

行政院所屬各機關因公出國人員出國報告書（出國類別：會議）  
C09200851

## 參加日本 2002 年國際傷殘重建聯合會 世界大會會議報告

服務機關：內政部  
出國人員：薦任科長林昭文  
出國地點：日本  
出國時間：九十一年十月二十日至九十一年十月二十四日  
報告時間：九十一年十二月三十日

B8 / C09200851

# 目 錄

	頁次
壹、前言.....	2
貳、會議摘要.....	3
參、結語.....	9
肆、附錄.....	12
一、我國參加 2002 年國際傷殘重建聯合會世界大會國家報告.....	13
二、我國參加 2002 年國際傷殘重建聯合會世界大會國家報告（英文版）.....	25
三、國家推展身心障礙福利服務概況自評報告資料...	41
四、國家推展身心障礙福利服務概況自評報告資料（英文版）.....	46
五、未來亞太地區身心障礙十年計畫目標.....	54
六、大會會議資料手冊.....	另冊
七、各國推展身心障礙福利服務概況與自評報告資料...	另冊

# 參加日本 2002 年國際傷殘重建聯合會世界 大會會議報告書

## 參加國際傷殘重建聯合會世界大會會議行程表

日 期	行程內容	備 註	
九十一年十月二十日	台北——日本		
九十一年十月二十一日	參加會議	09:00~21:00	註冊報到；障礙十年展覽 開幕式 大會 歡迎晚會
九十一年十月二十二日	參觀機構		
九十一年十月二十三日	參加會議	09:00~21:00	分組研討會 閉幕式 歡送晚會
九十一年十月二十四日	日本——台北	返回台北	

# 參加日本 2002 年國際傷殘重建聯合會世界 大會會議報告書

## 壹、前 言

- 一、會議召開目的：檢討聯合國亞太地區經濟社會發展委員會身心障礙者十年（1993~2002）計畫；研訂未來亞太地區身心障礙者十年（2003~2012）計畫；討論聯合國身心障礙者權利公約草案及推動聯合國身心障礙者權利公約。
- 二、會議時間及地點：自 91 年 10 月 21 日至 91 年 10 月 23 日；日本大阪。
- 三、我國參加成員：伊甸社會福利基金會及本部代表林昭文科長。【會場另有中華民國傷殘重建協會、中華民國啟智協會等代表與會】
- 四、與會國家及人員：計有五十五國，二千四百餘人參加。
- 五、會議議程：大會會期共三天；其議程安排如下：

九十一年十月 二十一日	參加 會議	09:00~21:00	註冊報到；障礙十年展覽
			開幕式
			大會
			歡迎晚會
九十一年十月 二十二日	參觀 機構		
九十一年十月 二十三日	參加 會議	09:00~21:00	分組研討會
			閉幕式
			歡送晚會



## 貳、會議摘要

### (壹)、專題演講

- 一、RI (Rehabilitation International) 與 RNN 在亞洲太平洋地區的貢獻—過去、現在及未來 (參考大會資料 P2)
- 二、CBR (Communit Based Rehabilitation) 在亞洲之政策計畫之重要課題 (參考大會資料 P4)

### (貳) 討論

#### 一、聯合國身心障礙者權利公約草案制定動向

墨西哥總統府障礙人委員會主席：是聯合國支持倡導推動障礙者權利公約起草提案國。

墨西哥總統為實踐社會參與及融合，對所有人提供平等機會，因而充分關注障礙問題，優先考量承諾，最大努力，保障平等機會、尊嚴生活與發展。

障礙政策應充分徵求障礙人意見，保障其權益，標準規則與行動綱領，承諾平等參與社會，在各國多已接受，且為訂定政策之指導思想，2002年4月設立內閣委員會障礙人融於社會辦公室，該辦公室主席即為障礙政策制定機構。並設立國家障礙諮詢委員會，共同促進障礙人融合社會。

聯合國第56屆聯合國大會上，提案重視障礙人權益問題，是第一個以政府提案入正式議案中之國家—墨西哥，並成立特赦委員會保護障礙人權益尊嚴；是具法律性，各國應遵守，保障其權益，在反對種族歧視排外主義大會上，通過墨國提案：保障障礙者尊嚴與權益公約。

2001年6月決議：建立在現有文件基礎上，同時充分考量障礙團體意見，準備工作文件為草案，社會發展與人權問題，以利周詳公約文件，外交部、障礙委員會及聯合國支持決議——繼續推動障礙者權利公約擬訂，將召開第二次會議，也提供會議必要措施，以利訂定障礙者權利公約進度，

保障全球 6 億障礙人權益並反對歧視。因而，解決障礙問題應優先考量領域明確目標，正確可行權益保障及完全社會融合。

英國障礙人委員會主席：贊成訂定障礙者人權公約；英國多已含括，在七十年代對障礙者權益認識過程，所以有障礙者立法與保障，參與社會生活與服務、社會福利機構、社會不能差別歧視對待，權益保障。

1995 年通過反歧視法；在就業生活等方面不能有對障礙者歧視（不可拒絕障礙者喜歡工作），提供公共設施、工作環境等均符合障礙者需求。

2001 年加入教育和稅收方面補充，法律訴訟解釋有專責機構負責，在英國障礙者融入社會市普遍被接受，制定公約是可以保障相同權益而沒有國界區別，對障礙人保障，或歧視之存在有待克服，所以聯合國障礙者權利公約會有基本標準，供改善檢視各國障礙者權益保障情形，並共同遵守免除歧視機會，促進自立生活。

日本對國際公約與國內立法關係，是由社會福利觀點至人權看法，日本障礙者人權是建立在社會福利之上，因社會福利是重要的，障礙者因障礙而參與社會困難，主流社會設計是不符障礙者需求，因民法與社會福利法規【障礙者福利法、兒童福利法、老人福利法、救助法等】並行對立，而障礙者問題未列入民法內保障，障礙人是被剝奪權利而被隔離，所以要協助融合社會，障礙人之障礙是與環境互動關係，因而須融入社會，解決消除雙軌而要求多元性。社會福利是在民法中不足之補充，因民法是以適用正常人的。所以不符障礙者需求。

1993 年日本障礙者基本法，對障礙者定義，日常社會生活長期限限制是因身體精神障礙，他是在社會福利觀點之定義，但未強調、保障障礙者權益。之後，反歧視法對障礙者定義也有改變，擴大平等基礎，建立新的監督機制。障礙者是社會環境引起之障礙，再一定程度上實踐會有不同之不

便。

有意識、無意識之改變均應同意，要使障礙者與社會同享權利，建立司法權益保護，所以應有新司法制度，改善司法耗時與繁複之程序，並起草推動反歧視法與訂定新的障礙人基本法。

南非總統府部長巴哈德—南非憲法規定不可歧視障礙人士，南非國會有更多障礙議員代表 400:1，應採更多措施改善，目前清楚知道憲法與行政作為需要有國際公約，含括基本人權內容且重點列於社會發展公約，協助工作進程中，判定通過中喚起對人權特別關注，特別談及在非洲具體情況，公約會解決武裝衝突與戰爭，減少障礙。促使發展國家中也可適用，農村中障礙婦女、障礙兒童應予特別重視，檢測監督機制，障礙人之參與政策制定機會及國際社會參與，公約本身消除貧困，增進整體發展機會，提供障礙人困難克服（消除貧困）、障礙人組織支持。如果進程順利，障礙人未參與公約制定，難保證公約不會變形，為世界和平及消除貧困做出貢獻，且將障礙人納入公約監督中，公約成功是一長期努力過程，至少 4 年才有完善公約，必須將障礙人組織接受公約制定觀點，以利延續 20 年之努力。

澳大利亞障礙婦女主席：澳國憲章是人權支持者也採取相關措施落實；澳國希望通過公約協助各國為世屆良好公民，澳國土著人種保障權益（保留地、自治權...），1992 年障礙人權法反對任何任何人歧視，但社會對該法有不同意見與抱怨，因為保障、監督機制不足，澳國符合支持訂定公約，但未參與制定公約，例如：對婦女權益公約是不滿意，執行也有困難，澳國障礙團體未對障礙人權公約討論，經由障礙婦女人權之努力，消除歧視婦女，家庭或機構對障礙婦女人權中之生育權之侵犯，尊重障礙婦女各項權益，經過婦女爭取資源，保障生活狀況與尊嚴或國際社會支持。

世界聾人協會主席對公約草案與推動有以下意見：

1、為何要公約：亞太地區障礙者十年計畫即將結束，再此

辦理國際性三大會議，但聾人不能充分參與，因為缺乏教育就業住房等手語人員協助致阻礙聾人參與，聯合國公約文件，國家雖有接受，但未能實踐。如國際勞工組織、人權委員會決議事項，但執行為落實。

- 2、墨國提案：障礙者均歡迎該提案，也討論公約草案，但對公約中部分內容不能認同，因為其中有不平衡內容，過多經濟社會文化權，未提出政治權，雖有提出模式但未能含括：全面性、代表性，又障礙預防問題是重要內容，對新技術（生物科技）之重視對障礙者是重要的，但障礙預防中又與人權（生存權、生育權）有矛盾，故是否列入公約值得再討論【反對將障礙預防列入公約中】。
- 3、可採雙軌制：制定公約要時間，現有文件與監督，可以加強執行；如婦女權益公約、兒童權益公約、基本人權公約等，多可與新訂公約相輔相成。
- 4、誠信問題：1987年對障礙者十年計畫作執行評估，當時有些國家未參與該計畫，也未改善障礙婦女代表性與特性，所以在程序上應予重視，障礙婦女權益保障。
- 5、亞太地區聾人會議之前亦宣佈「新的夢、新的十年、新運動」對聾人而言，全面參與是困難，但聾人很想參加，她們有自己的聾人文化，將繼續努力相互協調參與。

中國大陸代表鄧莆芳先生對障礙者權利公約之意見：

- 1、制定障礙者權利公約原則——吸取過去經驗，不離現在時代背景，肯定現有人權文件及其原則，障礙者權利公約應與現有相關公約相輔相成。
- 2、障礙是人權問題，是多面的，平等一員中應有權利——社會發展與人權平衡，以利落實，國際社會應有義務協助推動。
- 3、公約應考量歷史背景，兼顧不同國家國情與資源。
- 4、人權目標：各國可以實踐於其國家文件中，協助發展中國家也能落實障礙者權利公約。爭取政府履踐公約
- 5、公約不只是障礙人需要，也是社會需要。
- 6、公約是人權問題也是社會發展問題，歷史延續性，需社

會認同，才為可行。

## 7、團結障礙人士，爭取政府支持。

國際盲聾人協會成立於 2001 年 10 月，它視障與聽障多重障礙者，因而需努力幫助公眾了解盲聾人有很多困難，結合國際盲聾團體提供訊息；使更多盲聾者參與社會。

國際精神治療受害者協會成立於 1998 年，精神障礙者被治療是痛苦的，在就業、尊嚴、服務、社會接納均有困難，所以須以案主為本位團結主張權利。聯合國障礙者十年計畫、亞太地區障礙者十年計畫對精神障礙者認識、支持不足。

總之，反歧視立法，應由政府處理；即公約由生存、住宅、穿衣等基本權利。人權問題於障礙者是最基本且能有法律的約束力，障礙人權保障的工具是必要的，多元的問題壓力不同。且障礙公約要組織起來，讓社會知道，並參與公約制定。

## 二、結論【主持人：Arthur O' Reilly】

### (一) 障礙人權公約

- 1、開展有利運動由障礙者證明自己之努力，政府應重視此問題，歐盟目前認為公約太多所以不支持新公約因而應加強說明。
- 2、有些國家憲法不支持國家公約，政府行政制度不同、文化差異，傳統人權態度者多反對新公約。
- 3、發展中國家認為是資源問題，所以沒有資源解決國際義務，經濟社會文化資源與人權相矛盾如何處理。
- 4、執行公約須有經費資源，由漸進式實踐公約義務，而非立即可及，可以同一目標努力，即以最低標準為限制，成立監督機制，未締約國提供專家委員與資源協助；及要一個好的公約，而非速定一個公約。

