



Disability and Development

A contribution to promoting the interests of persons
with disabilities in German Development Cooperation

Policy Paper

Published by:

Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH
Division 4300 – Health, Education, Social Protection
Section "Sustainable Social Protection"
Head of Section: Dr. Rüdiger Krech
Sector Initiative Systems of Social Protection
Coordinator: Dr. Matthias Rompel

Dag-Hammarskjöld-Weg 1–5
65726 Eschborn, Germany
Tel.: +49 (0) 6196 79 - 1446
Fax: +49 (0) 6196 7980-1446
Email: social-protection@gtz.de
Internet: www.gtz.de/social-protection-systems

On behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ)
Bonn headquarters:
Adenauerallee 139 - 141
53113 Bonn, Germany
Tel.: +49 (0) 1888 / 535-0
Fax: +49 (0) 1888 / 535-3500
Internet: www.bmz.de

Berlin Office:
Stresemannstraße 94
10963 Berlin, Germany
Tel.: +49 (0) 30 2503-0
Fax: +49 (0) 1888 / 535 25 01

Editors: Anja Fischer (GTZ), Katja Franke (GTZ), Dr. Matthias Rompel (GTZ)

Photo: Agenda Hamburg

November 2006

Disability and Development

A contribution to promoting the interests of persons with disabilities in German Development Cooperation

Policy Paper

November 2006

Purpose of the policy paper

This policy paper intends to show the importance of taking into consideration the interests of persons with disabilities in connection with poverty reduction and achievement of the *Millennium Development Goals* (MDGs). It presents the orientation of German Development Cooperation (DC) in this regard, offers a brief outline of activities to date, and provides impulses for further cooperation efforts in this sensitive area.¹

1. Persons with disabilities

According to United Nations (UN) estimates, there are more than 600 million persons with disabilities throughout the world, 70% of them in developing countries. Disability is caused by disease, malnutrition, incorrect treatment or non-treatment, physical or mental violence and war, accidents due to inadequate protection at the workplace and in traffic situations, and, increasingly, age-related diseases.

Persons with disabilities suffer from discrimination throughout the world and are frequently excluded from social, economic and political processes in their societies. Disability was long considered an individual problem that was treated from a medical and charitable viewpoint, but neglected in terms of equal rights for disabled persons.

The Decade of Disabled Persons (1983-1992) proclaimed by the UN, and the World Programme of Action² published in this context triggered a change from the care approach to a human rights approach, by including the equal rights of disabled persons to participate in social processes. The core element of this viewpoint is that it considers disabled people, their families and organizations as active partners in implementing these rights. It also allows disabled persons to make better use of their own potential.

In 1993, the UN General Assembly adopted *Standard Rules*³ for establishing equal opportunities for disabled people, which were developed along the lines of the World Programme of Action. The *Standard Rules* provide a universal framework for activities to integrate the rights of persons with disabilities into national legislation. However, the *Standard Rules* are not binding beyond their significance as a political guideline, which

¹ The paper was produced by the GTZ Sector Initiative "Systems of Social Protection" on behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ), Division 310 "Poverty Reduction; Programme of Action 2015; Coherence; Sectoral and Thematic Policies" and in consultation with the KfW, DED, InWEnt, VENRO and the responsible departments of the German Federal Government (BMG, BMFSJ, BMAS, AA).

² *World Programme of Action Concerning Disabled Persons*, <http://www.un.org/esa/socdev/enable/diswpa00.htm>

³ *Standard Rules on the Equalization of Opportunities for Persons with Disabilities*, <http://www.un.org/esa/socdev/enable/dissre00.htm>

means that the needs and rights of disabled persons are still not sufficiently reflected in many national and international development strategies.

To create a basis in international law that makes it possible to assert the rights of persons with disabilities, a corresponding UN Convention⁴ involving 148 countries has been under negotiation since 2004. It is expected to be adopted in December 2006 by the 61st General Assembly of the United Nations and then opened to signature. In signing and ratifying the Convention, each state party undertakes to establish equal rights for people with disabilities. This involves adopting comprehensive measures to prevent discrimination against people with disabilities.

The Convention contains a section devoted specifically to international cooperation (Art. 32), in which the States Parties "recognize the importance of international cooperation ... in support of national efforts for the realization of the purpose and objectives" of the Convention, and will undertake "appropriate and effective measures in this regard, between and among States and, as appropriate, in partnership with relevant international and regional organizations and civil society, in particular organizations of persons with disabilities." The Convention also provides for ensuring that international development programmes explicitly include, and are accessible to, persons with disabilities.

The international development community is increasingly guided by a rights-based approach. This is an inclusive approach which calls for the participation of all groups of the population, but particularly disadvantaged persons in the development process, and for all people to have equal access to public services such as health and education. *Inclusive development* builds on the idea of a *Society for All* in which all people are equally free to develop their potential, contribute their skills and abilities for the common good and to take up their entitlements to social services. The human rights approach focuses not only on prevention and rehabilitation but also on equal rights to participation. It emphasizes strengthening the rights of people with disabilities, and fosters their participation in all aspects of society.

