The Disability Dimension *in* Development Action

Disability Dimension in Development Action. Manual on Inclusive Planning. Edited by Ronald Wiman. Originally Published by STAKES for and on behalf of the United Nations, 1997 and 2000. Revised on-line version 2003.

ABSTRACT

This Manual presents step-by-step advice on how to improve the quality of development policies, programmes and projects by exercising sensitivity to the disability dimension at various phases of the mainstream development programme or project planning cycle.

It includes guidance on how to design an inclusive policy framework that will gear development planning towards a "society for all" , where people with disabilities also can exercise their human rights and responsibilities, and have equal opportunity to achieve well-being as full citizens. Further, it presents procedural guidance on how to establish a participatory planning process that would result in development for .

The Manual also contains examples of disability-sensitive project documentation, checklists and an overall appraisal tool: the Rapid Handicap Analysis (RHA), which assessess whether a development activity is "handicapping", that is, discriminating against people with disabilities.

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Key words:
disability; development planning; socially sustainable development;
society for all; development co-operation; development programmes and projects;
disability policy; inclusion

STAKES

The cover displays a work by Mr. C Kwasniscka, prepared for the poster "TOWARDS A SOCIETY FOR
ALL" to commemorate the End Year of the United Nations Decade of Disabled Persons (1983 - 1992).
The poster was printed in all six official United Nations languages and also in German. It was
sponsored by Kodak Foto Service and Luger Consulting of Vienna, Austria (c)United Nations 1992.

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FOREWORD TO THE ON-LINE VERSION

In "A Society for All" the needs of all citizens constitute the basis for planning and policy. The general system of society is made accessible for all. By accommodating its structure and functioning to the needs of all, a society mobilizes the potential of all its citizens and, consequently, strengthens its development potential. People with disabilities are a natural and integral part of society and, in the interest of society as a whole, should have opportunities to contribute their experience, talents and capabilities to national and international development.

The concept of "A Society for All" encompassing human diversity and development of all human potential, can be said to embody, in a single phrase, the human rights instruments of the United Nations. Defining and translating the human rights of disabled people into specific measures and programmes remains a foremost challenge. The recently adopted Standard Rules can help guide public policy in the direction of ensuring human rights of disabled persons. "

Report of the Secretary-General to the 49th General Assembly

Hundreds of millions of disabled people and their families experience disadvantages, discrimination and exclusion because living and working environments, as well as products and services are not designed for all members of society.

Disability is a common and natural part of the human life cycle. There are people with disabilities in all target groups. Therefore, it is neither possible nor cost- effective to respond adequately to the rights, needs, and potentials of people with disabilities through group-specific activities exclusively targeted to the needs of people with disabilities. Therefore, the international community and many nations have adopted equalization, inclusion and development towards " A Society for All" as the vision to guide their long-term disability strategies.

This Manual was originally published in 1997 as a result of several years of collaboration between a number of stakeholders. It was one element in the strategy of assisting nations and disabled people themselves in their efforts to design more inclusive development policies, programmes and projects.

The mission to better include disabled people and their families in development cooper-ation as beneficiaries and agents of action remains acute. Also, the technical task of how to actually plan for inclusion in practice remains a major challenge. The need for "toolkits" has maintained a constant demand for this Manual but hard copies have gone out of print. It was therefore decided to make the Manual available on the internet.

ACKNOWLEDGEMENT
TO THE FIRST EDITION

The idea of this Manual was first conceived at the turn of the 1990s, when much attention was being given by the United Nations, by various governments and by organizations of disabled persons, to what should come next after the end of the Decade of Disabled Persons (1983–1992) to promote its objectives in the most appropriate manner.

The preparation process of the Manual has been long. It has gone through many versions, each version benefitting, however, from close scrutiny and constructive suggestions from many interested parties, especially disabled persons themselves and their organizations. The various texts were also reviewed at a number of expert meetings.

The Manual was prepared in the Division for Social Policy and Development, Department of Policy Coordination and Sustainable Development of the United Nations. It would not have been possible without the very generous financial support of the Finnish Government, Department of International Development Cooperation (FINNIDA) and the intellectual, substantive and practical help of the National Research and Development Centre for Welfare and Health (STAKES). A special debt is owed to Dr. **Vappu Taipale**, former Minister of Health and Social Affairs of Finland and present Director-General of STAKES, and to her colleague Project Chief **Ronald Wiman**, the principal author of the Manual.

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UNIT ONE:

INTRODUCTION TO CURRENT ISSUES AND CONCEPTS

Well-Being for All

At the World Summit for Social Development, convened in Copenhagen, Denmark, 6-12 March, 1995, the representatives of 186 States signed the ten Commitments included in the "Copenhagen Declaration on Social Development":

"For the first time in history, at the invitation of the United Nations, we gather as heads of State and Government to recognize the significance of social development and well-being for all and to give to these goals the highest priority both now and in the twenty-first century." [a]

[a] *Report of the World Summit for Social Development, Copenhagen, 6-12 March 1995* (A/CONF.166/9), chap. I, resolution 1, annex I, para. 1.

A. WHY THIS MANUAL?

The concept of well-being for all stresses the importance of organizing society so that it can provide opportunity and security to all its members, whatever their circumstances and capacities. Within this framework, the General Assembly, at its forty-sixth session, in 1991, invited "all organizations of the United Nations system to incorporate the needs and concerns of persons with disabilities in their programmes and activities both as active agents and beneficiaries".[1] This manual is intended to provide practical guidance on how this can be done. More generally, it addresses the question of how the concept of well-being for all can be put into practice with specific reference to the equalization of opportunities for persons with disabilities, thus ensuring their full integration into society.

1. THE UNITED NATIONS DECADE OF DISABLED PERSONS

The international community expressed its concern and commitment to the equalization of opportunities for persons with disabilities in the *World Programme of Action concerning Disabled Persons*, which was adopted by the General Assembly of the United Nations in 1982 by Assembly resolution 37/52.[2] Ten years later the General Assembly proclaimed the day on which the *World Programme* was adopted, 3 December, as the "International Day of Disabled Persons".[3]

The basic objective of the *World Programme of Action concerning Disabled Persons* "is to promote effective measures for prevention of disability, rehabilitation and the realization of the goals of 'full participation' of disabled persons in social life and development and of 'equality'. This means opportunities equal to those of the whole population and equal share in the improvement in living conditions resulting from social and economic development. These concepts should apply with the same scope and with the same urgency to all countries, regardless of their level of development." [a]

[a] *World Programme of Action concerning Disabled Persons*, para. 1.

The United Nations Decade of Disabled Persons (1983–1992) was proclaimed as the initial time frame for the implementation of the World Programme of Action. The International Year of Disabled Persons 1982 (IYDP) set in motion a process towards awareness of the problems — and potentials — of persons with disabilities.

From Objects of Care to Agents of Action
The first breakthrough occurred already while the Decade was prepared. The original proposal to have a year *FOR* disabled persons was amended to a Year *OF* Disabled Persons. This indicated the beginning of a revolutionary approach to disability issues with the recognition that people with disabilities are, first of all,

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> people who have the ability, the will and the right to be active agents in charge of their own lives.

The World Programme of Action, *inter alia*, strongly urged the organizations within the UN system to "explore, with the Governments to which they are accredited, ways of adding to existing or planned projects in different sectors, *components that would respond to the specific needs of disabled persons*" (emphasis added).[4]

In developing countries, intergovernmental, governmental and non-governmental donor agencies have initiated various projects in order to assist persons with disabilities. A piecemeal approach that is built on scattered and isolated projects has, however, very limited and often non-sustainable effect on the lives of persons with disabilities. After all, it is not economically feasible to cater for the needs of all disabled persons through "disability-specific" projects that are targeted to disabled people only.

Having realized the limitations of the project approach, some donor agencies have developed a more comprehensive strategy, a systematic programme approach, to guide their activities. A further step in comprehensive development strategies is the "inclusive approach". It aims at taking into consideration the needs and the potentials of all diverse population groups within a single planning and action framework.

There are disabled people in all population groups. The purpose of this Manual is to assist in the planning and design of development policies, programmes and projects that include the disability dimension as a natural element. This would add on social value to the results of development activities usually with minor or no cost at all.

2. THE MANDATES

In its resolution 42/58 the General Assembly invited Member States to incorporate in their national development plans and strategies projects to assist persons with disabilities and to *include such projects in the country programmes of the United Nations Development Programme* (emphasis added).[5] Furthermore, the Assembly renewed its "invitation to all States to *give high priority* (emphasis added) to projects concerning the prevention of disabilities, rehabilitation and the equalization of opportunities for disabled persons within the framework of bilateral assistance programmes.[6]

The General Assembly has since repeatedly requested the Secretary-General, "*to encourage all organs and bodies of the United Nations, including regional commissions, international organizations and the specialized agencies, to take into account in their programmes and operational activities the specific needs of disabled persons*" (e.g. General Assembly resolutions 42/58, para. 7, 43/98 para. 6, and 44/70 para. 7).

Moreover, a United Nations Expert Group Meeting which considered a long-term strategy to further implementation of the *World Programme of Action*, which was held at Vancouver, Canada, from 25-29 April 1992, proposed that "disability issues should be integrated into the mainstream activities of intergovernmental and non-governmental organizations".[7] Meeting participants further emphasized the need for integrated disability policies at all levels[8] and that national plans should include "*specific measures for the integration of disabled persons into mainstream society and the consequent integration of disability issues into the planning process of all sectors*" (emphasis added).[9]

The forty-seventh session of the General Assembly, having taken note of

the report of the Secretary-General on the monitoring of the implementation of the *World Programme of Action concerning Disabled Persons*,[10] *urged* Governments to show their commitment to improving the situation of persons with disabilities, *inter alia*, by "*addressing disability issues within integrated social development policies linked to other socio-economic issues, with the ultimate objective of facilitating the full integration of persons with disabilities in society*", and "*integrating, where possible, disability components in technical assistance and technical cooperation programmes*".[11] The same resolution *requested* the Secretary-General, *inter alia*, to "*integrate disability issues in policies, programmes and projects of the specialized agencies of the United Nations on a broader scale and with a higher priority*".

3. DISABLED PEOPLE AND SOCIAL DEVELOPMENT

Development for All
"The ultimate goal of social development is to improve and enhance the quality of life of all people. It requires democratic institutions, respect for all human rights and fundamental freedoms, increased and equal economic opportunities, the rule of law, promotion of respect for cultural diversity and rights of persons belonging to minorities and an active involvement of the civil society. Empowerment and participation are essential for democracy, harmony and social development. All members of society should have the opportunity and be able to exercise the right and responsibility to take an active part in the affairs of the community in which they live." [a]

[a] *Report of the World Summit for Social Development, Copenhagen, 6-12 March 1995* (A/CONF.166/9), chap. I, resolution 1, annex II, para. 7.

Development efforts aiming at sustainable social development should enhance the potential of all people to participate in development. Development efforts should, therefore, focus particularly on the empowering of poor and marginalized people to participate in and contribute to mainstream activities in the social, economic, cultural and political arenas of life. This is done through **supporting activities that enable the poor and marginalized people to gain better command of their lives:**

- improving **living conditions** and living environments;

- improving **access** to resources, markets and other mainstream activities;

- building **human capacities**;

- **raising awareness** and encouraging **self-reliance**;

- building institutions for **full participation and self-determination**.

However, in practice development efforts often fail to recognize the rights, needs and potentials of those people who are the most marginalized. Consequently, while people with disabilities are often among the poorest of the poor, they have been excluded from mainstream development activities.[12]

Humanitarian aid does not, as such, permanently improve the status of disadvantaged groups. It is first aid. Sometimes it may even maintain the *status quo*. The key to sustainable improvements is the enhancement of access of the excluded people and groups to the structures, processes and resources of their societies.

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**Do not use a spoon
to try to empty a river**

For instance, poverty is a multidimensional and often intergenerational process characterized by a continuous lack of access to:

- Political, social, cultural, juridical and economic institutions,
- Productive resources, goods and social services,
- Information and education,
- Safety and human security,
- The built environment, *etc.*

The structural obstacles to participation and the perpetuating exclusion processes cannot be changed with *ad hoc* piecemeal projects.[a]

[a] *Report of the World Summit for Social Development, Copenhagen, 6-12 March 1995* (A/CONF.166/9), chap. I, resolution 1, annex II, para. 19. See also, Finnish National Committee of the International Council on Social Welfare, "The Tampere Declaration of the Global Welfare '94 Conference"; 26th World Conference of ICSW (Helsinki, October 1994).

People with disabilities are at high risk of being systematically denied their access to the resources needed for the full exercising of their human rights. In all societies, children and women with disabilities are particularly vulnerable in this respect. In some societies, children with disabilities are totally excluded from society as they are condemned, often right after birth, to spend their childhood and youth in institutions for disabled children.[13]

4. FOR WHOM HAS THE MANUAL BEEN DESIGNED?

Despite the frequently expressed concern by the international community, the rights and needs of people with disabilities have in most cases been inadequately dealt with in development co-operation. The reasons have hardly been economic in nature. Rather there has been lack of awareness. Another reason for omitting disability issues in development projects has been the lack of practical guidelines and functioning procedures on how to deal with the issue in project planning, appraisal and implementation.

The Manual is designed to serve as a **tool for translating into good practice the principles of development from the social perspective**, which have been agreed upon by the international community. By incorporating the disability dimension in daily practice of policy-making, planning and decision making, it should be possible to ensure a favourable environment for people with disabilities to participate in and contribute to the development of the societies in which they live.

The manual is aimed at **assisting national senior policy makers, planners, administrators, personnel of international development assistance agencies as well as private philanthropic foundations to add to the social value of their activities**. In particular, the manual is directed to those who are involved in **mainstream** policies, programmes and projects which are designed to benefit the entire population.

A second objective of the manual is to **further the inclusion and the full participation of persons with disabilities and their organizations in planning workshops and task forces**. In general, the manual aims to promote improved understanding and expanded partnership between mainstream development planners and people with disabilities. Therefore, the manual provides introductions to current disability concepts and concerns to those who are experts in

planning, and, on the other hand, provides an introduction to basic planning concepts and methods to those stake holders who may not be familiar with these issues.

5. WHEN SHOULD THE MANUAL BE APPLIED?

For development efforts to achieve the highest feasible quality of results, their impacts on concerned population groups need to be taken into account in a balanced way.

All people are equal — they should be

"The principle of equal rights for the disabled and non-disabled implies that the needs of each and every individual are of equal importance, that these needs must be made the basis for the planning of societies, and that all resources must be employed in such a way as to ensure, for every individual, equal opportunity for participation."[a]

[a] *World Programme of Action concerning Disabled Persons*, para. 25.

The fundamental needs of persons who have disabilities are the same as those of non-disabled people. However, persons with disabilities often may encounter obstacles while trying to participate in mainstream society which has been designed with non-disabled people in mind. Many barriers are unnecessary and can be avoided simply by exercising forethought at the planning stage already.

CHECKPOINT 1

Are you planning activities that may be relevant from the disability perspective?

Checklist 1:

Does the planned development activity contain one or more of the following elements?

☐ Design and construction of the built environment, particularly public buildings, facilities and housing;

☐ Development of infrastructure, including transport systems, telecommunications, water supply and sanitation amenities;

☐ Development of small-scale industries and enterprises;

☐ Urban/rural community development;

☐ Development of health care and social services systems facilities;

☐ Human resources development, including:
  • Pre-school, primary and secondary education,
  • Higher education,
  • Adult education,
  • Vocational training,
  • Public education campaigns;

☐ Income generation, with special emphasis on improving the situation of the poorest segments of society;

☐ Training of development policy, programme and project personnel.

If a development activity includes one or more of the above elements, then the activity *is* relevant from the perspective of persons with disabilities.

Development activities can be "disability-relevant" to various degree and the planning process and the outcomes can be "disability-responsive" to various extent. The impact of an activity on disabled persons should thus be studied more systematically and, consequently, due consideration be given to ensure appropriate arrangements for participation by persons with disabilities in the planning and implementation process. This can be determined through systematically applying approaches that are sensitive to the disability dimension at all stages of the planning and implementation process.

6. THE APPROACH AND ITS CONTENTS

A procedure which will ensure full and effective incorporation of disability concerns in mainstream planning and programming can respond to the needs and interests of other specialized – and often marginalized – constituencies as well. With persons with disabilities as the main focus, most of the principles and procedures described in following paragraphs should be applicable to many other development contexts where the purpose is to integrate concern for a disadvantaged or marginalized social group. Furthermore, consideration of issues faced by persons with disabilities often will lead to improvements in conditions for all.

A society fit for disabled people is a good society for all

Accommodations which are appropriate for people with disabilities will usually benefit non-disabled people, *e.g.* built environments which are barrier-free are also safe, secure and accessible for everyone, including expectant and nursing women, children and elderly people. After all, who

likes unnecessary steps and other obstacles in his or her daily environment?

The methodological approach presented in this manual involves systematic application of the following five strategies:

(1) Setting **social** development as the ultimate objective. Consequently, decisions taken in the course of development analysis and planning contribute to equalization of opportunities.
(2) Including **the disability dimension** in data collection, analyses and interpretation of information and organization of documentation throughout the analysis and planning process.
(3) Identifying channels of information and initiate ways to **involve persons with disabilities as full and effective partners** at all stages of the development process.
(4) Using **checkpoints** at various stages in the development process to identify and assess the impact of development decisions on persons with disabilities, to identify options to minimize their negative effects, and to enhance positive impact.
(5) Designing mechanisms which can **launch sustainable processes for empowering persons with disabilities** so that they can take charge of affairs which concern them.

The manual is divided into four units. The introductory UNIT I provides a brief introduction to current concepts and conceptual frameworks. UNIT II discusses guidelines for policy and programme formulation from the disability perspective. UNIT III describes approaches to the inclusion of disability

concerns at various stages of the project cycle. UNIT IV contains brief remarks on selected issues to be considered while planning a disability-specific project. Model checklists and model documents are included in the text and in annexes to the manual. A resource bibliography, contact addresses of selected international disability organizations and United Nations system focal points are included as annexes as well.

Since the development planning process may take several years from the initial decision to implementation, and each stage often involves different people, each UNIT is rather independent and follows the established steps of that particular stage in the planning process.

7. FRAMEWORK FOR ACTION

The basic purpose of this manual is to present a comprehensive, conceptual framework for formulating inclusive policies, programmes, project development and implementation so that these can contribute to a fundamental value statement: **Economic growth and social development shall benefit poor, vulnerable and marginalized people, including people with disabilities**.[14]

To achieve this purpose, the selected social values have to be reflected at all levels and stages of the development planning process:

(1) At the **conceptual** level when objectives and approaches are identified;
(2) At the national **policy formulation** level and in the identification of possible international support components;
(3) At the **programme** level, while

assessing the needs and designing national and internationally-supported interventions to meet identified needs;
(4) At the level of planning specific **projects** within established policy, programme and budgetary frameworks;
(5) At the **operational** (implementation) level;
(6) At the **monitoring and evaluation** level, where data on performance and results are reviewed and assessed, corrective actions are identified and decisions are taken with regard to agreed values and desired ends.

In development activities, disability concerns can be incorporated by means of three basic strategies. The most common is the **disability-specific approach**, which targets people with disabilities and their special needs. A second strategy is to add an extra **disability-specific component** to mainstream activities. The third is the **inclusive approach**, where disability concerns are included in mainstream development process as a central element. An intermediate approach between the latter two is the "integrated approach", where disability issues are integrated into mainstream but they remain as a distinct component of their own.

(a) "Disability-specific approach".
Disabled people represent the only target group for planned action and the activity will usually address their specific needs. Medical and physical rehabilitation projects are common examples of this approach.

(b) "Component approach"
A separate disability-specific component is

FIGURE I.1 **ACTION FRAMEWORK**

Approach / Activity Level	(A) DISABILITY-SPECIFIC APPROACH: Disabled people as target group	(B) COMPONENT APPROACH: Disability-specific component added or integrated	(C) INCLUSIVE APPROACH: Disability dimension fully integrated
I. **Conceptual:** Values, Objective and Approach	–	–	+
II. **Policy Formulation:** (a) National (b) Regional (c) International	–	+/–	+
III. **Programme Design:**	+/–	+	+
IV. **Project Planning:**	+	+	+
V. **Operational Level:**	+	+	+
VI. **Monitoring and Evaluation:**	+	+	+

Codes

-	= Not Desirable
+/-	= Acceptable in Selected Cases
+	= Viable Option

added to a mainstream activity; for instance, community-based rehabilitation projects may be introduced into health care development programmes as components with separate administration, staff, and facilities. The intermediate stop is the "integrated approach". This would involve design and planning of services and facilities that respond to particular needs of disabled persons. They are placed within mainstream programmes and budgets but are destined for disabled persons only. An example could be the introduction of special classes for disabled pupils in the mainstream schooling environment and under the same educational administration.

FIGURE I. 2: THE EVOLUTION OF APPROACHES TO DISABILTY
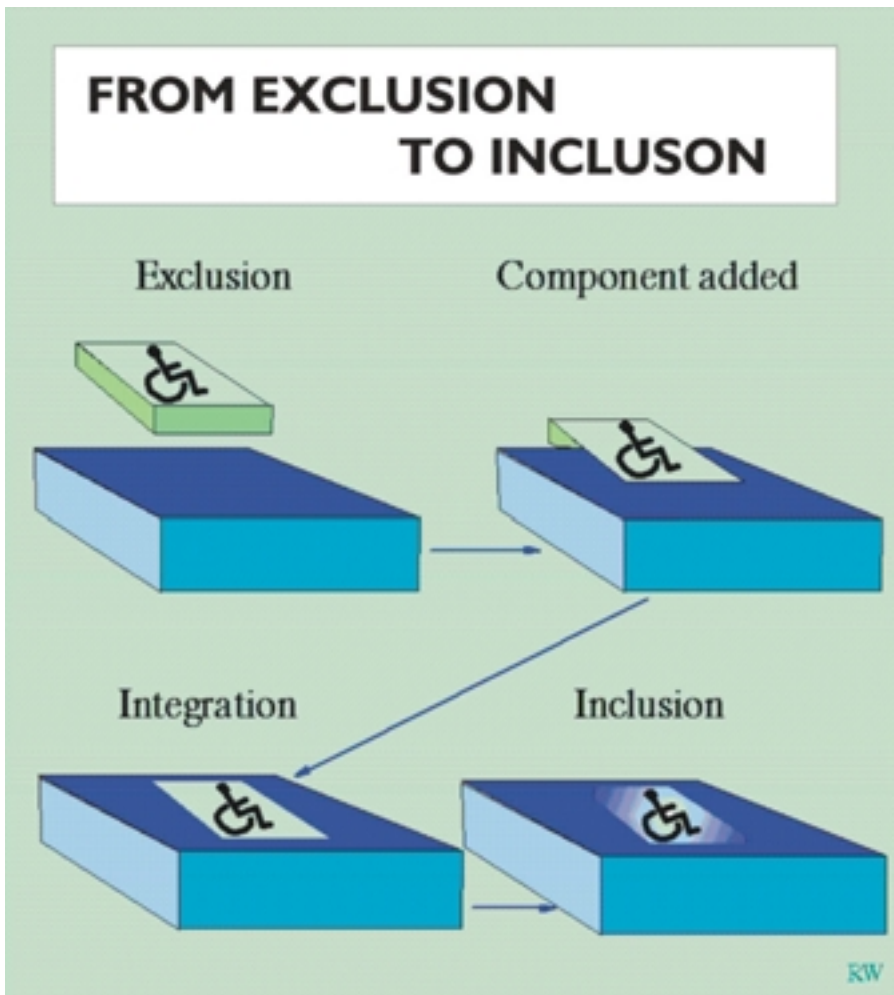
(c) "Inclusive approach". The disability dimension is flexibly included in all aspects and stages of an activity as a central element. This approach requires maximum integration throughout the planning and programming process and appropriate **adaptation of mainstream facilities and services** so that they can adequately serve both persons with disabilities and non-disabled people. It also implies full and effective **involvement of persons with disabilities as equal partners** in the planning and running of an operation. A specific support service component may sometimes be needed to empower disabled people. For instance a pupil who is deaf can follow the same curriculum in the same classroom as his/her peers with the help of a Sign Language interpreter and/or appropriate technical aids.

While striving towards full integration and ultimately inclusion, the inclusive approach should not be pursued until mainstream development is able to generate and maintain the **essential support services** that persons with disabilities may need for full and effective participation.

Each approach can, in principle, be applied at any activity levels, *i.e.* while establishing conceptual foundations, at policy design, programme or project planning levels as well as during actual operations and monitoring exercises. However, in the light of the principles discussed in the preceding paragraphs, **all development activities should at least adopt an inclusive conceptual framework, inclusive value statements and objectives regarding disability issues.**

The alternative is a conceptualization in which persons with disabilities are considered to be different from other members of society to the extent that particular theories and concepts would be needed. Unfortunately, such conceptualizations exist and they often are applied.

> **Concepts are tools to produce thoughts and plans; there are good tools and bad.**
>
> Theoretical frameworks or political ideologies based on the devaluation of specific human characteristics, one-dimensional classifications or simplistic diagnostic frameworks, labelling concepts, value loaded, biased and discriminating language, aims and options that segregate against specific groups of people on the basis of characteristics related to the person and his/her identity are common but in obvious conflict with the policies and principles adopted by the international community.
>
> An example of a less obvious trap is the "human capital" approach. It may be interpreted so as to lead to the commodification of humanity, seeing a person as being worth what she or he can produce. Consequently, people with disabilities will not be in the focus of public expenditure. The human capital approach could, for instance, be replaced with the wider terms of "human resources" or "human capabilities" development.[a]
>
> [a] United Nations, "Report of the consultative expert meeting on integration of disability issues in development cooperation activities (Vienna, 29 May – 2 June 1995)".

The conceptual starting point of any development activity should be full participation on the basis of equality of disabled people in society. In practice, persons with disabilities are often segregated and disadvantaged to the extent that their concerns require additional and specific action. Should it not be immediately possible to cover all disability issues within an inclusive policy framework, **a**

specific disability programme component needs to be introduced into the national development policy.

Incorporating a disability dimension in all activities of the social and health sectors

The Government of Finland Programme for "Supporting the reconstruction of the health and social sectors of the Republic of Karelia of the Russian Federation" includes the following priority areas that have been agreed with the Karelian authorities:

(1) Development of primary health care,
(2) Development of social security and services,
(3) Human resources development,
(4) Development of management and planning capacities,
(5) Coordination of international support.

For instance, component number 2 includes a specific sub-component on "disability services" to launch a focused process that would lead to identification of alternatives to institutional approaches to services delivery and to the design of alternative institutional arrangements. To make such developments possible, relevant disability issues must be incorporated in all other relevant programme components as well. For instance, in component number 3, "human resources development", the disability dimension will be integrated in curriculum development.[a]

[a] STAKES/Hedec, "Support for implementation of social and health care reforms in the Republic of Karelia, Russian Federation 1995-2000"; project document (Helsinki, 1995).

In some cases, equalization of opportunities for disabled persons requires a specific disability programme at the first stage of development. At both the project design and the operational levels, a component approach – and even a **disability-specific** design of operations which take into account the needs, rights and potentials of disabled persons – may sometimes be the best way to achieve full inclusion of persons with disabilities in the long run.

A focused investment in persons with disabilities may be the first step towards their empowerment

According to a report on the experience of Namibia, at the initial stages in the design of new disability policy, emphasis will be accorded to the disability-specific approach to promote empowerment of various disability groups. With time, consideration will be given to general approaches to policy design that call for inclusion of non-disabled persons as well.[a]

[a] Hadino Hishongwa, "Namibia: integration of disability issues in development cooperation activities", note contributed to United Nations Consultative expert meeting on integration of disability issues in development cooperation activities (Vienna, 29 May – 2 June 1995).

Caution must, however, be exercised so that the disability-specific approach does not become the only and final solution.

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B. WHAT IS DISABILITY?

1. THE MULTI-DIMENSIONAL CONCEPT OF DISABILITY [14]

All individuals differ in their abilities. Furthermore, all individuals are, to a greater and lesser degree, limited in certain abilities in comparison with other people. Many people have some temporary or chronic ailments. Who, then, is "disabled"?[15]

According to definitions issued by the World Health Organization:[16]

- an **impairment** is any loss or abnormality of psychological, physiological or anatomical structure or function;

- a **disability** is any restriction or lack of ability (resulting from an impairment) to perform an activity in the manner or within the range considered normal for a human being;

- a **handicap** is a disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfilment of a role that is normal depending upon age, sex, social and cultural factors, for that individual.

"Disability" should not be viewed in terms of a dichotomy of ability or disability. Instead, it should be seen in terms of an ability-disability continuum. For legal purposes, such as defining disability for the purpose of measuring eligibility for a specific entitlement, it is necessary to decide on a cutting point beyond which ability is considered "disability". For statistical purposes, it is necessary to classify people according to mutually exclusive and exhaustive categories. Even then there is wide variation in the degree and type of ability within such categories.

It has been estimated that, on average, some 5–10 per cent of the population have some form of a disability. This period ratio (prevalence ratio) is, however, misleading if it is interpreted to indicate the proportion of people experiencing disability in their own life. The cumulative incidence rate over the whole life cycle of people is much higher.

People should not be labelled on the basis of one characteristic. Terms such as "invalid" or "the disabled" reinforce stereotyping that artificially divides people into "them" and "us".[17]

Strictly speaking, a person whose legs have been amputated is not "disabled" but is more correctly described as a person with a disability. The fact that he or she has to move around using techniques other than those used by people with two functioning legs does not imply that the person is any less able to do everything else as easily and as well as people who walk. The fact that this is not always the case is a consequence of the lack of opportunity to acquire and develop the necessary **skills** – not the lack of ability.