### (二) 訂定障礙人權公約應積極之做法：

- 1、障礙者學會使用現有人權機制，善與政府溝通推動工

- 作，提供更好參考來認同。
- 2、 公開辯論、障礙者參與訂定、與政府對話。
  - 3、 日本障礙者運動得到發展，且於其憲法中規定有權得到社會福利，但仍未落實於政策中，尤其是應由社會福利觀點轉為人權觀點。
  - 4、 全球化為障礙者帶來挑戰，使障礙者邊緣化與更團結努力。
  - 5、 政府要積極支持與聯合國合作，障礙者組織參與及與政府合作且列為重要工作。
  - 6、 要高層充分了解，主管部門要積極支持全球運動以區域會議，國家成立小組共同參與促進公約訂立。
  - 7、 充分認識障礙組織獨特經驗與知識，各方面之談判知識、技術、納入預防問題是對其他人所言，對障礙者而言是機會平等問題，它與預防障礙是二個問題，消除戰爭是預防障礙有效措施，如以國防預算10%作消除貧困，亦是國際障礙者協會所做決定。及倡導成立和平委員會，積極與非政府組織合作。
  - 8、 公約成立須有強力之障礙者運動，障礙者要向政府努力說明，促使政府為公約支持者。
  - 9、 主流人權是弱勢團體之權利，結合為同盟，有廣泛之支持與當地人權機構合作，在國家人權報告中，將障礙者人權問題充分反映出來且在聯合國人權網址【[www.unhchr](http://www.unhchr)】登錄。

### (三) 未來行動計畫

- 1、 現在即關注此明確之問題。
- 2、 運用人權網站充分交流意見。
- 3、 爭取政府合作，反應最新資訊。
- 4、 徵求各國政府對公約之意見，於第二次會議中討論修正。
- 5、 為使礙者權利公約含括障礙者需求，是應重視而採行必要行動。
- 6、 大家願意承諾繼續不斷努力，達到公約目的，但須些時間成立聯盟共同努力，以促進公約早日訂定。

## (參)、分組研討會

本次大會分組研討，我國伊甸基金會六項身心障礙者福利之重要發展工作報告：

1. 喜樂視障國際事工分享：由喜樂視障的李繼吾組長報告，李力嘉專員翻譯。在報告當場即有代表希望邀請喜樂合唱團前往該國演唱，並也有代表表示此為本次大會僅有談及心靈重建的報告。
2. 爭取身心障礙者權益事工：由南區成人服務中心主任戴富嬌報告。在報告後問答部分有日本及非洲代表對於台灣身心障礙人口數、定額僱用監督運作，以及和其他專業人員之連結等部分提出疑問。
3. 復康巴士-交通服務事工：由資發處總幹事林錦川報告、英語志工鄧同斌翻譯。此報告在會中引起熱烈回應，在座代表對我復康巴士運作狀況頻頻發問，並希望和我在交通事工方面有進一步合作機會。
4. 南投 921 庇護工場事工分享：由資發處總幹事林錦川報告、日語志工江美瑾翻譯。在報告後問答部分有代表對於我庇護工場的建立、庇護人數、薪資給付以及政府的補助等提出疑問。
5. TCBF 校園友善城市陣線聯盟事工分享：由英語志工鄧同斌報告。報告後泰國曼谷大學復健系、上海第二工業大學，以及香港代表等皆索取 TCBF 光碟片並談及未來合作細節。
6. 「愛無國界」國際事工分享：由國際公關專員李力嘉報告。報告後有代表問及我是否也前往非基督教信仰之國家進行輪椅捐贈行動、我是否有參與國際組織，以及政府對我的鼓勵作用，同時也有南非代表提出希望我前往捐贈輪椅之需求。

## 參、結語

「聯合國亞太區經濟社會發展委員會身心障礙者十年計劃」是一個長期計畫，在1993年由UNESCAP( The United Nations Economic and Social Commission for Asia and the Pacific) (聯合國亞太區經濟社會發展委員會)所發起，而UNESCAP亦為聯合國所支持的旗下組織，自1993年以來，為促進亞太地區的身心障礙福利服務的環境，便結合亞太地區國家，舉辦一年一次的討論會議。這樣的活動已持續在馬來西亞、泰國、越南等地舉辦，期盼促進亞太地區身心障礙者權益、發展、資訊、議題倡導與公共教育達到意見和經驗的交流，以作為亞太地區國家身心障礙福利推動的重要指標及方針，除將對過去十年(1993年~2002年)之成果及仍需改進之方面提出說明與建議，亦將規劃下一個亞太身心障礙者十年計劃之方向與焦點。

聯合國障礙者十年計畫、亞太地區障礙者十年計畫聾人知道不多，所以未來十年計畫應透過廣播、電視台、文字等加強訊息交流。確保聾人有權參與社會機會，改善過去十年聾人參與社會不活躍問題。目前仍有許多國家社會福利不盡理想，且對聾人需求不清楚，如：就業情形、資訊收集不足、教育環境(受教權)及與人交往、社會自立等均不理想，所以應有正確資訊，政府才能有效提供服務及保障權益。掃除對障礙者歧視與恐怖事件是重要的，即生命未得保障，則生活、人權、自立更不用談。主要做法如下：

- 1、 加強就業工作，推動工作無障礙措施，實踐障礙者資訊無障礙。
- 2、 促使更多人參與每年舉辦之活動。
- 3、 將障礙人問題是為重要問題解決，加強政府與非政府組織(NGO)合作工作。
- 4、 聯合國亞太經濟社會委員會是協調人所以建議每年開會研商十年計畫之成果與未來應進行之計畫，過去十年中各政府組織積極參與活動，非政府組織(NGO)應發揮更大功能，障礙者工作組織應保持交流意見，保持障礙人工作意識，解決工作問題及扶助貧困問題。
- 5、 培訓障礙者為自己爭取正常權利。
- 6、 障礙者在交通、住宅、障礙婦女問題等需要培養其能



力。

- 7、 聯合國在資源上是不足的，應充分運用發會最大效用。
- 8、 在地區應定期辦理活動，各障礙加入非政府組織（NGO），加強團結。
- 9、 障礙者性別平等問題應被重視，團體如沒有共識則政府無所適從，所以不是強調各障別之差異性、獨特需求。
- 10、 無障礙訊息系統開發研究為目標。

此外，聯合國於泰國設立亞太地區障礙者服務中心（由泰國、日本政府支持行政與經費）【APCD】負責在未來十年解決亞太地區障礙者問題，未來十年具體行動計畫：

- 1、 協助亞太地區國家推動無障礙社會，加強各國溝通合作，建立各國代表了解其情況。
- 2、 加強專業人員培訓，發展中國家之合作，障礙者自立。
- 3、 工作共享。
- 4、 無障礙環境檢視。
- 5、 與各國合作並取得支持，尤其是基層障礙者組織合作。
- 6、 顧問專家參與使得專家意見得以落實協助各國改善服務。

總之，在過去十年，已有五十七各國家與非政府組織（NGO）參與「亞太地區障礙者十年計畫」，共同感覺：雖然亞太地區障礙者政策、立法、生活有很大進步，但開發中國家或農村障礙者在各項活動中參與，值得加強。所以在總結過去十年「亞太地區障礙者十年計畫」（1993~2002）經驗後，聯合國亞太經濟社會委員會於2002年5月決定：為持續推動下一個「亞太地區障礙者十年計畫」（2003~2012），並聽取國家與非政府組織（NGO）聯合國專案委員會意見，據以擬訂下一個十年行動計畫時間表，計畫名稱為「障礙青年發展計畫」；以「鼓勵參與 掃除障礙」為主題；並訂目標為：2015年要消除貧窮（亞太地區將障礙者視為貧窮人口）狀況50%；10%障礙兒童受教育。

## 肆、附錄

- 一、我國國家推展身心障礙福利服務與自評報告資料  
（提供大會秘書處彙整）
- 二、大會會議資料
- 三、各國身心障礙福利服務與自評報告資料

## 附錄一

2002年參加國際傷殘重建聯合會世界大會國家報告

### 協同跨越障礙 促進權益福祉----

#### 中華民國身心障礙者福利政策回顧與前瞻

為維護身心障礙者之合法權益及生活，保障其公平參與社會生活之機會，乃以「一輩子照顧、無所不在的保護、全方位的服務」為政府訂定身心障礙福利政策總目標，俾利加強整合政府及民間資源，規劃並推行各項扶助及福利措施，促進身心障礙者「機會均等全面參與」之落實。

#### 壹、法制沿革：

我國為維護身心障礙者之合法權益及生活，首於民國1980年制定公布「殘障福利法」，並於民國1990年及1995年兩度修正部分條文，更於民國1997年以身心障礙者權益、人格尊嚴為核心，修正為「身心障礙者保護法」，且配合行政程序法之施行及簡化申請福利程序，積極明確之福利保障，於2001年再修正部分條文；此時身心障礙者的權益及應享有之福利措施，成為「身心障礙者保護法」的核心，即身心障礙者保護法係依障礙者應有權益為出發點。

民國1980年「殘障福利法」制定之初，服務的對象計有七類，包括：視覺殘障者、聽覺或平衡機能殘障者、聲音機能或言語機能殘障者、肢體殘障者、智能不足者、多重殘障者及其他經中央主管機關認定之殘障者；民國1990年修訂後增加為十一類，除前述七類外，新增重要器官失去功能者、顏面傷殘者、植物人及老人痴呆患者（現已修正為失智症者）及自閉症，共四類；1995年，再新增慢性精神病患者乙類；八十六年修正後，將障礙類別分為十四類；於2001年部分條文修正後，又新增頑性（難治型）癲癇症者及經中央衛生主管機關認定，因罕見疾病而致身心功能障礙者，故現行障礙類別計有十六類。其相關子法由1990年二十餘種，於1997年增加近四十種。

#### 貳、福利經費

近十年來政府用在身心障礙者福利經費亦逾一千二百餘億元（詳如附表）。於1997年4月後各目的事業主管機關亦會相對編列經費，執行其法定職掌工作。因而身心障礙者所分配到的資源，已不在只侷限於來自福利服務的部分。

而內政部補助獎助各地方政府或民間團體共同推展身心障礙福利服務項目，從 1991 年度身心障礙者福利服務補助有十個計畫項目，迄 2001 年度已擴增為興設機構整擴建房舍暨充實其設施設備、社區照顧服務、個案管理服務、購置或承租商店等低利貸款暨房屋租金與購屋利息補助、生活補助、教養養護補助、輔助器具補助、補助教養機構服務費、各類福利活動補助、充實團體設施設備、專業人員培訓、收托交通費用補助、保險費用補助及身心障礙福利服務專業人力等十五個計畫項目，以因應社會變遷、法令變更及身心障礙者實際需要，加強推動各項身心障礙福利服務。

自 2001 年度起，為增進地方政府自主性，乃將對地方政府計畫型社會福利經費補助項目，改為行政院主計處統籌設算經費給地方政府，由地方政府賡續辦理相關福利服務；然對民間組織參與福利服務者，仍依「內政部推展社會福利服務補助作業要點」繼續補助辦理，以彰顯結合民間資源推展社會福利之成效。

歷年來身心障礙福利經費表

單位：千元

年度	內政部身心障礙福利經費	內政部身心障礙保險經費	地方政府身心障礙福利經費	合計
80	1,280,310	0	1,092,560	2,372,870
81	3,257,627	0	1,286,267	4,543,894
82	3,477,225	0	1,708,191	5,185,416
83	3,763,549	0	2,136,645	5,900,194
84	3,958,209	202,000	2,595,301	6,755,510
85	3,750,097	546,000	3,457,173	7,753,270
86	3,844,154	631,040	7,111,462	11,586,656
87	3,844,154	815,600	6,470,215	11,129,969
88	4,874,269	943,619	6,514,037	12,331,925
88 下 89	7,932,356	1,775,000	10,446,986	20,154,342
90	1,642,203	1,470,451	12,991,073	16,103,727
91	1,398,840	1,558,678	13,837,690	16,795,208
合計	43,022,993	7,942,388	69,647,600	120,612,981

說明：一、本部八十九年度經費含精省後中部社會司身心障礙福利相關經費 219,185 千元。

二、本部九十年部分身心障礙福利經費已設算至地方政府。

資料來源：中央：內政部；地方：地方政府

而內政部補助獎助各地方政府或民間團體共同推展身心障礙福利服務項目，從 1991 年度身心障礙者福利服務補助有十個計畫項目，迄 2001 年度已擴增為興設機構整擴建房舍暨充實其設施設備、社區照顧服務、個案管理服務、購置或承租商店等低利貸款暨房屋租金與購屋利息補助、生活補助、教養養護補助、補助器具補助、補助教養機構服務費、各類福利活動補助、充實團體設施設備、專業人員培訓、收托交通費用補助、保險費用補助及身心障礙福利服務專業人力等十五個計畫項目，以因應社會變遷、法令變更及身心障礙者實際需要，加強推動各項身心障礙福利服務。

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資料來源：中央：內政部；地方：地方政府

### 參、領有身心障礙手冊人口

於 1991 年領有障礙手冊者計有 204,158 人，占總人口數約 0.99%，截至民國 2002 年 6 月底止身心障礙者人數已達 790,312 人，占總人口數約 3.52%（如附表）。