⁴ Comprehensive and Integral International Convention on Protection and Promotion of the Rights and Dignity of Persons with Disabilities, draft at: <http://www.un.org/esa/socdev/enable/rights/ahcstatusneg.htm>

Disability – a tentative definition

There are various definitions of disability, depending on (national) social legislation and cultural standards. What is considered a disability in one country may not be perceived and labelled as such elsewhere (examples are mental disability or female infertility). This makes it more difficult to establish reliable data on the number of persons affected. The figure most frequently cited is that of 600 million disabled persons in the world, published by WHO, which corresponds to approximately 10% of the global population. The prevalence in developing and industrialized countries diverges widely due to different reference systems and the lack of registration systems. Whereas industrialized countries have a percentage of persons with recognized disabilities of between 8 and 20%, often the developing countries only acknowledge much lower percentages officially.

Nevertheless, a social model of disability has gained ground in the international debate. This views disability as a social construct and emphasizes society's shortcomings, stigmatization and discrimination in its reaction to persons with disability. It distinguishes between functional impairments (*disability*)⁵ both of a physical and psychological nature, and the loss of equal participation in social processes that only arises through interaction with the social setting (*handicap*)⁶. These developments have contributed to a WHO model, which bears in mind social as well as functional and individual factors in its classification of health and health-related areas.⁷

⁵ "The term "disability" summarizes a great number of different functional limitations occurring in any population in any country 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.", in : UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities

⁶ "The term "handicap" means the loss or limitation of opportunities to take part in the life of the community on an equal level with others. It describes the encounter between the person with a disability and the environment. The purpose of this term is to emphasize the focus on the shortcomings in the environment and in many organized activities in society, for example, information, communication and education, which prevent persons with disabilities from participating on equal terms. in : UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities

⁷ International Classification of Functioning, Disability and Health (ICF), <http://www3.who.int/icf>

2. Disability and poverty

German DC follows a multi-dimensional poverty concept in line with the OECD/DAC Guidelines on poverty reduction. These give consideration to social factors as well as economic inequality, including basic needs such as education and health as well as human rights and equal participation in social processes.

The connections between poverty and disability are complex. Disability is both the reason for and the consequence of poverty. Persons with disabilities often lack adequate schooling and access to gainful employment. They have no social protection and are excluded from social processes, which increases their risk of falling into poverty. On the other hand, poor people are more likely to be affected by disability since they are often unable to feed themselves and their families properly, have to pay for treatment in the event of illness and protect themselves against social risks or natural disasters.

Moreover, there are a number of diseases that lead to avoidable disability if left untreated. Seventy-five percent of all global blindness for example could be avoided by prevention or treatment. Some 10% of blindness worldwide is caused by treatable eye infections (such as trachoma and onchocerciasis, or river blindness). Ninety percent of avoidable blindness occurs in developing countries. Owing to a lack of medical care and rehabilitation services, minor disabilities often turn into acute and severe disabilities that are virtually impossible to compensate for. When disease leads to long-term disability, the risk of impoverishment rises, with the attendant risk of permanent poverty. Conversely, poverty is the crucial factor that impedes appropriate access to preventive and curative health care and rehabilitation services. WHO presumes that currently only 1-2% of people with disabilities in developing countries have access to appropriate care and rehabilitation.

In developing countries, according to WHO estimates, one person in ten living in poverty – and according to World Bank data, one person in five living in absolute poverty – is also affected by disabilities. Although the living conditions of poor people with and without disabilities are comparable, disabilities additionally restrict the opportunity to participate in social and professional life. Women are especially disadvantaged in many contexts: women with disabilities often face multiple disadvantages when discrimination and exclusion based on gender as well as disability exacerbate one another.

The World Development Report 2006⁸ also confirms in its evaluation of a number of national studies that persons with disabilities are often more severely affected by poverty,

⁸ World Development Report 2006, "Equity and Development", http://wdsbeta.worldbank.org/external/default/WDSContentServer/IW3P/IB/2005/09/20/000112742_20050920110826/Rendered/PDF/322040World0Development0Report02006.pdf

unemployment and a lack of schooling than people without disabilities. Without a strategy for integrating disabled children and youth into state school systems, for example, a substantial proportion of adolescents remain excluded from education. This also affects members of disabled persons' families if they are unable to attend school or go to work because their dependents require intensive care – an issue which most commonly affects girls of compulsory school age and young women. Moreover, disabled persons often require a higher income because they need aids in order to achieve the same standard of living as people without disabilities.⁹

For people with disabilities with specific needs for health services, their countries' structural problems in the health sector weigh especially heavily. Often there is a dearth of qualified specialist staff.