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FIGURE I.3.   CAN PEOPLE BE CLASSIFIED?
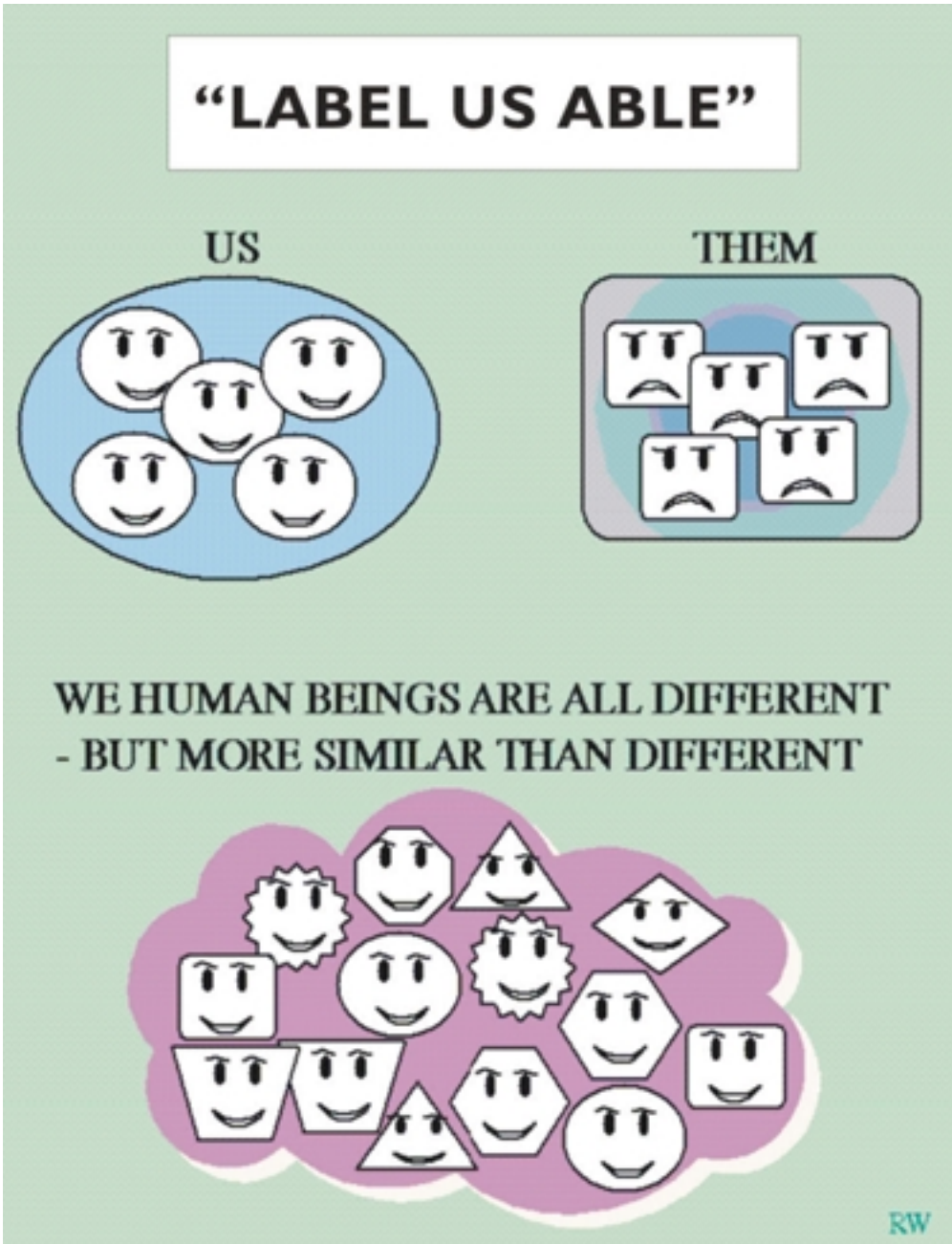
There are no absolute criteria for defining disability. Concepts and definitions are a matter of convention and convenience. The latest definitions are included in the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities:[18]

> "The term **disability** summarizes a great number of different functional limitations occurring in any population in all countries of the world. People may be disabled by physical, intellectual or sensory **impairment, medical conditions or mental illness**. Such impairments, conditions or illnesses may be permanent or transitory in nature."[a]
>
> "**Handicap**" is the loss or limitation of opportunities to take part in the life of the community on an equal level with others. The term "handicap" describes the encounter between the person with a disability and the environment."[b]
>
> [a] Standard Rules on the Equalization of Opportunities for Persons with Disabilities, para. 17.
> [b] *Ibid.*, para. 18.

One can be born with a disability but not with a handicap. The disadvantage related to disability originates from the interaction of the person and the social, cultural, physical and psychological barriers within her or his environment. Therefore, handicaps can be prevented or reduced by **breaking the barriers** in the environment. Of course, it is more reasonable and cost-effective not to construct those barriers in the first place.

> **Disabled people are handicapped because of the 'rules' of society**
>
> Many languages fail to make the important distinction between "disability" and "handicap". Disability refers to the person; handicap does not. For many reasons the perjorative and confusing label "the handicapped" should not be used at all. The word handicap originates from horse races and describes the disadvantage imposed on some participants by the rules of the race.[a] This is precisely what it means in the disability field, as well. Experts whose language fails to make this distinction between disability and handicap should not export such handicapping language.
>
> [a] R. E. Allen (ed), *The Concise Oxford Dictionary of Current English*, eighth edition (Oxford, Clarendon Press, 1990).

2. EQUALIZATION OF OPPORTUNITIES

"The term 'equalization of opportunities' means the process through which the various systems of society and the environment, such as services, activities, information and documentation, are made accessible for all, particularly to persons with disabilities".[19]

Equalization of opportunities is, in fact, the "method" for preventing disability from resulting in a handicap, a disadvantage.

The Universal Declaration of Human Rights, in its first Article, states: "All human beings are born free and equal in dignity and rights."[20] Therefore, the rights and needs of all people should be considered equally important in designing policies and plans.[21] Major advances in the equalization of opportunities for persons with disabilities in the community in which they live may be achieved through development programmes and projects, if they are planned and imple-

mented in the spirit of "development for all".

People with disabilities often are discriminated against by the existing rules and structures that have been designed without consideration of their needs, rights, aspirations and life styles. Therefore, equal opportunity does not result if persons with disabilities are simply provided with the same as those without a disability. Unequalizing rules and structures need to be appropriately corrected, or the disadvantages caused by them needs to be compensated. Such corrective measures are sometimes termed "positive discrimination" or "affirmative action".[22]

"Disabled People First"

In some parts of India, people with disabilities have been given the monopoly to run telephone booths, which enables many disabled persons to earn a livelihood in the service sector, although competition generally is tough.

"Disabled People First" reads a sign on the wall of a Chinese "Welfare factory" in Xian Province. "Welfare factories" in China are production units that enjoy tax concessions if 50 per cent of the employees are disabled. Wages are above the average at welfare factories which produce goods that are in high demand.[a]

[a] Personal communication and data gathered in field visits to selected Asian and Pacific countries by Ronald Wiman, STAKES staff members, while seconded to the United Nations as Social Affairs Officer in 1990–93.

3. REHABILITATION

" 'Rehabilitation' is a process aimed at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychological and/or social functional levels, thus providing them with tools to change their lives towards a higher level of independence."[23]

Disability is not an illness, although it can be a result of an illness. Medical care that aims at curing or relieving the symptoms of an illness should not be confused with rehabilitation. **Rehabilitation starts with the acceptance of the disability and the person with a disability rather than with the intention to make a disabled person non-disabled.** Through rehabilitative interventions and appropriate training, persons with even serious or multiple disabilities can achieve a high level of independence and productivity provided that the environment is accessible.

Rehabilitation of persons with disabilities is an important prerequisite to attaining full participation and equality within their societies and communities. Therefore, rehabilitation for all those in need should be considered to be a **basic right** of persons with disabilities.[24]

A person who has a disability may need support in the form of rehabilitation in various life arenas such as vocational, social and educational activities, in addition to physical rehabilitation.[25]

Rehabilitation, in its broader sense, should include:
– activation of (physical and mental) functional abilities;
– (re)-construction of self-esteem and identity;
– support in motivation building towards self-reliance;
– training in coping skills;
– acquiring functional knowledge;
– searching for appropriate new options and resources in addition to increasing the flexibility of available options in order to facilitate the interaction between the person with disability and his/her environments.

Assistive devices, adaptation of work and housing environments, preparation of the family and community to meet the person with disabilities, and sometimes personal assistance need to be added on a case-by-case basis to obtain the full value of rehabilitation efforts.

Much is known about rehabilitation methods; the major problem is how to ensure access to basic rehabilitation to all who would benefit from it. While some highly specialized rehabilitation services and techniques require specific skills – and sometimes special equipment – most rehabilitation can be done at home and in the community with affordable training and support. An observed trend in many countries is towards decentralization and the bringing of rehabilitation to people rather than sending people far away to rehabilitation centres. There are several approaches to "community-based rehabilitation" (CBR).

Bringing rehabilitation to people rather than transporting people to remote rehabilitation centres

In the Republic of Indonesia most disabled people live in rural areas. To address the issue, the Government of the Republic of Indonesia, with input from the National Coordinating Team for the Welfare of Disabled Persons, developed a non-institutionalized approach to support community-based rehabilitation services: Mobile Rehabilitation Units (MBU) of the provincial government. MBU teams include a medical doctor, psychologist, social worker, special needs teacher, skill instructor, a prosthesis technician, hearing aid technician and other special needs personnel. The teams periodically visit remote areas to provide consultative and examination services, information and support to families, skills training and referral services. In this manner community-based rehabilitation services obtain support both at local level and from a hier-

archy of cross-sectoral technical agencies.[a]

[a] Dr. Soetadi, "A brief introduction to the development of community-based rehabilitation (CBR) in Indonesia", note contributed to United Nations Consultative expert meeting on integration of disability issues in development cooperation activities (Vienna, 29 May – 2 June 1995).

4. PREVENTION OF DISABLING CONDITIONS

"The term 'prevention' means action aimed at preventing the occurrence of physical, intellectual, psychiatric or sensory impairments (primary prevention), or at preventing impairments from causing permanent functional limitation or disability (secondary prevention)."[26]

The prevention of the causes of disabilities should be seen as a basic duty of all members of society. Such measures include, first of all, promotion of peace and avoidance of conflict, violence and human insecurity. It includes activities which enable people to cater for their survival needs, such as ensuring an adequate supply and distribution of food, safe drinking water, environmental hygiene, control of diseases and provision of adequate shelter. It would also include **directly preventive activities** such as traffic safety measures, occupational safety and prevention of accidents at home, immunization and related measures to prevent critical illnesses.

Secondary prevention should include medical care and early intervention to minimize the secondary impacts of impairment. Preventive service should be included in basic social services such as primary health care, reproductive health care, life skills counselling and basic education.

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Poverty is one of the main underlying causes of disability

Elements in development programmes and projects which can contribute to prevention of causes of disability include:

• Improve nutrition (agricultural development);
• Control communicable diseases (water and sanitation);
• Improve road safety (infrastructure development, and training);
• Improve occupational safety (industrial development);
• Prevent accidents in the home (community education);
• Improve health care (health services and facilities);
• Combat alcohol, tobacco and drug abuse (health service facilities);
• Improve basic education and literacy (human resources development);
• Improve mother and child health status (reproductive health services).

Poverty is a major factor leading to disabling living conditions. Disability, in turn, leads too often to poverty and exclusion of the person and the whole family. It is therefore vital to study closely these mutually reinforcing interrelationships and to integrate disability issues into all poverty reduction programmes.

Mines – meaningless for war but disastrous for children

"During the past decade, more than 1.5 million children have been killed by wars and armed conflicts, over 4 million were permanently disabled. An estimated 10 million children are victims of psychological trauma.

One in every 230 Cambodians is an amputee due to land mines, which continue to claim about 300 victims a month.

A land mine can be manufactured for as little as US$3, the cost of clearing a single mine ranges from US$300 to US$1,000, which is higher than most people's annual income in developing countries."[a]

[a] United Nations Children's Fund (UNICEF), *Anti-personnel mines: a scourge on children* (New York, 1994).

As wars and armed conflicts are one of the major causes – both directly and indirectly – of mental and physical trauma and disablement, international cooperation in all forms should include objectives and components that are aimed at preventing violence through promotion of human security and combatting of prejudice, misuse of power and segregation in all forms. A particular responsibility of Government is to object strongly to the use of arms which aimed bluntly at disabling civil populations, particularly children.

5. FROM LABELLING TO ENABLING

There are many conceptual frameworks for development analysis and planning. However, not all are necessarily consistent with current approaches that (a) put people in the centre of development as beneficiaries and agents of change, (b) recognize the significance of social development and human well-being for all and (c) give "to these goals the highest priority both now and into the twenty-first century".[27]

The above approach endorsed by the international community at Copenhagen is based on the recent revolution in human sciences. Rather than see people as passive objects under the influence of external causes, emphasis is directed to the active and purpose-oriented nature of all human beings. The fundamental purpose of a person is not to satisfy the survival needs only, but to live a meaningful life.

All aid is not development aid

"A basic needs" approach, if focusing only on survival needs, chains people as objects of charity for their life.

Long-term "feeding" of a community has a tendency to destroy productive potentials and local market structures.

Emergency aid should, as appropriate, be of necessities accompanied by interventions which build capacities for sustainable local production.

Similarly, charity and care-taking that replace activities that people normally would do themselves can diminish people's basic aspirations – and eventually motivation – to seek actively viable solutions themselves.

People want to – and can – be agents of their own lives. To live a meaningful life, one must have some degree of command over the course of one's life. To gain such command, one must have certain prerequisites for coping with various aspects of life in a goal-oriented manner. Certain of the prerequisites are provided by the environment in which one lives; certain pertain to personal capacities.[28]

FIGURE I.4:   PREREQUISITES FOR COPING [29]

Logical prerequisites	Example(s)
Successful coping in a given situation requires adequate:	It is possible for me to cope meaningfully with (any) situation provided that:
A. **External Conditions** and	I have the opportunity, and
B. **Knowledge and Correct Interpretation** and	I know and understand enough, and
C. **Skills** and	I have the practical skill, and
D. **Motivation** and	I want, and
E. **Health (= functioning ability)** and	I am well (not too ill), and
F. **Functional Abilities** (physical and mental)	I am able.

Plain deductive logic, as well as accumulated experience, suggests the following two conclusions:

- to be successful in efforts to cope with any given situation *ALL* of the logical prerequisites (A through F in figure I 4) must be met; and

- if even one precondition is missing, is limited or is inadequate, difficulties in coping will arise.

Disability is only a functional limitation in ability. Not all limitations in ability are, however, disabilities because they are not related to impairment. Furthermore, ability is only one of the coping prerequisites. The reason for coping problems by a person with a disability may be the inadequacy of any of the other logical prerequisites rather than a limitation in ability.

People can overcome coping problems in a number of ways, which include: changing or adapting physical, social or cultural environments, acquiring more functional knowledge, learning new functional skills, increasing motivation, or improving health. The **enablement approach** recognizes the multi-dimensional potential and capacities of people themselves.

People should not be classified on the basis of one characteristic into "us" and "them". People with disabilities are people first. Disability is only a secondary dimension. Their aspirations, needs, rights and problems are best addressed through an enabling approach that is applicable to all people. Enabling all people to use their own potential and to take responsibility contributes to a sustained and equitable process of development.

C. TOWARDS A SOCIETY FOR ALL

"For too long, persons with disabilities have been isolated, their right to development ignored, and their potential contribution to society neglected. The old attitude regarded disabled people as dependent invalids, in need of protection. It understood disability as a stigma, allowing society to send a person with disabilities to the appropriate address in the social structure, which, unfortunately, too often was the address of a special institution.

But times are changing. The proclamation of the international Year of Disabled Persons in 1981 and the United Nations Decade of Disabled Persons (1983-1992) heralded a major shift in attitudes toward disability. The new approach stresses abilities, not disabilities, it promotes disabled people's rights, freedom of choice and equal opportunities; it seeks to adapt the environment to the needs of persons with disabilities, not the other way round. It encourages society to enhance its attitudes towards persons with disabilities and assist them in assuming full responsibility as active members of society."[30]

Society is a construction of people themselves. It gains its legitimacy by its ability to ensure the realization of human rights for all.

"A society for all" will also be fit for us when we grow old

"We human beings are all different. We have different needs, and different qualifications, different strengths and different weaknesses. Therefore, the society in which we live should never be formed on the basis of special demands by the few. The society must be formed in such a way that it will suit all. The needs of disabled persons must influence the planning of our societies as much as the needs of non-disabled persons, not because we must pay special attention to the disabled, but because they are citizens of the society as everyone else. Therefore, their needs must be included in the building of the society as a matter of course.

This concept favours us, the non-disabled, partly because the needs of disabled people are the same as for many other groups and partly because we and our relatives through illness or accident may one day belong to the group of disabled persons ourselves. And then, we would, of course, wish that our daily life, *i.e.* our jobs, our homes, our social relations, our leisure time activities, as far as possible will continue as before. We do not wish that practical defects in planning of the society shall force us to limitations and changes which the disability itself does not make necessary".[a]

[a] Olof Palme, late Prime Minister of Sweden, cited in Bengt Lindqvist, "A society for all; on disability policy", *The World Blind*, nos. 7 and 8 (1992).

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1. PLANNING FOR ALL

Detailed planning seldom is possible because societies and communities are constantly evolving processes. Rather, planning should be focused on creating favourable environments for people's constructive activities. To develop societies that enable people to fulfil their potential, it is necessary to adopt more proactive approaches: to acknowledge people's abilities and interests and to support them in achieving full participation and self-determination.

First of all, the focus should shift from disabilities to abilities.

> **There currently are (1997) some 5.6 billion different people in the world. Some have a difference called disability.**
>
> **Planning for the average person** serves a minority only, because there are only a few people who can be considered average.

Between 20 to as many as 50 per cent of national populations are comprised of children under age 15; and about 50 per cent of all adult populations are comprised of women. What should then the planner's "average" person be?

Planning for specific groups leads to impossibilities because the number of possible specific groups is infinite.

Flexible planning for different people serves all, because people are different.

People are more similar than different. While allowing for flexibility, plans must first focus on the fundamental similarities of people. All people are engaged in interaction with their environments in several "life arenas" to fill their needs and to fulfil their aspirations.

FIGURE I.5:   THE ARENAS FOR HUMAN ACTION
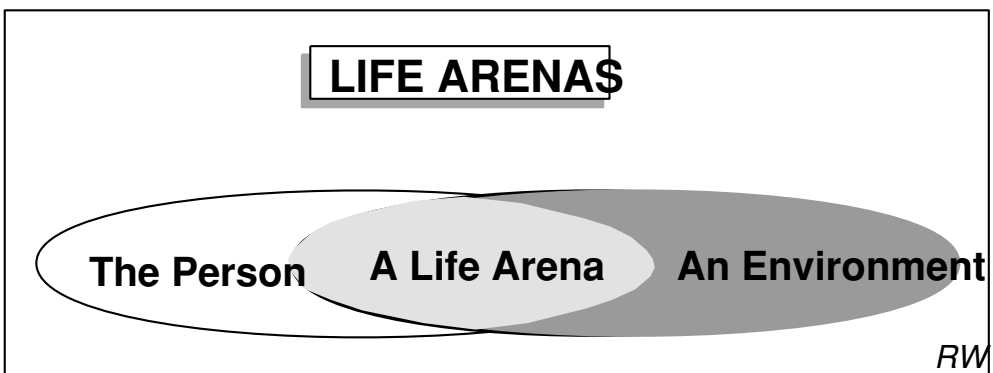
"Life arenas" include people's interactions between the man-made and natural physical environments, and between economic, social, cultural and communication systems.

"A society for all people" aims to ensure equal opportunities for all people to derive their well-being from these life arenas. Therefore, the diversity of people and potential obstacles to their full participation in various life arenas should be taken into account at the planning stage. From the planner's perspective, questions to be asked include the following:

(1) **What are the basic activities in which all people are involved on a daily basis?**
Basic activities of everyday life may be grouped as follows:
(a) Survival and health promotion,
(b) Mobility and physical independence,
(c) Orientation,
(d) Communication and access to information,
(e) Social integration and participation,
(f) Economic security,
(g) Self-determination, and the right to choose one's own life style.

(2) **What kinds of obstacles, and consequent coping problems, might people face while engaged in these basic activities?**
The environment contains numerous obstacles that may limit or prevent people with disabilities from undertaking the above-mentioned activities. In many cases these obstacles may also pose difficulty and risk to non-disabled people.

(3) **What – if any – changes are required in current planning practice to ensure that obstacles are not created?**
Issues such as access for all people should be fully and effectively incorporated throughout the planning and implementation process.

(4) **What kinds of additional support measures might be required to ensure that specific population groups are able to participate on the basis of equality in mainstream development?**
Despite careful and systematic analyses and planning, certain obstacles to full and effective participation by all may be created. In such cases specific support measures, *e.g.* assistive devices and personal attendants, may required to facilitate access to social life and development by all people.

The figure I. 6 summarizes an approach to "planning for all people". The first column presents the basic activities which everyone undertakes in daily life. The second column provides examples of people who may encounter obstacles in undertaking these basic activities. The third column lists areas for inclusion in planning and means (support services) to promote equalization of opportunities.

FIGURE I. 6   **PLANNING FOR ALL**

BASIC ACTIVITIES	PEOPLE WHO MAY FACE BARRIERS AND EXPERIENCE COPING PROBLEMS	SELECTED EXAMPLES OF PLANNING REQUIREMENTS AND AUXILIARY SERVICES
Survival and Health Promotion	All people.	- Availability of provisions for basic needs (food, shelter, *etc.*) - Environmental and occupational safety - Health care, environmental health Services: * Health care services * Social welfare services
Mobility and Physical Independence	People with physical or sensory impairments and/or dexterity difficulties; people with invisible disabilities; people who are minding dependents; people who have heavy luggage, trolleys or prams. People without access to affordable means for transportation	- Accessibility - Reachability - Functional home design - Functional appliances and tools Services: * Mobility aids * Other assistive devices * Guide dogs * Personal social services / personal assistance
Orientation	People who have sensory impairments; people who hve learning difficulties; people who are illiterate, tourists.	Clarity of design and clear indications of directions; easy language; universal symbols and markings (including Standard Braille). Services: * Guides
Communication and Access to Information	People who have seeing, hearing or speech difficulties; people who have learning difficulties, immigrants, tourists, children.	- Appropriate formats for communication; - Clear messages. Services: - Large print; Braille; - Interpretation services; - Personal assistance
Social Integration and Participation	All people; in particular people who have mental or psychological disabilities; people who have sensory impairments; and people who are from diverse socio-cultural backgrounds.	- Non-discriminatory practices; - Public education (positive awareness and sensitization); - Affirmative action. Services: - Counselling; peer support.
Economic Security	All people. Vulnerable groups and the poor, particularly the destitute, the long-term unemployed, single parents, and people with disabilities.	- Equalization of economic opportunities; - Adaptation of the work place; - Self-employment and home-employment options. Services: - (Re)training, including vocational rehabilitation; - Job accommodation (*e.g.* provision of assistive devices, modification of work schedules and adaptation of equipment).
Self-Determination	All people, in particular people who have communication and cognitive difficulties and people who have mobility difficulties.	-Diversity and flexibility of opportunities for self-determination. Services: - Personal assistance; - Interpretation; - Advocacy; - Development of interpersonal and negotiation skills.

It has been estimated that one person in ten has some form and degree of disability.[31] This period ratio, however, leads to a serious underestimation if interpreted as the incidence of disability over the life cycle of an individual. The majority of people will have a shorter or longer personal experience with disability, particularly towards advancing age. Moreover, due to the ageing of population structures, the number of disabled people is expected to increase faster than the growth of the population as a whole.[32] Taking into account the diverse functional limitations of people at the planning stage already decreases the need for special measures and the extra costs of accommodating the differences today and in the future.

A city for all

The Marjala suburb of the Finnish town of Joensuu was constructed to be barrier-free and accessible for all. There are no steps on the streets, the curbs are low but rough to accommodate both wheelchairs, baby prams and people who are visually impaired, streets are marked by contrasting colours, poles topped with raised symbols. Basically there are no housing units "for the disabled" but the housing units can flexibly be changed according to the special needs of the tenants. The idea was to build *life-cycle homes* that serve the family when the babies are small, when children go to school and still when the parents grow old and eventually need assistive devices. The project was awarded the golden prize of the European Union HELIOS programme in 1995.[a]

[a] Personal communication of Mrs. Pirkko Kylänpää, contact person for "A City for All", the Marjala Project, P.O. Box 59, 80101 JOENSUU Finland; e-mail : pirkko.kylanpaa@jns.fi

2. THE ROLE OF THE MANUAL IN GLOBAL STRATEGIES TO PROMOTE "A SOCIETY FOR ALL"

In 1990 the United Nations General Assembly, in its resolution on disability policies and programmes issues, *inter alia*, invited member States to develop strategies towards a society for all and "*requested the Secretary-General to shift the focus of the United Nations programme on disability from awareness-raising to action with the aim of achieving a society for all by the year 2010…*".[33]

Since that decision the international community, at the World Summit for Social Development in March 1995, committed itself to the goal of "human well-being for all" and to promote strategies that equalize opportunities for all people to participate in development.[34]

The manual seeks to contribute to international action to create favourable environments to achieve the objectives of "a society for all" by its focus on practical concepts and approaches to include social concerns in mainstream development.[35]

An inclusive society for all people

The concepts of "equalization of opportunities" and "a society for all" have been used by the disabled people's community since the early 1970's. Now these strategic concepts have gained wider currency and applicability, for instance in the "Copenhagen Declaration on Social Development" and "Programme of Action of the World Summit for Social Development".[a]

"*The aim of social integration is to create 'a society for all', in which every individual, each with rights and responsibilities, has an active role to play. Such an inclusive society must be based on respect for all human rights and fundamental freedoms, cultural and religious diversity, social justice and the special needs of*

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vulnerable and disadvantaged groups, democratic participation and the rule of law."[b]

a *Report of the World Summit for Social Development, Copenhagen, 6-12 March 1995* (A/CONF.166/9), chap.I, resolution 1, annexes I and II.

b *Ibid.*, para. 66.

With respect to inclusion of the disability dimension in social policies and development, selected strategic interventions and relevant international instruments of the United Nations are summarized below:

Long-term Strategy Level:
Long-term strategy to achieve a society for all – from awareness-raising to action[36]; and "Towards a society for all: long-term strategy to implement the *World Programme of Action concerning Disabled Persons* to the year 2000 and beyond".[37] The documents provide both a basis for design of umbrella approaches and a framework for mobilizing collaborative action at all levels – international, regional and national – to achieve the objectives a society for all by the year 2010.

National-level Policy Design:
Standard Rules on the Equalization of Opportunities for Persons with Disabilities.[38] The document provides interested Governments with technical guidelines on the design of national disability options and related legislation and administrative guidance.

Planning Level:
The current document, *The Disability Dimension in Development Action: Manual on Inclusive Planning,* focuses on concepts, methods and procedures to reinforce

disability issues in mainstream development and to further thereby achievement of the objectives of a society for all.[39]

Programme Level:
Programme Advisory Notes, and similar technical guidelines, on integrating disability issues into development cooperation activities of country programmes were identified by the Experts meeting at the mid-point of the Decade as important tools for formulation and coordination of both national programmes and development assistance, on request.[40]

Establishment and Development of Information Resources:
Development of a pilot Clearinghouse Data Base on Disability-related Information Resources (CLEAR) was initiated by United Nations in the light of a recommendation submitted by the Experts meeting at the mid-point of the Decade. The data base is currently under development on a variety platforms and contains, *inter alia*, data on selected successful examples of integrated policies, programmes and projects which contribute to furthering implementation of the World Programme of Action.

Programme / Project Implementation Level:
The General Assembly has recommended that consideration be given to initiating "spearhead" pilot projects in partnership with interested parties to assist Governments on request to further implement comprehensive integrated policy approaches to disability.[41] Such projects could be organized as joint ventures between governmental, intergovernmental and non-governmental organizations; and they should reflect bottom-up rather than the traditional expert-driven approaches.

Figure I.7 summarizes graphically contents of a comprehensive strategy on a "society for all" together with examples of integrating activities and promotional instruments at the conceptual, policy and operational levels. The graphic summary includes examples of support services that could be provided on requested by compentent intergovernmental bodies and organizations.[42]

FIGURE I.7   OUTLINE OF A STRATEGY: "TOWARDS A SOCIETY FOR ALL – FROM AWARENESS TO ACTION"

LEVEL I:

Long-term development objectives:
Strategic Priority: **Empowerment** of persons with disabilities

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Enhancing the well-being of persons with disabilities:

Essentials of life   Full participation   Equality   Independence   Self-determination

Through ensuring the following societal prerequisites:

Effective prevention   Rehabilitation for all in need

Fully accessible society   Adequate support services
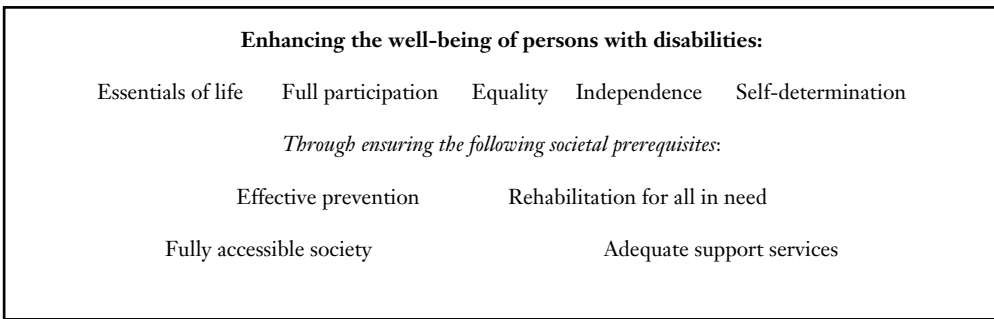
LEVEL II:

Medium-term objectives:
Strategic Priority: Promoting **Human Rights** of persons with disabilities

Basic documents applicable to all	**Specific interpretation adapted to rights of persons with disabilities**	**Applicable to national disability policy design and evaluation**
• Human rights instruments of the United Nations • International action programmes: - Health for All - Education for All - *etc.*	• Standard Rules on Equaliza-tion of Opportunities for Persons with Disabilities • ILO Conventions (for instance, rehabilitation)	• Specific medium-term goals and objectives for selected areas of national priority action for 1990's related to the objec-tives of the society for all strategy

LEVEL III:

Mechanisms:
Strategic Priority: Involving **organizations of persons with disabilities** in mainstream development

Mainstream-ing and social integration	Partnership and full involvement	Coordination, Advocacy and enforcement	Medium-term planning	Mobilization from aware-ness to action	Resources pooling

LEVEL IV:

National level action:
Strategic Priority: **Inclusive policy** approaches

Expected results	Action for implementation
• Increased integration in national policies, programmes and projects • Primary health care (PHC), and related integrated prevention measures • Community-referenced and integrated rehabilitation services • National disability legislation • Functional organizations of disabled persons and related bodies • Improvements in accessibility • Improved prerequisites for independdent living • Improved opportunities for income generating opportunities • Appropriate social services	• Comprehensive review of policies • National forum to design a policy document • Design a medium-term action plan • Establish coordination and monitoring mechanisms • Support organizations of disabled people • Integrate disability into national policies for socioeconomic development • Integrate disability issues into technical cooperation activities

International support for programme countries:
Strategic Priority: Sustained **development from the social perspective**

• Maintain high-level political support • Strengthen the United Nations' role • Focus on regional approaches and "South-South" cooperation	• Increase technical cooperation • Integrate into mainstream activities • Improve division of labour, coordination and partnership • Initiate joint pilot projects	• Design a feasible inclusive policy • Develop co-ordinated planning and co-operation fora • Develop an effective monitoring and follow-up systems

Role of the United Nations focal point on disability:
Strategic Priority: **Building capacities** for integrated strategies, policies and programmes for a society for all

• Formulate standards and guidelines (*e.g.* Standard Rules) • Formulate policy options (*e.g.* Long-term strategy) • Draft technical manuals on methods and procedures • Organize training and technical exchanges on priority topics	• Establish and develop information networks • Promote and support cooperative networks for consultations on coordination of action (*e.g.* use United Nations system interagency mechanisms to promote increased joint action, partnership and alliances)	• Promote awareness and understanding of issues and trends among specialized publics (Governments, NGOs, academic community and private sector) • Identify, review and assess selected experience with a view to documenting "good practice" • Mobilize support for policy and programme developments • Provide on request advice and assistance in key knowledge areas

NOTES: Unit I

1. United Nations General Assembly resolution 46/96.

2. United Nations document A/37/351/Add.l and Corr.l, annex, sect. VIII, recommendation I (IV).

3. United Nations General Assembly resolution 47/3.

4. *Ibid.*, para 173.

5. United Nations General Assembly resolution 42/58, para.5.

6. *Op. cit.*, para 6, and General Assembly resolutions 43/98 and 44/70.