#### 1990 年 12 月至 2002 年 6 月底身心障礙者人數

年別	人數	佔總人口比例
1990 年 12 月	153,824	0.75%
1991 年 12 月	204,158	0.99%
1992 年 12 月	226,642	1.09%
1993 年 12 月	263,557	1.26%
1994 年 12 月	312,671	1.48%
1995 年 12 月	393,630	1.84%
1996 年 12 月	456,683	2.12%
1997 年 12 月	505,138	2.30%
1998 年 12 月	571,125	2.60%
1999 年 12 月	648,852	2.94%
2000 年 12 月	711,064	3.19%
2001 年 12 月	754,084	3.37%
2002 年 06 月	790,312	3.52%

□□□資料來源：內政部統計處，內政統計月報，中華民國九十一年六月。

#### 1990 年 12 月至 2002 年 6 月底各類身心障礙者人數

類別年別	身心障礙者總人數	視障者	聽障者	平衡者	語障者	肢障者	智障者	多障者	重器障者	顏障者	植物人	失智者	自閉者	慢性精神	頑性癲癇症	罕見疾病	其他障者
79	153,824	17,191	3,848	-	4,389	77,881	26,166	24,349	-	-	-	-	-	-	-	-	-
80	204,158	19,408	5,458	-	5,299	102,370	38,316	32,710	489	31	29	5	28	-	-	-	15
81	226,642	19,423	7,476	-	5,592	112,165	41,774	33,097	5,902	197	352	152	202	-	-	-	310
82	263,557	20,002	13,166	-	7,528	129,727	44,695	34,900	10,929	485	726	466	352	-	-	-	581
83	312,671	22,425	23,657	-	7,730	149,659	49,237	38,867	16,435	914	1,272	920	514	-	-	-	935
84	393,630	25,894	35,124	-	9,378	181,652	54,604	44,380	23,416	1,334	1,885	1,841	693	12,023	-	-	1,406
85	456,683	28,224	43,055	-	7,516	205,713	59,570	49,797	29,114	1,530	2,558	2,832	854	24,324	-	-	1,596
86	505,138	29,063	50,349	-	7,718	219,817	61,416	53,031	35,082	1,689	3,109	3,978	1,043	32,120	-	-	1,723
87	571,125	32,019	59,297	-	8,330	248,123	65,108	59,603	43,369	1,889	3,984	5,574	1,253	40,469	-	-	1,917
88	648,852	35,750	69,034	423	9,014	280,636	68,043	66,114	53,058	2,209	4,550	7,888	1,549	48,463	-	-	2,121
89	711,064	38,747	76,592	524	9,467	306,169	71,012	71,569	60,974	2,448	4,582	10,188	2,062	54,350	-	-	2,380
90	754,084	41,190	81,952	606	9,728	323,542	73,609	74,467	64,979	2,640	4,159	11,582	2,550	60,453	-	-	2,627
91.6.30	790,312	42,900	85,324	766	10,139	338,266	74,825	77,382	70,085	2,838	4,280	12,758	2,859	64,908	153	13	2,816

□□□□資料來源：內政部統計處，九十一年第二季身心障礙人數季報表

依據 1993 年身心障礙者生活狀況調查，身心障礙者對未來辦理身心障礙福利措施之期望中，以復健、治療補助及生活輔助器具補助之需求為高居前三位。雖然 1995 年全民健康保險的實施已舒緩了身心障礙者的就醫障礙，唯醫療費之外的相關醫療服務項目，仍是身心障礙者及其家庭沈重的負擔。2000 年身心障礙者生活狀況調查，身心障礙者對未來辦理身心障礙措施之期望中，教養機構及居家照護為重要度最高者。如何協助身心障礙者獲得妥善的居住安養，及因應障礙者老化及因老化而失能等問題，為當前身心障礙者重要福利服務重點工作。

#### 肆、主要福利措施

##### （壹）經濟保障服務

政府為照顧中低收入的身心障礙者生活，依據「身心障礙者生活托育養護費用補助辦法」，對未獲收容安置於機構中之中低收入（家庭總收入平均未達當年度每人每月最低生活費用二點五倍且未超過台灣地區平均每人每月消費支出一點五倍）身心障礙者，依其家庭經濟狀況、障礙等級，給予二千元至六千元之生活補助費。同時符合申請身心障礙者生活補助及政府所提供其他生活津貼要件者，僅能擇一領取；但低收入戶生活扶助及榮民就養金不在此限。依身心障礙者生活托育養護費用補助辦法規定，所領取政府核發之各種生活補助，每月合計不得超過行政院核定之基本工資。每年預估嘉惠身心障礙者約二百一十五萬餘人次。

對於經政府轉介安置於身心障礙福利服務機構之身心障礙者，依據「身心障礙者生活托育養護費用補助辦法」規定，其所需托育養護費【一八九九五元】補助依家庭經濟狀況（家庭總收入平均每月每人為當年度最低生活費標準四倍以下者），家庭總收入平均在當年度每人每月最低生活費三倍以上未達四倍，予以四分之一補助；家庭總收入平均在當年度每人每月最低生活費二倍以上未達三倍，予以二分之一補助；家庭總收入平均在當年度每人每月最低生活費一倍以上未達二倍，予以四分之三補助；列冊低收入戶即家庭總收入平均在當年度每人每月最低生活費一倍以下，予以全額之

補助。

惟身心障礙者年滿三十歲、年滿二十歲其父母之一方年齡在六十五歲以上或家庭中有二名以上身心障礙者，接受政府安置於機構，其托育及養護費補助標準為，家庭總收入平均在當年度每人每月最低生活費一倍以上未達二倍，予以三分之二補助；家庭總收入平均在當年度每人每月最低生活費二倍以上未達三倍，予以三分之一補助，家庭總收入平均在當年度每人每月最低生活費三倍以上未達四倍，予以托育及養護費與最低生活費之差額補助。

對身心障礙者參加社會保險自行負擔的保險費，依據身心障礙者保護法第十四條第二項訂定「身心障礙者參加社會保險保險費補助辦法」規定，按照其障礙等級予以不同比例之補助，其補助標準為極重度及重度身心障礙者全額補助；中度身心障礙者補助二分之一；輕度身心障礙者補助四分之一。該項補助經費由戶籍所在地之直轄市或縣（市）政府負擔，但極重度、重度身心障礙者參加全民健康保險之自付部分保險費補助由中央政府負擔。

地方政府對於全民健康保險未給付之部分，而為身心障礙者之醫療復健所需醫療費及輔助器具，經由診斷證明及申請，並依據「身心障礙者醫療及輔助器具費用補助辦法」規定而給予補助，每年預估嘉惠身心障礙者約四萬餘人次。另依據縣市醫療費用補助辦法規定，對低收入戶之傷、病患者及患嚴重傷、病，家庭總收入平均未達當年度每人每月最低生活費標準一點五倍，且最近三個月所生全民健康保險之部分負擔醫療費用或健康保險給付未涵蓋之醫療費用累計達新臺幣五萬元以上者，其所需醫療費用非其本人或扶養義務人所能負擔者。補助標準為：屬低收入戶之傷、病患者，全額補助。而屬患嚴重傷、病，所需醫療費用非其本人或扶養義務人所能負擔者，補助百分之七十。

## （貳）、機構照護與管理

為保障在機構就養之身心障礙者，能獲得最適當之服務，並提昇機構之服務品質，內政部已修訂「身心障礙福利服務機構設施標準」、「身心障礙福利服務機構設立及獎勵辦法」、「身心障礙福利服務機構評鑑辦法」、「身心障礙福利服務專業人員遴用標準及培訓辦法」等相關子法，作為各級政府及民間辦理身心障礙福利機構提供服務、設立、輔導或評鑑身心障礙福利機構提供服務品質之指



標。迄 2002 年 6 月底止在台閩地區已立案之身心障礙福利機構共計 205 所，所服務之身心障礙者計有一萬五千餘人。

#### (參)、社區照顧服務

為紓解因緊急事故或家庭長期照顧之壓力，增加照顧者與其他家庭成員互動或參與社會活動之機會，提昇被照顧者生活品質，依據「加強推展居家服務實施方案」及「推展社會福利服務補助作業要點及其補助經費申請補助項目及基準」補助地方政府辦理居家服務、社區照顧服務及短期照顧服務等，並自 1999 年度起補助各地方政府辦理「身心障礙者臨時暨短期照顧服務計畫」，由各地方政府委託轄內已立案之身心障礙福利機構或團體，針對領有身心障礙手冊之中、重、極重度身心障礙者提供臨時或短期照顧服務；其服務方式採定點式照顧或在宅照顧。此外，亦針對參與社區照顧的服務人員或志工施予教育訓練，以提昇其服務品質及工作技巧。2001 年度委託辦理「加強身心障礙福利機構提供社區照顧服務專題研討系列活動」，規劃「成年身心障礙者社區居住模式」，配合人口老化需求，亦對我國長期照護體系積極規劃，目前長期照護先導計畫第一期已進行中，俾以實驗方式強化社區照顧體系之功能，以因應身心障礙者之老年養護及給予家庭必要之支持。

#### (肆)、專業服務人力

為有效因應社會多元需求，增進身心障礙福利工作人員之專業知能，提昇其工作技巧、服務品質及服務態度，促進業務發展，建立身心障礙福利服務工作人員之專業制度。修訂「身心障礙福利服務專業人員遴用標準及培訓辦法」暨「身心障礙福利服務專業人員培訓課程標準表」作為遴用及培訓身心障礙福利服務業務專業人員之參據。另為協助身心障礙者面臨多重問題與需求，乃運用社會工作方法，經由個案管理服務模式及專業團隊的評估，結合醫療、教育、職訓、福利等專業人員，以科技整合之專業團隊合作方式，提供身心障礙者整體性及持續性之個別化專業服務，並以個案管理方

式建立身心障礙者生涯轉銜服務流程及模式，期結合現有各項福利資源，使身心障礙者不同之生涯福利需求得以銜接。

#### (伍)、發展遲緩兒童之照顧

內政部兒童局為加強發展遲緩兒童之照顧與服務，已訂定「發展遲緩兒童早期療育服務實施方案及發展遲緩兒童早期療育服務實施計畫」，據以協調衛生、教育等主管機關加強相關資源整合，積極輔導地方政府成立發展遲緩兒童早期療育通報轉介中心，推動普及化及社區化之療育服務，獎勵加強宣導工作，提昇三歲以下之發展遲緩兒童通報率，強化幼托幼教機構之接納準備與特殊教育之提供，並規劃建立發展遲緩個案資料庫，以利個案之通報、轉介、評估療育服務之整合及工作人員之專業訓練，提昇服務品質。

#### (陸)、身心障礙者生涯轉銜服務管理整合之規劃

內政部為推展我國身心障礙者之全方位生涯轉銜服務整合模式，補助中華民國智障者家長總會辦理「身心障礙者生涯轉銜研討會」、「身心障礙者轉銜服務管理研討會」，另為促進身心障礙者在不同生涯階段達到無接縫轉銜目標，乃邀請專家學者、民間團體、政府相關單位研商規劃並經行政院身心障礙權益促進委員會審議通過「身心障礙者生涯轉銜服務整合實施方案」，藉由定期召開轉銜服務聯繫會報，並積極規劃訂定轉銜服務統一表格資料格式，建置整合式身心障礙者個案管理系統，透過專業人員互信互助，於辦理服務移轉時，亦應繳交相關轉銜資料，由個案管理專責單位及人員邀請家長共同訂定個別化的轉銜服務計畫，協助促進身心障礙者生涯轉銜服務有效落實，且彙編各縣市之身心障礙者通報轉銜窗口及服務手冊，以利轉銜服務之推動及轉銜服務管理之整合。

#### (柒)、身心障礙者輔具資源服務整合

目前各部(會、署)多已積極規劃辦理相關輔具研究發展中心，例如內政部獎助屏東基督教勝利之家及、第一復康輔具資源服務中心設立「輔具展示服務中心」；高雄市政府社會局無障礙之家亦設立「身心障礙者輔具展示、維修資源中心」；行政院衛生署已於台

北榮民總醫院復健醫學部等七處成立「身心障礙輔助器具器材研究發展中心」，及十一處「長期照護示範管理及輔具展示中心」；國科會也委託台灣大學等三個單位成立「身心障礙者輔具研發中心」；行政院勞工委員會職業訓練局亦有獎助就業輔具研究發展；教育部補助淡江大學研發視障電腦輔具；內政部建築研究所完成建築物障礙者避難逃生設施設備可行性研究等。可見國內之復健輔具已多元發展，更亟待加強整合，強化供需資訊之運用及促進技術移轉。是以內政部對輔具研發政策之重點為：「整合輔具資源服務、強化供需間之融合、促進推廣提昇福祉」，並辦理「身心障礙復健研究發展中心之營運規劃與發展之研究」、「身心障礙者輔具維修點計畫」、「到宅評估輔助器具服務及復健訓練計畫」，且委託設立「多功能身心障礙者輔具資源整合推廣中心」、「聽語障生活輔具簡易研發暨推廣中心」、「顏面損傷生活輔具簡易研發暨推廣中心」，並規劃且經行政院身心障礙權益促進委員會審議通過「身心障礙者輔具資源與服務整合方案」，俾促進科技輔具研發資源之整合與運用，達資源整合共享之目標，增進身心障礙者福祉。