Violent conflicts and wars around the world are another significant cause of disabilities. The injuries sustained in landmine and other explosions give rise to long term disabilities. In countries torn by wars, civil wars and other violent conflicts, e.g. Cambodia, Angola and Mozambique, the proportion of people with war-related disabilities is especially high.

⁹ Sen (2004), quoted in: World Development Report 2006 (2004), Equity and Development

2.1 The Millennium Declaration and the Millennium Development Goals

Unless disabled people are brought into the development mainstream, it will be impossible to cut poverty in half by 2015 or to give every girl and boy the chance to achieve a primary education by the same date agreed to by more than 180 world leaders at the United Nations Millennium Summit in September 2000.¹⁰

The UN Millennium Declaration and the Millennium Development Goals (*MDGs*) form the framework for international development, whose fundamental principles are global sustainable development and partnerships for cooperation. Poverty reduction is the overarching task and central objective. The interests of persons with disabilities are implicitly included in the MDGs. Basic education for all cannot be achieved as long as disabled children are excluded. Women are often doubly disadvantaged due to their gender and their disabilities, and are particularly exposed to abuse and violence. Thus, it has meanwhile been realized that the goals cannot be achieved without considering the needs of disabled people and promoting their rights.

Developing the productive capacity of disabled persons and giving them access to work therefore plays a major role. The socio-economic integration of persons with disabilities is not just a question of their right to participation; it is also a prerequisite for broad-based and sustainable pro-poor growth. According to a World Bank study in 2000, the annual loss in global GNP due to the large number of unemployed disabled persons is estimated to be between 1.37 and 1.95 billion U.S. dollars.¹¹

¹⁰ James D. Wolfensohn, December 3, 2002, Washington Post, Page A25

¹¹ Robert L. Metts (2000): Disability Issues, Trends and Recommendations for the World Bank, WB Washington 2000, quoted in: ILO (2002): Disability and Poverty Reduction Strategies

2.2. Mainstreaming the interests of persons with disabilities in national poverty reduction strategies

The most important national poverty reduction instrument employed for several years by the World Bank and the International Monetary Fund takes the form of country-specific, comprehensive *Poverty Reduction Strategy Papers/PRSPs*, which have been produced by many developing countries with the inclusion of civil society. The instrument of PRSP was initiated in 1999 by the World Bank and the International Monetary Fund to link poverty reduction in low-income countries more effectively with the existing instruments of the two institutions, and to support the debt relief process of the most *heavily indebted poor countries/HIPCs*. It is aligned with the MDGs and serves as a joint basis for cooperation between international donors and partner countries.

As shown by an International Labour Organization (ILO) study in 31 countries, persons with disabilities have so far hardly been involved at all in PRSP processes. The study proves that persons with disabilities and their organizations are not sufficiently noted and heard, and cannot therefore take part in social decision-making processes to the appropriate degree. Only in Guinea, Honduras and Malawi were they included in the national PRSP process. Although most PRSPs acknowledge the special connection between poverty and disability, they fail to include persons with disabilities in their strategies. Quantitative and qualitative poverty-relevant information is only available in isolated cases, e.g. for Cambodia and Malawi, where there is statistical data on various types and causes of disability and on the school situation of disabled children. Tanzania's PRSP enshrines the improvement of the living conditions of persons with disabilities in the form of concrete targets¹², although implementation will show the extent to which persons with disabilities are really involved in decision-making processes and with what results.

¹² Increasing the net enrolment ratio of boys and girls, including disabled children, in primary schools from 90.5% to 99% in 2010; increasing the ratio of disabled boys and girls who attend a higher school by 2010, reduction of prevalence of AIDS in disabled men and women aged 15 to 35, achieving 20% of disabled children and adults with effective social security measures by 2010, from PRSP Tanzania

2.3 Important international organizations and bilateral donors

Many bilateral donors and multilateral organizations have meanwhile added disability-related aspects to their own strategies.

The **World Bank** not only finances disability-related projects, e.g. in the fields of education, health, infrastructure and employment, it also supports surveys and research and provides technical assistance.

The **European Commission** published a *Guidance Note on Disability and Development*¹³ in 2004, which sets out binding regulations on how the concerns and rights of people with disabilities should be included in the European Union's development cooperation work. This addresses the exclusion and special vulnerability of people with disabilities, and puts forward a list of principles derived from a human rights approach and based on a set of principles for inclusion.

The **International Labour Organization** (ILO) promotes meaningful and gainful employment under conditions of freedom and equality for all men and women with its *decent work* concept. In this framework, it is also committed to the rights and concerns of persons with disabilities and supporting their socio-economic integration.^{14 15}

As a contribution to achieving *Education for All* (EFA) by 2015, **UNESCO** has also established the *Flagship on Education for All and the Right to Education for Persons with Disabilities*¹⁶ in cooperation with the University of Oslo. In this context, support is provided for activities that promote the extension of national education plans and the development of special curricula and teaching materials.