7. United Nations, "Report of the expert group meeting on a long-term strategy to further the implementation of the World Programme of Action concerning Disabled Persons to the year 2000 and beyond (Vancouver, 25-29 April 1992) note by the Secretary-General" (E/CN.5/1993/4), annex, para. 54.

8. *Ibid.*, para. 62.

9. *Ibid.*, para. 66(b).

10. United Nations document A/47/415 and Corr. l.

11. United Nations General Assembly resolution 47/88.

12. United Nations, Commission on Human Rights, "Human rights and disability, final report prepared by Mr. Leanardo Despoy, Special Rapporteur of the Commission on Human Rights" (E/CN.4/1991/31). See also Einar Helander, "Prejudice and disability: an introduction to community-based rehabilitation" (New York, United Nations Development Programme, 1992).

13. United Nations Children's Fund (UNICEF), "Alternatives to institutional care; report of UNICEF-ISCA Workshop for Central and Eastern Europe (Riga, Latvia, 29 January – 2 February 1995)" (Ronald Wiman, rapporteur), published for UNICEF by National Research and Development Centre for Welfare and Health (STAKES), Helsinki, 1995.

14. United Nations *Report of the World Summit for Social Development*, A/CONF. 166/9, chap. I, resolution I, annex II.

15. See discussion in Ronald Wiman, "From labelling to enabling; development of conceptual instruments for understanding people's coping problems", Proceedings of the scientific colloquium on functional limitations and their consequences (Montreal, Canada, 18-20 November 1992), in *Elargir les horizons; perspectives scientif sur l'integration sociale*; Editions multimondes, publi, en coeditions avec L'Office des personnes handicapées du Québec (Québec, IBIS Press, 1994).

16. World Health Organization (WHO), *International classifcation of impairments, disabilities and handicaps* (Geneva 1980), pp.27-29; and *World Programme of Action concerning Disabled Persons*, para. 6.

17. Status of Disabled Persons Secretariat, Department of the Secretary of State of Canada, *A Way with words; guidelines and appropriate terminology for the portrayal of persons with disabilities* [1990]. Note: in 1993 the functions of the Status of Disabled Persons Secretariat, Department of the Secretary of State of Canada were assumed by the Department of Canadian Heritage.

18. *Standard Rules on the Equalization of Opportunities for Persons with Disabilities*, United Nations General Assembly resolution 48/96, annex.

19. *Ibid.*, annex, para. 24.

20. United Nations General Assembly resolution 217 A (III).

21. United Nations, *World Programme of Action concerning Disabled Persons*, DPI/933/Rev.l. August 1992, para. 25.

22. Ronald Wiman, *Towards an integrated theory of help*, pub. 2/1990 (Helsinki, National Board of Social Welfare, 1990).

23. *Standard Rules...*, annex, para. 23.

24. *Ibid.*, rules 3 and 4.

25. Ronald Wiman (1990), op. cit.; and Ronald Wiman, "The social dimension of sustainable development – a society for all", *Dialogi; Journal of the National Research and Development Centre for Welfare and Health*, English supp. 4b (1994) pp. 11 – 14.

26. *Standard Rules...*, annex, para.22; and *World Programme of Action concerning Disabled Persons....*, paras. 50-55.

27. *Report of the World Summit for Social Development...*, annex I, para. 1.

28. Ronald Wiman (1990), *op. cit.*

29. Ronald Wiman (1994), *loc. cit.*

30. United Nations, Department of Public Information *Standard Rules on the Equalization of Opportunities for Persons with Disabilities*, pub. DPI 1476 (New York, May 1994).

31. Based upon data compiled by the United Nations on 55 countries during the 1980s the percentage of the population that is disabled varies from 0.2 to 20.9 per cent of surveyed populations in *Disability Statistics Compendium*, Statistics on Population Groups, Series Y, No. 4 (United Nations publication, Sales No. E.90.XVII.17), p. 25-27. The *Compendium* notes that the wide range of disability rates reflects not only variations in the level of disability but a high degree of variability in strategies for measurement of disability among countries (p. 27).

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32. See, for example, *Averting the old age crisis; policies to protect the old **and** promote growth*, a World Bank Policy Research Report (New York, Oxford University Press, 1994).

33. United Nations General Assembly, resolution 45/91.

34. *Report of the World Summit for Social Development..*, chap. I, resolution 1, annex I, "Copenhagen Declaration on Social Development".

35. *Ibid*., Commitments 2, 4 and 8 in particular.

36. United Nations General Assembly resolution 45/91.

37. United Nations document A/49/435, annex. General Assembly resolution 49/153, *inter alia*, calls upon Governments to "take into account the elements suggested in the Long-term Strategy...".

38. General Assembly resolution 48/96, annex.

39. The manual has been prepared in the light of recommendations submitted at the Global meeting of experts to review the implementation of the World Programme of Action concerning Disabled Persons at the mid-point of the United Nations Decade of Disabled Persons (Stockholm, 17-22 August 1987): United Nations document A/42/561, General Assembly resolution 42/58.

40. *Ibid*.,General Assembly resolution 47/88 requested the Secretary-General, *inter alia*, to integrate disability issues into programmes and projects of the specialized agencies "on a broader scale and with a higher priority". The United Nations Development Programme recently has issued intersectoral "Guidelines for Programme Support Document" (New York, November 1993) for the analysis and planning of its pre-investment assistance.

41. United Nations General Assembly resolution 47/88.

42. United Nations document E/CN.5/1993/4; and Bengt Lindqvist, "Towards a society for all – from awareness to action; a draft long-term strategy to further implementation of the *World Programme of Action concerning Disabled Persons* to the year 2000 and beyond", unpublished paper (12 November 1992).

II

UNIT TWO:

GUIDANCE FOR THE DESIGN OF INCLUSIVE POLICIES AND PROGRAMMES

A. INCLUSIVE NATIONAL POLICIES

1. ENABLING ALL PEOPLE TO LIVE MEANINGFUL LIVES

All poor and vulnerable groups in society share the situation of being excluded from access to opportunities and choices available to the rest of society. Equal opportunity policies that adhere to Universal Human Rights and the enabling approach to social services are the cornerstones of strategies that focus on the development of human capacities. This approach makes it possible to address the diverse problems of people within an inclusive framework and through an integrated rather than a sectoral service delivery system.

"A society for the few"

About one billion people are living in absolute poverty with barely enough food and shelter to survive.[a] The Report of the World Summit for Social Development states that "eradication of poverty cannot be accomplished through anti-poverty programmes alone". "Poverty is inseparably linked to lack of control over resources, including land, skills, knowledge, capital and social connections. Without those resources, people are easily neglected by policy makers and have limited access to institutions, markets, employment and public services."(WSSD para 23) The poorest people are left without hope and human dignity due to the inequalities created by a societies that benefit a small group of the privileged, only.

[a] United Nations *Report of the World Summit for Social Development*, A/CONF.166/9, Annex I, para 18–19, p.41

First needs must be addressed first. The fundamental aspiration of all people is, however, not bare survival. Also poor people strive for more.

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FIGURE II. 1   FIRST NEEDS FIRST

(David Werner)

All people are equal in human nature. The physiological, social and mental dimensions of a living human being are inseparable. None of these exists alone. All people have the same fundamental needs. **Survival needs** must be met to stay alive. Survival needs are, however, narrow and limited and should not be considered identical to the "basic human needs". The fundamental essence of human life is, after all, to strive towards a meaningful life. Meaning in life is created by **social interaction** towards the realization of one's human potential. The **self-actualization needs** are limitless and they get their expression in people's aspirations towards "a life of their own", independence, self-determination and creativity through full and equal membership of the family, the community and society. "Well-being" is, therefore, a product of all these aspects of life. Therefore, adding to one cannot compensate the lack of another.[1]

FIGURE II. 2: WHAT IS WELL-BEING?
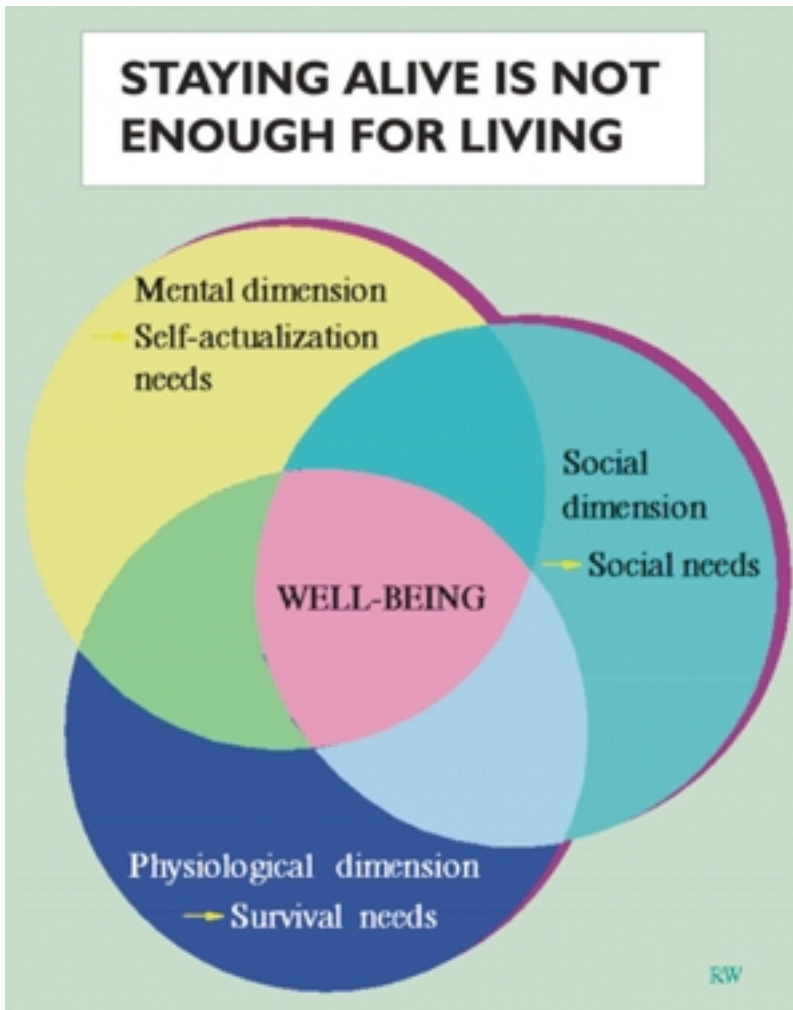
The hierarchy of human needs is usually drawn as a pyramid where survival needs (physiological needs) form a broad base and self-actualization needs (mental and spiritual) presented at the top as the tip of an iceberg. This conceptualization is misleading and is poor a tool for policy-making just as a wrong map would be for orientation in a big city. Survival needs are limited. Social needs can hardly be separated from the essence of human existence itself. Mental and spiritual needs and capacities are limitless and reflect the ultimate objectives of human existence.

**FIGURE II. 3   THE HIERARCHY OF HUMAN NEEDS
– THE RIGHT SIDE UP:
One does not live to eat; one eats to live.**

THE HIERARCHY
OF HUMAN NEEDS

SELF-ACTUALIZATION NEEDS
(SELF-DETERMINATION AND
INDEPENDENCE)

SOCIAL NEEDS
(EQUAL PARTICIPATION)

SURVIVAL NEEDS
(ESSENTIALS
OF LIFE)

RW
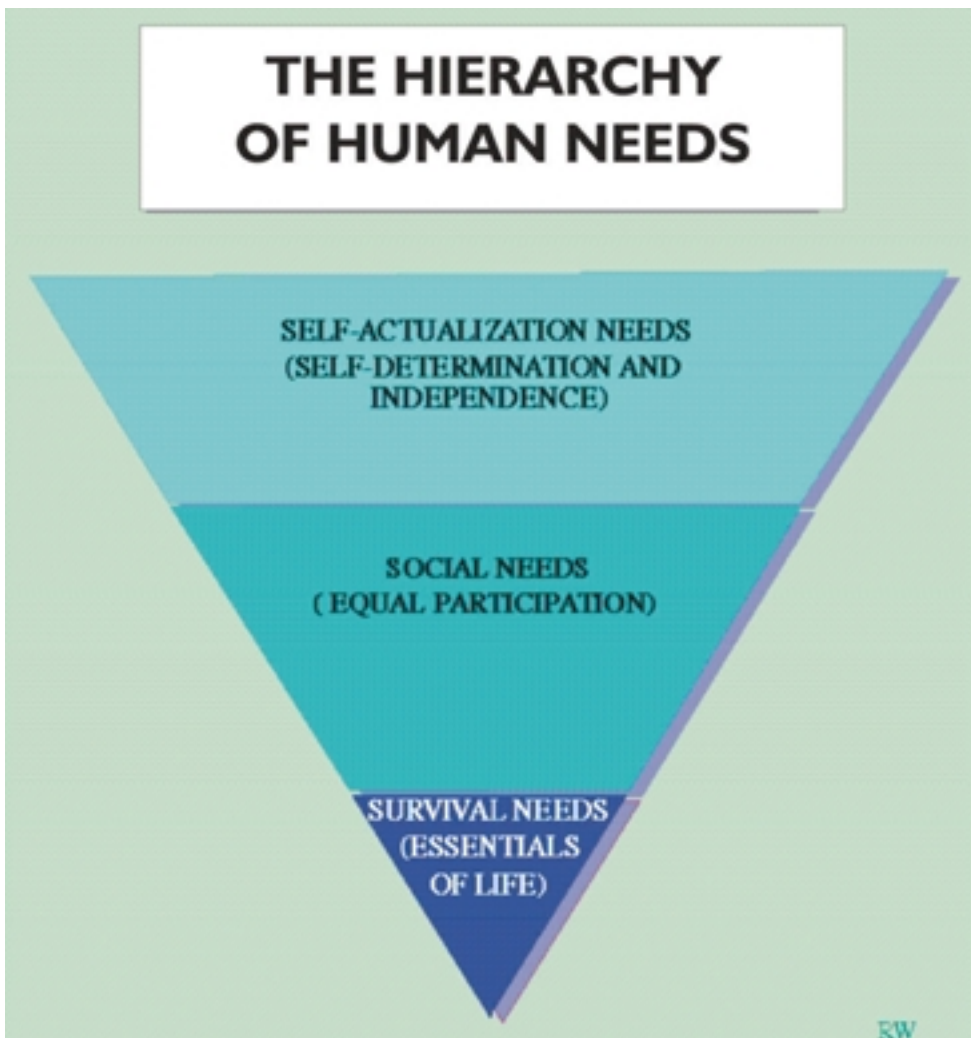
Poverty and insecurity deprive people of all these aspects of life at the same time. Consequently, poverty eradication calls for a broadening of the arenas of life of those who are poor by simultaneously enabling people to have better **access to** and **better control over** the essentials of life, the social and power relations and the development of their own person.

Well fed – but utterly poor children

In many of the former centrally planned eastern European countries now making the transition to market economies, it was a standard practice to place children with disabilities in large state institutions. Disabled children were often abandoned by their parents. They became "social orphans" of living parents. The practice was encouraged by medical and social welfare professionals. Thousands of disabled children lived in those institutions, rather well-fed and clothed. But never in their lives did they own a single personal belonging. They never had a single steady personal relation with an adult. They never had any hope for a future outside the institution that provided for their "basic needs".[a]

Since the international community became involved at the beginning of the 1990's, an enormous improvement in the lives of children has been achieved within a few years with the help of international organizations, including UNICEF. One of the main reasons for this success was the adherence to the Convention on the Rights of the Child of the Child which stated that "State Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance, and facilitate the child's active participation in the community." Article 23, para 2 [b] – Keeping children only alive is never enough.

[a] UNICEF "Alternatives to Institutional Child Care", *Report of the Workshop for Eastern and Western Europe*, convened by UNICEF and ISCA, in Riga, Latvia 29 January - 2 February, Rapporteur Ronald Wiman, Published for UNICEF by STAKES, Helsinki 1995, pp. 6-8.

[b]"The Rights of the Child", Human Rights Fact Sheet No. 10, Centre for Human Rights, United Nations, Geneva, 1992.

The realization that people, by their very nature, are active agents who want and are capable of being in charge of their lives rather than being merely passive objects of care, has led to a new understanding about social development.

"Human beings are at the centre of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature."[2] This first principle of "The Rio Declaration on Environment and Development" and the priority goal of "well-being for all" of the World Summit for Social Develoment call for the reconsidering of national development policies. A major change of focus is needed. While society has the duty to ensure the availability of the essentials of life for all, it must also simultaneously enable all people to fully participate in society and pursue their own aspirations and diverse goals as full and responsible members of society. A major reallocation of access to and command over material resources, social networks and power structures on the world scale and within nations is needed.[3] This would involve the shifting of priorities beyond the minimum needs of marginalized people and the corresponding reallocation of opportunities for meaningful participation and self-actualization. Social development is a process of enlarging the choices for all people. [4]

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2. ADDRESSING DISABILITY IN AN INCLUSIVE POLICY STATEMENT

The enabling approach was already reflected, if not as clearly and universally as today, in the World Programme of Action concerning Disabled Persons in 1982 which introduced the concept of equalization of opportunities and equal access to society.

"Matters concerning disabled persons should be treated within the appropriate general context and not separately. Each ministry or other body within the public or private sector responsible for, or working within, a specific sector should be responsible for those matters related to disabled persons that fall within its area of competence ." (WPA para 89)

The Standard Rules on the Equalization of Opportunities for Persons with Disabilities, adopted in 1993 reaffirm strongly the principles of inclusive policies, plans and activities on:

"The needs and concerns of persons with disabilities should be incorporated into general development plans and not be treated separately." (SR 14.4).

In order to ensure the applicability of the equal opportunity principle to all situations and all people, it is desirable for the commitment to be expressed at highest possible level.

Non-discrimination of disabled people as a Constitutional right

The Constitution of the Republic of Uganda, adopted and enacted by the Constituent Assembly on 22 September 1995 and promulgated on 8 October 1995 recognizes the rights of disabled people. Chapter four, "Protection and Promotion of Fundamental and Other Human Rights and Freedoms" states:
(1) "Persons with disability have a right to respect and human dignity and the State shall take appropriate measures to ensure that they realize their full mental and physical potential";
(2) "Parliament shall enact laws appropriate for the protection of persons with disabilities".

Under Cultural Objectives the status of Sign Language is recognized: (the State shall)
"promote the development of a Sign Language for the Deaf." [a]

In Finland, protection against discrimination on the basis of disabilities, or other personal characteristics, and the right to use Sign Language are constitutionally guaranteed (as revised August 1995).

Paragraph # 5 states: *"All persons shall be equal before the law."*
"No distinction shall be made without acceptable reason on the basis of sex, age, origin, language, religion, conviction, opinion, health, disability or for the other reason related to person.
*   Children shall be treated equally as individuals, and they shall be allowed to influence matters affecting them according to their level of maturity."*
Paragraph # 14 states: *"The rights of those using Sign Language or of those who are in need of interpretation or translation because of a disability shall be secured by Act of Parliament".* [b]

For instance in Canada and Germany, the rights of disabled people are recognized in their respective constitutions. Some countries have adopted comprehensive anti-discrimination legislation, such as the

"Americans with Disabilities Act" in the United States of America.

[a] World Federation of the Deaf

[b] Scheinin, Martin Incorporation and Implementation of Human Rights in Finland, p. 292, article in Scheinin Martin (ed.): Human Rights in the Nordic and Baltic Countries, Kluwer Law International, Boston 1996.

In the framework of a general commitment to equal opportunities, the specific statement of intent and priorities concerning people with disabilities should focus on their empowerment, that is, on enabling them to take charge of their lives on equal terms with other people. This calls for ensuring reasonable access for all to the basic activities of life by which people provide for their essentials of life, to equally and fully participate in society, to gain independence and exercise their right to self-determination.

However, it is not possible for **people who have disabilities** to participate in such basic activities on equal grounds with others without the following **additional prerequisites[5]**:

(a) the dignity and fundamental **rights and freedoms** of people with disabilities must be recognized;

(b) **prevention of disabling conditions**, including early intervention in case of illness, must be accorded appropriate priority;

(c) **rehabilitation** must be available for those who need it;

(d) **accessibility** must be reasonable;

(e) **auxiliary support services**, including assistive devices, tailored environments, and support to families must be made available when needed.

In cases where a person with a disability needs to be represented by another person, these prerequisites should be made available through such persons, for example, parents of disabled children or eligible care-takers of people with serious intellectual disabilities.[6]

All five prerequisites should be addressed **simultaneously,** not just one or a few (see also Unit IV).

FIGURE II.4. A MISSION STATEMENT FOR AN INCLUSIVE NATIONAL POLICY TOWARDS DISABLED PEOPLE

The strategic mission:
Towards an Inclusive Society for All People

Disability policy objective:
Enhancing the dignity, well-being and empowerment of disabled people,

By enabling them to achieve:
• The essentials of life • Equality and Full Participation • Independence and Self-determination

Through ensuring the following additional prerequisites:
• RECOGNITION OF RIGHTS • PREVENTION OF CAUSES • REHABILITATION
• UNIVERSAL ACCESS • SUPPORT SERVICES

These **empowering prerequisites** can be ensured and organized in various ways. As it is not possible to cater for the needs of the majority of the disabled people by focusing on labour and capital-intensive, specialist-driven approaches, there is an urgent need to turn away from the social welfare driven care approach towards enablement.

> *Empowerment leads to the full use of human potential and to sustainable development*
>
> "If you wish to harvest once just sow,
> If you wish to harvest ten-fold plant a tree,
> If you wish to harvest one hundred-fold
> educate people."
>
> (Lao Tse)

3. STANDARD RULES ON THE EQUALIZATION OF OPPORTUNITIES FOR DISABLED PERSONS

The most recent international guidelines for the formulation of national disability policy are the Standard Rules on the Equalization of Opportunities for Disabled Persons. The Rules comprise 22 policy principles covering various sectors. Under each of the principles there is a set of policy options on how to implement the principle.

The Standard Rules are easy to apply in different national circumstances. They provide a basic structure and guide for inclusive national policies on disability. The rules emphasize the integration of disability issues into all relevant policies, ("mainstreaming"), rather than treating them in isolation or separately.

FIGURE II. 5
STANDARD RULES ON THE EQUALIZATION
OF OPPORTUNITIES FOR PERSONS WITH DISABILITY

I. PRECONDITIONS FOR EQUAL PARTICIPATION	II TARGET AREAS FOR EQUAL PARTICIPATION
A. Awareness-raising B. Medical care C. Rehabilitation D. Support services	A. Accessibility B. Education C. Employment D. Income maintenance and social security E. Family life and personal integrity F. Culture G. Recreation and sports H. Religion
III. IMPLEMENTATION MEASURES	IV. MONITORING MECHANISMS
A. Information and research B. Policy-making and planning C. Legislation D. Economic policies E. Coordination of work F. Organizations of persons with disabilities G. Personnel training H. National monitoring and evaluation of disability programmes I. Technical and economic cooperation J. International cooperation	

International standards are applicable in all countries

In several countries the Standard Rules currently serve as a reference for the revision of national disability policies and legislative reforms. In Estonia the Standard Rules have been adapted to constitute the national disability policy. In Finland national disability policy was revised by the National Disability Council. The current situation was reflected and evaluated against each of the Rules and a corresponding proposal for action was made.[a]

[a] "Kohti yhteiskuntaa kaikille", Valtakunnallinen vammaisneuvosto 1995, (Towards a Society for All, National Disability Council, Helsinki, Finland. Available in Finnish, Swedish and English).

4. TEN STEPS TOWARD A NATIONAL DISABILITY POLICY

The direct application of the Standard Rules may be called a "normative approach" to the design of national policies. An alternative is to use a "developmental approach" that involves all the relevant actors already at the design stage. With such "bottom-up" involvement people learn by doing. It represents the first step in the implementation of the resulting policy. International standards can, naturally, also be used as reference material in such a process.

A developmental step-by-step approach to designing a national disability policy may look as follows[7]:

-> Step 1: Establish a task force
An initial task force should include a group of people who are able to work together and have a fresh insight into development. At this stage, the member-ship of the group need not necessarily be representative but it should include participants from several relevant organizations, at least from disabled people's organizations and key government ministries or agencies.

-> Step 2: Design an initial policy statement
The task force should first formulate an attractive and up-to-date draft policy statement, or mission statement, on the empowerment of people with disabilities. The purpose is to table crucial issues, whether the solutions are considered to be immediately feasible or not. At this stage, the development objectives must be set in the right direction.

-> Step 3: Make a situation analysis
The current disability situation, the status, living conditions of and opportunities for disabled people, the existing policies, the programmes and plans are reflected against the new mission and the development objectives.

-> Step 4: Stage an awareness-raising event
In order to draw the attention of the media, generate public discussion and mobilize people with disabilities and their organizations, a visible event should be staged.

-> Step 5: Arrange a national forum
The purpose of a national forum is to involve and commit all the relevant agencies and to receive detailed inputs to further discussion. A broad based coalition to complement or replace the initial task force for further work should result.

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-> Step 6: Arrange a consultations round

Initiate a process of **wide consultation with the full involvement of all relevant partners**, especially organizations of people with disabilities, in order to design a national disability policy that addresses the needs and concerns of persons with disabilities, as well as the political and economic realities of the country. Seek inputs to the development of a national action plan from:

– all ministries at all administrative levels of Government;
– organizations of people with disabilities;
– other non-governmental and community-based organizations;
– representatives of regional and grass-roots/municipal organizations.

-> Step 7: Draft a policy paper

While setting the situation in its historical context, the policy paper should be based on the development objectives derived and adapted from the current international consensus, such as the Standard Rules. The paper should state the immediate urgent needs, medium-term targets and long-term objectives. Furthermore, it should select the priorities, make a feasibility study and design a step-by-step plan of action for reaching each of them. It is vital to include measures and mechanisms that have long-term strategic potential, such as the establishing and/or strengthening of a national coordination mechanism, and supporting the self-help organizations of disabled persons to play an effective role in the development of national policies and programmes. That support may include resource allocations and a milieu conducive to governmental/non-governmental organization cooperation.

-> Step 8: Establish a regular monitoring system

The policy paper should specify and identify resources, appropriate institutional arrangements and the distribution of responsibilities for the implementation of the plan. In order to make all relevant agencies accountable, the implementation should be monitored by a task force, National Coordinating Committee or a coalition of disabled people's organizations.

-> Step 9: Set benchmark years for revision

The policy should be kept alive. Stick to principles rather than to the letter. Let the implementation arrangements live and respond to the local contexts. Arrange a revision workshop or forum at regular intervals (2–4 years).

-> Step 10: Expand the participation of disabled people in all aspects of life

Get to work to implement the policy at all levels. Aim at bringing in and including disability concerns in all aspects of society. On all occasions promote the participation of people with disabilities in national policies, programmes and projects for economic and social development.

Examine also international cooperation policies, programmes and projects, with a view to promoting the integration of disability concerns and the participation of people with disabilities therein. This will help to keep disability concerns on the high political agenda.

A long journey starts with the first step – in the right direction
In Namibia, in 1991 a national workshop was conducted with the main objective of identifying the major needs of people with

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disabilities. The workshop recommended the following steps, which are now in the process of implementation:

(1) Cabinet adoption of a national plan for the integration of disabled people in the rest of society.

(2) An awareness campaign for communities to realize the needs and equal opportunities for disabled people.

(3) Drafting of disability legislation to protect the rights of disabled people.

Done so far (1994):

(1) The report of the national workshop was taken by the cabinet as a working document for the Division for Rehabilitation.

(2) Awareness campaigns were conducted in 1992–1993 to coincide with the End of the Decade of Disabled Persons activities.

(3) A national workshop on legislation was held and a six-member committee was elected to draft the legislation. The committee consisted of the Ministry of Lands, Resettlement and Rehabilitation, the Ministry of Basic Education, the Ministry of Justice and disability organizations.[a]

[a] United Nations Consultative Expert Meeting on Integration and Disability Issues in Development Cooperation Activities, Vienna, 29 May - 2 June 1995 (Vienna EGM) and International Round Table on Disability, Third Meeting, Joensuu.

Updated information is available in the SFA network in the Internet (http://www.stakes.fi/sfa)

5. THE ROLE OF SOCIAL SERVICES AND SOCIAL SECURITY

Disability issues should not be considered as a matter for social welfare, social care or charity but rather as a central issue of human rights and social development. While the ultimate responsibility for the human rights of disabled people remains with the State, the primary responsibility for enabling people with disabilities to live a meaningful life stays in the community where they live.

5.1 Who are the actors on the scene?

People are by nature active, socially and morally conscious, goal-oriented agents of their own lives. Well-being cannot, therefore, be given to people from outside. People themselves produce their well-being, provided that the prerequisites are available. Governments have the responsibility to ensure that such prerequisites are available for all.[8]

Individuals obtain the goods and services necessary for their well-being by interacting with other members of the family or household they belong to – by exchanging goods and services from the various "markets". The markets consist not only of the profit-making private sector (business) but also the public sector and the non-profit NGO sector. Furthermore, there is the "community" where people live. A "community" consists of networks of physically or socially close people. These people are members of the business community, the grassroots employees of the public sector and the more or less organized networks of people and families, the so-called non-profit NGOs. And naturally, individual families and their members are themselves part of the community. Therefore a community belongs neither to the "public" nor to the "private" (profit or non-profit) sector. The community **includes and involves all the people.**

Each of these agents has a role to play. We can illustrate the "stage" where these agents act with the help of a tetrahedron (Figure 6). Each agent (or actor) is located in one of the four corners. The exchange of goods and services takes place in the space inside this tetrahedron. This three-dimensional "stage" we call "**the welfare**

FIGURE II.6   WHO ARE THE ACTORS ON THE WELFARE MARKET?