#### （捌）、推展無障礙環境促進全面參與

政府為建立無障礙生活環境，積極改善各項公共設施、建築物及活動場所之無障礙生活環境，內政部營建署修訂建築技術規則、「身心障礙者保護法第五十六條第三項已領得建築執照之公共建築物無障礙設備與設施提具改善計畫作業程序及認定原則」等相關法令規定，各地方政府依轄區實際需求訂定分類、分期、分區執行計畫及期限公告，並對於確有改善困難之場所督導該建築物所有權人或管理機關負責人提具替代改善計畫，訂頒「建築物無障礙設備與設施改善基金收支保管及運用辦法」，專供改善無障礙設備與設施。督導設立「公共建築物行動不便者使用設施改善諮詢及審查小組」辦理轄區公共建築物無障礙環境相關推動工作。並成立「公共建築物無障礙生活環境中央督導團」，定期赴各地方政府實地瞭解並督導公共建築物無障礙環境之執行工作。訂定「公共建築物無障礙生活環境執行情形追蹤季報表」，就公共建築物使用不便者使用設施改善諮詢及審查小組運作、改善清查情形、分類分期分區改善、勘檢執行、基金運作、宣導教育、市區道路無障礙環境改善，抽查發現缺失逐項填報。舉辦無障礙生活環境研討會、印製「公共

建築物供行動不便者使用設施與設備設計施工手冊」對於使用設施之詳細圖說、設計實例、使用，作詳細之規範，以改善身心障礙同胞生活便利，提昇執行工作相關人員專業能力，且加強宣導無障礙生活環境之觀念，促進大眾尊重維護無障礙設施。

此外，相關目的事業主管機關訂有「身心障礙者專用停車位設置管理辦法」、「電信事業提供身心障礙者特別服務實施辦法」、「公共交通工具無障礙設備與設施設置規定」、「運輸場站聽障者無障礙通訊設施規範」及「豐富身心障礙者文化及精神生活實施辦法」等相關法規，對促進身心障礙者參與社會活動，頗有助益。

### （玖）、規劃推廣財產信託制度

為增進身心障礙者、家長了解財產信託之意涵及可行方式，促進身心障礙者財產有效管理及保障生活權益，內政部已委託完成「身心障礙者財產信託制度建立之研究」，並辦理「心智障礙者信託業務研討會」、「以身心障礙者為受益人之信託契約簽訂法律專業人員培訓計畫」及「以身心障礙者為受益人之信託契約簽訂實驗計畫」，研訂信託契約樣例，供有意辦理信託契約之家長參考及提供專業諮詢服務，九十年度補助編印「身心障礙者財產信託操作手冊」及辦理「身心障礙者財產信託制度推動研習」，俾建立財產信託之正確觀念及培訓專業人員，積極推動身心障礙者財產信託，提供身心障礙者、家長對其財產管理多一個選擇。

依據於信託法及信託業法規定，身心障礙者之財產如須信託，可委請信託業者（如中央信託局信託部等）依相關規定辦理。目前有開辦身心障礙者財產信託之金融單位計有：中央信託局、交通銀行、大眾銀行、安泰銀行、華南銀行、台新銀行等十二個金融單位。又依據「九二一震災重建暫行條例」第二十八條第三項規定，訂頒「九二一地震災區禁治產人財產管理及信託辦法」，以保障災區禁治產人之基本生活與財產安全，並協助監護人訂立財產管理方法，期以其試辦經驗以推廣擴及其他障別之障礙者、老人參考運用。

### （拾）、辦理身心障礙福利服務活動

為豐富身心障礙者文化及提昇精神生活內涵，除依據本法第五十三條規定會同教育、新聞、文化及體育等主管機關研訂「豐富身

心障礙者文化及精神生活實施辦法」以積極推展各項措施外，另依據「推展社會福利服務補助作業要點及其補助經費申請補助項目及基準」補助財（社）團法人機構或團體，辦理身心障礙者休閒、育樂、研習等福利服務活動及充實其設施設備提昇服務效益。每年響應「國際身心障礙者日（十二月三日）」規劃系列活動主題及相關活動；以寓教於樂方式，促進社會大眾瞭解身心障礙者，進而共同關懷、支持、參與身心障礙者福利服務，也定期辦理「身心障礙者楷模—金鷹獎」，表彰傑出之身心障礙者之才華，鼓勵身心障礙者見賢思齊，以樂觀進取之心，邁向新紀元。

### （拾壹）、其他福利措施

為維護身心障礙者生活、減輕生活所需之負擔，其他相關福利措施例如：綜合所得稅特別扣除額、免繳汽車使用牌照稅、搭乘國內公民營公共交通工具優待、依法定比例設置身心障礙者專用汽機車停車位、保留名額優先核准身心障礙者購買或承租國民住宅及停車位等等。

在所得稅法特別扣除額方面，財政部已研擬依不同障礙等級之身心障礙者予以不同額度之特別扣除額，交通部亦計畫於 2002 年 3 月實施身心障礙者專用車牌以利辨識及維護行車安全；有關身心障礙者申請購買或承租之國民住宅，其出租或轉讓之規定，亦於 2001 年修正公布之修正條文第四十七條，由「應以身心障礙者為限」修正為「經親自居住五年以上，且主管機關公告後仍無人願承租或受讓者，主管單位得將其列為一般國民住宅，按照各地國民住宅主管機關所定辦法辦理」。

### 伍、未來展望

政府之施政是以民眾福祉為優先，而對民眾之福利服務，是一個持續逐步之過程，因此，我們當以不斷地專業提昇促進福祉，賡續推動身心障礙各項措施，今後應再就下列主要方向來努力：

- 一、強化經濟安全制度：為紓緩家庭對障礙者庭照顧之壓力，有必要對障礙者及其家庭予以經濟支持，目前已對中低收入之障礙者，依其障礙類別、等級及其家庭經濟狀況而予以不同的經濟補助；未來將再加強配合國民年金制度之規劃、實施，

安養監護及財產信託制度之建立及加強辦理生活、托育、養護及參加社會保險保費補助、重病醫療補助，以保障障礙者經濟安全，改善生活品質。

- 二、加強社區照顧服務：社區化是推展福利服務重要原則之一，加強社區照顧體系之建立更是推展障礙者福利重要措施，促使障礙者能就近運用福利服務資源，除賡續加強推展居家服務、日間照顧、臨時托育、短期托育外，賡續推展低收入戶到宅評估輔助器具服務及復健訓練，促進生活自理及減輕照顧者負擔。
- 三、提昇機構照護品質：加強輔導未立案機構，以保障收容對象之權益，並輔導機構朝向小型化、社區化發展。對有意願參與障礙者養護服務之財團法人，經依法申請障礙福利機構設立許可者，依據內政部加強推展社會福利服務補助作業要點，乃予以建築費、設備費、教養服務費等補助，對照護障礙生活品質之提昇，專業人員之專業訓練，機構定期評鑑，以確保服務品質，保障障礙者權益。
- 四、促進福利資源整合：規劃整體性的身心障礙福利資訊系統，推展身心障礙者彙報及通報系統俾及時提供療育與服務，經由專業人員之評估，依身心障礙者實際需要提供服務，並建立個案資料庫及個案管理制度，以提供整體而持續之個別化專業服務。
- 五、增進社會參與機會：為提昇障礙者全面參與社會活動，除賡續補助社（財）團法人積極規劃辦理各項休閒、育樂活動外，未來將更積極落實豐富身心障礙文化精神生活實施辦法，讓有才藝之障礙者得以充分展現，對相關文化活動也應予以公平參與之機會。
- 六、積極推動身心障礙者保護法及相關法規之研修，維護身心障礙者之合法權益及生活，落實各項福利服務工作之推展。

## 陸、結語

身心障礙者福利政策之推展，應具有前瞻性、計劃性、步驟性

之規劃，建構完善的身心障礙福利制度，亟需各級政府秉持公平、正義原則，顧及國家社會、經濟整體均衡發展，並依各類弱勢族群之真正需要，提供最適當的服務。各項政策之落實執行，尤需社會各界配合政府措施，至盼我國的身心障礙者福利政策，在政府及社會大眾共同努力之下，以溫和與理性的態度，透過具體的關懷行動，秉持「權利、尊重、接納」的正確理念，共同協助社會上每一位需要我們支持、鼓勵的身心障礙朋友擁有生命的尊嚴，獲得適當的扶助，並充分發揮其潛力。

政府的施政作為，應掌握社會脈動，因應民眾需求，符合世界潮流與國情，因此，身心障礙福利服務的推動，更應前瞻性，計畫性、步驟性的規劃建構完整的福利制度，提供完善的福利服務，讓民眾福祉獲得照顧，讓公平正義得以弘揚，以開拓廿一世紀福利服務的溫馨安全新紀元。

**Working together to overcome  
obstacles and promoting rights and  
benefits—**

**Reviews and outlook on the R.O.C. policy of welfare  
to the people with disabled**

**Reporter:**

**Ministry of Interior, R.O.C.  
Eden Social Welfare Foundation**

**Date:**

**30 September, 2002**



This is for preserving the legal rights and life of the physically and mentally disabled, protect their opportunities to participate in social activities, the government has set up its basic welfare policy of “lifelong care, overall protection, and comprehensive services;” for integrating the resources of the governmental with those of the private sector, planning and implementing various welfare service measures and promoting the well-being of the disabled; and promoting the execution of “equal opportunity—full participation” for the disabled.<sup>1</sup>

### **1. The development of legislation**

In order to assure the legal rights and better the lives of the physically and mentally handicapped, Taiwan started to legislate and promulgated the “Welfare Law for the Handicapped and Disabled” in 1980, with revisions in 1990 and 1995. Furthermore, this was modified into “The Physically and Mentally Disabled Citizens Protection Law” in its core of the rights and dignity of the physically and mentally disabled in 1997. To cooperate with protocols and simplify the application process, it was partially updated again in 2001. Since then keeping the rights and welfare of the physically and mentally handicapped has become the core of “The Physically and Mentally Disabled Citizens Protection Law” as the starting point to ensure their own rights.

At the beginning of declaring the “Welfare Law for the Handicapped and Disabled” in 1998, there were seven kinds of deficiencies to be served: the visually disabled, aurally disabled or disabled in balance functions, vocally or linguistically disabled, motor disabled, intellectually disabled, multiple disabilities and the others being recognized and identified by authority. It had been modified eleven items by 1990, newly added items including incapacitation of important organs, facially injured, paraplegics, mere senile dementia (modified thereto) as well as autistic disabilities. In 1995, another item, chronic insanity, was also added. There are fourteen items hereunder the law. After the revision of 2001, there were two more items added: persistent epilepsy, and those who become physically or mentally disabled due to rare diseases identified by the Central Health Agency. Currently sixteen items are included in total. And the relevant sub-laws have increased from originally more than 20 in 1990 to more than 40 in

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<sup>1</sup> About the employment, education, medical treatment, accessible transportation, and cultural & artistic activities for people with disabled are being in charged by Gos Council of Labor Affairs of Executive Yuan, Department of Health of Executive Yuan, Ministry of Education, Construction and Planning Administration of Ministry of Interior etc, and related NGOs. The report is mainly focus on the view of welfare with disability

1997.

In the last decade, the government has spent more than \$120 billion on total welfare expenses (see the table attached). After April 1997, all the government agencies responsible for the provision of welfare services made their own budgets and perform their own legal duties as well. Therefore, resources allocated to the physically and mentally disabled citizens are not restricted by welfare services only.

The subsidy to local governments or private communities, rewarded by the Ministry of the Interior (MOI), on promoting items of welfare services for the physically and mentally disabled, has expanded from ten projects in 1991 to fifteen in 2001, which include: the establishment, purchase or improvement of buildings by institutions; community services; individual-case-management services; subsidies for purchasing or renting shops in a low rate mortgage with subsidizing rent and mortgage interests; subsistence allowance; subsidies for education and care service fees; aid equipment for the disabled; fees to shelter training institutions; welfare activities of all sorts; facilities for the community; the training of professional personnel; transportation costs; insurance costs; staff of professional welfare services for the disabled complying with the variation in society and legislation; and the actual requirements of disabled people themselves.

Since 2001, to enhance the autonomy of local governments, the Accounting Department of Executive Yuan shifted its planned social servicing budget to local governments to perform all relevant welfare services for the disabled population. For the private sector or communities participating in welfare services, it still has to constantly subsidize by following the “Protocol of operation on subsidies to develop social welfare services by MOI” to manifest the effectiveness of joining private resources in expanding social welfare.