The **Asian Development Bank** (ADB) mainly works in the field of *capacity building* in its member states in relation to inclusion, participation, access to and quality of services for people with disabilities.¹⁷

The **Disability Programme of the United Nations Economic and Social Commission for Asia and the Pacific** (UNSCAP) supports governments and disabled people's organizations in their efforts to achieve an inclusive and barrier-free society for persons with disabilities.¹⁸

The **African Decade of Disabled People** (APPD, 2000-2009) is an initiative of African disabled people's organizations/DPOs in cooperation with the African Union (AU) and is part of the New Partnership for Development in Africa (NEPAD). This initiative aims to

¹³ http://europa.eu.int/comm/development/body/theme/human_social/index_en.htm

¹⁴ <http://www.ilo.org/public/english/employment/skills/disability/>

¹⁵ Convention No. 159 concerning Vocational Rehabilitation of Employment of Disabled Persons, 1983, and the ILO Code of Practice on Managing Disability in the Workplace adopted in 2001

¹⁶ http://www.unesco.org/education/efa/know_sharing/flagship_initiatives/disability_last_version.shtml

¹⁷ <http://www.adb.org/SocialProtection/disability.asp>

¹⁸ <http://www.unescap.org/esid/psis/disability/>

substantially promote awareness of and commitment to the participation, equal opportunities and the empowerment of disabled people.¹⁹

In December 2003 the **Global Partnership for Disability and Development** (GPPD) was launched. This international network, consisting of numerous organizations and headquartered at the World Bank in Washington, has set itself the goal of championing the concerns of people with disabilities in national and international poverty reduction programmes.

The British **Department for International Development** (DfID) maintains its own "Knowledge and Research Programme" on disability. DfID was one of the first donors to engage systematically with the linkages between poverty and disability. The paper "Disability, Poverty and Development"²⁰ published in 2000 gave the impetus for a wide-ranging debate on these issues.

The **Finnish Department for International Development Cooperation** (FINNIDA) has a long tradition of supporting projects for people with disabilities, especially for people with visual and auditory impairments. From 1991 to 2003 Finland made an average of around 5% of its total development cooperation funding available for work relating to people with disabilities.

The **Norwegian Agency for Development Cooperation** (NORAD) can also lay claim to a comprehensive approach for the inclusion of people with disabilities in development cooperation. NORAD has produced both a policy paper and implementation provisions for projects.²¹

The **United States Agency for International Development** (USAID) has specific guidelines for integrating the dimension of disability into project development and implementation.

The **Swedish International Development Cooperation Agency** (SIDA) bases its approach to the inclusion of people with disabilities in development cooperation on international instruments such as the UN Standard Rules, among other documents.

¹⁹ <http://www.un.org/esa/socdev/enable/disafricadecade.htm>

²⁰ <http://www.dfid.gov.uk/pubs/files/disability.pdf>

²¹ <http://www.norad.no/norsk/files/InklusionOfDisability.doc>

3. German DC approaches

3.1. Political level

The German Federal Government's Program of Action to fight poverty worldwide (AP 2015) names persons with disabilities in the context of including disadvantaged groups in social protection systems and ensuring access to health and education services. In other sectors too, there are projects or individual measures to promote disabled people, usually upon request by a partner country.

The German Federal Ministry for Economic Cooperation and Development (BMZ) has committed itself to realizing the objectives of a rights-based, inclusive development approach and a social disability model. In particular, this model takes into account the different needs of persons with disabilities as a heterogeneous group – men and women, children and young people, people with mental and physical disabilities - and their relatives, and is based on a human-rights approach as described in BMZ's *Development Policy Action Plan on Human Rights 2004 - 2007* ("MAP").²² The action plan is the basis for the practical work of German implementing organizations and makes a contribution to implementing universally applicable human rights. In addition, Germany is actively involved in the preparation of the UN Convention on the Rights of Persons with Disabilities.²³

In future, to support the concerns of people with disabilities, German DC will continue to orient itself more towards national development strategies/PRSPs. The aim is to actively support partners in involving persons with disabilities to a greater extent in PRSP processes and giving still greater consideration to their interests and rights.

The Global Partnership for Disability and Development (GPDD),²⁴ an international network, in which BMZ is represented by GTZ, enables efficient consultation and cooperation among its member organizations.