THREE ALTERNATIVE STRATEGIES FOR PRODUCING ESSENTIAL WELFARE SERVICES
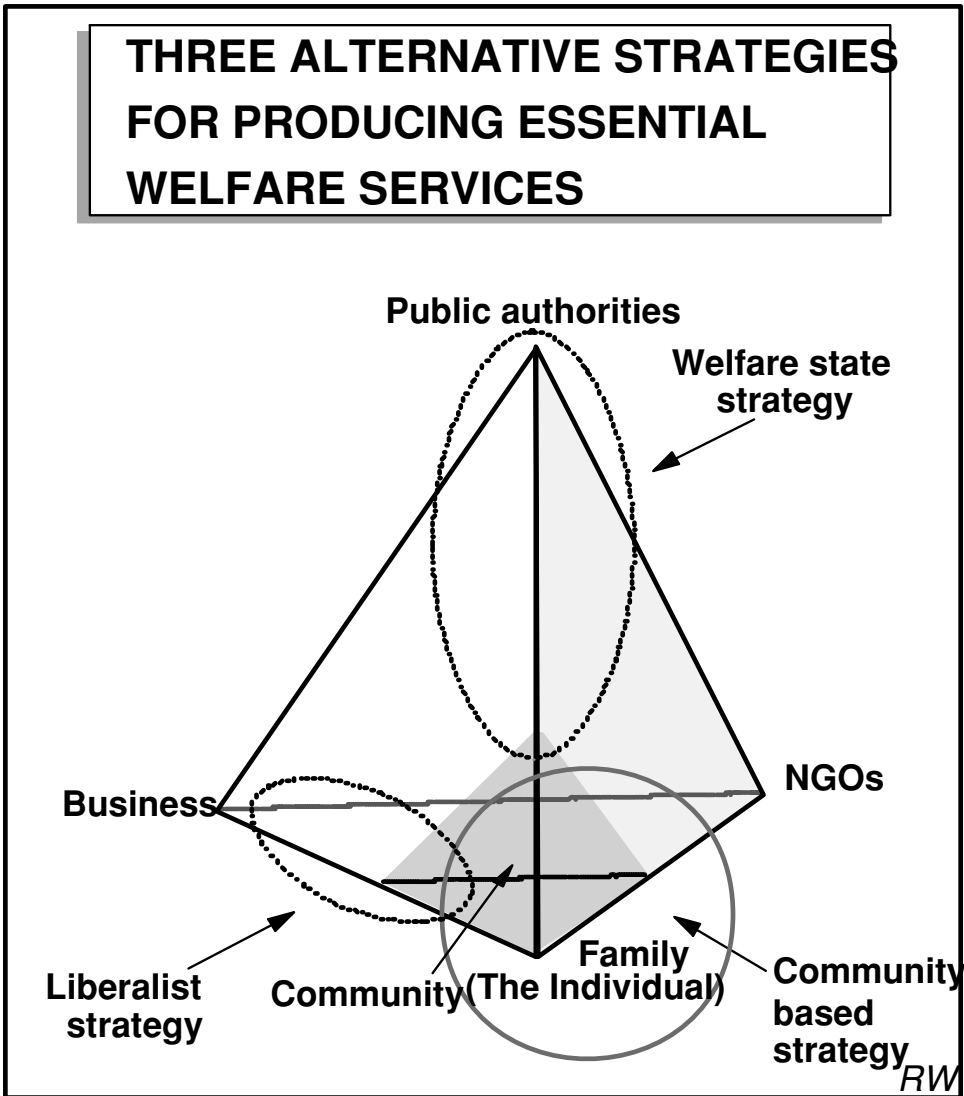
market". The well-being of people is a mix of various inputs derived through interaction with all these actors.[9]

The integration of disability concerns and the participation of people with disabilities in the mainstream of development policies and programmes should not be left to any one sector alone. It requires the cooperation of:

– The individual him/herself,
– The family or the household,
– The local community, as an amalgamated inclusive social agent of its own
– Non-governmental organizations, including those of people with disabilities,

– Public authorities, such as Government departments and/or agencies, municipal organs, *etc.*,
- The profit-oriented private sector,
- Intermediate organizations such as foundations.

Teamwork works

In Indonesia, Presidential Decree 39 of 1983 created a coordinating team for social welfare activities for the disabled. The team consisted of the departments of Social Affairs, Manpower, Education, Internal Affairs, Cooperatives, Trade, Religion, Defence and Security, the Indonesian National Council on Social Welfare, The Indonesian Businessmen's Association, social welfare groups for disabled people and disabled people themselves.[a]

[a] United Nations Consultative Expert Meeting on Integration of Disability Issues in Development Cooperation Activities, Vienna, 29 May - 2 June 1995.

5.2 Three basic strategies

Social development, in particular, the equalization of opportunities for disabled people, should not be seen as the responsibility of the State alone.

"The ultimate responsibility of States for the situation of persons with disabilities does not relieve others of their responsibility. Anyone in charge of services, activities or the provision of information in society should be encouraged to accept responsibility for making such programmes available to persons with disabilities." (SR Rule 14, 4)[10]

Social welfare services and social security systems have evolved to offer support when markets fail to meet the needs of various people. Social policies are used to **counteract structural inequalities** and to **minimize** the adverse effects of poverty and the exclusion of vulnerable groups. Furthermore, social services may be designed to **facilitate the access** to and participation of people in various markets, to **enable and empower** them to gain equality, to act more independently in the markets and to contribute their potentials to the development of society. **Social welfare services are thus an investment in people**. In its deepest essence, the mission of the social welfare sector is to **actively advocate** the full participation and human rights for all people, particularly those who are poor or vulnerable.

Regarding social welfare services and social security, there are several strategies concerning the division of labour between the above agents. Many combinations of actor roles are feasible. There is indeed much variation in the division of labour between the welfare producing agents due to historical and cultural reasons. Here are the three basic or pure strategies (Figure II 6).

(1) The **welfare state approach** emphasizes the role and responsibility of the public authorities, the state and the municipality, in ensuring that all people have access to basic income and services. However, at times when this policy is taken to the extreme, it could lead to excessive public spending and the repression of private initiatives.

(2) The **liberalist model** puts the emphasis on people purchasing their own social security and services from the private sector. At the extreme, "The poor do not have a right to join the ample dinner table of Nature, unless charity keeps them alive"[11], as put by Thomas Malthus.

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(3) The **community involvement approach** focuses on the active role of civil society supported by the local or grassroots representatives of governmental bodies and non-profit NGOs. At their best, community-based strategies are **"inclusive"** and enable all the agents, including families and individuals themselves, to participate. At the other extreme, this strategy may lead to isolated and unsustainable community-based initiatives without the systematic support of the public authorities.

While such theories or types of strategies are only illustrative, the risks involved in the choice of framework need to be realized. Any improvement in people's lives takes place at the level where they live. Therefore, whatever the approach, development results only if the widening of choices available takes place at the community level, too.

> ### Community based primary human services
>
> The providing of all social and health services, including services for disabled people, is the responsibility of the municipality in Finland. The service system is supervised by local social and health boards consisting of representatives of the residents. The State provides financial subsidies to municipalities on the basis of their financial situation. In order to be able to provide highly specialized services, municipalities may establish coalitions on cost sharing basis, or they can buy neccessary services from the private market or non-profit organizations.

The developmental approach that relies on community involvement and local capacity building is also applicable in situations where resources are scarce and the infrastructure is poor, as is the case in much of the world. A community involvement approach is not, however, only a poor people's solution. Rather it is the model of **"an active society for all"**[12] which strives to involve the people themselves in the process of sustainable social development. Involving the people is a way to achieve development. Involvement is, however, also a process which directly increases people's well-being.

> ### The hand of the giver is always above the hand of the one who receives
>
> Charity, and the providing for "basic" survival needs, does not change the deprived status of a person who is poor or vulnerable because he or she has a disability and therefore is excluded from remunerative activities. A "basic needs" approach too often stops at minimum needs and perpetuates the *status quo* of unequal allocation of opportunities. Excluded people themselves, and their aspirations towards a meaningful actualization of their own potentials, should be at the focus of assistance that creates enabling environments for full participation, access to resources and for living a meaningful life. People themselves will then cater for their survival needs.[a]
>
> [a] ICSSW Tampere Declaration (see note 1. Unit I).

An integrated approach to social development and the inclusion of disabled people in development call for a unified conceptual approach. Rather than designing approaches focusing on one dimension or characteristic of the human being, such as age, gender, wealth, cultural background or ability, inclusive development activities should start with universal conceptualizations regarding the nature of human beings and their aspirations towards a good life.

B. DISABILITY-SENSITIVE DEVELOPMENT COOPERATION POLICIES

The international community has urged, through United Nations General Assembly resolutions, Governments and United Nations agencies to give higher priority to disability issues in their development cooperation activities and to integrate the disability dimension into their programmes. Representatives of 186 States, including 117 Heads of State or Government, expressed their commitment at The World Summit for Social Development, to integrate social concerns into development activities.

States are responsible for ensuring universal human rights for their citizens. Consequently, the State is ultimately responsible for monitoring and guaranteeing that the human rights of people with disabilities are observed and taken into account in all the activities of Governmental bodies or agencies, including agencies dealing with development cooperation. The donor Governments, should, on their part, ensure that the universal human rights principles and good practices applied in domestic development planning are followed and adapted to the development cooperation context, as well.[13]

1. THE POLICY STATEMENT

The Standard Rules provide general guidance on how to take into account the disability dimension in technical and economic cooperation.

Rule 21, on technical and economic cooperation, states:

States, both industrialized and developing, have the responsibility to cooperate in and take measures for the improvement of the living conditions of persons with disabilities in developing countries.

(1) Measures to achieve the equalization of opportunities of persons with disabilities, including refugees with disabilities, should be integrated into general development programmes.

(2) Such measures must be integrated into all forms of technical and economic cooperation, bilateral and multilateral, governmental and non-governmental. States should bring up disability issues in discussions on such cooperation with their counterparts.

(3) When planning and reviewing programmes of technical and economic operation, special attention should be given to the effects of such programmes on the situation of persons with disabilities. It is of the utmost importance that persons with disabilities and their organizations are consulted on any development projects designed for persons with disabilities. They should be directly involved in the development, implementation and evaluation of such projects.

(4) Priority areas for technical and economic cooperation should include:

(a) development of human resources through the development of skills, abilities and potentials of persons with disabilities and the initiation of employment-generating activities for and of persons with disabilities.

(b) development and dissemination of appropriate disability-related technologies and know-how.

(5) States are also encouraged to support the formation and strengthening of organizations of persons with disabilities.

(6) States should take measures to improve the knowledge of disability issues among staff involved at all levels in the administration of technical and economic cooperation programmes. "[14]

As the first step in applying those guidelines, a decision to include the disability dimension in all development cooperation activities should be made explicit. Experience shows that much can be achieved at practically no extra cost, provided that the disability dimension is included already at the planning stage.

Both donor and recipient governments, and the regional, and/or intergovernmental entities involved should endorse the principles set forth by the Standard Rules in a policy statement regarding the integration of the needs, rights and concerns of persons with disabilities into development cooperation programmes and projects. The prevention of disabling conditions should also be given due regard in all development activities. The policy statement should specify the minimum standards to be followed by all agencies involved in development cooperation activities.

The policy document should be directed to:

(a) Budget authorities,
(b) Ministries of foreign affairs,
(c) Governmental development cooperation agencies,
(d) Non-governmental bodies, involved in development cooperation,
(e) The business community.

2. POLICY GUIDELINES OF DONOR AGENCIES

Donor agencies, in line with the policy statement prepared by a competent body, should prepare a **policy document** making explicit the guidelines expected to be followed by all partners.

As a first step, **working relations between the donor agency and disabled peoples' organizations should be established**. The first obstacle to be overcome in all cooperation is a mutual lack of understanding of each others views, aspirations, working methods and constraints. The staff of the donor agency needs to be sensitized about disabled people's concerns in the cooperating country. Disabled people, in turn, need to understand the rules and customs of work, and constraints of those planning and implementing development cooperation policies.

One or more **joint workshops** between disabled peoples' organizations and the donor agency should be organized. The purpose is to agree on policy guidelines that adequately take into account the concerns of disabled people.

The **disability-sensitive policy guidelines** of the donor agencies should contain the following points:

(1) Recognize and be sensitive to **the existence of persons with disabilities within any target group**. Consequently,

consideration of the needs of persons with disabilities should be included in the planning, financing and implementation of mainstream development cooperation activities – and their budgets – as a matter of course.

(2) The **strategy for inclusion** should consist of an appropriate mix of the following approaches:

(a) including disability issues and disabled people into mainstream development cooperation activities; in order to **enhance equal opportunities** for participation also by people with disabilities in the mainstream of their societies and communities where they live;

(b) adding or preferably integrating a specified disability component in general mainstream programmes and projects; in order to **support with complementary measures** people with disabilities within the framework of a mainstream activity;

(c) making a provision for disability-specific projects intended **to address and focus on some specific needs of persons with disabilities**.

(3) In order to ensure the implementation of an integrated policy concerning disability, the policy guidelines should imply the **establishing of concrete mechanisms and practices** to be applied by the donor agency, and a follow-up mechanism. Such a mechanism could include:

(a) Establishing and **institutionalizing constant cooperation** between the development agency and the disability community. The minimum requirement should be to involve the National Coordinating Committee in an advisory function;

(b) Organizing an **awareness campaign for all staff** – particularly for those who are not dealing with obvious social issues – and **including disability issues in on-the-job training** and preparatory courses for new staff going to field assignments;

(c) Establishing *ad-hoc* **advisory groups** consisting of persons with disabilities or/and representatives of their organizations, policy makers, technical experts, planners and administrators;

(d) **Employing disabled people**, on an equal opportunity basis, subcontracting them as consultants, or involving them as advisors in policy design and evaluation, programming and project identification, planning, design, appraisal, implementation, and follow-up tasks; in equal opportunity employment policies, personal experience with disability may be considered as an extra asset in job descriptions dealing with disability issues;

(e) **Earmarking** an agreed proportion of financial resources for supporting the development cooperation activities of disabled people's own organizations and other organizations working for the benefit of persons with disabilities;

(f) Establishing **threshold criteria** in key sectors: ensuring, through binding arrangements, that all projects in the social, health, educational and employment sectors, regardless of the planning and implementing agency, will pay adequate attention to the inclusion of a disability dimension into the project;

(g) Ensuring, through appropriate **checking and auditing procedures**, that no mainstream development project that is disability relevant will be funded and/or implemented if the disability dimension is not adequately taken into account;

(h) **Disseminating the guidelines to all partners**, such as consultants, implementing agencies, contractors, and NGOs involved regardless of funding source. Disseminating the guidelines also to bilateral development cooperation partners in the receiving countries increases the sensitivity of both partners to disability issues.

(4) The policy guidelines should be made applicable by translating them into practical **programming and project planning guidelines** concerning proce- dures and auditing arrangements that ensure the materialization of the agreed policy principles.

The policy guidelines of the donor agency should be designed in close cooperation with major disabled people's organizations. It is also advisable to institutionalize such guidelines through a formal **mutual agreement between disabled people's organizations and the donor agency**. Furthermore, follow-up and revision procedures should be agreed upon.

A FRAMEWORK FOR A POLICY DOCUMENT OF A DONOR AGENCY [a]

A. The facts
According to one estimate more than 300 million persons have moderate or severe disabilities. Two thirds of them live in developing countries and their number is growing rapidly. The growth is fastest in the older age groups. (c.f. Helander 1992)

At present, only a small proportion of persons with disabilities have access to specialized services. No dramatic improvements are foreseen in the near future.

Specialized projects, targeted to persons with disabilities only, can cater for the special needs of a very small fraction of them only. In order to reach the majority, disability issues have to be included in mainstream activities targeted to the general population in the community.

B. The objectives
The objectives of the policy are derived from the standards endorsed by the international community, particularly the World Programme of Action and the Standard Rules. The ultimate objective is to enhance the well-being of persons with disabilities on equal basis with other population groups in the recipient country or community. This is done by developing the potentials of the recipient so that the cooperation results in sustainable development towards well-being for all, including persons with disabilities.

C. The strategy
Social issues should be dealt with in the broader context of strategies for sustainable development, because social development is both the ultimate objective and a prerequisite of development in general. Sustainability implies a balanced interaction between the social, economic and environmental processes within the given historical and cultural context.

The inclusive approach aims at serving persons with disabilities within the context of the mainstream activities. At the same time it promotes the acceptance and integration of persons with disabilities into the community where they live. Within the context of bilateral development cooperation this is ensured by recognizing the existence of persons with disabilities within any target group and including the consideration of the needs of persons with disabilities into the planning, financing and implementation of development cooperation projects — and their budgets — as a matter of course.

......

Additionally, a provision for disability-specific projects intended to address some specific needs of persons with disabilities may be included in the policies and plans. A proportion, say a few per cent, of the available funds could be earmarked for disability-specific projects or for disability components in general projects.

D. Mechanisms for implementation
In order to ensure the implementation of the integrated policy concerning disability, the following steps may be taken:

(1) Decide that persons with disabilities belong to the most vulnerable groups that need special attention , but in the general context of addressing the underprivileged population groups;

(2) Decide that, concerning disability, the same human rights standards applied in the donor country shall be applied, to the extent they do not directly violate the recipient country's legislation, in all development cooperation activities. This includes, for instance, a ban on discrimination and conformity with accessibility standards;

(3) Establish an ad hoc advisory group consisting of persons with disabilities or/and representatives of their organizations, policy makers, social welfare policy experts, planners and administrators. The minimum requirement is to involve the National Coordinating Committee in an advisory function;

(4) Prepare and endorse a short guidelines document and distribute it to all planning and implementing agencies and all staff;

(5) Integrate a module of disability issues into the training of staff;

(6) Use persons with personal experience with disability as advisors in policy design and evaluation, programming exercises, project identification, appraisal and follow-up tasks;

(7) Allocate some of the financial resources for supporting the development cooperation activities of disabled people's own organizations and other organizations working for the benefit of persons with disabilities. Support to National Coordinating Committees in the recipient country can be also considered in order to enable it to participate fully in the coordinating activities and the designing of country programmes;

(8) All projects in the social, health, educational and employment sectors must pay special attention to the integration and ultimate inclusion of people with disabilities into the project as natural part of the target group;

(9) Include support to and cooperation with multilateral donors and initiatives in the social sector in order to identify partners, facilitate standard setting and to support good international model programmes and projects.

[a] *Adapted from "Guidelines for S I D A Support in the Disability Area",*
    Swedish International Development Authority, S I D A, 1992

C. INTRODUCING A DISABILITY DIMENSION INTO COUNTRY DEVELOPMENT PROGRAMMES

1. PROGRAMME FRAMEWORKS

The development objectives reflected in national policies are usually of a complex and multisectoral nature. The implementation of agreed policies usually requires one or several programmes and related time-bound action plans. These, in turn are usually composed of more limited initiatives or projects that – hopefully – are interrelated and coordinated.

A programme approach to development has been developing lately to improve the coordination and long-term impact of development efforts. A programme, being more flexible in terms of time, organization and scope than a traditional project, allows changes in external factors to be taken into consideration. It allows the involvement of new relevant partners, national and external, and the flexible participation of the constituencies. Consequently, it is possible to internalize some of the factors which a project has to take for granted.

From the Project Approach to a Programme Approach

During the fifth UNDP programming cycle (1992–1996) growing prominence has been accorded to programming approaches in the analysis and planning of technical cooperation activities.

This shift was foreseen in General Assembly resolution 44/211 (1989), which,

inter alia, called for the "need to shift from a project approach to a programme approach". To that end the resolution called upon Governments "to formulate, in accordance with their own development plans and priorities, integrated national programme frameworks setting out co-operation requirements of the organizations of the United Nations system". It also called upon organizations of the United Nations system to "adapt their programming processes to base them upon those national programme frameworks and the needs and practices of recipient Governments".

General Assembly resolution 47/199 (1992) stresses the importance of formulating a 'country strategy note' by recipient Governments to "outline the contribution which the operational activities for development within the United Nations system could make to respond to the requirements identified by recipient countries in their plans, strategies and priorities".

However, in actual practice the posited division of labour between the 'national programme framework' and the suggested 'country strategy note' has not yet been seen and its application remains limited.

In developing countries there are often at least three programming frameworks simultaneously involved:

(1) **A national programme framework**, which is formulated by governments and defined by UNDP as a "coherent set of policies, strategies, investments and activ-

ities designed to achieve a specific, clearly defined, time-bound national development objective or set of objectives".[15]

(2) **A programme framework of multilateral and bilateral donors** for pre-investment financing/grant aid activities. This has been formulated by the concerned donor agency in consultation with recipient governments. The most commonly cited document in this category is the UNDP country programme or UNFPA programme for population-related activities. Increasingly, UNDP is emphasising the 'programme support document' as the preferred approach "to translate into operational terms the new policy concepts of UNDP, which emphasize measurable impact, capacity-building and national execution".[16]

(3) **Programming frameworks formulated by non-governmental organizations** related to their own operational activities for development with interested recipient governments; relevant examples include documents formulated by such international NGOs as CARE, Save the Children, *etc.*, as well as interested national NGOs.

While the National Programme Framework should be considered as the hub of cooperation, the difficulty remains in the coordination of these programme frameworks. Regarding disability issues, the National Coordinating Council or similar body should be involved in order to ensure mutually beneficial coordination between all the partners in development.

Coordinating Mechanisms

In the Philippines, The Technical Cooperation Centre (TCC) serves as a coordinating structure within the National Council for the Welfare of Disabled Persons (NCWPD). Its function is to promote international linkages and to network through the sharing of expertise, information, services and other resources in the fields of disability prevention, rehabilitation and equalization of opportunities. It organizes annual consultative meetings with heads of UN bodies, foreign embassies, international organizations and disabled persons' associations. (Brochure by TCC, Mission 1990)

In Denmark, the disabled people's cooperation body, DSI, serves as a focal point, advisor and often implementing agency for disability-specific development cooperation activities of the Danish Ministry for Foreign Affairs. In Finland, disabled people have established their own development cooperation office, Finnish Disabled People's International Development Association (FIDIDA).

In accordance with the commitments made at the Copenhagen Summit, the human rights aspects and a favourable environment for sustainable social development should be given a higher priority in all development policies and, consequently, all country programmes. The central element in the social dimension are the equal opportunity policies regarding disadvantaged and vulnerable population groups, particularly children, women, people with disabilities and minorities. Governments, as the agents that have now committed themselves in the international forum to the **inclusion of the social dimension,** have a particular obligation to ensure that all partners in the development process are aware of such commitments.

The disability issue should be actively introduced into country programming negotiations, for instance, within the context of human rights or social development issues. It is useful to make note of the potential long-term economic benefits of the inclusive approach, as well. While the inclusion of the social dimension might not seem to have immediate tangible impacts, there are enough tangible examples of the consequences of the neglect of social issues in development programmes. At the extreme, development efforts without adequate social consideration may lead to the total disintegration of a society.

In case a comprehensive social development policy and/or national programmes do not yet exist or they are still at the designing stage, it is advisable to consider the possible usefulness of existing international documents. The advantage of these documents is that they reflect the consensus of the international community rather than being bound to a specific cultural, social or economic situation. Often such documents are not well known to all partners at the programme negotiations table.

Selected References on Integrated Approaches to Planning and Programming

The following documents are useful for the designing an integrated approach to social issues in general and disability issues in particular.

<u>International Conventions</u>:
- The International Bill of Human Rights (Universal Declaration of Human Rights and International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights),
- The Convention on the Rights of the Child,
- The Convention on the Elimination of All Forms of Discrimination against Women,
- ILO conventions on Occupational Safety,
- ILO Convention No. 159 on Vocational Rehabilitation and Employment (Disabled Persons).

<u>Selected Other International Instruments:</u>
- Copenhagen Programme of Action of the World Summit for Social Development (1995),
- Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993).
- Platform for Action of the Fourth World Conference on Women (Beijing 1995)

Conventions are binding to nations that have signed and ratified them. Those Governments are bound to adjust their legislation towards the commitments expressed in the Convention.

Although the Declarations and Standard Rules are not legally binding, they do nevertheless impose a strong moral and political obligation on Governments. For instance, the Copenhagen documents were signed by more than 180 Governments. More than 70 Governments and Non-governmental Organizations were involved in the elaboration of the Standard Rules. The Rules were adopted by the United Nations by consensus.

Intergovernmental Development Agencies, such as UNDP, the World Bank, the European Development Fund, etc., should recognize the added social value created by the integrated approach, the equalization of opportunities for people with disabilities, the prevention of disabling conditions, and rehabilitative

components in activities funded by them. The inclusion of disability issues in the programmes of intergovernmental development agencies is implied in the Copenhagen Declaration as well as in a number of General Assembly resolutions.

An "Advisory note" to that effect could be issued to the responsible officials, and distributed to all governmental or non-governmental agencies involved in development cooperation programmes. It is of vital importance for the major multilateral agencies, such as the World Bank, IMF and UNDP, as well as regional bodies, to consider the updating of their Policies and Programme Advisory Notes so as to reflect the Social Summit outcome, the Standard Rules and, within that context, to include the disability dimension in the new integrated approach to development.

Particular attention should be devoted to disability issues in the human resources components of the programmes, and in the efforts to mobilize civil society and other indigenous resources. Consequently, the disability dimension should be included in the appraisal criteria of project proposals. A model checklist, Rapid Disability Analysis (RDA), has been annexed.

The "Society for All" theme is well applicable as an omnibus for the inclusion of all social issues related to exclusion, unemployment, poverty and disintegration. Mainstream development cooperation programmes should thus be formulated with a view to a furthering a "Society for All", and should adopt a comprehensive, integrative, multisectoral and multidisciplinary approach to assist persons with disabilities to gain more equal opportunities in social life and development.

This is an especially important consideration, since persons with disabilities often continue to be discriminated against and excluded from mainstream programmes and are obliged to initiate on their own – or with external support – disability-specific activities which do not cover all aspects of their needs. In the short-run such projects may show impressive results but these are rarely sustainable once the external assistance finishes.

To convince all the partners of the necessity to integrate disability issues into mainstream development activities, a session should be arranged in order to sensitize the negotiation partners to the relevance of disability issues. This session should be an opportunity to explain the advantages of an inclusive, multisectoral approach to avoid a sectoral proposition where disability issues are considered to belong to the health sector or to be of only charitable concern.

During the negotiation, the relevance of disability issues in the context of the socio-economic development plan of the recipient country should be clarified.

United Nations publications and resolutions and all the recommendations from various international meetings should be used as a tool for sensitizing the partners to relevant disability issues.

2. SPECIFIC RECOMMENDATIONS

The following framework for action was prepared by the Consultative Expert Group Meeting on the Integration of Disability Issues into Development Cooperation Activities, convened in Vienna, Austria, 31 May to 3 June 1995.

2.1 <u>Issues to be considered by national governments</u>

(1) Be certain that all relevant and necessary political and administrative bodies necessary to implement an integrated approach have been involved in the process of programme

negotiations. National Coordinating Committees – where they exist – and leading national disabled people's organizations or their representative should be involved in the formulation of the national programme.

(2) If a National Coordinating Committees does not exist, the Government is urged to nominate a competent person or a functional sub-team to be responsible for the inclusion of disability issues in negotiations on development cooperation activities.

(3) Organizations of disabled people as a resource should, if possible, be involved in all the phases related to the formulation of country programmes. For this purpose, support to these organizations should be included in the programme, and their linking should be considered as viable options and a fruitful and cost-effective method of adding a disability component to such programmes.

(4) If organizations of disabled people cannot be involved directly during the negotiations and the formulation of programmes, they still should be consulted as to treatment of disability issues.

(5) A set of relevant information concerning the extent of disability, the main causes, the status of persons with disabilities, the policies concerning them and services available should be compiled and analyzed while conducting country background studies. Some information on the situation in neighbouring countries may be useful for the sake of relating the country information to the regional, cultural, social and economic context.

(6) At programming negotiations,

disability issues are raised for discussion as a matter of human rights and within the context of social development objectives as adopted at the Copenhagen World Summit on Social Development and other relevant international conferences.

(7) On applying the highest humanitarian standards, conditions that are known to increase the risk of disability in the population should be given careful consideration, both in the planning and in the implementation of programmes.

(8) According to the highest possible accessibility standards, an integrated approach to persons with disabilities should be seen as the optimal solution both in the planning and in the implementation of programmes.

(9) If the programme does not adequately respond to the specific needs of disabled people, additional projects directly targeted to people with disabilities should be included.

(10) In order to ensure that development cooperation partners remember to integrate the disability dimension, clear and concrete references to disability issues should be included in the programme documents as appropriate.

2.2 Issues to be considered by intergovernmental organizations

(1) Intergovernmental Organizations should consider their special responsibility to conform to and to implement the resolutions of the United Nations. Consequently, Intergovernmental Organizations should include a disability dimension in their development cooperation programmes.

(2) In incorporating the disability

dimension in their programmes, concerned Intergovernmental Organizations are urged to adopt an integrated, comprehensive and co-ordinated approach.

(3) Concerned Intergovernmental Organizations are urged to include in their programmes support to organizations of disabled people as specific development resource.

(4) Concerned Intergovernmental Organizations are urged to include clear and concrete references to disability issues in all of the agreements concluded by them with National Governments related to development cooperation programmes.

2.3 Recommendations addressed to non-governmental organizations

According to the United Nations resolutions and technical guidelines and recommendations related to disability issues, the following measures should be taken:

(1) Concerned structures are urged to include the disability dimension in their programmes;

(2) Scattered programmes for disabled people should be consolidated, as appropriate, into mainstream programmes with a view to integrated approaches and a "Society for All";

(3) Mainstream programmes including the disability dimension should be planned in collaboration with National Governments through National Coordinating Committees – where these exist – and in consultation with organizations of disabled people, and should include clear and concrete references as appropriate.

An important follow-up activity to the country programme preparation should be to continue working on a thorough baseline study concerning the social dimension as a whole. If disability issues are included in the policy and programme documents, the baseline studies should include data and analyses concerning disability. Local experts should be consulted and the study possibly subcontracted to an organization of disabled people.

The importance of a thorough "on-the-spot" study at this stage cannot be overemphasized because much of the work to be done at the project identification and preparation stages is done by desk officers who often do not have the chance to go on field missions or to undertake thorough primary research.

NOTES. Unit II

1. Wiman 1990: "Towards an Integrated Theory of Help", National Board of Social Welfare, Publ. 2/1990, Helsinki 1990.
2. United Nations, *The Rio Declaration on Environment and Development*, Principle 1. A/CONF.151/5 Rev. 1, and *Report on the World Summit for Social Development* A/CONF.166/9, Annex I
3. *Report on the World Summit for Social Development…*
4. United Nations Development Programme: *Human Development Report (HDR);* 1992, UNDP New York, University of Oxford Press, 1992, p. 2.
5. Cf. Wiman 1990, Vancouver Discussion paper, (See note Unit 1, 37); Lindqvist 1992b *op. cit*; *Standard Rules...* Ch I.
6. Cf. "Declaration of the Rights of Mentally Retarded Persons", United Nations General Assembly Resolution 2856 (XXVII, 20 December 1971) para 5, in United Nations: A Compendium on the Rights of Disabled Persons, UNDPI, New York, 1988.
7. Adapted from Lindqvist (1992b) *op. cit.* (* see note 10 / and Unit I, note 34)
8. Cf. the "Enabling Environment" Approach of the World Summit for Social Development.
9. Evers, A. & Wintersberger, H. (eds): The Welfare Mix Approach and Welfare Pluralism. Shifts in the Welfare Mix - the Case of Care for Elderly Eurosocial Report 38/1991, 8-9, European Centre for Social Welfare Policy and Research, Vienna 1991; and Gross: A.M. New Welfare Mixes in Care for the Elderly, Israel, Eurosocial Report 40/2, 83-96, Vienna 1991; and Wiman: "On the Rights of Children with Special Needs in Changing Europe", STAKES, Themes 10/1994
10. *Standard Rules...*Rule 14.4
11. About liberalist policy arguments regarding the poor see, *e.g.* Wiman, R.: Development of Population Thought from Ancient Times to Current Policy Debate, University of Helsinki, Department of Sociology, Readings 45 (1986).
12. *Cf.* European Commission "*EUROPEAN SOCIAL POLICY*; A way Forward, A White Paper. COM (94) 333, of 27 July 1994, Chapter Vl.
13. For instance: World Programme of Action, Ch.C 3.; A/42/58, para 5 and 6; A42/58 para 6, A/43/98, para 4 and A/44/70 para 4.
14. *Standard Rules...* Rule 21 and Rule 22 on International Cooperation.
15. United Nations Development Programme: "Guidelines for programme support document", November 1993, p. 1.
16. *Ibid*. p. 2.

