zealand.

Photo Page 4: "Joy of Learning" by G.M.B. Akash from the WHO photo contest. "Images of Health and Disability 2005". Used with permission

Foreword

This policy reflects the growing awareness internationally of the issues that face people living with disabilities. These are particularly apparent in developing countries, where there are often few facilities to enable them to live and develop to the extent of their capability. Few developing countries can afford to provide social security benefits, so the support for those with severe disabilities must come from family or community.

All donor governments and donor agencies should be aware of the special issues for people living with disabilities. A number of CID member organisations make these issues the main focus of their international development work and they have been closely involved with the formation of the CID policy. Special thanks are due to JB Munro (IHC/Inclusion International); David Hall (The Leprosy Mission); Tewai Halatau (Vision Pacific); Carmel Williams (Fred Hollows Foundation) and Helen Green (World Vision) for their contribution to the document.

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Wheelchair repairmen in Fiji. PHOTO: J B MUNRO

Council for International Development (CID)

POLICY PAPER ON DISABILITY AND DEVELOPMENT

Just as the poor are the most appropriate people to make decisions about their own development, people with disabilities and/or their families must participate fully in decisions affecting their lives.

Background

It was agreed at the CID Annual General Meeting in 2002, following an advocacy workshop on disability matters, that CID would work towards a policy statement on disability. Input to this paper has been received from a group of development agencies that work within the field of disability, convened by JB Munro from Inclusion International.

CID currently has 80 member organisations. Almost a third of these agencies include disability projects and programmes either as their major focus or among their activities.

Why a disability position is necessary

- “Disabilities occur as a result of the interaction between physical, mental and sensory impairments, and social and environmental factors.”
(ACFOA (now ACFID) May, 2003.)
 - There are a number of estimates of proportions of people with disabilities within any society, ranging from 10-20%, depending on the definition used. 10% is commonly accepted by organisations such as the World Health Organisation (WHO). People with disabilities are scattered in all geographic communities in developing and developed countries. Within poor communities they are often invisible, doubly discriminated against
 - and have little access to basic services. In the Asia Pacific region the ADB (2002) estimates that 40% of people with disability are living in poverty and 80% of disabled people live in rural areas.
 - Disability leads to exclusion, social and economic disadvantage and the denial of rights (DFID 2000, WHO 2001b). In developing countries, it is estimated that only 2% of people with disability have access to basic services, and children with disabilities have little or no access to education unless they are able to attend regular schools without needing special assistance. Women with disabilities can be doubly disadvantaged due to discrimination based on gender and disability. The denial of economic, social and human development opportunities and rights leads to increased vulnerability to poverty for the disabled individual and their families.
 - Disability issues should be included in humanitarian, post-conflict and peace keeping programmes. ACFOA (2003) acknowledges that, “a third to half of all people affected by conflict and disaster suffer from mental distress which is a risk factor for wider social problems.” For citizens with a pre-existing disability caught up in war, unrest and natural disasters, the outcomes of uncertainty, isolation and rejection can be devastating.
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- While many NGOs and similar agencies carry out excellent work and support worthwhile projects with people with disabilities, it is often on a very small scale. Most appear to work within their own area of speciality rather than addressing the advocacy and human rights issues associated with disability. Unless governments and overseas development agencies accept that the rights of people with disabilities are just as important as the rights of children, or women, or any other disadvantaged group, and that addressing disability is also a way of dealing with poverty and its causes, then no real progress will be made in the attainment of the UN Millennium Goals which were set to embrace all people.
- A recent questionnaire and survey among 275 members of BOND (British Overseas Network for Development) revealed that ‘the most significant and overriding obstacle to the inclusion of disability in aid programmes and agencies is probably the lack of awareness, knowledge and experience of disability related issues among the staff of international development organisations’. This lack of understanding is not surprising since people with disability have been traditionally excluded from the mainstream of society, including ordinary primary and secondary schools and even universities.
- It is somewhat paradoxical that so many organisations, whose main aim is to tackle exclusion and inequality in different ways, make so little effort to tackle the lack of disability awareness and to develop more inclusive working practices.

Approach

Over recent years a social and human rights model of disability has been replacing the previous medical model. In essence the medical model placed the responsibility for disability on the individual, requiring that the disabled individual adjust and adapt to society as it is. The social and human rights model shifts the responsibility to society to recognise that the primary barriers faced by children and adults with disability and their families are those erected by prejudice, ignorance, and discrimination and by inaccessible environments planned for the mythical “average” person.



Parents and families are the experts concerning their sons and daughters with disability. PHOTO: J B MUNRO

CID takes a rights-based approach to disability, based on the UN Declaration on the Rights of Disabled Peoples and especially the following articles:

Article 3: *Disabled persons have the inherent right to respect for their human dignity. Disabled persons, whatever the origin, nature and seriousness of their handicaps and disabilities, have the same fundamental rights as their fellow citizens of the same age, which implies first and foremost the right to enjoy a decent life, as normal and full as possible.*

Article 6: *Disabled persons have the right to medical, psychological and functional treatment, including prosthetic and orthotic appliances, to medical and social rehabilitation, education, vocational training and rehabilitation, aid, counselling, placement services and other services which enable them to develop their capabilities and skills to the maximum and will hasten the processes of their social integration or reintegration.*

Article 10: *Disabled persons shall be protected against all exploitation, all regulations and all treatment of a discriminatory, abusive or degrading nature.*

Principles

1. CID's vision is ***the dignity and empowerment of poor communities everywhere***. In order to realise CID's Vision, special account must be taken of the needs of people with disabilities.
2. The indivisibility of human rights from development is fundamental to CID's Code of Ethics. We therefore support the right of people with disabilities to access services and opportunities to achieve their potential. Such services and opportunities should be similar to those available to others within their community.
3. CID recognises that public awareness, accident prevention measures, improved health and maternal care along with general well being can lead to a reduction in many forms of disability. Development assistance strategies and programmes should focus on these elements as well as Education for All (Dakar), the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities and the promotion of the full range of human rights of disabled people as typified in the New Zealand Government Disability Strategy released in April 2001.
4. CID supports the current development of a United Nations Convention on Disability.