²² Published in BMZ's Concepts No. 127 <http://www.bmz.de/de/service/infothek/fach/konzepte/konzept127dt.pdf>

²³ The Convention on the Rights of Persons with Disabilities will be adopted by the 61st session of the General Assembly of the United Nations in December 2006. Draft at

<http://www.un.org/esa/socdev/enable/rights/ahcwgreportax1.htm>. Further information on the Convention at

<http://www.un.org/disabilities/convention/>

²⁴<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0,,contentMDK:20226537~pagePK:148956~piPK:216618~theSitePK:282699,00.html>

²⁴<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0,,contentMDK:20226537~pagePK:148956~piPK:216618~theSitePK:282699,00.html>

3.2 Implementation level

The so-called *twin-track approach* means that specific measures are implemented for persons with disabilities, and that action against structural social inequalities is integrated into strategically important areas of Development Cooperation.²⁵ German DC already conducts projects of this nature that are explicitly directed towards persons with disabilities as the target group. On the other hand, a variety of measures are being carried out around the world that are not exclusively addressed at persons with disabilities, but nevertheless of benefit to them. These measures include projects and programmes to improve the access of poor sections of the population to social services and strengthen the rights of disadvantaged people, but also projects to prevent diseases that may lead to disability and chronic ailments.

Such measures must be strategically oriented so as to ensure that the rights of persons with disabilities and their participation in all areas of social life are promoted in the sense of *inclusive development*. To do so, the needs of persons with disabilities have to be taken into consideration when planning projects and programmes, bearing in mind the different circumstances in men's and women's lives, and implementation and results must be subject to systematic review. This can be done by preparing specific, gender-differentiated demand analyses, consistently applying agreed guidelines and standards such as the Council of Europe's "Accessibility Principles and Guidelines",²⁶ and improving disabled people's access to relevant information.

Moreover, the rights and needs of disabled people must be reflected to a greater extent in national PRSPs and promoted more intensively by DC, with corresponding efforts being made by the partner country itself.

German Development Cooperation helps to prevent disabilities by contributing to improved access to health care, education and social protection services in partner countries. Beyond this, the planning of measures in the fields of infrastructure and disaster preparedness should include a thorough examination of whether they involve or unintentionally exclude persons with disabilities. Disabled people's interest groups are to be included in this process to the greatest possible extent.

The German DC-supported study "Disability and Infrastructure"²⁷ provides a compilation of international *best practice* examples and practical recommendations for action to set up barrier-free, low-cost structures that are appropriate for developing countries and disabled

²⁵ The twin-track approach is also advocated by the European Commission. Cf. EC (2004) Guidance Note on Disability and Development – for European Union Delegations and Services, Brussels

²⁶ Council of Europe (1998): Accessibility: Principles and Guidelines. http://www.coe.int/t/e/social_cohesion/soc-sp/Accessibility-%20principles%20and%20guidelines.pdf

²⁷ GTZ/STAKES (2004): Integrating Appropriate Measures for People with Disabilities in the Infrastructure Sector, Eschborn, <http://www.gtz.de/de/dokumente/en-disability-infrastructure-2004.pdf>

persons. The study's recommendations support decision-makers and implementing organizations in identifying how the inclusion of specific measures in the infrastructure contributes to poverty reduction, and in integrating the specific needs of disabled people into project and programme planning. The main recommendations of the study were also included in the OECD/DAC "Guiding Principles on Using Infrastructure to Reduce Poverty".

The tsunami in southeast Asia at the end of 2004 showed quite clearly that persons with disabilities are at very specific risk of being affected by disasters and that it is necessary to consider the special interests of disabled people especially when rebuilding the infrastructure destroyed by such disasters. This requires close cooperation with the affected people and their interest groups in order to integrate their needs into the national reconstruction guidelines. Apart from involving affected people in the planning process right from the start, further awareness-raising activities and lobbying are essential to anchor the rights of disabled persons and the importance of participation by all within the social discourse.

Activities aimed at integrating disabled people into society as a whole are increasingly being supported by social protection measures. These may be covered by state protection systems and also by private insurances or informal mutual societies – although it is still important to have state legislation on social protection – and include forms of protection against loss of income and employment such as disability pensions and micro loans as well as health insurance. In well-designed systems, poor people and those with limited ability to help themselves, like persons with disabilities, benefit from social services such as vouchers and social cash transfers. Available funds for poverty reduction are transferred to needy target groups by means of targeting methods. Moreover, income-generating measures are used to promote the social and economic independence of disabled people, strengthen their societal participation and help to realize their right to a decent standard of living. In its efforts to realize the right to a standard of living conducive to good health, and universal access to health services, German Development Cooperation is particularly concerned with advising partner countries on enhancing their national insurance systems to enable even the poorest people to be covered in the event of illness. Above all, individual out-of-pocket payments for medical treatment should be avoided: for people in low-income groups, the cost of health care may be so high in proportion to their income that it can mean financial disaster for their entire household (*catastrophic health expenditure*). In developing countries, such expenditure is one of the most frequent causes of households declining into absolute poverty.²⁸ To prevent this happening, the establishment and expansion of social health insurance systems is being systematically promoted. In this context, it makes sense to

²⁸ Every year, some 44 million households worldwide (or 150 million individuals) are obliged to spend such ruinous amounts on health care. As a result, every year around 25 million households (or 100 million affected persons) are pushed into absolute poverty by the burden of these health costs. WHO (2005): *Designing Health Financing Systems to Reduce Catastrophic Health Expenditure*. Geneva; p. 2.

integrate community-based micro insurances, private insurances and state systems into a comprehensive and efficient protection system.