**Table of Costs on the annual expenses toward the physically and mentally disabled population:**

**Unit: NTS 000s**

Year	MOI's expense for the welfare of the physically & mentally disabled population	MOI's insurance expense for the welfare of the physically & mentally disabled population	Local governments' expense for the welfare of the physically & mentally disabled population	Total
1991	1,280,310	0	1,092,560	2,372,870
1992	3,257,627	0	1,286,267	4,543,894
1993	3,477,225	0	1,708,191	5,185,416
1994	3,763,549	0	2,136,645	5,900,194
1995	3,958,209	202,000	2,595,301	6,755,510
1996	3,750,097	546,000	3,457,173	7,753,270
1997	3,844,154	631,040	7,111,462	11,586,656
1998	3,844,154	815,600	6,470,215	11,129,969
1999	4,874,269	943,619	6,514,037	12,331,925
1999.07-2000.12	7,932,356	1,775,000	10,446,986	20,154,342
2001	1,642,203	1,470,451	12,991,073	16,103,727
2002	1,398,840	1,558,678	13,837,690	16,795,208
Total	43,022,993	7,942,388	69,647,600	120,612,981

Notes:

1. 1990 expenses include relevant expenses for welfare of the physically and mentally disabled, in the amount of NT\$219,185,000 from middle-Taiwan Bureau of Community, after reduction in organization in Taiwan.
2. The 1991 budget for the welfare of the physically and mentally disabled has been included in the local governments' own budgets.

**Data provided from: Central Administration: Ministry of Interior (MOI), Local: Local governments.**

## 2. Book of registration for the physically and mentally disabled population

Up to 1991, registration of the physically and mentally disabled population was 204,158 individuals, or approximately 0.99% of the total population. At the end of June 2002, it was 790,312 individuals, or approximately 3.25% of the total population.

### 1990-2002 Population figures of physically/mentally disabled citizens

Year	Population	Percent of total population
1990	153,824	0.75%
1991	204,158	0.99%
1992	226,642	1.09%
1993	263,557	1.26%
1994	312,671	1.48%
1995	393,630	1.84%
1996	456,683	2.12%
1997	505,138	2.30%
1998	571,125	2.60%
1999	648,852	2.94%
2000	711,064	3.19%
2001	754,084	3.37%
2002	790,312	3.52%

Data provided by: Ministry of Interior (MOI), Department of Statistics, Monthly Reports, June 2002.

## 3. 1990 – 2002 Population amount of all sorts of physically/mentally disabled citizens

category/ year	Total number of disabled	Visually disabled	Aurally disabled	Balance disabled	Vocally or linguistically disabled	Motor Disabilities	Intellectually disabled	Multiple disabilities	Organ Disabilities	Facially injured	Paraplegics	Dementia	Autistic	Chronic insanity	Persistent Epilepsy	Rare diseases	Others
1990	153,824	17,191	3,848	-	4,389	77,881	26,166	24,349	-	-	-	-	-	-	-	-	-
1991	204,158	19,408	5,458	-	5,299	102,370	38,316	32,710	489	31	29	5	28	-	-	-	15
1992	226,642	19,423	7,476	-	5,592	112,165	41,774	33,097	5,902	197	352	152	202	-	-	-	310
1993	263,557	20,002	13,166	-	7,528	129,727	44,695	34,900	10,929	485	726	466	352	-	-	-	581
1994	312,671	22,425	23,657	-	7,730	149,659	49,237	38,867	16,435	914	1,272	920	514	-	-	-	935
1995	393,630	25,894	35,124	-	9,378	181,652	54,604	44,380	23,416	1,334	1,885	1,841	693	12,023	-	-	1,406
1996	456,683	28,224	43,055	-	7,516	205,713	59,570	49,797	29,114	1,530	2,558	2,832	854	24,324	-	-	1,596
1997	505,138	29,063	50,349	-	7,718	219,817	61,416	53,031	35,082	1,689	3,109	3,978	1,043	32,120	-	-	1,723
1998	571,125	32,019	59,297	-	8,330	248,123	65,108	59,603	43,369	1,889	3,984	5,574	1,253	40,469	-	-	1,917
1999	648,852	35,750	69,034	423	9,014	280,636	68,043	66,114	53,058	2,209	4,550	7,888	1,549	48,463	-	-	2,121
2000	711,064	38,747	76,592	524	9,467	306,169	71,012	71,569	60,974	2,448	4,582	10,188	2,062	54,350	-	-	2,380
2001	754,084	41,190	81,952	606	9,728	323,542	73,609	74,467	64,979	2,640	4,159	11,582	2,550	60,453	-	-	2,627
June30 2002	790,312	42,900	85,324	766	10,139	338,266	74,825	77,382	70,085	2,838	4,280	12,758	2,859	64,908	153	13	2,816

Data provided by: Ministry of Interior (MOI), Department of Statistics, Q2- Reports of population for physically and mentally disabled citizens, 2002.

According to the investigation of living conditions for the physically and mentally disabled persons in 1993, the first three of future welfare concerns are rehabilitation and medical healing subsidies, subsistence allowances and the subsidies of rehabilitation aid equipment. Although the performance of Total Population's Health Insurance in 1995 had slowdown obstacles of medical care faced by disabled persons, the significant costs beyond medical fees still leave burden for the disabled and their families. In the 2000 investigation on living conditions of the disabled, it was found that the disabled expect both care-institutions and domiciliary nursing as part of future services. How to help them acquire well-arranged residence and care services, as well as the disabilities from aging, become the main points in the welfare service of the disabled.

#### **4. Main welfare measures**

##### **(1). Economically ensured services**

To care for low and near low-income families (family's total income is below 2.5 times of the annually lowest mean average per person and below 1.5 times of Taiwan's mean average monthly consumption) with disabled members, the Government offers an allowance of NT\$2,000 to 6,000 per month to those disabled persons who haven't settled in any institution, by judging their family financial conditions and disability levels, in accordance with the "Protocol of operation on subsidies to physically and mentally disabled citizens' life-care." Meanwhile, successful applicants can only choose one sort of allowance among the government's allowances offered. But veterans' allowance and subsidies for low-income families are the exceptions. According to the protocol, the allowance deserved by the disabled should not reach the basic wage defined by the Executive Yuan. Disabled citizens favored by this allowance are estimated to receive NT\$2.05 million per each year.

For the disabled citizens settling in government-subsidized welfare institutions, a rate of NT\$18,995 per month is provided to the families in four different levels consistent with their income: for a family's total income that reaches one-third the annual lowest mean average per person but not one-fourth, quarter of the specific amount is to be subsidized. For one-half but less than one-third the annual lowest mean average per person, half of the amount is to be subsidized. For those between the mean average half of it, three-fourths is to be subsidized. For those families that do not reach the annual lowest mean average per person, they can get the

full amount of subsidies.

But for the disabled whose age is over thirty, or those over twenty with a parent over sixty-five, or from a family that has two or more disabled members, if residing in a government welfare institution, the subsidy standard is: for a family's total income between the annual lowest mean average per person half that, two-thirds of the specified amount is to be subsidized. Between one-half and one-third, one-third of the amount is to be subsidized. Between one-third and one-fourth, they can have the difference of fees amounting between the fee of NT\$18,995 per month and the annual lowest mean average per person.

For social security insurance fee paid by the disabled, according to the "Protocol of operation on subsidies for the physically and mentally disabled attending social security insurance," chapter 14, section 2, they should be subsidized according to their level of disability. The subsidy standard is: full subsidy for severe and heavy disabilities, half for medium disabilities and one quarter for light disabilities. The local government puts up the expenses where the disabled citizens register residence. However, the expenses of the self-paid portion of the Population's Health Insurance are paid by the central government for citizens with severe and heavy disabilities.

Regarding the unpaid portion of the Population's Health Insurance, the local governments can provide the subsidies in accordance with the "Protocol of operation on medical and equipment subsidies for the physically and mentally disabled," the applicants can apply for subsidies based on doctors' diagnosis reports. Disabled citizens favored by it are estimated to receive NT\$40,000 per year. Meanwhile, according to the relevant protocols of medical subsidies for local counties and cities, if the patients belong to low or near low-income families, or are seriously sick or injured whose family's average income does not reach 1.5 times the current annual lowest mean average per person, as well as the sum of their partial payment of the Population's Health Insurance plus the uncovered medical care fees from insurance do not reach NT\$50,000 for the last three months, the medical fees are too much for the patients to afford, and the county or city government can fully or partially subsidize the expense for specific patients in the standard of: full subsidy for low and near low-income families. Seriously sick or injured patients who cannot afford therapy can be subsidized 70% by the government.

## **(2). Institution's care and management**

To ensure that the disabled residing in institution get appropriate services, promoting the service quality of institutions, MOI has accomplished its revision work on protocols of the "Standard of Facilities for Welfare Service Institutes Serving Physically and Mentally Disabled Citizens," the "Protocol of Operation on Instituting and rewording the Welfare Service Institutes Serving Physically and Mentally Disabled Citizens", the "Protocol of Operation on Evaluating the Welfare Service Institutes Serving the Physically and Mentally Disabled Citizens", and the "Protocol of Operation on Selecting Professional Personnel to Serve for the Welfare Service to Physically and Mentally Disabled Citizens," etc. Up to the end of June 2002 there were 205 legal institutions registered within the Taiwan and Fujian area aiming for the welfare of physically and mentally disabled citizens. More than fifteen thousand disabled people have gotten their required services from there.

## **(3). Community-care service**

In order to release the pressure caused by sorts of emergent affairs or long-term home-care, to increase their opportunity of mutual activities with caretakers of home-care-family members or participating in social activities, as well as promoting living quality for the patients being taken care of, the government has subsidized local governments to facilitate the services of home-care, community-care and temporary care, etc., in accordance with the "Plan to Enhance Home-Care Services" and the "Standard and Principal of Subsidy Operation and Items of Application to Develop the Social Welfare Service." The Administration has subsidized each local government to perform the "Plan of Service to Temporarily or Short-term Care-Takers of Physically and Mentally Disabled Citizens." The service has been offered to the middle, severe and extremely severe disabled who are registered as physically or mentally disabled, through the legal welfare institutions or communities registered within its region of jurisdiction since 1999. It applies fixed-points of care or home-care types of services. Furthermore, they train the personnel or volunteers participating in the community-care services to promote service quality and working skills. In 2001 they commissioned to perform a "Series of actions by a monographic study how to enhance the services provided by welfare institutions serving the physically and mentally disabled." And they made plans for "The living model for physically and mentally disabled adult persons in the community." Regarding the requirement under the aging-population trend, the government focuses on configuration of the long-term care system for our country. At present the first stage of guide-plan coordinating the long-term care system is on the way. We try to enhance the functions by using experimental methods, achieve the goal

of taking care of the disabled elderly and give their family necessary support.

#### **(4). Professional service personnel**

To meet with the manifold requirements of our society and increase professional skills, technology, quality perception and positive attitude toward their work of serving the disabled, as well as pushing ahead occupational expansion, we have hence revised the “Standard and Protocol of Operation in Professional Personnel Selection and Training on Physically and Mentally Disabled Citizens” and “Standard Table of Professional Personnel Training Courses on Serving Physically and Mentally Disabled Citizens,” using them as reference in selecting and training service staff. In responding to the disabled persons’ multiple problems and needs, we hence utilize methods of social work, through case-management modeling and evaluation by skilled team workers, combining medical, educational, training welfare personnel to cooperate in a teamwork style via scientific tap-in. And that could provide a sort of integrated, sustained and skilled service specific for the disabled; building a procedure and model to offer the disabled a way to switch their lifestyle into a better direction; expecting to participate in all existing welfare resources to provide the disabled their lifelong welfare requirements during the switching procedure.

#### **(5). The care of children with growth disorders**

In order to strengthen the care and services for children with grown disorders, the MOI has made the “Plan and Protocol to perform services of early-care for children with growth disorders” and uses it in coordinating health and education departments that take charge to integrate their resource at hand. It is expected that local governments are to council establishing a transfer center for the announcement of early-care for children with disabilities. Push availability of community care and health services. This declaration work of work having been inspired, occurrences of cases under the age of three are promoting the rate of announcement. Strengthening the preparation work of baby-care institutions to accept cases of children with disabilities with providing its special course, a database for cases of children with



disabilities is planned for establishment facilitating case announcement, transferring, and evaluating the integration of care and educational services, personnel training, and service quality upgrades.