RONALD WIMAN (ED.): DISABILITY DIMENSION IN DEVELOPMENT ACTION
MANUAL ON INCLUSIVE PLANNING. PUBLISHED BY STAKES FOR THE UN (2003)

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III

UNIT THREE:

HOW TO INCLUDE THE DISABILITY DIMENSION INTO THE PROJECT PLANNING PROCESS

A. A BRIEF INTRODUCTION TO PROJECT PLANNING FRAMEWORKS

FIGURE III.1: **WHAT IS A PROJECT?**

A PROJECT IS A DEVELOPMENTAL INTERVENTION

Development Objective

PROJECT as intervention:
Inputs ➤ activities
➤ outputs
➤ immediate objectives

Target level

Development indicator scale

Development Process

Time:-

Identification

Planning and Design

Appraisal

Implementation & Monitoring

Evaluation

RW
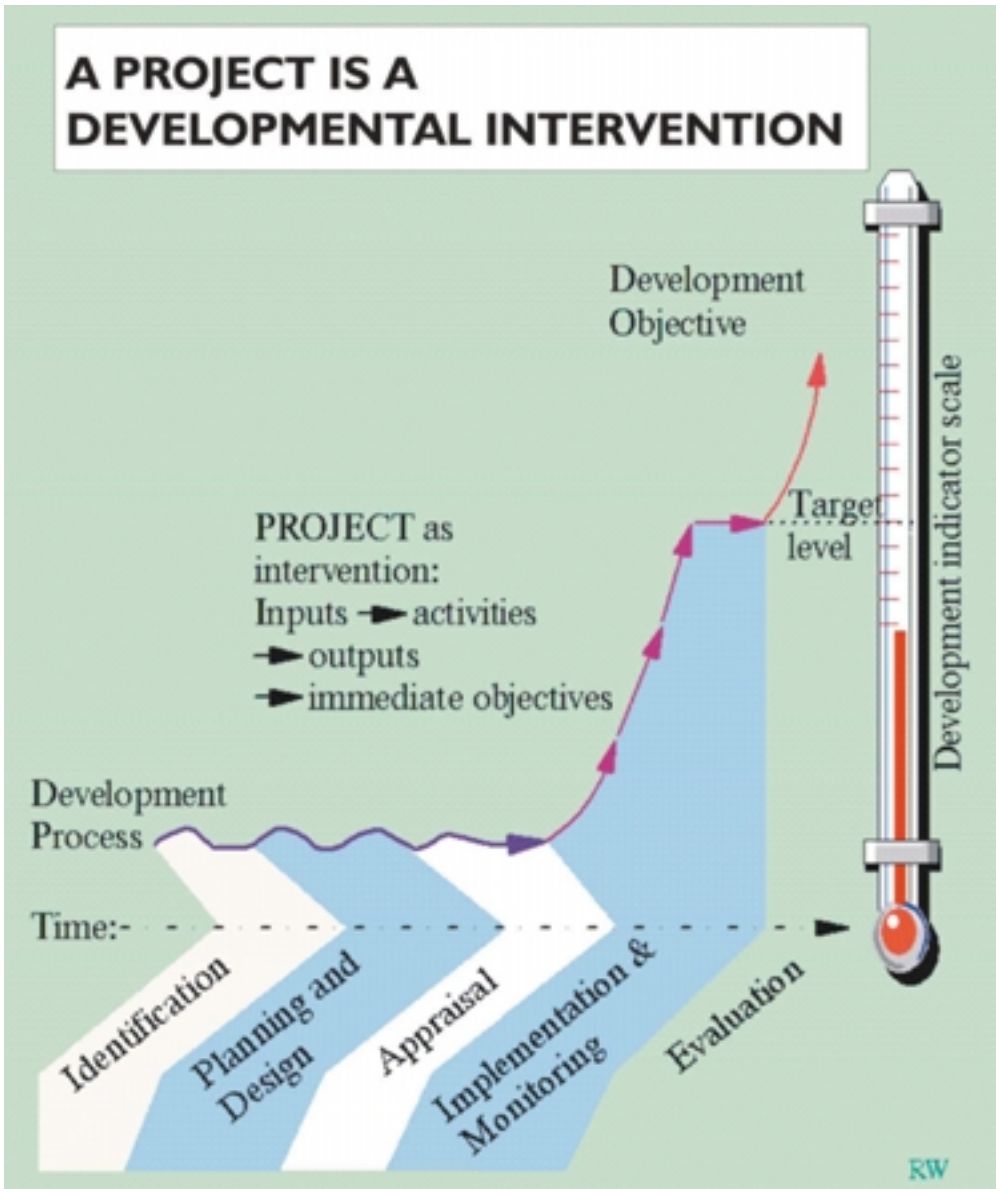
Within policy and programme frame-works, most concrete undertakings are organized as projects to achieve certain, tangible goals in a specified time span and with specified inputs. Policy commitments become reality only if they are reflected in the daily work of concrete action at the project level.

1. THE PROJECT CYCLE

A project can be defined as a set of planned, interrelated interventions aimed at achieving defined objectives by producing specified outputs within a specified time span and resources.

"The **Inputs**, or raw materials, are to be transformed by the **Activities** to

FIGURE III.2   THE PROJECT AS A PROCESS
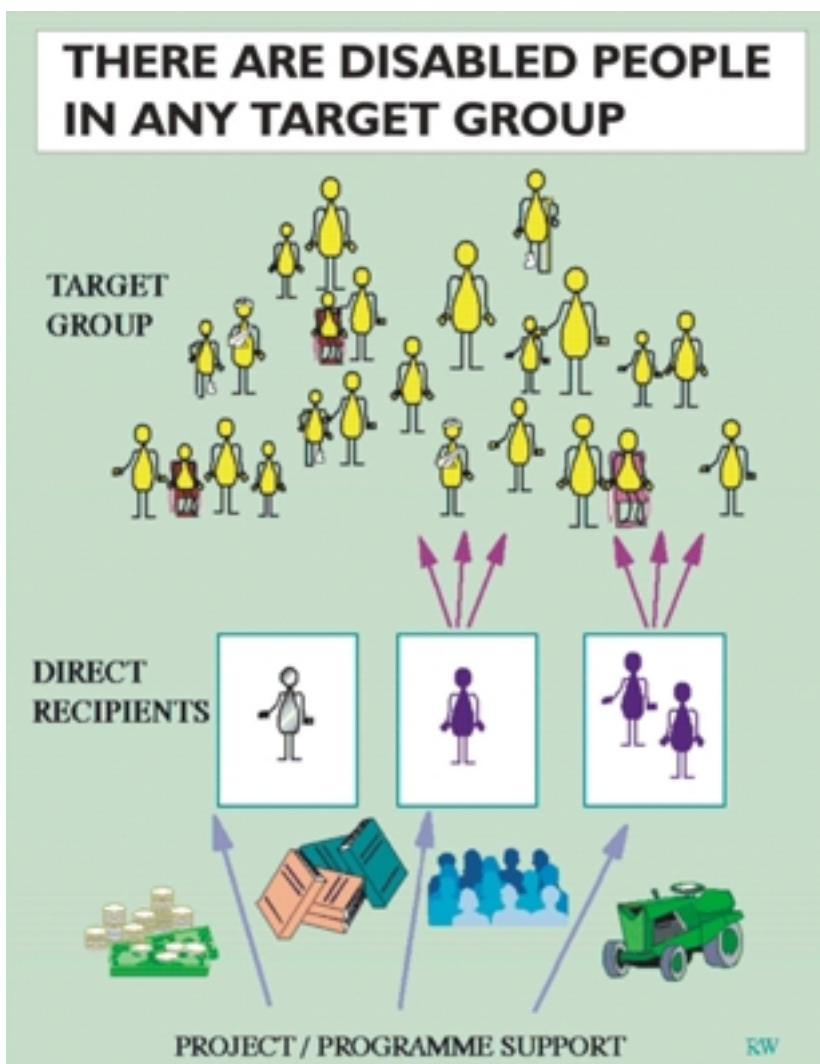
produce specific **Outputs** which, when joined together, will lead to the accomplishment of the **Immediate [project] objectives**. This will, in turn, contribute at least in part to the achievement of the broader **Development objective**."[1]

Development projects are normally planned and implemented according to a "logical framework" in which a project advances in time from one stage to another in a certain order, which generally is termed the "project cycle". The project cycle specifies the various planning and implementation stages, and links the various phases in the course of the project together. Furthermore, the logical framework links the development objectives, immediate objectives, outputs and activities of policies and programmes (or projects) into a logical hierarchy. For instance, the immediate objectives of the policy define the development objectives of the various programmes needed to achieve the long-term objectives of the policy

A typical project cycle for both multi- and bi-lateral development co-operation activities is shown in figure III.2.
In development cooperation activities, two basic types of project cycles are used, the one followed by most bi-lateral donors and organizations of the United Nations system for development cooperation, and the one followed by most development banks.[2] The main difference is that financial institutions usually get involved at the appraisal stage of the activity. At each phase a specific document will be produced for decision-making purposes:

FIGURE III. 3   THE PHASES OF A PROJECT CYCLE

1. **Identification**   -> Project Identification Document
("Pre-feasibility study")

2. **Project formulation**   -> Project Document
("Feasibility study")

3. **Appraisal**   -> Appraisal Report

4. **Implementation and monitoring** -> Progress Reports

5. **Final evaluation**   -> Evaluation Report

While the basic logic of the project cycle is quite universal, many organizations have their own formats that are different in details. The specific, more or less complicated, format of the documentation is usually standardized by each decision-making body and the given format is expected to be followed by all those involved in the process.

This unit will follow the general logic of the project cycle. At each phase, nodal points are identified where disability issues should be introduced. Practical examples on how to do it are given in the text and in an annex to the manual on the "Project Document"(PD).[3]

The technical nature of project planning – paradoxically – facilitates the

inclusion of disability issues once these have been introduced to that process. Project planning is based on a systematic and logical analysis of problems, needs, resources and possibilities of expected beneficiaries of a project, as well as on a comprehensive analysis of the project's social, economic, technical, environmental and institutional impacts.

The basic logic of the project planning process includes the following analytical steps:[4]

(1) Problem analysis: analysis of the development setting, problems and needs; identification of the core problem and its causes.

(2) Interest group analysis: identification and analysis of intended beneficiary groups and other groups involved with or potentially affected by the project.

(3) Resource assessment: identification of actual resources available.

(4) Alternatives analysis: analysis of alternative strategies to solve problems identified.

(5) Impact assessments: in conjunction with the analysis of alternatives, an assessment of potential social, gender responsive, environmental and economic impacts of the planned intervention.

(6) Definition of project objectives and targets: formulation of a time-bound and quantitative statement of project intent.

(7) Assessment of possible constraints: consideration of risks and uncertainty with reference to national, sectoral, project implementation level factors.

(8) Project design: detailed design of outputs, inputs, activities, institutional and organizational frameworks as well as budget.

Once a decision is taken at policy level to to include disability issues, or other specific concerns, to the proposed project, it should be treated as a sub-item in each of the above analyses.

These analyses should be performed at each phase of the project cycle. The depth of analysis would normally increase as project planning progresses.

2. AN INTEGRATED AND PARTICIPATORY PROJECT PLANNING STRATEGY

Development projects should be planned and implemented as interrelated and coordinated elements of wider development programmes. These programmes, in turn, should be backed by systematic statements of policy and political commitment to the objective of reinforcing the disability dimension in mainstream development cooperation activities.[5]

Promotion of equality of opportunity, freedom of choice and social partnership represent key elements in a social development strategy.[6] Since these issues are central concerns of recent international action programmes and declarations, promotion of these principles should be considered to be one of the primary objectives of development co-operation. Development cooperation activities need therefore to take into consideration the socio-cultural context, the social prerequisites and probable social impact of a proposed intervention.

The primary long-term objective of development co-operation is to build national self-reliance; it should contribute to sustained improvements in levels of living and of opportunities for livelihood among the entire population; and it should direct special attention to the situation of countries – and population groups – that are experi-

encing especially difficult circumstances.

Since persons with disabilities often are among the more disadvantaged and vulnerable population groups in society, development projects which have an explicit "social" development objective – as should all development interventions – should be planned and implemented in a disability-sensitive manner.

2.1 An inclusive approach

Sensitivity to the disability dimension should be exercised and the disability dimension included in all activities as a central social concern and as a human rights issue, as well.[7]

This may be ensured by adopting the following inclusive planning strategy:

(1) Setting **sustainable social development** as the ultimate development objective. Consequently, all decisions taken in the course of development planning should be consciously geared towards equalization of opportunities and empowerment of intended beneficiaries.

(2) **Including the disability dimension** systematically in all data and information collection, analyses and documentation efforts from the beginning of the planning process.

(3) Identifying channels and ways of **involving persons with disabilities as equal partners** at all stages of the development process; establishing partnerships with and, when appropriate, employing the expertise of disability organizations; local and international non-governmental organizations of persons with disabilities should be contacted at an early planning stage to gather the most recent information concerning grassroots needs, status of persons with disabilities in the target area, local disability organizations, and plans and activities of the disability community.

(4) **Using checkpoints** at various stages of the development process to identify the impact of decisions on persons with disabilities; and identifying balancing action to reduce negative effects and to enhance positive impacts; the initial checking should be done in the programming negotiations and during project identification.

(5) Designing mechanisms for **launching processes that empower persons with disabilities** so that they ultimately can take charge of affairs concerning them.

2.2 Empowerment of beneficiaries

Experience from many development projects suggests that the success of any project can be ensured only through involving all key interest groups and organizations actively in the planning process in a participatory way from the beginning. Active participation not only improves the quality of the plans and outputs through wider expertise; it also ensures greater commitment of various parties to the project objectives.

Introduction of a participatory planning process is even more important with issues concerning disabled persons. They often belong to one of the marginalized population groups. Prejudice and negative attitudes may exist in any society and community. Consequently, persons with disabilities may have the least access and most limited opportunities to intervene in programme and project planning on their own. Persons with disabilities may even be difficult to locate at first. Furthermore, they may need to be organized, mobilized and trained to participate effectively in

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activities which affect their well-being and livelihood.

Participation of intended beneficiaries as a principle sometimes faces objections among project staffs. In addition, other beneficiaries may object to participation of persons with disabilities, due for instance to a perceived difficulty or the cost of mobilizing such participation. It should be recalled that **participation is both a means and end of development**; it involves mobilization of all available resources – human and material – and the identification of an appropriate division of labour for the proposed project. Intended beneficiaries are experts concerning their own needs and of local prerequisites to meet those needs. Technical project planning experts should be able to combine these inputs in an optimal way and formulate a framework to produce the outputs needed to achieve the agreed development objective.

Role of expert advice

In the planning and implementation process of complicated projects, expatriate experts are sometimes needed. There are some very specific situations where highly specialized experts are indeed the only ones able to formulate an appropriate solution. Many technical problems are of this kind.

Solutions to one's daily life situations, on the other hand, should never be prescribed by outsiders. For instance, buying the daily food should certainly be left to people themselves. However, for them to be able to buy it, to have the "purchasing power", experts may be needed to design *opportunities* to develop capacities to obtain necessary purchasing power.

There are different degrees of control over decisions on and involvement in activities which may affect individual well-being and livelihood. The following represents one possible measurement scale:

FIGURE 3.4:
DEGREES OF PARTICIPATION IN AND CONTROL
OVER DEVELOPMENT ACTIVITIES

(4) **"Empowerment"**: The group exercises its own control over the whole process. A fair share of available resources is made available to enable the group to reach its goals. The group may define its own needs, objectives and means of reaching them; it also may monitor and evaluate the process – and thus is responsibile for the outcome.

(3) **Free, assisted choice**: An outside "consultant" provides a framework to help in formulating the "right" questions, while defining the problem to be addressed and goals. The group is "involved" in the process.

(2) **Multiple choice**: An expert <u>suggests</u> a set of preset alternatives to the group from which it can make choices. The group "participates" in decision-making with reference to a specified situation.

(1) **Forced choice**: An expert <u>recommends</u> a solution to the group and provides an opportunity to the group to support – or not – the recommendation. The group is asked to provide its opinion in the matter.

(0) **No choice**: An expert <u>prescribes</u> the solution for the group. The group is neither consulted nor asked about the matter. A decision is taken independently of the group and power is wielded by outsiders. This leads to lack of control over one's own life, and leads to "disempowerment" of intended beneficiaries.

Technical experts involved in a participatory planning process may wish to consider the following approach:

Starting with the highest level of participation with the intention of empowering the group: assist in creating a conducive environmental and in generating the resources required – human and capital – to enable the target group itself to do the job. Go to lower levels of participation only when no other solutions are available and return to the higher level as soon as it is feasible.

To ensure the relevance and appropriateness of plans, multisectoral expertise should be used to the extent possible when planning development co-operation activities. The typical planning team should include expertise in the following topics:

(a) the substance of the project, the problem to be addressed and an understanding of the daily life of intended beneficiaries;

(b) quantitative analytical skills and planning methodologies;

(c) socio-cultural and gender-responsive analyses;

(d) economic and financial analyses related to the project concept;

(e) human resources development implications, including educational planning, training and outreach activities;

(f) needs of specific project constituencies, including persons with disabilities;

(g) environmental, social and health impact assessments;

(h) project implementation management practices and strategies;

(i) technical knowledge and relevant experience related to problem area(s) addressed by the project.

Since the first concern of mainstream projects is, by definition, not disability, project planners often have little or no knowledge about obstacles encountered by persons with functional limitations, such as persons with disabilities, persons who are gravely ill, women who are pregnant, children, older persons, illiterates, among others. Neither can every planner be an instant expert on barrier-free design before being trained in these skills. It is not, therefore, realistic to expect that needs and concerns of persons

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FIGURE III.5 **STEPS TOWARD EMPOWERMENT**

LEVELS OF PARTICIPATION

4. Enabling support
   → "empowerment"

3. Consultant support
   → "involvement"

2. Expert suggestion:
   → "participation"

1. Expert recommendation
   → "opinion asked"

YES
or
NO?

0. Expert prescription,
   → "disempowerment"

RW
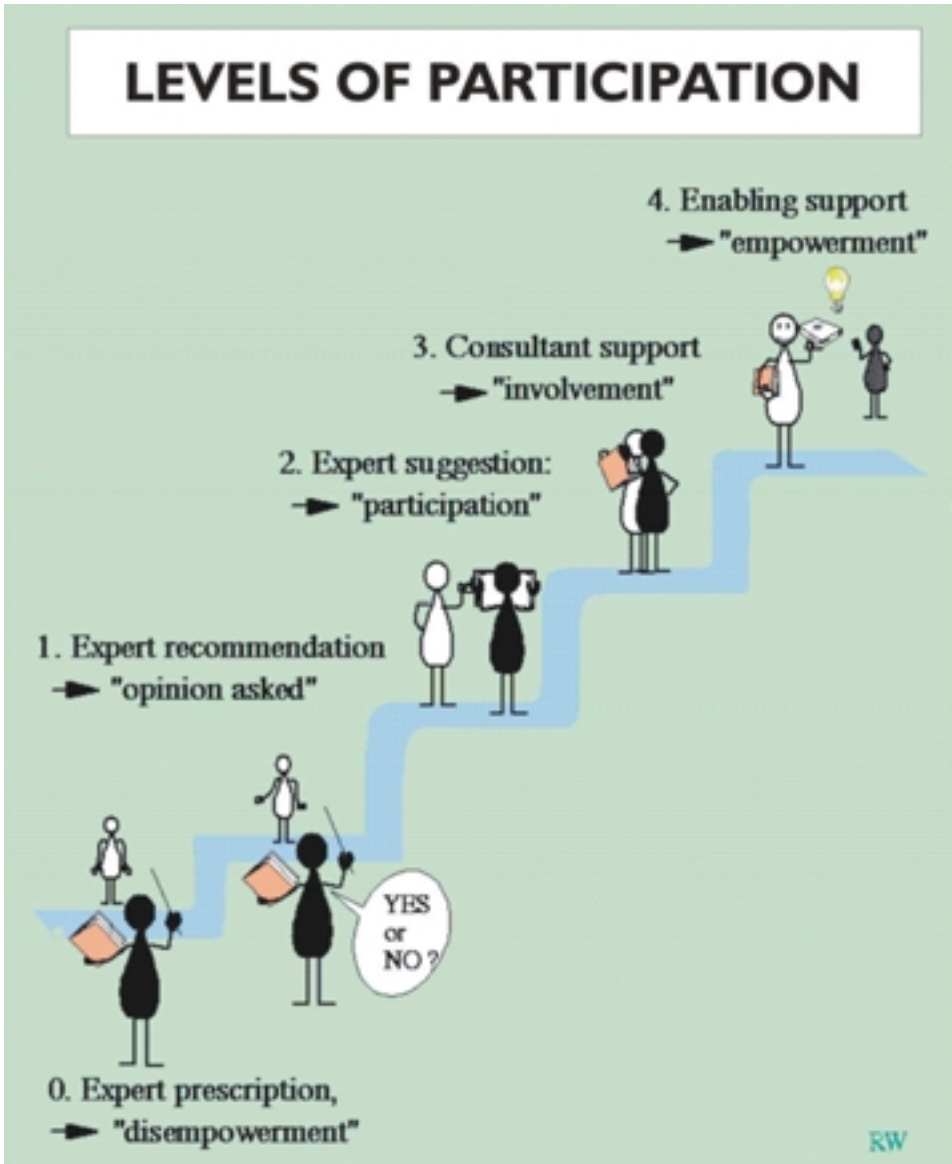
with disabilities will be automatically taken into account in project planning.

While the full-scale involvement of all relevant groups in project planning is difficult to achieve, suggested minimum require-ments in projects relevant to persons with disabilities include the following items:

(1) Disability-specific projects, *i.e.* those targeted to benefit persons with disabilities directly. The objective

should be to enable people with disabilities and/or their organizations to gain sustainable control of the project and its outcome; this implies the inclusion of additional components that aim to empower people with disabilities, or their appropriate representatives, to participate in and take charge of the project.

(2) <u>Disability components in general (mainstream) projects</u>. The disability component should be planned with the full involvement of the concerned persons with disabilities as above and with appropriate involvement in the planning and implementation of the umbrella project as a whole.

(3) <u>Disability-relevant general projects</u>. Inclusion of disability issues into mainstream projects, *i.e.* those targeted to benefit all people or the assumed non-disabled groups in the specified area, should, at the initial stage, check the degree of relevance of its components, activities and expected outcomes to persons with disabilities and involve the required expertise, preferably persons with experience of disability, at the relevant stages of the project cycle.

Participatory approaches and thorough analyses may increase the time needed for project planning. However, the main purpose of development projects is both efficiency and effectiveness in achieving desired objectives. Many projects fail to produce beneficial effects among intended beneficiaries precisely because of lack of participation and lack of sensitive analytic and research work prior to implementation.

B. INCLUDING A DISABILITY DIMENSION IN THE PROJECT CYCLE

How, then, should one deal with the disability dimension during the daily routine of project planning and implementation? This section reviews the project cycle and provides examples of how disability concerns can be introduced at various stages. Examples of "disability-sensitive documentation" are cited both in the text and in an annex PD to the manual.

1. PHASE ONE: DISABILITY-SENSITIVE PROJECT IDENTIFICATION

1.1 The importance of project identification
Within the framework of a development programme, identification of actual projects is the first, critical planning decision before investing scarce time and other resources in more detailed project design. Sometimes this phase is called the "pre-feasibility study".

The main purpose of project identification stage is:
(1) to prepare the first, sometimes preliminary, plans for project concepts;
(2) to analyze risks involved and ensure the existence of sufficient facts for screening project ideas; and
(3) to select from the alternative concepts those which appear to be most feasible for further development, analysis and planning.

Project identification and the actual project planning and formulation are crucial phases in the course of each project. Most strategic decisions are made during these phases in accordance with current policies and frameworks for development cooperation. Since the project formulation phase builds on information collected and analyses made at the identification phase, any mistakes or inadequacies in the project identification phase tend to follow through and often may multiply in later phases.

Priorities identified by the international community

In accordance with the recent commitments by the international community, development cooperation policies and programmes, and consequently the terms of reference of project identification teams/missions and the situation analyses, should include sensitivity to major priorities of the international community, as these pertain to the following issues:

Rights of Children (Convention on the Rights of the Child, 1990)[a]
Environment and Development (Rio Declaration on Environment and Development, and Agenda 21, 1992)[b]
Poor and vulnerable groups, including persons with disabilities (Copenhagen Declaration, and Programme of Action of the World Summit for Social Development, 1995)[c]

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Women's empowerment (Beijing Declaration, and Platform for Action, 1995)[d]

[a] United Nations General Assembly resolution 44/25, annex.
[b] United Nations General Assembly resolution 44/190; *Report of the United Nations Conference on Environment and Development, Rio de Janeiro, 3-14 June 1992* (A/CONF.151/26/Rev.1 (Vol. I and Vol. I/Corr.1, Vol. II, Vol. III and Vol. III/Corr.1).
[c] United Nations General Assembly resolution 50/161; *Report of the World Summit for Social Development, Copenhagen, 6-12 March 1995,* (A/CONF.166/9), chap. I, resolution 1, annexes I and II.
[d] United Nations General Assembly resolution 50/52; *Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995* (A/CONF.177/20), chap. I, resolution 1, annexes I and II.

Various project ideas may arise within the framework of negotiations and the resulting cooperation programme from situation analyses concerning a programme country or a specific sector. To give attention to disability issues in the identification and initial selection of projects, an essential first step is to reflect from available information the current disability situation, the needs and concerns of persons with disabilities and estimated risk factors leading to preventable disabilities. These issues can be included in the discussion of the demographic, social, cultural and economic situation of the country. Alternatively, mention of the situation of persons with disabilities could be included in sectoral data on health, education and employment.

If you do not see disabled people, that does not mean they do not exist.

Lack of information on persons with disabilities does not mean that they do not exist. Rather it means that their rights and needs may not so far have been appropriately recognized.

For instance during field visits, disabled members of the community or of individual families may be hidden from view; they are not included in observed population groups, such as in schools; a concept of disability is not understood; disabled people may be considered not to be sufficiently important to be mentioned in development decision-making. There may be important, very visible and vocal disabled people in well-to-do urban circles but they do not necessarily represent the majority, who usually are poor and live in the rural areas.
In interviews and planning workshops much of the above applies and in documentary information, as well. A sample of 55 countries by the United Nations revealed considerable variation in censuses and statistics on disability, which reflects not only the variation in the level of disability among countries but a high degree of variability in strategies for measurement of disabilities.[a]

Special expertise can often be found at both local level, among disabled people's own circles, and internationally, among disability organizations. Journalists can also be good sources of data and for insights. In small communities, children may be the best source of initial information.

[a] *Disability Statistics Compendium*, Statistics on Population Groups, Series Y, No. 4 (United Nations publication, Sales No. E.90.XVII.17) p. 27.

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1.2 Initial screening for disability relevance

The procedures described below may help to ensure that the disability dimension is taken into account at the project identification stage. Similar procedures can be followed at the project planning and formulation stages, usually in a more rigorous manner.

> **CHECKPOINT 1:**

Check the disability relevance of all project ideas in the proposed programme.

1.1. Check whether the initial terms of reference (TOR) for programme formualtion are sensitive to social concerns, disability issues in particular, and whether baseline studies refer to disability and contain adequate disability-relevant data and information. If not, further information gathering will be necessary.

1.2. Regarding each identified potential project, check whether the proposed project is disability-relevant (please refer to Checkpoint 1 of Unit One).

Decision options:

If the proposed project is disability-relevant, the project idea should be screened roughly according to the following suggested minimum checklist to assess the degree of disability relevance. A more thorough analysis will be made at the project design stage for those projects selected for further preparation.

(1) Problem analysis. Specify which elements or dimensions of the project are relevant to consider from a disability perspective. Draft initial proposals on how to address each such issue.

(2) Interest group analysis

(a) Check which groups of people with functional limitations might be affected by the proposed project and its components: disabled persons, people with various illnesses, pregnant women, children, the elderly, illiterate people, immigrant populations; attention should be accorded to the gender dimension as well.

(b) Collect data and information concerning legislation, policies and standards dealing with disability issues and identify agencies responsible for such issues

(c) Identify possible representatives of:
(i) the most vulnerable groups of the population and their families;
(ii) national and local community disability organizations;
(iii) national disability council or similar body.

(d) Determine whether there are other organizations, such as service clubs, church groups, trade unions, workers' associations, that are active in the substantive and/or geographical area of concern of the proposed project.

(e) Find out whether there are other donor organizations that are active in the substantive and/or geographical area of concern of the proposed project as well.
Experience suggests that it is useful to invite representatives of the above groups to a **consultative session** at an early stage of the project identification process to exchange views and to gain insights on social issues in general and disability issues in particular.

(3) <u>Resources assessment</u>. Estimate the resource requirements (human, financial, information, technical, and material) to address the disability concerns identified and review and assess potential sources, including those available to disabled people's organizations.

(4) <u>Social impact assessment</u>. Make an initial evaluation of the positive and negative impacts of alternative approaches identified for the project to address preventive aspects and/or persons with functional limitations.

CHECKPOINT 2:

Check to what degree each of the proposed projects/alternatives is disability-relevant.

2.1. Consult with disabled people's organizations – or subcontract the screening of project options to a disabled people's organization.

2.2. On the basis of the above initial analyses, assess to what degree the proposed project or alternative approaches are disability-relevant.

An "Assessment Scale" to determine degree of disability relevance

(1) "<u>Not disability-relevant</u>" projects:
The activity is "not disability-relevant" if it is not targeted to people and their living conditions.

(2) "<u>Disability-relevant</u>" general projects: A mainstream activity is "*disability-relevant*" if:
* The activity addresses the well-being of all people (that is, the whole population or subgroup in the area) and/or focuses on essential services;
* Any of the problem dimensions have a direct or indirect impact on

people with disabilities, their living conditions, or prevention of disabling conditions; a strategic connection may also appear only at policy or programme level.

(3) "<u>Highly disability-relevant</u>" activities:
The activity is "*highly disability-relevant*" if:
* The activity involves social, health and education sectors or components;
* There is an identified subgroup of disabled people in the target group;
* There is a specific disability component in the activity.

(4) "<u>Disability-specific</u>" activities:
The activity is *disability-specific if disabled people are the target group*.

Decision options:

2.1. <u>Decide whether the proposed project should be recommended for preparation</u>

(a) If the proposed project seems to involve health risks for the general population or the participants, the project concept should be redesigned or the idea rejected.

(b) If the project seems to have a significant negative effect on the opportunities of persons with disabilities to participate on the basis of equality in the societies in which they live, the project idea should be reconsidered.

2.2. If it is decided that the proposed **disability-relevant** project will be taken up at the preparation phase, <u>suggest that the institutional arrangements and project organization should reflect the importance of disability concerns</u>.

(a) Use the accumulated expertise and resource potentials of persons with disabilities. The initial screening of project ideas for disability relevance, according to the above rough analyses, can be done by a project identification team or planning workshop; alternatively, the task can be subcontracted to a private voluntary organization of persons with disabilities, either from a donor or programme country, or a National Disability Council or similar body which has the requisite skills, expertise and access to information. Based on the relevance assessment and following consultations, their role and participation in the later planning phases can be defined in a relevant and mutually beneficial manner. (This will be considered further in the following chapter.)

(b) Reflect disability issues in "Project Identification" documents. The annex PD discusses where and how disability concerns can be inserted in a mainstream project document. The example discussed in the annex can be used as a basis – albeit with requisite modifications – for designing a disability-sensitive Project Identification Document.

2.3. In the case of a ***highly disability-relevant project, a disability-specific*** project, or a project with eventual major impacts on the prevention of disabling conditions :

(a) Establish a planning team with strong involvement of disabled people's expertise, and eventually organize a project planning workshop. The team/workshop should produce an initial "Disability Impact Report" containing initial proposals to obtain optimum project impacts with respect to the situation of persons with disabilities.