4. German DC activities

Within bilateral cooperation over the last 20 years, Germany has so far supported some 180 projects and programmes supporting persons with disabilities in 40 countries. Of these, 30 are directly aimed at this target group and 15 are presently being implemented.²⁹ Approximately EUR 70 million have been provided for these 30 projects and programmes in the framework of Technical Cooperation. Further projects to the value of EUR 21 million have been promoted by BMZ via churches and private executing agencies. Added to these are a number of projects financed by donations within non-governmental development cooperation.

4.1 Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ)

To support persons with disabilities, the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ – German Technical Cooperation) mainly carries out projects aimed at establishing structures in the health and education sector, management capacity development and training for specialists. Examples are the rehabilitation of people with physical disabilities or strategy development and promotion of special-education facilities (cf. box). Simultaneously, by helping its partner countries to set up and reform social health insurances, GTZ plays a part in including persons with disabilities to a greater extent in social protection systems and thus in protecting them better against impoverishment due to their health situation.

So far, GTZ's long-term projects on behalf of BMZ have focused mainly on rehabilitation. These projects are frequently carried out in countries that have suffered violent conflicts and therefore have a large number of ex-combatants and civilians with physical disabilities. Services provided to physically disabled people are complemented by community-based rehabilitation (*CBR*) and are part of comprehensive public health approaches. In certain cases, the GTZ projects are flanked by income-generating measures and close cooperation with universities and non-governmental organizations. The experience gained in these projects has been analyzed together with a number of international organizations such as

²⁹ As of April 2006

WHO and ISPO,³⁰ and outlined in 1996 at an international conference in Wuhan, China, in the so-called Wuhan Declaration³¹.

Following the tsunami, Sri Lanka and Indonesia are already ensuring that new buildings and service facilities like hospitals, erected in the course of reconstruction and rehabilitation projects, include structures appropriate for disabled people and that the latter are included in planning them. In Sri Lanka, this approach is also enshrined in national reconstruction guidelines.

³⁰ International Society for Prosthetics and Orthotics

³¹ <http://www.ispo.ws/HTML/Page-Wuhan-Declaration.htm>

Project examples

El Salvador/Central America

The regional measure that resulted from the completed project at the *Instituto Salvadoreño de Rehabilitación de los Inválidos (ISRI)* in El Salvador promoted the development of a comprehensive concept for people with physical disabilities and made a major contribution to its embodiment in national and social policy. Moreover, in the context of increased efforts to cooperate with non-governmental organizations together with Don Bosco Catholic University, a training course for orthopedic technicians (ISPO Category II) was set up. Don Bosco is meanwhile the leading orthopedic training centre in Latin America, also due to being recognized as a WHO *Collaborating Center*. This project therefore made a valuable contribution to establishing a specific profession in the Latin American job market. The project has now been concluded.

Vietnam

This project aims to set up an ISPO (*Society for Prosthetics and Orthotics*) II training course. GTZ is cooperating with the Ministry of Health and advising the Social Affairs Ministry in expanding its orthopedic service structures. An additional microfinancing scheme provides physically disabled men and women with loans to create sustainable livelihoods. This is also the project's contribution to social protection.

Ghana

Here, GTZ is supporting the establishment of integration classes at regular schools to teach mentally disabled children and young people. In addition, models are being developed to integrate these children and young people into their families' productive setting after they leave school, so that they can contribute to the family's income and help secure their own livelihoods. A further focus of the project is advising partners in the field of special education and upgrading teaching staff.

Supraregional (Southern Africa)

The project for the rehabilitation of young people disabled by war and land-mines employs sports activities and games to enable disabled boys and girls to increase their mental and physical strength. This promotes their rehabilitation and facilitates their integration into society. The project has provided important experience in the field of sports education, which is being documented in the form of training instructions and guidelines. The project finished at the end of 2005.

4.2 Kreditanstalt für Wiederaufbau (KfW)

Financial cooperation (FC) provides funding to the health sector to meet needs such as hospital refurbishment and equipment. This includes orthopedic equipment and instruments as well as equipment for physiotherapy units. These infrastructural prerequisites make a major contribution to preventing or reducing potential disability by means of medical treatment.

Beyond this, FC co-financing for the national polio eradication programmes in India and Nigeria is making it possible to prevent many cases of polio and the resulting permanent physical disability.