**(6). Plan of how to integrate and manage a lifelong employment service for the disabled**

The MOI has subsidized the “R.O.C. Headquarters of Parents to the Intellectually Disabled” to perform both a “Seminar of lifelong employment for the disabled” and a “Seminar of management to the lifelong employment for the disabled.” On the other hand, with the promotion of the disabled employment towards the next stage of life “seamlessly,” the MOI invited experts, scholars, private communities and relevant departments of the government to discuss and work out a “Plan to perform integrated services to the employment process towards the next stage of life for the disabled,” via regular meetings held and positive efforts to construct a uniform format of data tables, we have therefore set up an integrated case-management system for the disabled. Through the trust and cooperation among skilled personnel, the case-transfer should include all the information of employment. The responsible unit of the case should invite parents to cooperate and set up an appropriate tie-in service plan specific to the case and help step up the practical services of lifelong employment. In order to facilitate the tie-in service and integrate its management, it is necessary to compile the employment agencies of all counties and cities into a manual to gain efficiency in the integration of the switching process.

**(7). Integrating the resource of aid equipment for the disabled**

At present, most of the departments (or equivalent unit of administration) have developed out their own R&D centers for handicap-aid equipment. For example, the Victory Christian House of Ping-Dong County and The First Rehabilitation Aid Equipment Resource Service Center had built the “Exhibit and Service Center of Aid Equipment” under the subsidization of the MOI, the (Handicap Friendly House) of Kaohsiung city, Bureau of Social Affairs built the “Center of Exhibition and Maintenance for Disabled-Aid Equipment.” The Executive Yuan and Health Department has already established seven locations for the “R&D Center for the handicap-aided equipment and materials” and eleven places for the “Exhibit Center of long-term care management and handicap-aided equipment among Taipei Veterans General Hospital Rehabilitation Medical Department, among others. The National Scientific Office had commissioned National Taiwan University and others three units to establish the “R&D Center for the aid equipment,” The Executive Yuan, Labor Committee, Bureau of Skills-Training had also subsidized the R&D for Disabled-Aided Equipment. The Educational Department of the

Executive Yuan subsidized Tam-Kang University to develop a Computer-Aided Apparatus for Visually disabled people. The MOI-Architectural Research Institute had accomplished its feasibility study regarding the building's escape facilities and equipment for the disabled. Apparently the manifold development of disable-aid equipment desperately needs to be integrated and needs to strengthen its information-application as well as technology. This led the MOI to set up its principal strategy of: "service on the integration of disable-aid equipment resources, enhancing the merging of the needs and to provide and promote the popularization and upgrade of the welfare." It also proceeded with "Study of the operation-planning and development for the disabled rehabilitation R&D center," "The maintenance plan for multiple disable-aid equipment," "Home-based disable-aid equipment services and rehabilitation training program-evaluation," and commissioned to establish a "Center of integration for the resources of manifold-function equipment used for multiple-disabled citizens," "Center of simple R&D and popularization for living aid equipment for the aurally disabled," "Center of simple R&D and popularization for living aid equipment for those with facial injuries," and drafting of the "Integrated plan for resources and services for the disable-aid equipment," which have been reviewed and approved by the Executive Yuan, Committee of Welfare in promotion of disabled citizens. Its goal is to step up the integration and application of technical resources for the R&D of disable-aid equipment, in order to share resources, upgrading the welfare of the physically and mentally disabled.

**(8). Expressing the handicap-friendly environment; stepping up the strategy of full participation**

To establish an unobtrusive (handicap-friendly) living environment, positively improving public facilities of all sorts, and expectations for unobtrusive living conditions in buildings and exercising spaces, the MOI Construct Division hence has revised the "Building Technical Regulations," "Physically and Mentally Disabled Citizen Protection Law, Rule 56, Item 3: the procedure and recognized principle of issuing modification-plan for unobtrusive equipment and facilities in and around public buildings that have registered for legal license", etc., and relevant codes and regulations, the local governments have to classify, by stages and by regions to perform the program and announce the deadline, and supervise the building owner or managing authority director to offer an alternative plan of modification if it does have its own inevitable problem to carry on in compliance with the new law or regulations. The local government has to grant for "Protocol of a building's unobtrusive (handicap-friendly) equipment and facilities modified fund, balancing reserve and utilization," to use the fund merely on the modification of this building's unobtrusive (handicap-friendly) equipment and facilities. As well as supervise the establishment of "the consulting and examining squad for

facilities used by disabled persons in a public building” in charge of the drive of an unobtrusive (handicap-friendly) environment among its dominant zone. Establishing a “Central supervising group for an unobtrusive (handicap-friendly) living environment in a public building,” periodically going to other local governments to check and supervise the performance of modification on public buildings’ unobtrusive (handicap-friendly) environment. Set up “Quarterly tracking table of the performance of modifications on public buildings’ unobtrusive (handicap-friendly) environment.”

Besides, the concerned authorities set up the “Protocol for reserved handicapped parking space,” the “Protocol to offer special services in telecommunication applications for the disabled,” “Specification to provide a handicap-friendly telecommunication facility for the aurally disabled at transportation stations” and a “Protocol to enrich the cultural and mental life of the physically and mentally disabled,” etc., which benefit a lot in encouraging the disabled to participate in social activities.

#### **(9). Plan for system to entrust property**

Enriching the disabled and their parents to acquire more understanding of property trust and practical methods, enhancing disabled citizens’ ability to handle their property and protect their rights of life, the MOI has commissioned the completion of the “Study on establishing the system for the disabled to entrust property.” The MOI has also accomplished a series of plans including: a “Seminar of setting the disabled as beneficiary,” the “Plan to train skilled personnel to sign legal contract of trusts by setting a disabled person as beneficiary” and the “Experimental Plan to sign legal contracts of trust by setting a disabled person as beneficiary”, etc. The purpose is to provide professional consulting services for those parents who have an interest in signing a trust contract. The MOI has subsidized the publication of the “Handbook of how to entrust the property for the disabled” in 2001 and erected the “Study of the disabled to entrust property.” These activities are on goal of providing the disabled and their parents a new selection to managing property.

According to the Trust Law and the Trust Business Law, if the disabled choose to entrust their property, they can ask the trust company (such as the Central Trust Co., Trust Dept.) to

perform it in compliance with the relevant regulations. The banking units that do this transaction are: Central Trust Co., Chiao Tung Bank, Ta-Chun Bank, En-Tie Bank, Hua Nan Bank, Tai-Shin Bank and another twelve financial units. On the other hand, to comply with the “Temporary regulation of 921 reconstruction” rule 28, item 3, setting up the “Protocol to manage the properties of interdictions and trust in the 921 affair” [referring to the severe earthquake of September 21<sup>st</sup>, 1999] in the goal of protecting the basic life and security of their properties for the victims of that disaster area, helping the guardians to establish methods to manage their properties, anticipating to expand the experience from there to other disabled persons and the elderly for their reference.

**(10). Performing welfare service activities for the disabled**

Regarding enriching the mentality and culture of the disabled, we have not only set up the “protocol to enrich the cultural and mental life of physically and mentally disabled citizens” in accordance with Rule 53 of this law involved now to proceed vigorously with all measures concerned, but also to subsidize corporations, communities to perform many kinds of leisure activities, mental amusement activities, study and other welfare activities as well as upgrade the facilities and equipment to promote efficiency of our services, in accordance with the “Standard and Principal of Subsidy Operation and Items of Application to Develop the Social Welfare Service.” We also will draw a series of theme activities during the “National Disabilities Day (Dec 3)” every year in response. Through the game materials played, we try to teach people to be attentive to the handicapped, supporting them and participating in activities of relevant welfare services for them. We periodically make the “golden hawk—a pattern of the disabled” to honor the remarkable talents from the disabled peoples, inspiring others to keep pace with winners into the new era.

**(11). Other welfare measures**

To keep up the living standards of disabled citizens, in order to lower living burdens, we have established some other welfare measures to make it possible: special discounts for the disabled on consolidated income tax, free automobile license tax, special discount ticket to use on local transportation systems for both the public and private sector, set up a legislated rate for vehicle parking spaces reserved for disabled citizens and retain vacancies for the disabled who have higher priority to buy or rent residences and corresponding parking space in the parking lot, etc.

On the special discount for disabled on the consolidated income tax, the Financial Department of Administration has worked out a discount rank for the disabled at different levels. The Traffic Department is planning to fulfill the special license plates in March 2002, used for the vehicles registered by the disabled in order to be identified more easily and safely maintained during driving. Regarding the disabled applying for purchasing or renting citizen's residences, relevant regulation concerns the protocol of leasing and transferring the ownership, specified in Rule 47, has been updated in 2001 from "should be restricted within the physically and mentally disabled citizens" into "personally resided for more than five years, with no other candidate willing to rent or transfer and accept the ownership after being announced by the government, the government can register it as a normal citizen's residence and to follow the relevant regulations or protocols at each local region and controlled by the department in charge of the citizen residence."

## 5. Visions

People's well-being is the first concern of the government, and welfare services for the people are a continuing process. Thus, we shall reinforce the people's well-being, implementing all kinds of policies for both the physically and mentally disabled, and motivating them as follows:

1. **Reinforcing the economic security system:** In order to soothe the pressure of families who care for the disabled, it is necessary that both the disabled and their families be financially supported. At present, families with average to low incomes have already received different subsidies in terms of different kinds and grades of disabilities based on the families' economic circumstances. In the future, there will be further implementation on a national pension system, establishment of a property trust, caring and guarding systems for the disabled, subsidies for livings, child-nourishing, care, social security insurance, and serious diseases to ensure the economic safety and quality of life for the disabled.
2. **Strengthening community care service:** Making of communities is one of the main principles for pushing welfare services, and strengthening the community care system is important to the welfare of the disabled, which enables the disabled to make use of neighboring welfare services. Besides continuing to push forward home service, day care, temporary baby care, short-term baby care, low-income citizens will receive

evaluation of equipment to assist at home as well as recovery training and learning how to cope with daily life by themselves to reduce the burden of their careers.

3. **Increasing the care quality of institutions:** The government will supervise the unregistered institutions in order to secure the rights of those taken in, and moreover, to direct them to form smaller-sized, communal institutions. As for the corporations which are willing to participate in care services for the disabled and have gone through the legal application for establishing the welfare institutions, in accordance with the principles for social welfare service subsidies by the Ministry of the Interior, corporations will be given subsidies based on their spending on building, equipment and care services. This is to increase the quality of life for the disabled, train professional staff, evaluate the institutions regularly as well as to ensure the quality of service and the rights of the disabled.
4. **Integrating welfare resources:** This is to organize a complete welfare information- and communication system for the physically and mentally disabled, ensuring that treatments and services are on time. Through professional evaluations, services are provided in terms of the actual needs of the disabled. A case database and management system will be set up in order to offer complete and continuous tailored professional services.
5. **Creating fair opportunities for the disabled to join social life:** In order to engage the disabled more with social life, not only will the subsidies continue to be offered to the corporations to arrange all kinds of recreational activities, in the future, there will also be codes of practice enacted to enrich the cultural and spiritual life for the disabled, to bring their talents out.
6. Starting the study and revision of protection law or other related law for physically and mentally disabled citizens, their legal rights and life shall be sustained, and all kinds of welfare services implemented.

## 6. Conclusion

The implementation of welfare policies for physically and mentally disabled citizens shall be

with visions, plans and R.O.C. to construct a complete welfare system. The government shall implement the policy on the basis of equality and justice as well as balancing the development of the nation and taking its economy into concern. The implementation especially needs the cooperation from society at large. Our welfare policies for the physically and mentally disabled will assist every disabled citizen and further encourage them to earn dignity and show their potential through the help of the government and the public with a decent attitude as well as taking action.

The implementation shall keep up with society and respond to people's needs; also, adapting to the trends of the world and the nation's condition. Thus, a complete welfare system with a vision will ensure people's well-being, and justice will show in the new era of the twenty-first century.