(b) Attach the preliminary screening report, the "Disability Impact Report", to the Project Identification Document.

(c) Suggest that the Terms of Reference of the project preparation phase should include specific consideration of disability issues and *should involve participation by persons with disabilities and their organizations*. Make initial recommendations on whether there is a need for an additional support component or even a disability-specific sub-project.

Experience suggests that, as a rule of thumb, projects in the social, health, and educational sectors generally are highly disability-relevant.

2. PHASE TWO: INCLUSIVE PROJECT PLANNING PROCEDURES

The main purpose of the project planning and formulation phase is to make a thorough feasibility study of the project to prepare realistic and implementable alternatives for the final design of the project. The output of this phase is the Project Document, the manuscript of the particular development intervention.

2.1 Basic principles

Proper background studies and analyses are the basic guarantees that the proposed project idea will develop into a project plan of operations that is feasible and will achieve its objectives. If the project was, at the identification stage, considered to be

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disability-relevant (or "highly relevant"), the following steps should be taken:

(1) Programme officers – or similar officials – of donor agencies should define the Terms of Reference (TOR) for grant-assisted project planning assignments in such a way that the disability issues are appropriately taken into account.

(2) The planning agency or team should, in accordance with the TOR, include the disability dimension in:
(i) Problem analysis,
(ii) Interest group analysis,
(iii) Resource assessment,
(iv) Definition of project objectives and intended beneficiaries,
(v) Definition of indicators of performance and results, expected outputs, inputs and activities,
(vi) Assessment of risk and uncertainty associated with external factors,
(vii) Institutional framework for the project,
(viii) Assessment of project sustainability, including Social Impact Assessment (SIA) and Environmental Impact Assessment (EIA), and gender-responsive analysis, as appropriate,
(ix) Definition of arrangements for appraisal, implementation management, monitoring and evaluation.

(3) If the project involves highly disability-relevant issues and/or is of high relevance to disability interest groups, it is essential that disabled persons' organizations or spokesperson(s) be consulted or invited to participate not only in setting the project objectives but in all subsequent project planning stages.

In disability-relevant projects the disability dimension should be reflected in the Project Document. (An annotated example of the current United Nations Development Programme project document has been included in the annex PD.)

Model agenda of a project planning workshop

Experience suggests that a "project planning workshop" can be a helpful and cost-effective tool in ensuring that project design effectively responds to disability concerns. The agenda of such a workshop may include the following issues:
• analysis of the social dimension of the development policy framework of the participating programme country and the treatment of disability issues therein;
• project relevance to the social development plans and policies of the programme country;
• potential problems concerning disability issues;
• socio-economic aspects of intended project beneficiary groups, institutional arrangements, and relation to other projects; implementation and resources; impacts and secondary effects, with particular attention to disability;
• alternative approaches and scale of the project, and the status of persons with disabilities in them, and examination of alternatives;
• definition of objectives and achievement indicators with reference to persons with disabilities; project implementation monitoring arrangements.

The workshop should include, in addition to project planning experts, representatives of all parties concerned, such as representatives from ministries relevant for the problem(s) to be addressed, political leaders, local leaders, concerned non-governmental organizations, particularly those of persons with disabilities.

The planning workshop should produce as an Output a "Disability Impact Report" and proposals to obtain optimum project impact with regard to the situation of persons with disabilities.

2.2 Including a disability dimension in project planning analyses

At this stage the information available at the project identification stage will be deepened. The information necessary for the design of a feasible project manuscript can be acquired through several methods. Whether the necessary analyses are conducted by means of a desk-top analysis, field visits, consultations or work-shops, the check and task lists of this chapter may be helpful. Specific tech-niques exists to facilitate the necessary collection and analysis of required data and information. The following discus-sion focuses on disability-relevant substan-tive planning and analytical contents rather than the analytical techniques.

(i) Problem analysis

The problem to be addressed by the project should be studied in a thorough and logical way. The constructing of a "problem tree" describing the cause-effect relationships around the core problem can prove to be a helpful tool.[8]

The following represent a basic minimum of the problem dimensions which should be systematically analyzed from a disability perspective:

(1) social and cultural dimension: social equity, roles of various groups, gender roles, behavioural and cultural factors;

(2) economic dimension: cost structure, financial resources, financing of services/activities, income-levels, financial management, subsidy systems;

(3) institutional dimension: roles of various organizations and institutions, co-operation between various sectors, management practices, adequacy of manpower;

(4) environmental dimension: use of natural resources, environmental degradation and relationships between the social and natural envi-ronment, accessibility of the built environment;

(5) technical dimension: level and quality of planning, level and quality of used technology, existing infrastructure, operation and maintenance, technical skills.

Many problems faced by people with functional limitations are such that they may also hamper the overall functioning or accessibility of public services and infra-structure. Assessing the situation and each problem dimension through the problems and needs of disabled persons thus often reveals overall weaknesses of the plan.

(ii) Interest group analysis

The purpose of the interest group analysis is to find out the roles, interests, and possible conflicts between various interest groups. Through such an analysis it is possible to ensure that the project objec-tives and activities will not overlook some important groups or result in unintended impacts upon them.

In a disability-relevant or disability-specific projects interest groups comprised of or including disabled people are not, however, the only relevant ones. In many cases the disability-relevant elements of the project succeed or fail due to the inter-ests or activities of groups not at all involved in disability issues. Therefore it

is important to study the full range of views and interests represented in the "social context" of the proposed project.

CHECKPOINT 3:

Determine the stakeholders of the proposed project.

3.1. Should disability organizations be considered as a direct interest group? Check other relevant interest groups to see whether they involve any sub-groups of persons with disabilities. If so, do the following:

(a) Analyze the needs, expectations and potentials of the disabled persons' groups and assess whether they consider the project useful and whether they are ready to participate in its development and operations. The extent to this will depend on how relevant the project will be for persons with disabilities. This judgement should be done in consultations with the representatives of the disabled people's community.

(b) Find out whether the disability groups are homogenous. If not – as is usually the case – what are the needs and expectations, roles, socio-economic features, problems and potentials of each sub-group? Who can act as representative and spokesperson for these groups? Is there an umbrella organization? Is it representative?

(c) If there are no organized disability groups readily available, consider promoting the organization of a "consultative group" for the project.

(d) The empowerment of disabled people and/or their organizations may be facilitated by a "twinning" arrangement, in which an existing disability

organization from the region, an international disability organization – or even a relevant organization in the donor country – will agree to become involved and assist in organizing disabled people in the proposed project area of operations.

3.2. Check who are the interest groups or stakeholders *ex officio*. Use legislation, national policy documents, organization charts and consultations to find out who or which agency is responsible for issues relevant to the project.

3.3. Find out the views and opinions of groups whose cooperation is vital for the success of the project.

Decision options:

3.1. Seek to involve all key stakeholders or major players in the project organization.

3.2. If there is a risk of negative attitudes, or lack of cooperation, include an awareness-raising exercise at an early stage of the project. While proposed beneficiary group(s) may be the general public, there may also be a need to raise the awareness and to update the knowledge of professionals, administrators and policy makers as well as the project staff.

Attitudinal barriers may be hidden under apparently good purposes
Non-conductive attitudes towards disabled people and their needs are not always immediately obvious. There are many kinds of attitudes that make the empowerment of disabled people difficult:

(1) Belief in extra "compensatory" characteristics or special spiritual talents of persons with disabilities.

(2) A strictly medical approach to disability.

(3) A care-taking approach to persons with disabilities.

(4) An approach or action model that is exclusively expert driven and involves no participant input.

In short, **sensitization and awareness raising** are always an essential component in disability-relevant development activities.

(iii) Resource assessment

Many development projects have failed because of over-ambitious – or otherwise inappropriate – objectives that have been set without an adequate assessment of resources available for the planned action.

An essential first assumption should be that there are local resources which can be appropriately mobilized.

A resource assessment should be executed in the same systematic way as the problem analysis, going through the various resource dimensions one by one. Since not all resources will necessarily need to come from outside the project, resource assessments should focus on how to use, activate, support, supplement and complement available local resources.

The following resource dimensions, and their local base level, should be studied:

(1) human and institutional resources, including the organizations of various interest groups, various administrative organizations, training institutions, NGO's, etc.;

(2) economic and financial resources, including income generation possibilities, taxes, possibilities for cost-recovery, subsidies, savings, etc.;

(3) technical resources, including the local and traditional technologies, local products, private sector services, technical skills, etc.;

(4) natural resources, including the renewable and non-renewable natural resources.

Disability issues are relevant to the project's resource assessment in three ways:

(1) Persons with disabilities and their organizations represent an important resource. They have special expertise and experience, particularly about the needs of persons with disabilities and about the practical and feasible ways of addressing those problems.

(2) Persons with disabilities may command a number of potential resources to support project development, for instance their detailed knowledge on practical problem solving related to their well being and livelihood.

(3) Ensuring full and equal participation and solving the problems eventually being faced by persons with functional limitations might also require additional resources for the project.

Taking disability concerns into account may increase the resource requirements of projects. Experience has, however, shown that a disability-sensitive approach is no more expensive if applied at the planning stage. On the other hand, disability-sensitive approaches may lead to increases in the social rate of return of a project. A project that is not sensitive to the existence of disabled people usually, in the end, passes the costs of accommodating the needs of disabled people to other people or agencies.

(iv) Definition of goals, objectives and beneficiary groups

Project planning culminates in the setting of objectives and defining of beneficiary groups. If previous analytical steps have

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not been appropriately conducted, project objectives will likely be poorly focussed, unrealistically stated or perhaps too limited. Determining realistic and sustainable objectives is an important part of project preparation, since they form the basis for subsequent planning.

Objectives should define the actual, concrete targets of the project in terms of development impact, *i.e.* anticipated changes, and for whom these are intended (beneficiary group). Project objectives and identification of beneficiary groups thus provide the basis for defining outputs, inputs and activities.

Goals and objectives normally are classified in the following categories:

FIGURE III.6
WHY SHOULD A PLANNER BE DISABILITY-SENSITIVE?
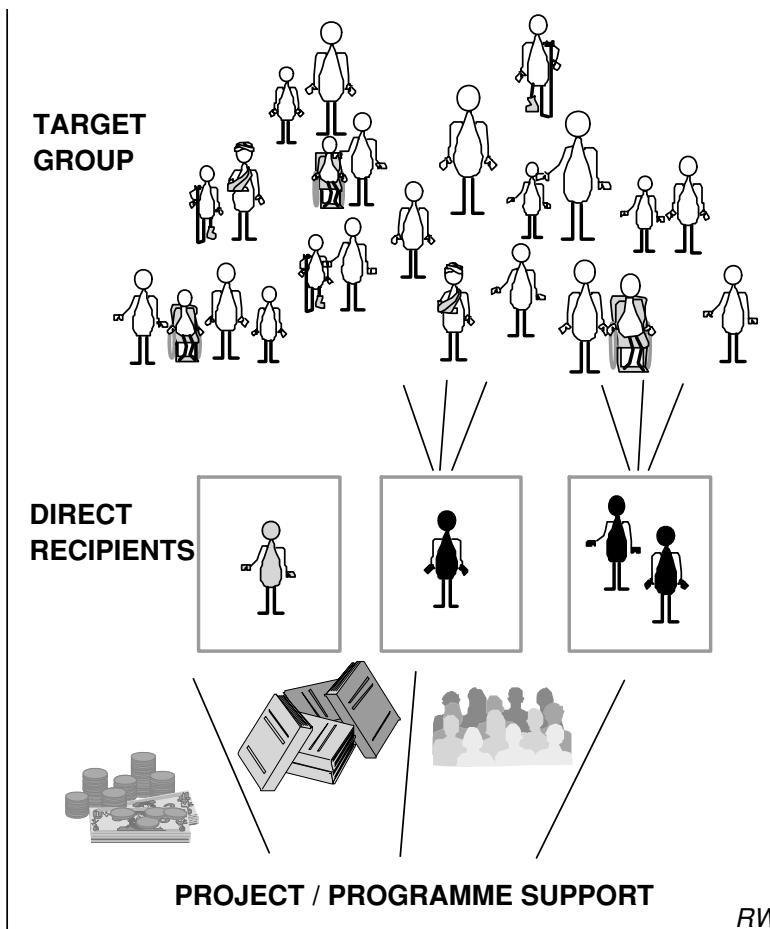
(1) <u>Development objectives or aims</u> describe and define the long-term purposes to which the project, if successful, aims to contribute.
(2) <u>Immediate objectives</u> define the short term or medium term specific targets or goals which should be met at the end of the project.

The objectives should be defined with reference to intended benerficiary groups. Since beneficiary groups are not homogenous, it is especially important to identify clearly and precisely who is expected to benefit from – as well as who will pay for – expected project outputs.

For grant-assisted activities, recipients of project and programme results are usually governmental or non-governmental organizations in the proposed programme country. Beneficiary group definition is important in this case to determine the extent to which project inputs are used as envisaged and actually benefit intended – and unintended – beneficiary groups.

In practice, definition of objectives involves analyses of various options, as it is usually not possible to solve all the problems identified at once. Objective setting and beneficiary group definition thus is a process where priorities are assigned with respect to the nature and severity of the particular problem and resources available for a solution.

Needs of some interest groups may not be incorporated in the project because of a scarcity of resources, low priority assigned to their problems, or conflicting (and higher priority) needs of others. Therefore, to ensure equitable handling of various interest groups' needs and to obtain overall consensus on the objectives, representatives of the key interest groups for the project should be involved in the setting of the objectives. Disabled people are at high risk of being left out and may often need external advocacy to get their voices heard.

CHECKPOINT 4:

Check whether the objectives identified are in line with the spirit of recent international conventions, commitments and programmes.

Screening of issues may include the following considerations:
4.1. Is there a reference to relevant Human Rights Conventions[9], or are such fundamental values clearly implied in the plan?
4.2. Is the goal of equalization of opportunities recognized and appropriately reflected?
4.3. Are there references to social development as a first priority; are poverty eradication, rights of disabled children and women given special attention?
4.4. Are there references to relevant global strategic programmes in the social and economic sectors, such as Health for All[10], Food for All[11], Education for All[12], Work for All[13], Shelter for All[14], Towards a Society for All[15]?
4.2. Is the language used in dealing with disability issues coherent and up-to-date? Does it focus on *abilities* rather than on disabilities?
4.3. Is there a support component to facilitate establishment and functioning of disabled people's organizations to equalize opportunities and to empower persons with disabilities to participate in development in the proposed project area or sector?

Decision options:

4.1. Ensure that objectives identified represent the highest standards and reflect an enabling rather than a patronizing approach to development and social issues in particular.

4.2. If disabled people cannot be judged to be a specific priority group in the given project setting, it still is advisable to list minimum criteria which would ensure that their needs can be appropriately taken into account both during further project planning stages and in project implementation. For instance, "barrier-free" design should be an intrinsic objective in all development initiatives.

4.3. Ensure that the project and its constituent activities focus on effective and sustainable capacity building rather than achieving short-term visibility through, for instance, reliance on "care-taking" approaches: building disability institutions, introducing assistive devices without complementary support service facilities, distributing daily consumer goods to specified population groups, etc.

Barrier-free is just good quality

"Barrier-free" design is about taking positive action to produce design suited to the needs and requirements of most people by reducing the level of imposed handicap rather than continuing to serve exclusively the minority of falsely perceived average people.[a]

[a] See, for instance, United Nations, United Nations Centre for Human Settlements and Swedish International Development Authority, *Designing with Care; a guide to adaptation of the built environment for disabled persons* (Vienna, August 1991).

(v) Definition of indicators, outputs, inputs and activities

Development projects should be based upon clear and distinct indicators which reveal whether the project is performing as planned and is producing anticipated results. To assess the results of the project operations in terms of the needs of persons with disabilities, certain progress and performance indicators must reflect those particular needs.

Example: contents of a disability-sensitive indicator

Objective: Creating a barrier-free outdoor environment:

WHAT (the indicator): curbs at street corners;

WHO (target group): mobility impaired, or sight impaired and people with prams, with loaded trolley, etc.;

HOW MUCH (quantity): proportion of corners curbed;

HOW WELL (quality): assess whether follows agreed norms in gradient, etc.;

WHEN (time): by next year;

WHERE (location): at *ABC* housing development scheme.

Outputs are the physical, institutional and operational changes, or improved skills and knowledge that are expected to result from project operations, if implemented successfully. The statement of project outputs is derived from the set of objectives identified for the project; each output should contribute to achievement of at

least one project objective.

The outputs, inputs and activities are the "hardware" of each project plan. Any project plan should include a definition of key outputs and activities in such detail that the required inputs as well as probable impacts of the project may be assessed.

In order not to discriminate against people with functional limitations, outputs and activities should be checked for their degree of accessibility for persons with disabilities.

CHECKPOINT 5:

Is the project, its activities and outputs formulated such that people with functional limitations can participate in and benefit from it results on equal terms with other groups?

5.1. Assess what kind of quality criteria are required. The following general set of criteria can be used as a basis.[16] **Selected criteria for basic barrier-free planning and design**

Accessibility: Is the design accessible to all?

Reachability: Is the building, service or facility within reasonable reach of everybody who needs it?

Usability: Is the design of the facility or product such that everybody can use it without extra modifications or assistive tools; or, is it flexible enough to allow for low-cost adaptation to special needs?

Orientation: Is the environment designed and marked in such a way that it is understandable and easy to orient and find one's way in and out?

Safety: Does the design ensure that no one is exposed to risk of injury or other health hazards?

Workability: Are places of work designed to allow the participation of persons with disabilities?

Equality: Are mechanisms or procedures in place to ensure that discrimination on the basis of disability will not be exercised when hiring people, providing them with services, *etc.*?

Affordability: Are the costs of participation reasonable taking into account the incomes and assets of all people affected?

(vi) Assessing risks, uncertainty and constraints

All projects can be affected by external – not project-controlled – factors. Project preparation process should address risk and uncertainty and seek to reduce possible effects of external contextual factors to a minimum.

The implementation of the project may also lead to negative or otherwise unpredicted impacts, which may pose a major threat to achievement of the project objectives.

Many external factors as well as project risks particularly affect those segments of the target or other groups which are most vulnerable. For example, a decline in the economic situation usually will hit first the most vulnerable population groups.

CHECKPOINT 6:

Check whether the disability dimension or component is particularly sensitive to changes in external conditions or developments within the

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project. Does a need exist for specific action or a specific component to address potential risks and uncertainty?

6.1. Carry out a risk and uncertainty assessment systematically throughout each project component (attitudes, physical structures, training and education, decision making, economic and financial issues).

6.2. Study the possible internal risks and uncertainty within the project framework as this relates to project implementation and long-term sustainability.

Decision options:

6.1. If unwanted and negative impacts are identified, make necessary revisions to the project plan of operations and overall project design (objectives, indicators, outputs, inputs, activities) to ensure an environment conducive to an integrated project and to ensure that people with disabilities will have access to the development process.

6.2. Add a disability-specific component if necessary:
   (1) to adapt the environment to respond to needs of persons with disabilities, or
   (2) to insure them against potential risks and uncertainty, or
   (3) to compensate them for disadvantages related to the current development situation.

"Positive discrimination" can be a risk in itself
In Namibia some disability-specific projects have met opposition from the rest of the community. People have grown apprehensive about disabled people, saying that whilst they have spent years there suffering without visible government support, persons with disabilities in the area are getting preferential treatment in the form of materials and supplies. A new approach is to shift from disability projects to community projects.[a]

[a] Hadino Hishongwa, "Namibia: integration of disability issues in development cooperation activities", note contributed to United Nations Consultative expert meeting on integration of disability issues in development cooperation activities (Vienna, 29 May – 2 June 1995).

(vii) Institutional framework and project organization

Projects are implemented by a specified project organization within a certain institutional framework. These define the roles and responsibilities of the various parties to the project. Unless representation of important beneficiary groups or organizations is defined in the project institutional framework, it is not certain that the interests and needs of that particular group will be appropriately refected in project implementation.

CHECKPOINT 7:

Check the adequacy of disabled people's involvement in the project organization.

The depth of involvement of disabled people and/or their organizations should depend on the nature of the project and the role of disability issues in it. The following table describes suggested requirements to ensure a minimum level of involvement by persons with disabilities according to the degree of a project's disability relevance.

(0) "Not disability-relevant" projects:
Arrangement: People with functional limitations should not be discriminated against when choosing project staff (equal opportunity policy).

(1) "Disability-relevant" general projects:
Arrangement: At the initial stage, the degree of relevance of project components, activities and outcomes to persons with disabilities should be checked. The required expertise should be involved accordingly, preferably people with personal experience of disability, at the relevant stages of the project cycle: at planning and implementation in particular.

(2) "Highly disability-relevant" activities
Arrangement: Persons with disabilities should be involved and consulted concerning alternative project approaches. Persons with disabilities should also participate in the planning team as members and/or experts in disability-related matters.
A disability component should be planned with the full involvement of persons with disabilities like any disability-specific activity (see below) and with the appropriate involvement of persons with disabilities in the planning and implementation of an umbrella project as a whole.

(3)   "Disability-specific" projects:
Arrangement: Persons with disabilities should be empowered to manage as well as "own" the project; for instance, they should be in charge of the project management group.
Disabled people should have their *own control over the entire project process*. A fair share of available resources should be made available to enable them to reach their specified goals and objectives. The group may define its own needs, objectives and means of reaching them; it may also monitor and evaluate the project process; it would also carry the responsibility for project outcomes. The empowering process may need to be gradual, for

instance, in the of planning and implementation process disabled people can be given training and encouragement to empower themselves.

(viii) Impact assessment and sustainability
Since projects and programmes are intended to have sustainable specified effects, thorough analysis and appraisal of intended and eventual non-intended impacts on various population groups and their living environments is the crucial step in project planning.[17]   On the other hand, there is the issue of whether the intervention supports sustainable development paths or leads to long-term effects that endanger the future well-being of people.

"*Human beings are at the centre of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature*."[18]

a. Environmental impact assessment
Many donor agencies require an Environmental Impact Assessment (EIA) to ensure that the proposed activity is environmentally sound and sustainable.

Social impacts are environmental impacts
According to the "Act on Environmental Impact Assessment Procedure in Finland" (468/1994), environmental impacts pertain to the direct and indirect effects of a project or operation on[*14]:
• human health, living conditions and amenity;
• soil, water, air, climate, organisms, interaction between them, and natural diversity;
• community structure, buildings, landscape, townscape and the cultural heritage and
• utilization of natural resources.[a]

[a] Source: Jyri Juslen, "Social Impact Assessment in [Environmental Impact Assessment] and Planning", in M. Sotaranta and J. Vehmas (eds.) *Regions and Environment in Transition; in search of new solutions* (Tampere, Department of Regional Studies, University of Tampere, 1995).

A Social Impact Assessment (SIA) should also be included in compulsory Environmental Impact Assessment procedures for development cooperation activities, as either a complement or specific EIA component.

For instance, the Asian Development Bank classifies all projects at the Identification Stage according to their potential risks and opportunities in terms of social impact.[19] The Asian Development Bank uses the following categories:

AP:
Projects whose major objective is to have a direct impact in the form of poverty alleviation; poverty projects always require the active participation of beneficiaries.

A:
Projects which are expected to have a direct, positive social impact and which, in order to be successfully executed and/or sustained, require the active participation of the intended beneficiaries (most projects in agriculture and social infrastructure sectors).

B:
Projects that rarely have an immediate, direct (positive or negative) social impact and/or can be executed and sustained without beneficiary participation (most projects in energy, transport, communications and industrial sectors, except small scale industries).

C:
Projects which have the potential for a direct negative impact on the lives of a significant number of people (large dams, highways, airports), and those located in remote areas inhabited by groups with significantly different social cultural traditions (mining, plantation crops, highways).

Social analysis provides an effective and empirical way in which to identify and incorporate a social dimension into mainstream projects. At the identification phase an initial social assessment could be conducted, and during project preparation (feasibility study) a social analysis or Social Impact Assessment would ensure the quality of the plan and outcomes from the social perspective.

A typical social analysis would include identification and assessment of the following issues:

(1) beneficiaries, by gender, socio-economic characteristics and location (rural – urban);
(2) needs of the beneficiary group(s), by gender and location;
(3) needs and concerns of intended beneficiaries, *i.e.* readiness to invest their own time and energies in the project;
(4) absorptive capacity of the target group;
(5) gender issues and empowerment of women;
(6) potentially adverse effects on vulnerable groups.

Regarding persons with disabilities, conclusions of a social analysis should contain suggestions on how to minimize the negative social impacts and eventually enhance the positive ones, for instance through **auxiliary balancing measures**:

(1) designing specific targeting mechanisms;
(2) identifying opportunities for participation by disabled people;
(3) designing auxiliary or compensatory measures to enable disabled people to absorb benefits from the project better;
(4) designing follow-up procedures that will contribute to flexibly to respond to emerging needs by various disability groups.

b. Gender-responsive development [20]
"Sustainable development and economic growth that is both sustained and sustainable are possible only through improving the economic, social, political, legal and cultural status of women."[21]

Women and girls, who represent one half of the population, face several forms of discrimination and barriers which restrict their contributions to society and personal development. Women often have less education, less authority, less access to land, credit and training than do men.

Gender analysis is a tool to assist in strengthening development planning and implementation by including the gender dimension and empowering thereby women as agents and beneficiaries in planning and implementation of development activities.

Women and girls with disabilities are victims of a double marginalization. Despite this fact, their rights, needs and aspirations are no better included in gender-sensitive activities than are those of disabled people in general mainstream projects. Additional awareness and affirmative action are needed.

Disability is a central gender issue for another reason, too. If a household member has a disability, it is usually the woman in the household who is the main care-giver. Lack of attention by society to the rights and needs of disabled people, and lack of the basic services they need to exercise their fundamental rights ultimately falls as an additional burden on women.

c. Disability impact report
The impacts of development activities on persons with disabilities generally are similar to those experienced by any other specific social group. However, the negative effects will probably affect disabled people more strongly than any other group. Positive impacts need to be directed and targeted so as to reach disabled people as well.

Any negative impacts of development activities on women with disabilities are usually more serious than their impact on men with disabilities.

The **Disability Impact Report**, that should be attached to a Project Document if the activity is highly disability-relevant, should answer the following questions, with reference to gender:

(1) Is there expected to be fewer risks and less exposure to *disabling living conditions* of the girls and women, boys and men in the population affected?
(2) Will disabled people's living conditions be enhanced by the project – or will they be impoverished further? Will *security for their livelihood* improve – or will they become more vulnerable?
(3) Will the activity improve the *access* of disabled people to the benefits of the project, or indirectly to resources not involved in the project – or will their exclusion become even worse?
(4) Will disabled people's own *knowledge* be utilized and hence increased – or

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will their experience be ignored?

(5) Will disabled people gain *better command over their lives* in the economic, social, cultural and political arenas – or will they be further disempowered?

(6) Will disabled people's *mental health and physical health* (including reproductive health) condition and access to health services be affected positively – or will their health risks be increased?

The purpose of any development intervention is to support processes that result in improved well-being and livelihood and that these are self-sustaining once external resources are removed. **Sustainability** can be improved by appropriate Social Impact Assessments and introduction of necessary updates and revisions to the project plan of operations regarding the project's political, social, technological, environmental, institutional and economic prerequisites. From the perspective of persons with disabilities, the following issues regarding sustainability should be addressed:

CHECKPOINT 8:

Will proposed project activities result in sustainable improvements from the standpoint of people with disabilities?

8.1. Is there a clear policy-level commitment in support of equalization of opportunities and the prevention of disabling conditions by all parties involved?

8.2. Are the technology and resources used to cater for the disability aspects appropriate and locally available?

8.3. Is the project plan of operations

ecologically sound and accessible regarding any aspects dealing with the built environment?

8.4. Are disabled children and women given appropriate attention in proposed activities?

8.5. Do institutional development and capacity building components in the activity take into account the need to seek actively the involvement of persons with disabilities and to further their empowerment?

8.6. Do economic analyses adequately reflect social costs and benefits, taking into account the long-term benefits that are expected to be obtained through the introduction of the disability dimension to mainstream development?

8.7. Is there support for disabled people's own initiatives? Are there institutional links to ensure that both internal and international networks built during the proposed intervention will continue after project operations have ended?

8.8. What will be the estimated impacts of the activity on disabling conditions, the life conditions of disabled women and men, boys and girls, on their access to the benefits of the activity, on the development of their human capacities, on their health and overall command of their own lives?

In cases of disability, experience has shown that sustainable improvements in the status of disabled people around the world have resulted once disabled people have organized themselves. Involving and empowering people with disabilities is a key element in a strategy for sustainable improvements in their opportunities to participate on the basis of equality as agents and beneficiaries of development in

the societies in which they live. Personal contacts and twinning of organizations provide effective mechanisms to ensure continued support for the full and effective participation of disabled people in development as beneficiaries and as agents for social change.

2.3. Reflecting disability issues in the project document

The project document is the manuscript of a project. It is formally an agreement to cooperate to achieve agreed goals and objectives between a donor and a programme country. A project document can cover the flow of activities and resources over several years. However, if disability issues are not appropriately reflected in that document, they will not, most probably, have much role to play in the actual implementation of the project.

An annex PD to the manual includes a worked example of how disability issues can be included in a mainstream Project Document under various subheadings of the document format. The format described follows, with minor simplifications, the current format of the United Nations Development Programme. Since the UNDP process for formulating a project document is rather detailed, it can be easily adapted to complete *pro forma* of other donor agencies.

2.4. Concluding remark: introduction of new programming arrangements of the United Nations Development Programme

With Executive Board decision 95/23 the United Nations Development Programme introduced certain changes to development cooperation activities so that these better respond to needs and capacities of developing countries.

Chief among the changes is the emphasis accorded to national execution and to the use of programme approaches in the analysis and planning of development cooperation activities. From 1997 programme countries will replace the current UNDP country programme with the formulation of the new country cooperation framework document, which will cover a period of three to five years. The country cooperation framework will be the prime instrument for programming UNDP resources. The country cooperation framework is based on an analysis of national development priorities and an overview of external development cooperation activities; it also identifies programme areas for priority allocation of UNDP support.[22]

The principles and issues discussed in the preceding sections on reinforcing the disability dimension in mainstream development cooperation projects are expected to find application as well in analysis and formulation of the new country cooperation frameworks.

3. PHASE THREE: DISABILITY-SENSITIVE PROJECT APPRAISAL

3.1. Purpose of project appraisal

Project appraisal aims at "auditing" the project document to decide whether the project should be approved as such, revised or rejected. The appraisal stage should provide a comprehensive review of all aspects of the project and, through necessary adjustments to the original project plan, lay the foundations for project implementation.

Most donor agencies have their own appraisal guidelines, although there are observed variations among agencies. Traditionally project appraisal covers four

main aspects of the project, namely the project's social, economic, institutional and technical preconditions and expected impacts.

Since development cooperation projects should be based on the most progressive values and concerns, it may also be necessary to point out emerging special concerns – such as the environmental aspects and the role of women in development – in the appraisal guidelines of donor agencies.

Since the international community has repeatedly requested the United Nations and all donor agencies to give higher priority to the needs and concerns of persons with disabilities, it may be time to **include the disability dimension in appraisal criteria for development programmes and projects**.