One FC project that is specially targeted at disabled people is the medical rehabilitation of the war-disabled in crisis areas of Central Africa and their social and economic reintegration into society. The approach pursued by the project makes use of experience with voucher systems (output-based aid). It makes provision for special health-care services, e.g. the provision of artificial limbs for war-disabled people, and ensures that the poor population benefits directly from the subsidy element by issuing vouchers for the relevant service.³² Funding is thus provided only for previously defined products and services already rendered, and the provision of services is separated from social policy management. The major advantages of this approach as compared to input financing is that it ensures access to medical services for the war-disabled, subsidizes specific services and increases the efficiency of public use of funds as well as ensuring standardized service quality. Experience so far has proved this to be the case. The voucher system is providing access to health care for war-disabled people returning from conflict areas. Owing to the fact that the hospitals receive reliable and appropriate payment for the services they provide, they are able to standardize their provision and maintain acceptable quality standards.

³² In Rwanda, for example, some 70% of ex-combatants live below the poverty line.

Supporting the reintegration of ex-combatants in Rwanda

Within the Rwanda Demobilization and Reintegration Programme (RDRP) launched in 1997, KfW supports the social and economic reintegration of ex-combatants into Rwandan society by means of various measures. These include medical treatment and rehabilitation for disabled or chronically ill ex-combatants, thus enabling them to pursue an occupation better than before. Mobility aids are provided and equipment allowances and commodities are financed for hospitals that care for a large number of war-disabled. The medical programme intends to reach war-wounded and chronically ill former soldiers who are more than 30% disabled. Another element of the programme is a concept for rehabilitating severely disabled people into their families, communities and occupations in cases where these people are so severely disabled that medical treatment offers little hope of improving their condition.

The medical components are managed by the Rwanda Demobilization and Reintegration Commission (RDRC), which signs contracts with service providers (hospitals, NGOs). The hospitals treat ex-combatants upon submission of a prescription handed out during the demobilization process, and are refunded by the RDRC.

4.3 InWEnt – Capacity Building International GmbH

InWEnt gGmbH – Capacity Building International, Germany supports human resources and organizational development in international cooperation. To improve the situation of people with disabilities, InWEnt primarily carries out programmes in the health sector, focusing on in-service training and continuing education of specialists. The main purpose of this work is to foster the social and economic (re-)integration of people with physical disabilities and to make specialist medical care available for traumatized people. Examples are the improvement of medical treatment and training structures in the field of orthopedic technics in Africa – particularly in countries affected by (post-) conflict situations and in southern and eastern Africa – and the establishment of medical provision in Afghanistan that is sensitive to the special needs of traumatized women and girls.

InWEnt's programmes for people with disabilities are primarily targeted at (post-) conflict countries. Violent conflicts not only result in physical disabilities, but also the serious problem of mental traumas which are especially likely to be reactivated in the context medical treatment. InWEnt is cooperating with a training establishment for orthopedic technics in Africa and with medica mondiale in Afghanistan. The programme approaches are implemented in consultation and coordination with the responsible ministries in the partner countries, international organizations like UNHCR and ISPO, and German DC partners.

Project examples

Orthopedic technics in Tanzania

The *Tanzanian Training Centre* TATCOT which GTZ helped to establish in 1981 is one of the few institutions in Africa offering education and training in orthopedic technics.

InWEnt enables experts from (post-) conflict countries in Africa to participate in full-length courses at TATCOT. They receive scholarships for a three-year diploma course in orthopedic technics or a one-year wheelchair course. To strengthen the structures and improve regional training provision in the field of medical rehabilitation, InWEnt supports TATCOT in marketing the courses and developing its own e-learning provision for this thematic area. To this end, a workspace has also been set up with TATCOT on the InWEnt online platform Global Campus 21 (GC 21). InWEnt is currently supporting the development of an e-learning course to be used for the distance training of orthopedic technicians (for example, the course set up under the GTZ project at Don Bosco University/El Salvador). Accreditation of the course by the ISPO (International Society for Prosthetics and Orthotics) is now being sought.

Afghanistan

Violence experienced during the war or in the domestic environment often triggers long-term psychological traumas which affect people's daily lives. To make it easier for women and girls who have been raped to avail themselves of medical care whilst avoiding further trauma, it is necessary to train medical staff to deal with these patients appropriately. In cooperation with *medica mondiale*, female Afghan doctors and midwives living in Germany were prepared for an assignment in Afghanistan and given training in working with traumatized female patients. On short-term assignments in Afghanistan they offered appropriate medical care and trained Afghan colleagues to ensure that local capacities were in place once they returned home. The project has now been concluded.

4.4 German Development Service (DED)

The DED has supported projects in various countries – e.g. Togo, Zambia, Thailand, Namibia and Vietnam, -- to improve the situation for people with physical and intellectual disabilities. The innovative aspects were that work was geared towards rural and disadvantaged population groups and basic services for wider sections of the population were prioritized over specialized provision for small, privileged groups. Early prevention was accorded the same status as therapeutic care, and efforts were made to achieve sustainable impacts by training local experts and involving families and social networks.