## 國家自評

壹、評估十年來，藉由非營利組織（以下簡稱 NPO）或政府所做之貢獻

結合民間資源及非營利組織（以下簡稱 NPO）共同推展身心障礙福利服務工作，是政府施政重點之一，也是身心障礙福利法制之週延、措施完善落實及服務普及推動主要動力泉源；非營利組織（尤其是心障礙福利組織）均共同參與決策。

主要之貢獻；例如：1、1980 年殘障福利法之訂定及 1997 年身心障礙保護法之修訂；2、身心障礙福利機構由 1993 之 67 家至 2002 年有 200 餘家，3、積極協助培訓專業人力，推展居家服務及社區服務，強化社區照顧體系，提供家庭要支持；4、督促無障礙環境之推動；5、教育權益保障；6、就業訓練之促進；7、補助 547 個身心障礙福利機構、團體，加強舉辦各項休閒育樂文藝活動，促進身心障礙者參與社會，充實精神生活。

貳、更明確了解對於障礙人士完全參與、機會平等權利，遭遇問題與案例

障礙人士完全參與、機會平等權利，遭遇問題有：

一、公共無障礙交通工具之引進，推廣不足；城鄉市區道路無障礙差距大；致使障礙人士社會參與較不便利。

二、企業雇主對視覺（聽語機能、智能）障礙者，接納度有待加強，俾利就業促進。

三、輔助器具之引進，推廣不足；致使障礙人士完全參與、機會平等權利受影響

例如：我國行動失能障礙人士雖有輪椅、電動輪椅或特製輪椅等行動輔具；但因公共交通工具無障礙不足；市區道路無障礙未全面改善；或已研發量產之新穎便利輔助器具之引進、資訊、推廣不足；致使障礙人士社會參與較不便利或就業能力提昇較困難；而影響企業雇主接納度。

參、未來十年行動計畫，可在亞太地區之合作，NPO 與政府合作計畫？

未來十年行動計畫，可在亞太地區之合作計畫：

一、心智障礙者平均餘命之推估與障礙者老化問題之對策研究。



二、建立共享網路資料庫之單一窗口：促進失能者能有效掌握最新或知道如何取得最新可用之輔助器具資訊，及輔助器具引進使用。

三、加強預防障礙者發生對策研究。

四、無障生活礙環境促進（含交通工具、住宅無障生活礙環境及輔助器具推廣促進）技術交流與合作。

五、社會參與促進（增進障礙福利團體國際交流）

六、自立生活促進（職業指導、職業輔導評量工具研發推廣、促進穩定就業對策研究）

附件一

A、對 107 項目標，尤其是障礙者之生涯發展部分及強化障礙者公平參與機會。

依四等級（0：完全沒有做；1：完成很少；2：大部份完成；3：几乎全部完成）自我評估在執行太平洋身心障礙十年（1993~2002）計畫成果屬那一等級？且提供具體證明支持自我評估；並敘述其理由及能清楚看到之例子。

答：1、我國在障礙者之生涯發展之協助，已訂定「身心障礙者生涯轉銜服務整合實施方案」、「身心障礙者輔具資源與服務整合方案」及修改有關影響身心障礙者公平參與機會之法規：如考試資格限制之放寬、建築技術規則之修訂，藉以促進障礙者公平參與機會。

2、因而屬於 1~2 級之間。

B、請敘述未來發展方向；並提供基本資料（依據自我評估提供下列基本資料）

1、列舉三項，十年來障礙者之最大改變，提供附註資料。

（1）障礙者權益明確受法律保障，且更有尊嚴而快樂。

（2）障礙者受教權（特殊教育）延伸至三歲起，建立發展遲緩兒童通報制度與早期療育服務。

（3）障礙者就業人數與被企業僱主僱用人數大量增加。

2、列舉三項，十年來障礙者與非障礙者比較，目前尚未獲得較好發展之事項。

答：(1) 無障礙環境推動待加強。

(2) 障礙者就業職種應再多元，適性就業須努力。

(3) 社會參與機會多創造。

3、有那三項（如工作機會、環境改善、教育程度提高）可由政府加以改善或加強，並排列優先順序。

答：(1) 環境改善；(2) 教育程度提高；(3) 工作機會增加

4、有那三項可特別優先於亞太地區進行區域合作？

答：(1) 無障生活礙環境促進（含交通工具、住宅無障生活礙環境及輔助器具推廣促進）技術交流與合作。

(2) 社會參與促進（增進障礙福利團體國際交流）

(3) 自立生活促進（職業指導、職業輔導評量工具研發推廣、促進穩定就業對策研究）

#### C、描述我國障礙者基本狀況

1、障礙類別、性別、教育程度、就業率及識字（文盲）率。

答：

一、性別：

1993 年障礙者 263557 人，男性 166307 人，佔障礙人口 64.2%，女性 92590 人，佔障礙人口 35.8%。【內政部統計處，1995】

2001 年障礙者 754084 人，男性 448724 人，佔障礙人口 59.5%，女性 305360 人，佔障礙人口 40.5%。【內政部統計處，2002】

二、教育程度、識字（文盲）率

1993 年六歲以上不識字或未上學者佔 29.1%，國小佔 27.1%，國中佔 18.3%，高中職佔 14.7%，大學以上佔 8.9%。【內政部統計處，1995】

2000 年六歲以上不識字者佔 23.7%，國小佔 31.5%，國中佔 16.0%，高中職佔 16.2%，大學以上佔 7.7%。【內政部統計處，2001】

三、就業率

1993 年障礙者就業者 26.3%，失業者 5. %；非勞動人口 68.7%

2001 年障礙者就業者 19.05%，失業者 5.04%，非勞動人口 75.91%。

2、在我國有多少人對下列身心障礙者計畫有概念：

(1) 太平洋障礙者十年（1993~2002）計畫：a、幾乎沒有，b、低於 1%，c、大約 25%

【列入周月清教授著作—教科書；政府及民間組織；失能者】

(2) 政府有被告知太平洋障礙者十年(1993~2002)計畫：a、有，b、沒有

答：(a、有)

(3) 1975年聯合國障礙者宣言，在我國有多少人知道：a、幾乎沒有，b、低於1%，c、大約60%【政府出書宣導推廣】

(4) 1981年國際障礙者年，在我國有多少人知道：a、幾乎沒有，b、低於1%，c、大約80%(因有發行郵票；政府與民間規劃辦理宣導活動)【為響應聯合國1992年訂定每年十二月三日為國際身心障礙者日，我國每年整合相關政府、民間企業，共同規劃系列慶祝活動，如二〇〇二年，即以「舞動生命，讓愛飛揚」為活動系列主題，努力貫徹「機會均等、全面參與」之目標。】

(5) 聯合國障礙者十年(1983~1992)計畫，在我國有多少人知道：a、幾乎沒有，b、低於1%，c、大約60%【政府出書宣導推廣】

\*我國身心障礙者團體基本資料（名稱、聯絡人、地址、電話、傳真、Email）

\*我國身心障礙者之領袖或典範人物（請簡單描述之；並請提供聯絡方式）【吳淑珍女士；劉俠女士】

一、吳淑珍女士：為我國總統夫人，經常支持參與公益活動，關懷弱勢；甚至努力加強國際外交；熱愛生命、重視人權，為身心障礙者典範與領袖。

二、劉俠女士：創辦伊甸基金會；為發展遲緩兒童儲蓄希望，為成年障礙者重建自信自立，為金齡失能老人提供居家服務、積極伸展雙福觸角，扶助弱勢族群及災民救助撫慰傷痛等，乃在全國十五個縣市設立四十個服務據點，提供社區化的身心障礙福利服務，更將台灣的身心障礙者復健與自立服務經驗，本著愛無國界的精神，將經驗傳送到馬來西亞檳城及吉隆坡等地，並成立海外分會，加強參與國際身心障礙者福利服務；並積極參與相關國際會議、亦捐贈輪椅給阿富汗、柬埔寨、莫三比克、約旦、越南等國因地雷受傷致殘者，其影響遍及國內外，服務成果斐然，足為熱愛生命、重視人權尊嚴，勇者的見證楷模。

\*請介紹國外組織在國內推展障礙者福利服務工作

答：目前在國內推展障礙者福利服務工作較主要的有：

一、聯合國訂定每年十二月三日為國際身心障礙者日，我國每年整合相關政府、民間企業，共同規劃系列慶祝活動。

二、紐西蘭導盲犬訓練中心協助推動導盲犬訓練與推廣。

三、日本交流協會—中日技術合作計畫『人才培訓研習交流』。

四、國際反地雷組織。

五、1991年「浦公英之家基金會」—亞太浦公英國際音樂節

\*請提供障礙者福利政策專家學者名冊及聯絡地址

答：1、王國羽教授：嘉義縣民雄鄉三興村160號中正大學社會福利研究所；2、周月清教授：台北市士林區臨溪路七十號東吳大學社會工作研究所；3、萬育維教授：花蓮縣慈濟大學社會工作研究所

## **2002 RNN Country Report Taiwan, R.O.C.**

(Bases on the outline of country report)

### **● The mission of the RNN Country Report**

#### **I. To evaluate the progresses of the Decade in Taiwan by non-governmental organizations (NGOs)**

One of the government's key policies is to combine the non-governmental resources with NGOs. This is also the momentum to completely implement and spread the welfare system. NGOs (especially the welfare organizations for people with disabled) all participate in the decisions.

#### **Contributions:**

1. Enactment of Disabled Citizen Welfare Law in 1980 and the amendment of the Physically and Mentally Disabled Citizen Protection Law in 1997.
2. Welfare organizations gaining in number from 67 in 1993 to more than 200 in 2002.
3. Assistance to training staff; home and community services; reinforcement of community caring system; providing families with support.
4. Inspection on accessibility of barrier-free facilities.
5. Protection for education rights.
6. Vocational training.
7. Subsidies to 547 welfare organizations and all kinds of recreational activities.

#### **II. To identify the issues and problems in Taiwan for the Full Participation and Equality of NGOs and GOs**

The following are the problems encountered:

1. Lack of public accessibility of barrier-free facilities; imbalanced construction of accessibility of barrier-free facilities routes between urban and the rural area.
2. Employers' low acceptance to disabled citizens (specifically those who have difficulties listening and speaking).
3. Lack of handicapped-aid equipment service so made the insufficient opportunities and

rights for the people with disabled. For instance, physically disabled citizens are equipped with wheelchairs or automatic wheelchairs, however, because of the lack of accessible public transportation facilities, incomplete accessible routes in the cities, and lack of promotion to newly invented handicapped- aid equipment devise, they face more difficulties participating in civil life and searching for a job, leading to unemployment.

### **III. Proposing future action plan for the regional cooperation as post-Decade Actions of both NGOs and GOs**

The Post- decade action plan can be planned within the Asia-Pacific region by the following:

1. Predicting the average age of mentally disabled people and studying the aging problems they are facing.
2. Establishing an Internet database: this can enable the disabled to effectively keep up with the latest information about the import and use of handicapped- aid equipment devise.
3. Reinforce the study of the ways to deal with the occurrence of disabilities.
4. Exchanging experience on building accessible environments (including transportation, accessible households and handicapped- aid equipment service) and promoting further cooperation.
5. Encouraging disabled people's social participation (interaction among international welfare groups with PWD).
6. Encouraging disabled people to live independently (including career guidance, evaluation of career consultation and stability of employment).

#### **[A] Evaluate the Decade by the “107 Targets” of the “Agenda for Action” with a 4-point assessment scale.**

1. In order to assist disabled citizens, we have set up “Principles for physically and mentally disabled citizen's career transition service” and “Principles for physically and mentally disabled citizens' handicapped- aid equipment service,” and amended regulations concerning disabled citizens' equal participation opportunities, for example, less-restricted qualifications to examinations, amendment of architecture regulations.

Therefore, we have self-evaluated that our assessment scale is on Grading: between 1 and 2.

**[B] Describing the summary &future directions and Basic Data**

**(a-1) . The three most significant changes for the life of PWDs in our country over the A/P decade**

- (1) Law protects disabled citizens' rights and they live with dignity and happiness.
- (2) Disable citizens' right to receive education (special education) has expanded from the age of three. We have established an early-stage informing system and provide early treatment service for retarded children.
- (3) Vast increase in employment for disabled citizens.

**(a-2) The three most undeveloped issues concerning our PWDs compare with non-disabled people in our country**

- (1) Reinforce the accessible facilities for people with disabled
- (2) Enhance varieties of employment for disabled citizens; finding more careers that suit disabled citizens' needs to be worked on.
- (3) Civil participation for the disabled should be created more.

**(a-3) The three priority measures which we consider should be improved upon or reinforced by the government**

- (1) Improving the environment
- (2) Increasing the education level
- (3) Creating working opportunities

**(a-4)The three priority programs of regional cooperation for our PWDs**

- (1) Exchanging experience on building accessible environments (including transportation, accessible households and handicapped- aid equipment devise) and promoting further cooperation
- (2) Encouraging disabled people's civil participation (interaction between international welfare groups for PWD)
- (3) Encouraging disabled people to live independently (including career guidance, evaluation of career consultation and stability of employment).

**B. Basic data**

**(b-1). Describe disabled citizens' overall conditions in accordance with types of disability, sex, education, employment rates and illiteracy rates.**

**1. Sex:**

Respectively  
Department of  
Ministry of the  
and 2002.

Year	1993	2001
Male	166,307 (64.2%)	448,724 (59.5%)
Female	92,590 (35.8%)	305,360 (40.5%)
Total (people)	263,557	754,084

according to the  
Statistics,  
Interior in 1995

**2. Education and illiteracy rates:**

Year	1993	2000
Over age of 6, illiterate or uneducated	29.1%	23.7%
Elementary school	27.1%	31.5%
Junior high school	18.3%	16.0%
Senior high school or vocational school	14.7%	16.2%
University	8.9%	7.7%

Respectively according to the Department of Statistics, Ministry of the Interior in 1995 and 2001.