3.2. <u>Guiding principles for extended auditing of disability-relevant development activities</u>

Concerning the disability issue, the appraisal team should go through the same basic checkpoints as in the project preparation phase, and verify whether the project plan adequately covers the preventive aspects as well as the needs and concerns of disabled persons whenever they are included in a target group, or are otherwise participating in or affected by the project.

People with disabilities can easily be neglected altogether in the context of mainstream development cooperation. The inclusion of disability prevention and the needs and concerns of persons with disabilities is not a mere technical matter. It represents an important issue of policy since it will affect the situation of one of the most neglected population groups.

It also is a political issue, as this pertains to determination of who sets the

parameters of policies and plans.

If a commitment to socially-responsible project planning is not already reflected in the policies and programmes of donor and programme countries, it is unlikely that projects proposed would reflect a social dimension either. Accordingly, it is not possible to introduce disability concerns as a technicality at a late stage of the project planning process.

The appraisal phase is the key quality control point. Regarding the disability dimension, the following principles may help to get started with a disability-sensitive appraisal process.

(1) Reinforcing the disability dimension calls for introduction of an "extended auditing procedure" that would cover the relevant policy and programme decisions in addition to the proposed project document *per se*.

(2) Because disability is such a common issue, appraisal officers/teams should be provided access to relevant expertise through flexible partnership arrangements, for instance with national and international organizations of persons with disabilities for advice and assistance.

(3) To check for the disability relevance of a proposed project, initial screening may be done by a desk officer with a simple instrument, such as the Checklist I presented in Unit One.

(4) Depending on the degree of relevance, the appraisal team should involve a person familiar with the concerns of persons with disabilities as well as the prevention of disabling conditions. Cooperation with a National Coordinating Committee may be considered as one – but usually minimum – alternative.

(5) All projects that have a disability

dimension should undergo an "extended auditing procedure" including a review and assessment of both donor and programme country policies, programmes, development cooperation frameworks and the proposed project.

(6) The disability dimension should constitute a threshold criterion[23] in projects that, on the basis of the extended auditing:

   (a) may prove to be disability-specific,

   (b) may have a major disability component or

   (c) for other reasons are highly relevant to the concerns of persons with disabilities or to prevention of disabling conditions, which conceivably may include all projects in the social, health and education sectors.

Such projects should be continued only if the appraisal team considers that disability issues can be appropriately handled by the project organization. Otherwise revisions will be required, if feasible, or the project rejected.

(7) In disability-relevant projects, or those with a specific disability component, consideration should be given to including a specific annex on the disability dimension to the Project Document.

3.3. Auditing the policies of donors and programme agencies

Donors and programme recipients should pay appropriate attention to major commitments by the international community in the social and economic sectors. It is therefore justified to extend the auditing to policy and programme guidelines even while appraising individual project documents. Weaknesses at

that level may eventually prove to be the original source of negative results on the social cost/benefit balance sheet of a particular project. Minimum checklists for policy and programme appraisal are presented below (checklists A and B). The checklists can also be used as guidance during programme negotiations.

Checklist (A):

Policy orientation of donor and programme countries

The following basic questions represent characteristics of a good policy orientation regarding disability. The checklist is progressive towards an inclusive approach. Should the required characteristic not be evident, proposals for balancing positive action could be made.

1. Has the donor agency/programme recipient accorded high priority to the social dimension of development?

NO-> The social dimension in technical cooperation should be appropriately introduced into discussions at the highest political level. Reference may be made to the Commitments of Heads of States and Governments at the World Summit for Social Development.

2. Has the donor agency/programme recipient taken into account the need to pay special attention to the most vulnerable or poorest population groups, such as women and children in difficult circumstances, persons with disabilities, refugees, among others?

NO-> The *Copenhagen Declaration on Social Development* as well as the "Guiding principles on developmental social welfare policies and programmes"[a] could be introduced to the discussion.

3. Has the donor agency/programme recipient included persons with disabilities as a group to be considered and addressed by a specific policy component?

NO -> The *World Programme of Action concerning Disabled Persons* and the Standard Rules on Equalization of Opportunities for Persons with Disabilities as well as United Nations General Assembly resolution 49/153 on a long-term strategy to further implement the *World Programme of Action* could be introduced to the discussion.

4. Has the donor agency/programme recipient included consideration of disability issues as an integral issue for the policy mainstreamed?

NO-> The benefits of integrated approaches should be emphasized. Reference could be made to the Standard Rules and to the concept of "a society for all".

a *Report of the Interregional Consultation on Developmental Social Welfare Policies and Programmes in the Near Future, Vienna, 7-15 September 1987* (E/CONF.80/90) and General Assembly resolution 42/125.

A simple list such as this with references to relevant international instruments and related programme documents can be used by any group or persons who have an interest to initiate a dialogue on the need for and justifications of inclusion of disability issues in mainstream development activities. In project or programme appraisal documents, the lack or weaknesses of supportive policies in the donor or programme countries should be pointed out. In the absence of an appropriate policy and programme commitment

on both sides it is unlikely that development interventions aiming at including disabled people can succeed and be sustainable.

3.4. Auditing a country programme/ country cooperation and similar frameworks

Country programmes of the United Nations Development Programme and related development cooperation documents are usually less detailed and involve more flexibility than tradional project documents.

They should be audited in a fashion similar to project proposals. An annex to the manual discusses a Rapid Disability Analysis (RDA), which represents, with minor modifications, a suitable tool for screening programme documents for their sensitivity to disability issues.

CHECKLIST B:

Application of Rapid Disability Analysis to development cooperation programme documents

1. Has the disability relevance of the programme and its components been studied and have appropriate conclusions been drawn?

2. Has the programme specified to what degree the problems to be addressed by the components are disability-relevant? Has it been noted that in all target groups there may be persons with disabilities as well? Are conclusions reflected in the contents and organizations of the components?

3. Have all important stakeholders been involved in the programme negotiations? Is there a division of labour and mechanisms for coordination, particularly between governmental and non-governmental bodies and organizations?

4. Do the development objectives reflect the recent international commitments and instruments in the social and economic sectors? Are they designed in the spirit of "A Society for All" that endeavours to involve all people in development as agents and beneficiaries?

5. Are the programme components, activities and results accessible to people with functional limitations?

6. Have the vulnerability of disabled people and the disability dimension been taken into account in programmes and projects? Have any balancing measures been included in the programme?

7. Have the resources of disabled people and their organizations been noted and will disabled people be effectively involved in components concerning them? Have additional empowering components been included?

8. Has the sustainability of results for disabled people been ensured by continuous and systematic policy-backing, involvement of disabled people and a sustainable resource flow?

9. Is the programme non-discriminating and does it support the objective of "development for all"?

10. Will follow-up measures be sensitive to disability issues and involve disabled people to an appropriate degree?

If the programme – or some components of it – should be considered disability relevant, any NO answer to items 2-10 should lead to further discussions and reconsideration and/or revision of the programme.

3.5. Auditing project documentation
Usually appraisal is limited to the project document. In disability-relevant projects it is, however, necessary to check the policy context and the overall intervention process in order to ensure that the assignments, right from the beginning, have been sensitive to disability-related information and issues.

If a programme approach has been used, the programme document should be subject to extended auditing as detailed as that applied to project documents.

Step 1: Initial screening at project identification stage
Because disability awareness may not be widely spread, disability concerns can easily be overlooked by project identification teams. Once project planning has advanced and a project organization has been set up, it is difficult to add the disability dimension.

On the other hand there may be alternative project proposals, some of which are more beneficial to persons with disabilities than others. That is why such a "new dimension" as disability needs special attention right at the project screening stage.

Project identification documents should be screened by a person or team familiar with disability matters. The Rapid Disability Analysis (Annex RDA) can be used as a basic checklist. A closer look can be obtained by comparing the identification document with the annexed disability sensitive UNDP project document (Annex PD) or the chapter on project identification.

Step 2: Auditing a project/programme document
The appraisal report is usually based mainly on the project document, whose

<u>Worked example:</u>

Rapid Disability Assessment applied to the "Basic Document Format of the European Union" [24]

Item in basic document format of the European Union	Relevant RDA checkpoints
1. Summary	**Checkpoint 1:** **Are there disability-relevant projects or activities in the plan/programme? (Checklist #1) – Was this reflected in TOR at the project identification phase?**
2. Background 2.1. Government sectoral policy 2.2. Features of the sector 2.3. Beneficiaries and parties involved 2.4. Problems to be addressed 2.5. Other interventions 2.6. Documents available	**Checkpoint 2.** **Has it been studied and specified <u>to what degree</u> the proposed project(s) and its problem dimensions are disability-relevant? Has the disability relevance been reflected in project organization (cross check with point 7)?** **Checkpoint 3:** **Have all relevant stakeholders whose cooperation is needed for the inclusion of disability concerns been identified? Have they been involved?**
3. Intervention 3.1. Overall objectives 3.2. Project purpose 3.3. Results 3.4. Activities	**Checkpoint 4:** **Are the objectives in line with the spirit of the international conventions, commitments and programmes?** **Checkpoint 5:** **Are the project, all its activities and outputs (results) such that people with functional limitations can participate in and benefit from the project on equal terms with other groups?**
4. Assumptions 4.1. Assumptions at different levels 4.2. Risks, uncertainty and flexibility	**Checkpoint 6:** **Has the sensitivity of the disability dimension (or component) to changes in external conditions, or possible negative developments within the project, been taken into account?**
5. Implementation 5.1. Physical and non-physical means 5.2. Organization and implementation procedures 5.3. Timetable 5.4. Cost estimate and financing plan 5.5. Special measures: Accompanying measures taken by the Government	**Checkpoint 7:** **Is the involvement of disabled people in the project organization and activities adequate in the light of the disability relevance of the activities? Has this been reflected in the cost and resource estimates and in the timetable?**

6. Factors ensuring sustainability 6.1. Policy support 6.2. Appropriate technology 6.3. Environmental protection 6.4. Socio-cultural aspects/Women in development 6.5. Institutional and management capacity, public and private 6.6. Economic and financial analysis	**Checkpoint 8:** **Will the activity result in sustainable improvements from the standpoint of people with disabilities?**
7. Monitoring and evaluation 7.1. Monitoring indicators 7.2. Reviews, evaluation	**Checkpoint 9:** **Are the monitoring and evaluation arrangements sensitive to disability issues?**
8. Conclusions and proposals	**Checkpoint 10:** **Has the whole process been sensitive enough to disability issues?**

formats tend to vary by organization. The key questions remain since most document formats involve applications of a "Logical Project Design Framework" and thus contain essentially the same information. The RDA checklist (annex) can be flexibly adapted to many document formats. The questions of RDA represent key issues which should have been appropriately dealt with during project preparation and should be reflected under various items in the project document. The more negative answers there are to an RDA, the more there is a need for revisions to – or reconsideration of – the proposal.

Contents of the above checkpoints are discussed in greater detail in the annex on rapid disability assessment.

Reference might also be made to the annotated project document presented as an annex (PD) to the Manual for an example of a more detailed description of a model project document that effectively addresses disability issues.

The appraisal report, or its disability-specific annex, should comment on whether the necessary checks have been made and whether an appropriate balancing action has been included.

4. PHASE FOUR: IMPLEMENTATION AND MONITORING

Project implementation, while defined by the schedule of activities and institutional arrangements listed in the project plan of operations or document, is based on limited knowledge about the future. As circumstances may change over the course of a project, systematic monitoring of project performance and results is essential. Implementation is a process of learning by doing.

4.1. Process-oriented planning

Due to the need for more flexibility and participation, process oriented planning[25] is becoming increasingly common in activities where the development of social and institutional infrastructure plays a central role. In all development the **active participation** of several stakeholder groups, including intended beneficiaries, has become the dominant paradigm.

In process- and learning-oriented approaches the involvement of the community becomes central. This calls for a flexible planning and implementation strategy. In fact, the differentiation of project cycle stages may be fading: project

identification, planning, plan appraisal, implementation and monitoring increasingly overlap. The approach increases flexibility but does not relieve participants from rational planning. Planning still involves the same logic and the same elements as those described in previous chapters.

A process-oriented approach requires a functioning team, **"a round-table" of main stakeholders**, such as:

- the beneficiaries,
- the funding agency,
- the implementing agency,
- the responsible government agencies.

At a "round table" all are equal but different. There are not only cultural differences amongst national and expatriate members but also between national members representing various sectors, levels of administration and, ultimately, the intended beneficiaries.

Teamwork within a process framework is not easy. It requires a structured, goal-oriented, and open dialogue. The team, in interaction with the respective constituencies through the team members, should be ready for **continuous discussions and negotiations** on, for instance:

(1) clarification of objectives;
(2) target setting;
(3) resources identification and cost sharing;
(4) priority setting, and interest conflict settlement;
(5) selection of strategies and planning of activities;
(6) division of labour;
(7) degree of community involvement;
(8) monitoring and any revision of planned actions.

One pre-requisite for full and effective involvement of persons with disabilities in the process is usually a component that focuses on the organizing and step-by-step empowerment of disability groups.

A flexible, process-oriented strategy is very suitable in planning and implementing activities that aim at **institutional development and capacity building**. This is the case, for instance, when planning disability-specific components within a wider project. It is also the approach of choice when operations are to be designed within a programme framework.

More participation calls for more flexibility in resources and timetables. What is invested in terms of extra time will often result in greater involvement and commitment, added social value and more sustainable results.

4.2. Principles to be applied
The following principles should be applied in implementing an activity so that it will be disability-responsive:

(1) Organizational arrangements for administering and monitoring the activity should reflect the degree of disability relevance of the activity (see chapter or annex on rapid disability assessment for further details).
(2) The set of performance and quality indicators should include disability-sensitive indicators or components.
(3) Implementation of a highly disability-relevant (or specific) projects or components should involve people with disabilities as agents and beneficiaries to the maximum feasible extent. Appropriate provisions should be made to enable persons with disabilities to empower themselves, thereby take increasing responsibility

for the project. A project steering committee – if constituted – should include a member with personal experience of disabilities.

(4) Both the donor and programme implementing agency should promote equalization of opportunities in all project activities. This principle implies that in projects that are disability-specific or have a disability-specific component, special efforts should be made to identify those persons with disabilities who could be assigned/hired in the light of the particular skills and knowledge that they have of disability matters and could contribute to project operations.

Moreover, project monitoring should extend to the site of project operations in addition to desk-based administrative procedures.

Barrier-free plans do not automatically come true

In Marjala (Finland), the barrier-free suburb, architects designed ramps as the main entrance to buildings. Steps were placed at the sides of the entrance. The first inspection revealed that the design was fine, but the working team had constructed a step of 15 cm in front of the ramp – as is usually done in front of steps.[a]

[a] Personal communication from Mr. Jouni Töyrylä, City Architect, Joensuu, Finland.

Disability-sensitive monitoring indicators may reflect criteria discussed in this chapter:

- Accessibility,
- Reachability,
- Usability,
- Orientation,
- Safety,
- Workability,
- Equality,
- Affordability.

An easy-to-arrange and cost-effective method for monitoring and checking the accessibility and adequacy of the built environment or other facilities is to arrange a <u>walk-around</u> by persons with various disabilities in order to spot the barriers. The same principle can be used to check the appropriateness of any other element of the project, as well.

Demystify accessibility and technology

Accessibility improvements need neither be costly nor complicated. Orientation by people with visual impairments can be assisted by lining up stones along paths, marking the junctions with stones or poles. Fire places should as well be marked with poles.

Hundreds of various types of technical aids can be produced at home, by village carpenters, blacksmiths, bicycle shops and so on out of locally available material.

Source: *Report of United Nations Economic and Social Commission for Asia and the Pacific Technical Workshop on Indigenous Production and Distribution of Assistive Devices* (Bangkok, 5-14 September 1991).

5. PHASE FIVE:
FINAL EVALUATION

Development projects usually are evaluated systematically; this often may include input by independent experts at the end of the project (or a specific phase). Attention is directed to results achieved, obstacles encountered and a determination whether there is a need for further action, including preparation for a subsequent project phase. Evaluation thus represents a major opportunity to review and assess "lessons learned", which are expected to lead to improvements in planning of similar activities.

Evaluation differs from monitoring in two respects. While monitoring focuses on processes by which project inputs are converted into outputs, evaluation examines the relationship between project-level objectives and final results. Evaluation may also focus on how the intended – as well as unintended – beneficiaries make use of project outputs to improve their well-being and livelihood.

Evaluation implies, by definition, mirroring the results against chosen values. This stage should bring the partners in development back to the **crucial value statement** that development cooperation should be based on the highest international standards and commitments. For disability-relevant projects this includes consideration on the ways in which disabled women and men, girls and boys have been effectively involved as beneficiaries and agents of change.

6. INTRODUCTION OF THIS
MANUAL AS A LEARNING
TOOL

The application of this manual to development cooperation activities could very well start as an evaluation exercise in the following way:

A **round-table workshop** could be organized with participation of all the main development cooperation stakeholders. The task would be to make a *post facto* appraisal exercise of existing development cooperation policies, country programmes or a major mainstream project. The ultimate output of such workshops would be draft basic principles and guidelines on how to start implementing an integrated policy approach concerning disability issues in the context of mainstream development cooperation. One result could be a continuing cooperative arrangement between interested donor agencies, programme countries and disabled people's organizations.

There are no perfect development policies, programmes or projects. It is of vital importance that the lessons learned in attempts to achieve development for all through planning safe and accessible projects be collected and disseminated widely.

NOTES: Unit III

1. United Nations Development Programme, *Programme and projects manual (PPM)*, vol. III, "Implementation of UNDP technical co-operation" (New York, 1988).
2. Waren C. Baum, *The project cycle* (Washington, DC, The World Bank, 1982).
3. For grant assistance, see for instance, United Nations Development Programme, Regional Bureau for Asia and the Pacific, *How to write a project document; a manual for designers of UNDP projects* (New York, 1990); Commission of the European Community, *Manual for project cycle management; integrated approach and logical frame-*

work (February 1993); Finnish International Development Agency (FINNIDA), *Guidelines for project preparation and design* (June 1991). The discussion draws upon bi- and multi-lateral approaches to design of grant-assisted projects.

4. F1NNIDA, *Guidelines for project preparation ...*

5. United Nations General Assembly resolution, 47/88 *inter alia*, called upon Governments to address "disability issues within integrated social development policies linked to other socio-economic isues ...; and to integrate "disability components into ... technical cooperation programmes".

6. United Nations *Report of the World Summit for Social Development..*

7. United Nations General Assembly resolution 47/88.

8. Carl V. Patton and David S. Sawicki, "Verifying, defining and detailing the problem", in *Basic methods of policy analysis and planning*, 2nd edition (Englewood Cliffs, New Jersey (USA), Prentice-Hall, 1993), chap, 4.

9. See for instance, *Report of the World Conference on Human Rights*, Vienna, 14-25 June 1995 (A/CONF.157/24 (Part I)).

10. For an example of setting regional targets, see World Health Organization, Regional Office for Europe, *Targets for health for all; targets in support of the European regional strategy of health for all* (Copenhagen, 1985).

11. *Final Report of the International Conference on Nutrition, Rome, 5-11 December 1992* (Rome, Food and Agricultural Organization of the United Nations, 1993), Part II.

12. *Final Report of the World Conference on Education for All: Meeting Basic Learning Needs, Jomtien, Thailand, 5-9 March 1990*, Inter-Agency Commission (UNDP, UNESCO, UNICEF. World Bank) for the World Conference on Education for All, New York, 1990, appendix 1.

13. See, for instance, *World Labour Report, 1994* (Geneva, International Labour Office, 1994).

14. Report of the World Conference on Human Settlements (HABITAT II), Istanbul, Turkey, 3-14 June 1996 (forthcoming).

15. *Implementation of the World Programme of Action concerning Disabled Persons, report of the Secretary-General* (A/49/435), annex, "Towards a society for all; Long-term strategy to implement the World Programme of Action concerning Disabled Persons to the Year 2000 and Beyond".

16. Based upon United Nations *Designing with Care*, Vienna, 1991

17. Organization for Economic Cooperation and Develoment. Development Assistance Committee, *Guidelines on Environmental Aid*, "Good practices for environmental impact assessment of development projects", No. 1 (Paris, 1992); Commission of the European Communities, *Environmental Manual; sectoral environmental assessment sourcebook* (June 1993).

18. *Report of the United Nations Conference on Environment and Development...*, "Rio Declaration", Principle 1.

19. Asian Development Bank, *Guidelines for Social Analysis of Development Projects* (Manila, June 1991) pp. 2-3; and see also *ibid.*, *Guidelines for Incoporation of Social Dimensions in Bank Operations* (Manila, October 1993).

20. *Effective mobilization and integration of women in development: gender issues in macroeconomic policy-making and development planning; report of the Secretary-General* (E/1995/75); see also International Labour Organization, *The window of opportunity, strategies for enhancing women's participation in technical cooperation projects*, WID Occasional Papers, No. 3 (Geneva, 1991).

21. *Report of the Fourth World Conference on Women…*, para 58.

22. Documentation is currently under preparation by UNDP, see for instance, United Nations Development Programme, *Guidelines for the Implementation of the Successor Programming Arrangement in UNDP*, "Introduction, and Implementation guidelines for country-level programming, resource assignment and review", Part A (New York, 21 December 1995); and *Implementation of the successor programming arrangements, report of the Administrator* [of UNDP] (DP/1996/3.

23. *Report of United Nations Consultative expert meeting on integration of disability concerns in development cooperation activities (Vienna, 29 May – 2 June 1995).*

24. Commission of the European Communities, *Manual: project cycle management, integrated approach and logical framework*, Evaluation Unit Methods and Instruments for Project Cycle Management, No. 1 (February 1993).

25. See, for instance, the discussion in Overseas Development Administration, *A Guide to Social Analysis for Projects in Developing Countries* (London, HSMO, 1995).

IV

UNIT FOUR:

DISABILTY-SPECIFIC

PROJECTS
AND COMPONENTS

A. SUMMARY OF BASIC PRINCIPLES TO BE APPLIED

"Disability-specific" projects or components are defined as those which identify persons with disabilities as their primary beneficiary group.[1]

Disability-specific activities may focus on reducing the risk of disablement, rehabilitating persons with disabilities, and equalizing opportunities for persons with disabilities. The objectives may focus on different levels, such as the following:

(a) adequate societal policy and feasible programmes at national level,
(b) community-based activities,
(c) activities targeted towards families, and
(d) activities targeted towards persons with disabilities.

A "comprehensive" approach could therefore be summarized in terms of the 12 elements listed in the following matrix.

Figure IV.1:
Elements of a "comprehensive" approach to disability-specific action

	(a) **Equalization of opportunities**	(b) **Rehabilitation**	(c) **Prevention**
(1) **Societal policy**	1.a.	1.b.	1.c.
(2) **Community-based activities**	2.a.	2.b.	2.c.
(3) **Activities targeted towards families**	3.a.	3.b.	3.c.
(4) **Activities targeted towards persons with disabilities**	4.a.	4.b.	4.c.

It is often not feasible to cover the whole horizontal axis in any one project. Instead it may be neccessary to focus on one of the three aspects. Whatever the focus, the *minimum criterion for disability-specific action* should be that it encompasses the vertical dimension, *i.e.* **all activity levels must support each other for the benefit to reach the concerned individuals in a sustainable way**. Therefore, the project proposal should specify what actions are taken to facilitate and ensure appropriate policy support for achieving the project's objectives, how community resources will be mobilized, how the family will be involved and supported, and, finally, how the individuals will concretely participate in and benefit from the project.

Disability-specific projects that are supportive of approaches which will further a society for all should attempt to meet the following criteria.

The project should seek to:

(a) Promote self-reliance. Persons with disabilities should be provided with resources that facilitate the choice of an appropriate mode of "independent living". Particular attention should be given to resources for independent mobility, economic and social self-reliance. The project should avoid care-taking approaches, which may even sustain or increase the dependency of disabled persons on externally provided supports.

(b) Be mainstream and inclusive. All development activities should aim at facilitating equal access for persons with disabilities to activities meant for all. The inclusive approach gives priority to joint activities where both disabled persons and non-disabled persons may participate rather than creating specific services for either group only. Building institutions for disabled people should be particularly avoided.

(c) Be sustainable. In the long run, a project should be able to generate its own resources, rather than remain dependent on external resources. Therefore, an income-generating mechanism should be an essential part of the project, whenever feasible. Particular attention should be given to the nurturing and mobilization of the resources among the disability community.

(d) Respond to and back up policies. The feasibility and sustainability of a project presupposes the support of a wider programme and general governmental policy parallel with the objectives of the project. Small, innovative projects integrated into a coherent medium-term programme are more useful than isolated undertakings however large they may be.

(e) Reflect an interdisciplinary approach. The project should apply the know-how of several disciplines and groups of personnel rather than concentrate solely on medical, economic or social science aspects.

(f) Be cross-sectoral. The project should focus on removing obstacles faced in the complexity of everyday life rather than deal with artificial life arenas defined by administrative subdivisions.

(g) Involve community participation. The project should involve the community to the maximum extent, and mobilize and make use of relevant local skills, resources and technology.

(h) <u>Involve persons with disabilities</u>. Projects which focus on persons with disabilities should not be planned and implemented without full and effective participation of persons with disabilities as both agents and beneficiaries. Project design should include a mechanism that will ensure recognition and follow-up related to interests and needs of disabled persons in both the planning and the implementation of the project.

(i) <u>Focus on children and women</u>. Disability-specific activities should particularly invest in improving the possibilities of children and women to exercise their universal human rights and fundamental freedoms. This may often involve specific, targeted components.

Getting up from the streets

In Kampala, Uganda, a large number of disabled people who made their living by begging were told by the City Council that they are no longer welcome on the streets. The Council recognized that they had to offer an alternative and made available a small plot of land next to the main Kampala bus park.

Eighty of the disabled people formed themselves into the Kampala Disabled Business People's Association. Now, a few years later, the plot of land is a thriving "university of small business". The Association rents out plots to other business people; and an area to a catering co-op that provides food as well as rent. The Association has over 200 members who are involved in substantial sporting, theatre and disability rights activities; and they run a successful revolving loan scheme.[a]

[a] Source: "Action on disability and development", Operations report and plans (Document 3: November 1992).

B. BUILDING PARTNERSHIPS

When resources are scarce it is often impossible to initiate a project on the desired and necessary scale. Experience suggests that one effective option in efforts to stretch available resources in order to get started and to be able to show the project's potential is to start on a small scale – on a pilot project basis. A wide partnership, with low-cost entry options, and a flexible project organization can be designed in order to identify and pool resources from all interested parties.

Small resources can multiply when invested in strategic interventions

To gain further support over time, activities should be visible at an early stage. At the initial stage of the PROJIMO Project in Mexico ("Programme of rehabilitation organized by disabled youth of western Mexico"), the strategic priorities for achieving visible results over a wide area in the shortest time using local resources were set as in the following example:

Example of strategic priorities:

(1) Towns before villages,
(2) Children before adults,
(3) Well-motivated parents before indifferent ones,
(4) Locally-perceived needs before theoretical strategy,
(5) Small-scale before large-scale,
(6) Visible centres before invisible periphery,

(7) Day-centres before residential work. This is only one way of setting strategic priorities.[a]

[a] David Werner, "Classmates help a disabled child stay in school", *Newsletter from the Sierra Madre #31* (May 1995), published by Health-Wrights (Workgroup for People's Health and Rights) 964 Hamilton Avenue, Palo Alto, CA 94301 (USA).

Many resource constraints can be overcome through **alliances**, **partnerships and cost-sharing**. In the disability field it should be considered unthinkable to plan and implement a project without involving the disabled community in both donor and programme countries. There often are more resources available among the disabled community than can be identified at the beginning of project analysis and planning. One reason may be that, for a long time, the involvement of the disabled community in society was not always encouraged, and it has not been able to show its full potential. Persons with disabilities might not even have realized the extent of their own potential. Therefore, an important component in promoting partnership with the disabled community in programme countries should be an appropriate training module to assist in the establishment and operation of organizations of persons with disabilities.

Since international disability organizations have contacts with disability organizations in most all countries, it is useful to consult them while planning disability-specific projects.

C. AN INTEGRATED APPROACH TO DISABILITY

In efforts to enable people with disabilities to integrate themselves fully into the societies in which they live, there are no partial solutions. An integrated approach calls for positive changes in three main areas of action focusing, respectively, on persons with disabilities, the environment, and society as a whole, specifically:

(a) rehabilitation and assistive equipment for disabled persons;
(b) improved environmental accessibility;
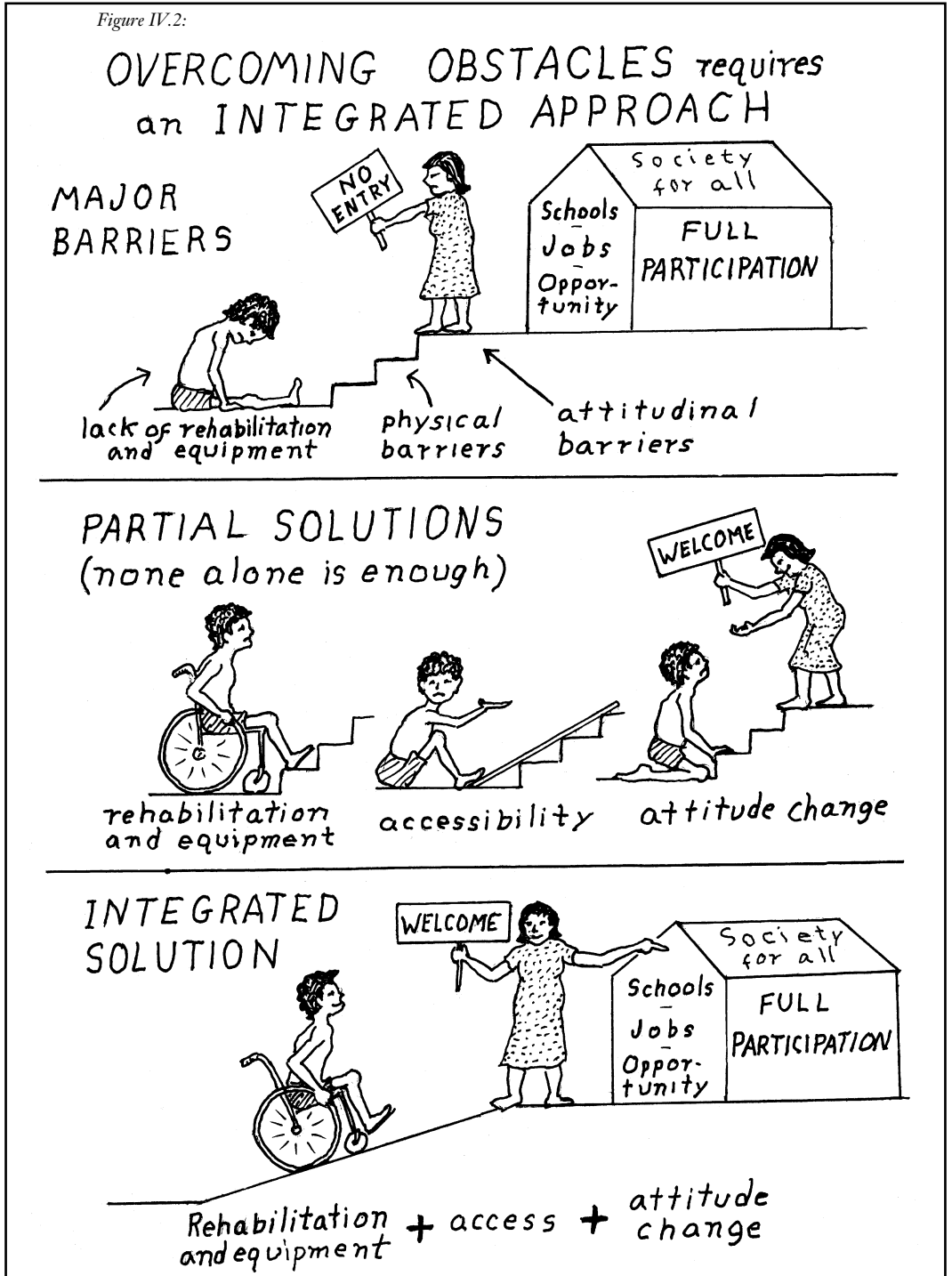(c) greater acceptance and support for diversity by the general public.