The methodological approach consisted of collegial cooperation with local experts working directly with the target group, and in the production of orthopedic aids in the aim of ensuring and anchoring standards of "good practice". The main challenge is to reach experts in peripheral institutions who have to contend not only with inadequate training but also with little or no management or supervision. To a limited extent, financial donations are also necessary to ensure that a minimum level of technical facilities is available. The assigned

experts have mainly been physiotherapists and orthopedic mechanics, with a small number of special education teachers.

Since the year 2000, the DED has concentrated its disability-related work in Vietnam and has expanded its input to 8 posts including a coordinator, which represents the sum total of involvement in the priority sector of health in this country. It encompasses various specific approaches, within which the proportion of advisory work, education and training has grown in relation to the ongoing practical cooperation, and is aiming for inclusion as a cross-cutting theme in other DED-supported projects.

Local experts working on DED projects are temporarily financed, in some cases, in order to safeguard the handover of competences following the conclusion of a project. Local organizations representing the interests of the target groups can also receive financial support

Project examples

Vietnam

In cooperation with the *Office of Genetic Counselling and Disabled Children (OGCDC)* of the Hue Medical College and with the Christian Blind Mission (CBM), support is being provided for the integration of children with intellectual disabilities in mainstream nursery and primary schools. The project for Thua Thien-Hue Province is intended as a model to be adopted nationwide by the government. Teachers are trained to deal with children with intellectual impairments and the parents are also sensitized. At the same time, efforts are made to heighten awareness of the problem in society as a whole. A counterpart is being trained to continue this work when the project comes to an end.

In the "Village of Friendship" in Ha Thay, physiotherapists receive continuing education and training on modern concepts to foster the development of children and young people with disabilities (including Bobath and PNF). They learn to make detailed assessments, produce treatment plans and use suitable aids. Particular attention is devoted to mobilization techniques, many of which are not very well known, which can be practised without expert supervision.

4.5 NGOs

In the partner countries, GTZ, KfW and InWEnt work closely in Germany with non-governmental organizations and other institutions such as universities. This cooperation is to be maintained and extended. Within Germany itself, an intensive dialogue is maintained by the governmental implementing organizations involved in development cooperation and VENRO (Association of German development non-governmental organizations). Political dialogue takes place with the VENRO working group on disability-related work in developing countries. The members of the working group include the non-governmental organizations Disability and Development Cooperation (bezev), Caritas International, the Christoffel Mission for the Blind, the German Leprosy and TB Relief Association (GLRA/DAHAW), Deutsches Blindenhilfswerk (DBHW), EIRENE, Handicap International, Kindernothilfe (KNH), the Federal Association of Lebenshilfe, medico international and Misereor.

In addition there are several approaches involving cooperation between governmental and non-governmental development cooperation organizations. For example, GTZ is cooperating on a pilot basis in a project with the Christoffel Mission for the Blind and Handicap International in Vietnam and Cambodia. Under the banner of "Making PRSPs inclusive" it sets out to adapt the processes leading up to the drafting of national poverty reduction strategies so that the rights and interests of people with disabilities are included.

And what is our own situation in Germany....?**Persons with disabilities ...****.... at the German Federal Ministry for Economic Cooperation and Development (BMZ)**

The BMZ currently has 36 employees with serious disabilities. This corresponds to 6.2% of the entire staff. The Ministry has fulfilled its statutory duty to employ people with disabilities for decades. The representative body for severely disabled persons and the staff council recently submitted a draft integration agreement to the administration. Integration agreements were introduced in the new Disabled Persons Act integrated into the Social Code Book IX, as a new instrument for the occupational integration of persons with disabilities. This regulation obliges the employer to work with the representative body for severely disabled persons and the staff council to define integration targets tailored to the department and to make these binding in the form of an agreement.

.... at GTZ (German Technical Cooperation)

GTZ Head Office in Eschborn employs some 50 men and women registered as severely disabled according to the Severely Disabled Persons' Act. This corresponds to approx. 4.5% of the overall workforce.

.... at KfW Entwicklungsbank (KfW development bank)

In 2005, 5.39% of employees in the KfW Bankengruppe (KfW banking group) as a whole were disabled people. KfW practices active integration of disabled people and pursues a policy of constantly bettering the minimum legal requirements.

... at InWent (Capacity Building International)

InWEnt currently has around 40 severely disabled employees. This equates to approx. 5% of its workforce. InWEnt has concluded an integration agreement which will help to secure the jobs of disabled employees and ensure that internal candidates with severe disabilities are considered for appointments to new posts or that suitably qualified candidates with severe disabilities are recruited externally.

... at DED (German Development Service)

Of the approx. 230 employees at the DED in Germany and abroad, 12 are legally registered as severely disabled. Among the seconded experts, a similar percentage of people have disabilities and health limitations.



commissioned by



Federal Ministry
for Economic Cooperation
and Development