PHOTO BY G.M.B. AKASH / WHO

RECOMMENDATIONS:

1. That future CID training workshops include raising awareness amongst agency staff and volunteers on the rights, needs and inclusion of people with disabilities and their families in overseas aid projects and poverty reduction policies.
2. That member agencies and their overseas partners encourage:
 - The employment (paid or volunteer) of people with disabilities.
 - A more proactive approach to the inclusion of disabled people in all areas of the work of the agency.
 - The promotion and upholding of the basic human rights of people affected by disability in all development projects.



Arthur is a Fieldworker and Human Rights Advocate in Vanuatu. PHOTO BY J B MUNRO

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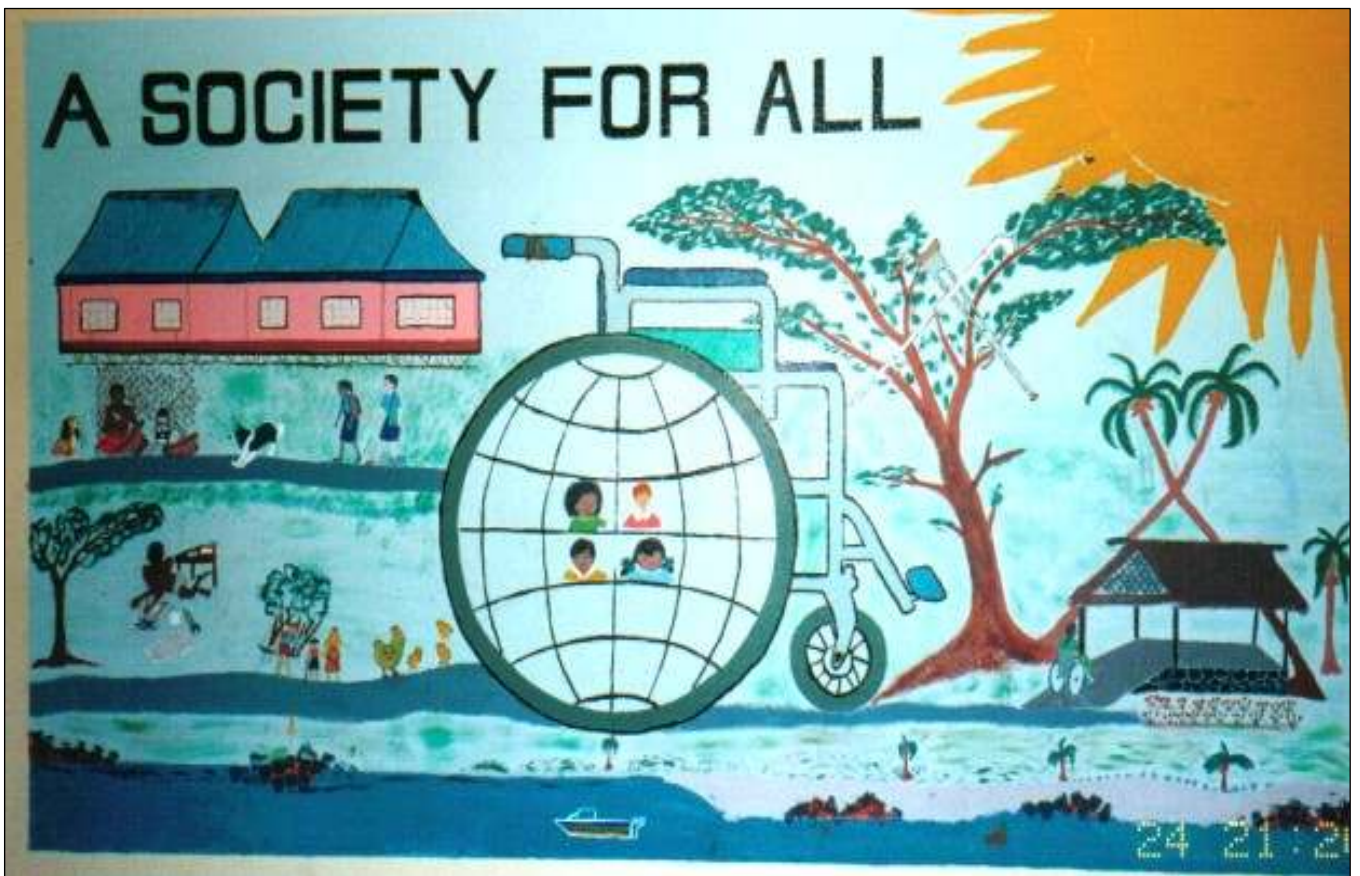
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