Historically, professional intervention for persons with disabilities has concentrated on providing rehabilitation and equipment, while doing relatively little about accessibility and acceptance. Efforts were made to change disabled persons to fit better into society rather than to change society and the environment to accommodate better the needs of persons with disabilities. For this historical reason, the focus of efforts in developed countries generally has been on overcoming *environmental and social barriers*.

In developing countries, however, needs may be different. Basic rehabilitation services and assistive equipment often may not be accessible to the majority of disabled persons who live in developing countries. For instance in low-income countries, where less than 5 per cent of the disabled persons who need wheelchairs have them, wheelchair accessibility is not seen as a high priority (except by those few who can afford wheelchairs). Often the most immediate barrier to self-reliance among persons with disabilities is a lack of basic rehabilitation services and equipment needed for basic mobility.[2]

Therefore, when planning development measures in the pursuit of "a society for all" in low-income communities, it is essential that the **full range of needs** of disabled persons be considered. Needs for basic and appropriate rehabilitation and assistive equipment must not be overlooked in the quest for better social and environmental accessibility. The need for a balanced approach is shown in the following graphic, contributed by Mr. David Werner of HealthWrights.

Figure IV.2:

OVERCOMING OBSTACLES requires an INTEGRATED APPROACH

MAJOR BARRIERS

NO ENTRY

Society for all

Schools — Jobs — Opportunity

FULL PARTICIPATION

lack of rehabilitation and equipment

physical barriers

attitudinal barriers

PARTIAL SOLUTIONS (none alone is enough)

WELCOME

rehabilitation and equipment

accessibility

attitude change

INTEGRATED SOLUTION

WELCOME

Society for all

Schools — Jobs — Opportunity

FULL PARTICIPATION

Rehabilitation and equipment + access + attitude change

Davis Werner

D. A CONCLUDING COMMENT

All planners and decision makers face daily the dilemma of choosing between those tasks that are urgent and those that are not necessary to be done just now, but are in the long run more important than the daily urgencies. In development activities there is always a need to show visible results rapidly. Adding yet another concern into the plans is thus hardly welcomed. Therefore, the concept of accessibility, in its widest sense, must be built into the very basic planning framework as a natural quality criterion rather than conceived as an additional component.

Planners know how to do things technically right. In development work it is, however, more important to do right things. Without right policy commitment and guidance, a modern planning machine is able to do wrong things as effectively as right ones. For people with disabilities, understanding the technical processes of project planning and administration is thus vital in order to be in a position to gear these processes to the right direction.

There are, however, no purely technical solutions that would lead towards an inclusive society for all people. The biggest obstacles for equal opportunities of people with disabilities are invisible. They are in people`s minds. Conducive change in the mind maps and attitudes of all development partners is needed. To start learning by doing in equal partnership and with mutual respect creates the kind of interaction needed for breaking both the technical and the mental barriers for equality and inclusion.

NOTES: Unit IV

1. This issue goes beyond the scope of the current manual. The purpose of this unit is to provide "food for thought" on the question of reinforcing the disability perspective in mainstream development projects. A select bibliography is included in an annex; please review the citations on capacity building and consult organizations of persons with disabilities.

2. United Nations, "Report of consultative expert meeting on integration of disability issues in development cooperation activities (Vienna, 29 May – 2 June 1995)".

ANNEX PD:

EXAMPLE:
A DISABILITY SENSITIVE
UNDP PROJECT DOCUMENTATION

HOW TO INTEGRATE THE DISABILITY DIMENSION INTO A UNDP PROJECT DOCUMENT
(1997 version)

The following format follows the UNDP Project Document. As this format is rather detailed, it can be adjusted to conform to most of the specific requirements of various donor agencies. The example is slightly "overdone" to clarify the various options. At the Project Identification stage this same model can be used with simplifications, as necessary.

PROJECT BRIEF

A brief description is usually placed on the cover page. It should contain any very relevant special considerations, such as women's role, environmental issues and the relevance for equalization of opportunities of disabled people. The project's degree of disability relevance should be stated here to ensure adequate appraisal of the document.

A. CONTEXT OF THE PROJECT

(1) Description of the sector concerned
Give a general comment on the relevance of disability issues within the sector:

– assessment of health status and health risks in the project area;
– proportion of elderly people and trends in age structure;
– screening for persons with disabilities within the target groups, and among those indirectly affected, the number of persons with disabilities, their age and gender distribution, social status, service facilities available, accessibility, *etc.*

(2) The host country plan or strategy for the subsector
Describe any policy or strategy explicitly or implicitly relevant to the inclusion of disability concerns. Note also the lack of relevant policies and programmes.

(3) Prior ongoing assistance to the same subsector
Mention all assistance that has a social or health dimension (equalization of opportunities, poverty alleviation, basic infrastructure construction, *etc.*).

Mention any prevention, rehabilitation, education, employment, etc., projects relevant to disability. Note the disability relevance of interventions related to environmental health, or curative health care, Mother and Child Health, *etc.*

(4) The institutional framework for development efforts in the subsector
Describe the interlinkages between relevant ministries, other public bodies and national or local NGOs, and international organizations that do or could contribute to an integrated approach to disability issues within the scope of the project.

B. PROJECT JUSTIFICATION

(1) The problem to be addressed (pre-project situation)
Include a description of how persons with disabilities are affected by the problem and whether they are particularly worse off in the current situation in comparison with their peers or reference groups.

(2) The expected end-project situation

Describe how persons with disabilities will benefit — or lose — if the project is implemented. Make a specific mention of any mechanism for guaranteeing that the intended outcomes benefit particularly vulnerable and excluded disability groups, such as women and children, the deaf, the mentally impaired and those with multiple disabilities.

If the impacts are potentially negative for persons with disabilities, design balancing measures (such as support services, specific disability components, etc.).

(3) Target beneficiaries

Indicate possible figures for the number of persons with disabilities with break-down according to gender and broad age groups. Lack of accurate data should not be interpreted as the non-existence of disabled people in the target group.

(4) Justification of the choice of strategy

The inclusion of disability issues should be justified with legal, economic, social or moral reasons. Quote Human Rights instruments, UN resolutions, Standard Rules, Government policy documents, etc. The direct and indirect effects should be considered separately and their importance assessed. Social and economic considerations usually speak strongly for an integrated and multisectoral strategy rather than for sectoral approaches. Participation of beneficiaries and empowerment of marginal groups should be included.

(5) Reasons for external assistance

Justify the involvement of any external donor, particularly in efforts to improve the project's impact on disabled persons.

(6) Special considerations

A minimum requirement for any disability relevant project (Checklist 1) is the inclusion of disability concerns in this section. Such concerns should also be included in considering such issues as environmental aspects (environmental health, safety, accessibility, etc.) or Women in Development. Women with disabilities should always be given special attention in gender analysis, because they are usually pushed to the outmost margins in communities. Reference to international standards, commitments and mandates support the inclusion of disability concerns.

(7) Arrangements for coordination with other sectors

Present the prerequisites of an integrated and multisectoral approach with a description of feasible solutions. State the functional division of labour between governmental, non-governmental organizations — including the business community — and the families and individuals.

(8) The capacity and commitment of the host to provide the inputs and sustain the project

Include an assessment of the recipient's willingness and ability to include the disability dimension in the project and to take over the responsibility at the end of the project.

C. DEVELOPMENT OBJECTIVE

The long-term objectives of the project should be formulated, if possible, to include and benefit persons with disabilities in the spirit of "a society for all". Objectives that reflect a "care-taking" approach should be avoided because they are not conducive to sustainable social development.

D. IMMEDIATE OBJECTIVES, OUTPUTS AND ACTIVITIES

The <u>immediate objectives</u> (short- and medium-term targets of the project) should be such that the services, products, institutions and opportunities created are accessible to persons with disabilities. Persons with disabilities should be seen as equal beneficiaries in the target group. Among the immediate objectives, there can be a component particularly targeted to equalize the access and opportunities of persons with disabilities or a specific preventive component.

The immediate objectives are achieved through producing a set of <u>outputs</u>. These should fulfil the accessibility and safety criteria relevant to disability.

The <u>activities</u> to produce the outputs should be designed in such a way that they do not discriminate against persons with disabilities, but allow or even facilitate their participation. Some activities can even be assigned to persons with disabilities or their organizations. Naturally, high standards of occupational safety should be applied in selecting between alternative activities.

E. INPUTS

In planning the provision of equipment, supplies, personnel, *etc.*, the following criteria should be used:

(1) The equipment must fulfil high safety criteria. In no case should dangerously outmoded and unprotected equipment be proposed or provided by an external donor. The persons involved in the use of new equipment must be adequately trained.

(2) The health hazards of supplies should be given careful consideration and instruction (training) should be included in the plan.

(3) In defining the quality of personnel, the criteria should not discriminate against equally qualified persons with disabilities.

(4) As part of the activities, consideration should be given to subcontracting organizations or businesses of disabled persons.

Details of the basic work safety requirements can be found in the ILO conventions referred to in the Bibliography.

F. RISKS

Any external condition that seriously threatens the inclusion of disability issues in the project should be eliminated with alternative designs. Such conditions can, for instance, be negative attitudes towards disabled persons by some of the participating agents or the social environment.

Care should be taken to minimize the possibility of conflicts between the inclusion of disability issues or persons with disabilities and the other elements or participants. Awareness raising exercises, for instance, can be used to combat some of the potential conflicts. Special consideration for the needs of disabled people can usually be adapted, with some flexibility or minor redesign, to benefit the community as a whole.

G. PRIOR OBLIGATIONS AND PREREQUISITES

Some donors may decide to apply some basic criteria, such as the observance of human rights, as a prerequisite for assistance. Whether explicitly stated or not, it should be observed that all human rights provisions should apply to persons with disabilities as well.

It is also possible to set basic conditions to be fulfilled. Regarding persons with disabilities, such preconditions can easily be justified by the commitments jointly made and shared by practically all Governments in the world.

H. PROJECT REVIEWS, REPORTING AND EVALUATION

The periodic review should include an evaluation of the success of efforts to include disability concerns. Criteria for such evaluation should be set, agreed upon and reflected in the documentation. Persons with disabilities can be assigned to function as evaluators, for instance, to test the accessibility of buildings and other infrastructure.

I. LEGAL CONTEXT

Many organizations use a standard text. The legal clauses defining the conditions for revision of the project plan might make it difficult to add any major disability concerns to the project during the implementation phase. Therefore, the adequacy of analyses and the appropriate inclusion of disability concerns in the project document are of critical importance.

J. BUDGETS

Budgets should include a realistic estimate of the possible savings and/or extra costs incurred by efforts to make the project accessible to disabled persons. Budgets should be prepared to reflect the objectives and the quality of outputs. Consequently the inclusion of disability issues is not only a cost factor but also increases the social and economic returns. The inputs of organizations of disabled persons may sometimes only be in kind but should be reflected in the budget.

ANNEXES TO THE PROJECT DOCUMENT:

Specific issues that can be covered in more detail in annexes, such as the following

(I) WORK PLAN: If there are any bench-mark celebrations scheduled, include an adequate awareness-raising component concerning the inclusion of disabled persons or disability issues in general.

(II) REVIEW, REPORTING AND EVALUATION: Indicators concerning the disability issues should be included. Persons with disabilities or representatives of their organizations should be included in the evaluation teams when the project is highly disability-relevant.

(III) TRAINING PROGRAMME: In the selection of trainees or trainers, persons with disabilities should not be discriminated against. A specific disability component should always be included in projects dealing with social and health issues.

(IV) EQUIPMENT: Specifications should comply with high safety requirements.

(V) JOB DESCRIPTIONS should not discriminate against persons with functional limitations who would otherwise be able and adequately skilled to perform the tasks. It is recommended that a disability component, such as the training and employment of persons with disabilities for certain tasks be included.

(VI) A SPECIFIC ANNEX ON THE SOCIAL IMPACT ON PERSONS WITH DISABILITIES may be added in the case of highly disability-relevant projects. Usually this is necessary in health, education and social sector projects.

ANNEX PDA:

EXAMPLE:
UNDP PROJECT DOCUMENT
APPRAISAL CHECKLIST

The checklist follows the items of the UNDP project document with some slight simplifications. (1997 version)

A. Context of the project:

(1) Has background information been collected in an adequate manner at the project identification stage, to assess the relevance of disability issues in the subsector? The necessary information should include such matters as:

- assessment of health status and health risks in the project area,
- proportion of elderly people and trends in age structure,
- screening for persons with disabilities within the target groups, and among those indirectly affected,
- the host country policies, strategies or plans for the subsector, elements explicitly or implicitly relevant for giving special attention to the disability dimension?

(2) Is the proposed project disability-relevant?
- consult the list under checkpoint 1

Should the project be considered disability-relevant by the appraisal team that involves disability expertise, checking for disability-relevant issues should be continued even if the Project Document would not have considered it necessary to deal with the issue more thoroughly.

(3) In general, are there, in the studies and analyses conducted during the preparation process, specific references to the disability dimension?

(4) Does the PD refer to the existence of any prevention, rehabilitation, education, employment, *etc.*, programmes or projects relevant to disability in the target area of the project?

(5) Does the PD describe the interlinkages with relevant ministries, other public bodies and NGOs, or international organizations which could contribute to an integrated approach to disability issues within the scope of the project?

B. Project justification

(1) Has the pre-project situation of persons with disabilities been described and compared with that of their peer groups?

(2) Is there an assessment of the intended or unintended impacts of the project on persons with disabilities and/or of the preventive aspects?

(3) Is there a specific mention of a mechanism for guaranteeing that the intended outcomes benefit particularly vulnerable and excluded disability groups, such as women and children, the deaf, the mentally impaired and those with multiple disabilities?

(4) If the impacts are potentially negative for persons with disabilities, have any balancing or other measures been planned (such as support services, specific disability components, *etc.*)?

(5) Are the justifications for including the disability dimension based on the strongest possible economic, legal, social and moral arguments, with appropriate references to international legal instruments and other relevant documents?

(6) Is the involvement of external donors in the efforts to improve the project's impact on disabled persons justified?

(7) Does the "special considerations" item explicitly mention the disability issue?

(8) Has the host government shown willingness to include the disability issue?

C. Development objective

(1) Is the disability dimension of the proposed project in line with the country programme?

(2) The objectives must **not** indicate a concentration on the adaptation of disabled individuals, or propose an institutional care-taking or charity approach. Are the long-term objectives in line with the principle of "a society for all"?

D. Immediate objectives, outputs and activities

(1) Are the immediate objectives (short- and medium-term targets of the project) defined in such a way that the services, products, institutions and opportunities created are accessible to persons with various disabilities?

(2) Is there, among the immediate objectives, a specific preventive component, or a component particularly targeted to equalize the access and opportunities of persons with disabilities?

(3) Are the <u>outputs</u> safe and accessible to all?

(4) Are the <u>activities</u> designed in such a way that they do not discriminate against persons with disabilities, allow or even facilitate their participation?

(5) Are there activities that can be assigned to persons with disabilities or their organizations?

(6) Are high standards of occupational safety guaranteed?

E. Inputs

(1) Does the equipment fulfil high safety criteria?

(2) Is there a guarantee that outmoded and unprotected equipment will not be introduced?

(3) Are the health hazards of supplies and the safe use of equipment included in the instructive activities (training)?

(4) Are criteria for hiring personnel non-discriminatory against equally qualified persons with disabilities?

(5) Has consideration been given to subcontracting organizations or businesses of disabled persons to perform relevant parts of the project?

F. Risks

(1) Have the external conditions, such as negative attitudes, that might seriously threaten the inclusion of disability issues and persons with disabilities in the project, been considered and balancing measures planned?

G. Prior obligations and prerequisites

(1) Are there disability-relevant prior conditions for assistance, such as the observance of the human rights of persons with disabilities?

H. Project reviews, reporting and evaluation

(1) Are persons with disabilities used as evaluators to test the disability-relevant aspects of the project (*e.g.* accessibility of buildings)?

I. Legal context

(1) Is the disability dimension reflected in all the legal documents?

J. Budgets

(1) Do the budgets include a realistic estimate of the possible extra costs incurred by efforts to make the project accessible to disabled persons?

ANNEXES TO THE PROJECT DOCUMENT:

(1) Do the annexes include the disability dimension in an appropriately detailed manner, where relevant?

(2) In the light of the relevance of the project to prevention and/or the needs and concerns of persons with disabilities, is there a need for a special annex to further specify the disability dimension? If so, is it adequate enough?

ANNEX A:

LIST OF ABBREVIATIONS

Index of Abbreviations

CCRW = Canadian Council on Rehabilitation and Work

CSHA = Centre for Social Development and Humanitarian Affairs/
United Nations Of fice at Vienna until 1993

DAA = Disability Awareness in Action

DPI = Disabled Peoples International

ECOSOC = Economic and Social Committee

ESCAP = Economic and Social Commission for Asia and the Pacific

ICTA = Information Centre for Technical Aids

ILO = International Labour Organization

NNH = Nordiska Nämnden för Handikappfrågor

NORAD = Norwegian Agency for Development Co-Operation

RI = Rehabilitation International

S I D A = Swedish International Development Authority

UN = United Nations

UNDP = United Nations Development Programme

UNESCO = United Nations Educational, Scientific and Cultural Organization

UNICEF = United Nations Children's Fund

UNOV = United Nations Office at Vienna

WBU = World Blind Union

WFD = World Federation of the Deaf

WHO = World Health Organization

Others:
EGM = Expert Group Meeting
HDR = Human Development Report (UNDP)
SR = Standard Rules on Equalization of Opportunities for Persons with Disabilities

ANNEX B:

A SELECTED RESOURCE BIBLIOGRAPHY

The original bibliography annexed to the 1997 version of the Manual is not included in this version. For recent publications consult the UN Enable webiste:
United Nations Resources on Disability Available
On-line http://www.un.org/esa/socdev/enable/unpwdresources.htm

ANNEX UN:

UNITED NATIONS FOCAL POINTS ON DISABILITY ISSUES

Consult the UN Enable webiste: United Nations Internet sites on disability http://www.un.org/esa/socdev/enable/unpwdwebsites.htm

It contains links to United Nations internet sites specifically dedicated to disability, including the following:

UNITED NATIONS SECRETARIAT
Programme on Disability, Division for Social Policy and Development, Department of Economic and Social Affairs
- Persons with Disabilities

United Nations Statistics Divisions, Department of Economic and Social Affairs
- Disability Statistics
- International Seminar on Measurement of Disability, New York 4-6 June 2001

REGIONAL COMMISSIONS
United Nations Economic and Social Commission for Asia and the Pacific (ESCAP)
- Asian Pacific Decade of Disabled Persons, 1993 –2002

AGENCIES AND FUNDS
Food and Agriculture Organization (FAO)
- Database on the Rural Disabled

International Labor Organization (ILO)
- Disability and the world of work
- United Nations Educational, Scientific and Cultural Organization (UNESCO)
- Special needs education set within the framework of 'inclusive education' UNESCO

World Health Organization
- Disability and rehabilitation
- Mental Health in Primary Care
- The Department of Mental Health and Substance Dependence of the World Health Organization has a site on mental health and brain disorders
- International Classification of Functioning, Disability and Health

BRETTON WOOD INSTITUTIONS
World Bank Group
- Including Persons with Disabilities

Updated in October 2003

ANNEX NGO:

INTERNATIONAL UMBRELLA
DISABILITY ORGANIZATIONS

RONALD WIMAN (ED.): DISABILITY DIMENSION IN DEVELOPMENT ACTION
MANUAL ON INCLUSIVE PLANNING. PUBLISHED BY STAKES FOR THE UN (2003)

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Disabled Peoples' International (DPI)
748 Broadway
Winnipeg, Manitoba,
Canada, R3G 0X3
Tel:: (204) 287-8010
Fax: (204)783-6270
e-mail: info@dpi.org
Website: http://www.dpi.org/

Inclusion International
115 Golden Lane
London EC1Y 0TJ
Great Britain
Tel: + 44-20-76 96 69 04
Fax:+ 44-20-76 96 55 89
e-mail: info@inclusion-international.org
Website: http://www.inclusion-interna-
tional.org/

Rehabilitation International
25 East 21 Street,
New York, NY 10010
USA
Tel.: 212-420-1500,
Fax: 212-505-0871
e-mail:Rehabintl@rehab-international.org
Website:http://www.rehab-interna-
tional.org

World Blind Union (WBU)
Jose Ortega y Gasset, 22-24
Madrid
Spain
Tel: 34 91 5894533
Fax: 34-91§-5894749
e-mail: umc@once.es
Website: www.worldblindunion.org

World Federation of the Deaf TTY:
+358 9 580 3573
 PO Box 65
00401 Helsinki
FINLAND
e-mail: info@wfdnews.org
Fax: +358 9 580 3572
TTY: +358 9 580 3573
Website: http://www.wfdnews.org/

**World Network of Users and
Survivors of Psychiatry**
Klingenberg 15, 2.th,
5000 Odense C,
DENMARK
Tel +45 66 19 45 11
e-mail: admin@wnusp.org
Website: http://www.wnusp.org/

Updated in October 2003
See also the UN Enable pages.
http://www.un.org/esa/socdev/enable/diso
utre.htm#partnerships

ANNEX RDA:

RAPID HANDICAP ANALYSIS (RHA 3)

RONALD WIMAN (ED.): DISABILITY DIMENSION IN DEVELOPMENT ACTION
MANUAL ON INCLUSIVE PLANNING. PUBLISHED BY STAKES FOR THE UN (2003)

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RAPID HANDICAP ANALYSIS (RHA 3)

Is a development project handicapping?

This 10-point checklist is intended to facilitate the rapid assessment of development programmes and projects for the adequate inclusion of the disability dimension in the plans. If the activity should be considered "disability relevant" according to checkpoint # 1, the answer to all the other nine points should be yes. If not, the plan should be revised in order to ensure the adequate social quality of the results. In this Manual, there are further explanations and a number of more detailed checklists for "extended auditing" of the whole planning process for handicapping elements.

This framework has been prepared in general terms to allow for universal applicability in checking documents resulting from any and all stages of the development planning process. As the focus and depth of information varies from one planning stage to another, the basic checklists presented here can be adjusted accordingly. Naturally, turning the questions into corresponding statements on how things should be taken into account would produce *"Guidelines for Disability Sensitive Project Planning"*

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1) Originally this instrument was named in the Manual as "Rapid Disability Analysis – RDA". After some rethinking it became obvious that the point was actually missed: it is not *disability* that should be the focus, but rather, it is the **handicapping**, i.e. discriminating design of the projects one should be focussing on.

2) Additionally, he Manual contains some specific examples of how to include a disability dimension in UN project planning formats, as well as an example applying "The Basic Document Format of the European Union". Commission of the European Communities: "Manual: Project Cycle Management, Integrated Approach and a Logical Framework", Evaluation Unit (1993).

CHECKPOINT 1:
Are there disability-relevant projects or activities in the plan/programme? (Checklist # 1)

Are you eventually planning activities that are relevant from disability perspective?

Checklist 1: Does the planned development activity contain one or more of the following elements?

( ) Design and construction of the built environment, particularly public buildings, facilities and housing;

( ) Development of infrastructure, including transport systems, telecommunications, water supply and sanitation amenities;

( ) Development of small-scale industries and enterprises;

( ) Urban/rural community development;

( ) Development of health care and social services systems facilities;

( ) Human resources development, including:

- Pre-school, primary and secondary education,
- Higher education,
- Adult education,
- Vocational training,
- Public education campaigns.

( ) Income-generation, with special emphasis on improving the situation of the poorest segments of society;

( ) Training of development policy, programme and project personnel.

If the development activity includes one or more of the above elements, then the activity is relevant from disabled people's perspective.

CHECKPOINT 2:

Has the degree to which each of the proposed projects is disability relevant been studied and specified? Has the disability relevance been reflected in the project organization (cross check with point 7)?

2.1. Is there reference to Government social development strategies and the status of disability issues in those strategies (also when such issues are not mentioned in official policy documents)?

2.2. Do Government policy documents address social issues in an integrated way (in contrast to a sector approach)? Are social development policy implementing activities integrated from disabled people's perspective?

2.3. Has background data of the proposed project on demographic, social, economic, cultural and institutional aspects been collected and presented in a disability sensitive manner?

2.4. Has it been noted, that there are in any population people with functional limitations?

2.5. Is the data adequate for a reliable assessment of the disability relevance of the undertaking and its components?

An **ASSESSMENT SCALE** for determining the degree of disability relevance:

(I) "Not disability relevant" projects:
The activity is "not disability relevant" if it is not targeted to people and their living conditions.

(II) "Disability relevant" general projects:
A mainstream activity is "disability relevant" if:

• the activity addresses the well-being of all people (that is the whole population or subgroup in the area) and/or focuses on essential services;
• any of the problem dimensions have direct or indirect impact on people with disabilities, their living conditions, or prevention of disabling conditions; a strategic connection may also appear only at policy or programme level.

(III) "Highly disability relevant" activities
The activity is "highly disability relevant" if:

• the activity involves social, health and education sectors or components;
• there is an identified subgroup of disabled people in the target group;
• there is a specific disability component in the activity.

(IV) Disability specific projects:
The activity is disability specific if disabled people are the target group
Checkpoint 3:

Have all relevant stake holders whose cooperation is needed for the inclusion of disability concerns been identified? Have they been involved?

3.1. Have disabled people or their organizations been identified and involved?

3.2. Have other organizations/ agencies active in social development issues been contacted; have they been involved and has there been discussion on coordination of efforts regarding the social dimension, in general, and disability issues in particular?

CHECKPOINT 4:

Are the objectives in line with the spirit of the international conventions, commitments and programmes?

4.1.   Is there a reference to Human Rights Conventions, or are such fundamental values clearly implied in the plan?

4.2.   Has the goal of equalization of opportunities been recognized and reflected?

4.3.   Are there references to sustainable social development as the first priority; have poverty alleviation, the rights of disabled children and women been given special attention?

4.4.   Are the relevant global strategic programmes referred to (Health for All, Food for All, Education for All, Work for All, Shelter for All, Towards a Society for All)? Particularly, is there a reference

to the Standard Rules on the Equalization of Opportunities to Persons with Disabilities

4.5.   Is the language used in dealing with disability issues coherent and up-to-date? Is the focus on abilities rather than on disabilities?

4.6.   Is there a support component to facilitate the establishing and functioning of disabled people's organizations to equalize the opportunities and to empower disabled people to participate, in the long run, in development in the project area or sector?

CHECKPOINT 5:

Are the project, all its activities and outputs (results) such that people with functional limitations can participate in and benefit from the project on equal terms with other groups?

5.1.   Have the quality criteria, presented below, been followed:

ACCESSIBILITY	REACHABILITY
EQUALITY	USABILIITY
SAFETY	WORKABILITY
AFFFORDABILITY	ORIENTATION

5.2.   Has the project planning staff been sensitized to barrier-free approaches?

5.3.   Will the implementing staff be trained in barrier-free design?

Checkpoint 6:

Have the sensitivity of the disability dimension (or component) to changes in external conditions, or possible negative developments within the project been studied?

6.1.   Has the general vulnerability of disability issues and components been noted?

6.2.   Has the need for specific action or a specific component to balance the extra risks been studied?

6.3.   Have flexible, easy-to-launch precautionary interventions been included in the project plan to ensure the keeping the disability dimension "on the agenda"?

6.4.   Is there an awareness-raising component targeted to the environment of the project and the project staff?

CHECKPOINT 7:

Are the involvement of disabled people in the project organization and activities adequate in the light of the disability relevance of the activities?

7.1.   Has the disability dimension been addressed in assessing the resource requirements and resource availability? Have disabled people been seen as a resource?

7.2.   Have the time resources been realistically set to allow for a participatory process to materialize?

7.3.   Have equal opportunity policies towards disabled women and men in regard to non-disabled women and men been stated in job descriptions and enforced in hiring employees?

7.4.   Must the equal opportunity policy be followed by all participants in the activity?

7.5. Do the organizational arrangements follow the **minimum requirements** given below?

(0) **"Not disability relevant"** projects	Arrangement: People with functional limitations should notbe discriminated against in choosing the project staff (equal opportunity policy).
(I) **"Disability relevant"** general projects	Arrangement: At the initial stage, the degree of relevance of its components, activities and outcomes to people with disabilities should be checked. The required expertise should be involved accordingly, preferably people with personal experience with disability, at the relevant stages of the project cycle.
(III) **"Highly disability relevant"** activities:	Arrangement: • Disabled people should be involved in and consulted on alternative approaches. Disabled people participate as members and/or experts the disability related matters in the planning team. • A disability component should be planned with the full involvement of people with disabilities as any disability specific activity (see below) and with the adequate involvement of disabled people in the planning and implementation of the umbrella project as a whole.
(IV) **"Disability specific"** projects:	Arrangement: • Disabled people should be empowered to manage and own the project. They should be in charge of the management group. •Disabled people should have their own control over the whole process. A fair share of the available resources must be made available to enable the reaching of goals. The group may define its own needs, objectives and means of reaching them; it also monitors and evaluates the process - and carries the responsibility for the outcome. The empowering process may need to be gradual. In the process of planning and implementation disabled people are given training and encouragement to ultimately empower themselves

CHECKPOINT 8:
Does the activity result in sustainable improvements from the standpoint of people with disabilities?

8.1. Is there a clear and binding policy commitment in support of equal opportunities and the prevention of disabling conditions by all the parties involved?

8.2. Are the technology and resources used to cater for the disability aspects appropriate and locally available?

8.3. Is the plan ecologically sound and accessible regarding any aspects dealing with the built environment?

8.4. Are disabled children and women given adequate attention in the activity?

8.5. Do the institution and capacity building components in the activity take into account the need to actively seek the involvement of disabled people and the need to empower them?

8.6. Do the economic analyses adequately reflect the social costs/benefits, taking into account the long term benefits gained throughout the introduction of the disability dimension?

CHECKPOINT 9:
Has the whole planning process been adequately sensitive to disability issues?

9.1. Is the conceptual framework non-discriminating and inclusive?

9.2. Do policy, programme and project documents, and all Terms of Reference, at each stage, reflect sensitivity towards disability issues and, consequently, introduce adequate measures to realize equal opportunity policies and the prevention of disabling conditions?

CHECKPOINT 10:
Are monitoring and evaluation arrangements sensitive to disability issues?

10.1. Will disabled people be adequately involved in monitoring and evaluation?

10.2. Do they have a say in redirecting the process if their rights and needs are not observed on equal grounds with those of other people?

10.3. Have lessons been learned for the next round? Is the need for cooperation with disabled people stated in the follow-up documents?

10.4. Are there arrangements to ensure the adequate cooperation of the development agencies involved with disabled people and their organizations in future development activities?