**3. Employment rates**

Year	1993	2001
Employment rate	26.3%	19.05%
Unemployment rate	5%	5.04%
Non-labor population	68.7%	75.91%

**(b-2)The public awareness**

**1. A/P Decade of Disabled Persons 1993-2002**

c. Approximately 25% \*

\*The approximate percentage is including the effect of the book of "The welfare of the disabled and family & social work", published by Wu-Nan Press, Taipei, Taiwan, January 1998, P.470-472

**Does your government inform the nation about the decade?**

a. Yes



## 2. UN's Declaration of Disabled Person in 1975?

### c. Approximately 60%\*

\*The approximate percentage is including the effect of the publication of 'The RI declaration'、'The Equal Opportunity of the disability' and 'The World Programme of Asian' were published by the Department of Social Affairs, Ministry of the Interior, 1987

## 3. International Year of Disabled Person in 1981?

### c. Approximately 80%\*

- \*1 Because of the publication of stamps as well as governmental and non-governmental promotion
- 2 In order to respond to the UN's call for international disabled people's day starting from December 3rd 1992, each year there are a series of celebration activities arranged by the government and non-governmental business. For example, the theme of 2002's activity is to pursue the goal of "equal opportunity and full participation"

## 4. UN's Decade of Disabled Persons 1983-1992?

### C. Approximately 60% \*

\*The approximate percentage is including the effects:

1. The book of 'The welfare of the disabled and family & social work', published by Wu-Nan Press, Taipei, Taiwan, January 1998, P.683-684
2. The publication of 'The RI declaration'、'The Equal Opportunity of the disability' and 'The World Programme of Asian' were published by the Department of Social Affairs, Ministry of the Interior, 1987

## [C] Information provision

### ● Information of national NGOs for PWDs in Taiwan

Taiwan Disability Group List	電話
Eden Social Welfare Foundation	8862 2230-7715
Syin-Lu Social Welfare Foundation	8862 2592-9778
Children hearing Foundation	8862 2827-4500
Creation Social Welfare Foundation	8862 2396-7777
The NWL Foundation for the Hearing Impaired	N/A
R.O.C Foundation for autistic Children's and Adults in Taiwan	8862 2832-5286
Cultural and Education Foundation for the Blind	8862 2738-3303
Chinese Cultural and Education for the Blind Association	8862 2738-3303
Chinese Deaf Association	8864 729-7760
R.O.C Disability-Free Environment	8867

Promotional Association	2411-100
Chinese Disability-Free Environment Tech Development Association	8862 2629-3332
Autism Society of Taiwan	8862 2592-6928
Chinese Blind for Numerology Research Association	8863 524-2394
Taiwan New <u>Bo Do</u> arts Association	8862 2558-1081
Chinese Imperforate Anus Association	886- 937332617
Chinese Development early children Association	8863 857-4362
Chinese Disability Association	8867 763-9380
Chinese Navigator Association	8862 2935-1516
Disability-Free Environment Cultural and Education Foundation	N/A
Chinese Blinder Association	N/A
Chinese Learning Disability Association	8864 350-5899
Chinese Taipei Sport Organization for the Disabled	8864 2597-4352
Chinese Disability entrmanet Association	8862 2383-2999
Chinese Disability Occupation Skill Association	8862 2736-2536
Taiwan Epilepsy Association	N/A
Chinese blind social welfare Association	8862 2599-1234
Chinese Thereof Social Welfare Association	N/A
Parent- Subnormal of Federation	8862 2701-7271
R.O.C Federation the Spinal Cord Injured	8862 2250-1968
Chinese Deaf-and-Dumb resource Association	8864 874-3702
Chinese Disability Service Association	8862 2389-0910
International Very Special Art Association of R.O.C Federation	8862 2522-3152
Chinese Kidney Association	8863 319-6024
Chinese Hone-En Disability Association	8862 2761-9107
Chinese Disability Public Independence Social Welfare Association	8862 2747-1225
Chinese Blind Federation	8862

	2522-1599
Chinese Cripple Disability Federation	8864 776- 0430
Taiwan Muscular Dystrophy Association	8867 380-0566
Chinese Amputee Teenager counseling Association	8862 2389-4832
Chinese blind Arc-Chiropractic Promotion Association	8862 2542-2055
Chinese Recondition Disability Association	8862 27363633
Taiwan Ontogenesis in Perfect a Foundation	8862 2522-4036
Chinese Disability Self-Improve of Association	8864 529-6739
Chinese Non-Faunal and Recover Association	8862 2873-9929
Chinese Woo-yen Association	8862 2708-5595
Chinese Eu-Ming blind Association	8867 373-1587
Chinese Sheng- huan Association	8864 531-2684

- **Describing the well-known persons / the future leaders of PWDs among Taiwan as a good model or leader of PWDs**

### **1. Ms Shu-chen Wu**

Ms Wu is the first lady of the Republic of China. She regularly takes part in charity and even contributes to diplomacy. She loves life, values human rights, and is both the model and the leader of disabled citizens.

### **2. Ms Liu Hsia**

Ms. Liu established the Eden Social Welfare Foundation in order to take care of children with growth defects, rebuild the confidence of those who became handicapped at middle age and providing services for disabled senior citizens. She was concerned about the people who are in need of help, so she set up 43 service points in 15 counties in Taiwan. By establishing the branch foundation overseas, she further introduced her experience to both Penang and Kuala Lumpur in Malaysia and actively participated in international welfare services and conferences.

She also donated wheelchairs to Afghanistan, Cambodia, Mozambique, Jordan, and Vietnam etc where people became handicapped from landmines. Ms. Liu is the model of a brave woman who respects human rights and enjoys life.

- **Introducing the foreign organizations who are doing significant cooperation programs in the field of disability in Taiwan**

1. There are a series of activities held by the government and private businesses for the purpose of celebrating the UN's international disabled people's day on December 3rd each year.
2. The New Zealand Guide Dog Training Center assists with promotion and training of guide dogs.
3. We generated a "human resource interchange plan" with the Japan Interchange Association.
4. The Eden Social Welfare Foundation as the formal member of the International Campaign to Ban Landmine(ICBL) to promote the campaign to ban landmine in Taiwan
5. The Dandelion Foundation hosted an Asia-Pacific international music festival in 1991.

- **Introducing experts of disability policy, study and research in Taiwan**

**1. Professor Guo-yu Wang**

Graduate Institute of Social Welfare, National Chung Cheng University  
*Contact address: No 160, Min-Hsiung Village, Chia-yi County, Taiwan, R.O.C.*

**2. Professor Yue-ching Chou**

Graduate Institute of Social Work, Soochow University  
*Contact Address: No 70 Linshi St. Taipei, Taiwan, R.O.C.*

**3. Professor Yu-wei Wan**

Graduate Institute of Social Work, Tzu Chi University  
*Contact Address: No 701, Chung Yan Road, Sec 3, Hualien, Taiwan, R.O.C.*

## **Proposed Framework for a New Regional NGO Network on Disability Draft**

### **Background**

At the 2002 Osaka Forum RNN will be completing its founding mission and will be dissolving at the closing of the A/P Decade, 1993-2002. Also in 2002 ESCAP proclaimed an extension of A/P Decade guided by “inclusive, barrier-free and rights- based” approaches from 2003-2012. The year 2002 also witnesses that UN has started the consultation process of the discussions on drafting of an International Convention on the Rights of People with Disabilities. Along with these developments, the idea of forming a new regional NGO network on disability has been welcomed by various sectors to strengthen regional initiatives and momentum to meet the rising expectations and demands of the New Millennium. The proposed new regional NGO network could maintain an active sharing with IDA as well as active partnership with ESCAP.

### **The proposed Framework**

1. Name of the new network: Asia and Pacific Disability Forum (APDF)
2. Objective: To support ESCAP resolution 58/4 on “Promoting an Inclusive, Barrier-free and Rights Based Society for People with Disabilities in the Asian and Pacific Region in the Twenty-first Century”, and to promote the 2<sup>nd</sup> Asian and Pacific Decade of Disabled Persons, 2003 – 2012, through implementation of the Biwako Millennium Framework for Action towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific.
3. Membership:
  - 3.1 Nation-wide/Territory-wide cross-disability umbrella organizations, which are preferably a kind of federation of major local disability organizations.
  - 3.2 Regional branches of IDA members (DPI, II, RI, WBU, WFD, WFDB, WNUSP) and other international organizations which have regional programs of or for people with disabilities.
4. Coordinating Committee: A Coordinating Committee is to undertake general planning for APDF, including promotional regional campaigns for the 2<sup>nd</sup> A/P Decade. The Committee will consist of the following members;
  - 4.1 A representative, who is a person with a disability, from each country/territory where past RNN campaign conferences were organized during 1993– 2002 (9 persons)
  - 4.2 A representative, who is a person with a disability, from each prospective country/territory where a campaign conference to promote the 2<sup>nd</sup> A/P Decade is to be organized during 2003 – 2012 (10 persons)
  - 4.3 A representative from each regional branch of IDA members (7 persons) and other international organizations (several)
  - 4.4 The Chair of the Coordinating Committee will be the Chair of APDF.
5. Chair: Chair of APDF will be a representative, who is a person with a disability, of the host organization of next campaign conference. The term of the chair will be one year.
6. Advisors: Advisors may be appointed by the Coordinating Committee.

7. Working Committees: Under the Coordinating Committee the following Working Committees will be established to promote APDF activities;
  - 7.1 UN Convention on Disability Rights Promotion Committee
  - 7.2 Campaign Committee
  - 7.3 Information Committee
  - 7.4 Gender Issues Committee
  - 7.5 Research & Development Committee
  - 7.6 Planning & Management Committee
  
8. Secretariat: the Secretariat will be located, for the beginning years, in Japan. The Secretariat will consist of the Secretary General, Deputy Secretary General and Executive Director. These Secretariat staff members will be appointed by the Coordinating Committee. For the time being, Secretary General and Executive Director will be appointed from relevant personnel of the Japanese member organizations of APDF.
  
9. Major activities:
  - 9.1 Coordinating Committee meetings: Coordinating Committee meetings will be held twice a year in conjunction with an annual campaign conference and ESCAP regional working group meeting.
  - 9.2 General meeting: General meeting will be held in conjunction with an annual campaign conference
  - 9.3 Campaign conference: An annual campaign conference will be organized on a rotational basis among sub-regions\*. Its first location is yet to be determined.
  - 9.4 Technical assistance: Technical assistance is to be provided to the least developed countries in the region.
  - 9.5 Supports to the Asian and Pacific Development Center on Disability (APDCD). APDF will support the regional activities of the APDCD.
  - 9.6 Information services: Information services will be provided to relevant organizations and individuals through website, newsletters, and Asia and Pacific Journal on Disability, etc.
  - 9.7 Research & Development: To make surveys of actual situations of persons with disabilities especially in the least developed countries to assess their basic needs, as well as to develop appropriate technology to assist persons with disabilities in those countries.
  
10. Funding sources:
  - 10.1 Contributions from member organizations
  - 10.2 Subsidies/grants from international and national organizations, governments, funding organizations and private sectors in the region
  - 10.3 Donations
  - 10.4 Revenues from projects and activities
  - 10.5 Others

\*Asian and Pacific Region is divided into the following sub-regions;

-South and South-West Asia (India, Pakistan, Nepal, Bangladesh, Sri Lanka, Maldives and others)

-North and Central Asia (Afghanistan, Uzbekistan, Russia and others)

-Pacific (Fiji, Australia, New Zealand, Samoa, Vanuatu and others)

- South-East Asia (Philippines, Malaysia, Singapore, Thailand, Vietnam, Cambodia, Myanmar, Lao, Indonesia and others)
- East and North-East Asia (China, Hong Kong SAR, China, Korea, Mongolia, Japan and others)

INTERNATIONAL FORUM ON DISABILITIES TO MARK THE END YEAR  
OF THE ASIAN AND PACIFIC DECADE OF DISABLED PERSONS

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17

# OSAKA FORUM



大阪フォーラム

October 21 - 23, 2002  
Osaka, Japan

Sapporo

The 12th Rehabilitation International  
Asia and the Pacific Regional Conference

The Campaign 2002 to Promote  
the Asian and Pacific Decade of Disabled Persons

The 25th National  
Rehabilitation Conference

International Research Meeting  
on Vocational Rehabilitation



PARTNERSHIPS FOR DISABILITY RIGHTS

— ABSTRACTS —  
抄録集



## Contents

### Invited Speeches (招聘者講演)

KS-1	Contributions by RI and RNN in Asia and the Pacific Region: Past, Present and Future.....	2
KS-2	Critical Issues Related to Policy and Planning of Community Based Rehabilitation in Asia .....	4
PD-1	Toward the Adoption of UN Convention on the Rights of Persons with Disabilities .....	6
PD-1	Convention on Rights of Disabled Persons .....	8
PD-1	Toward the Establishment of a UN Convention on the Rights of Persons with Disabilities (MEXICO) .....	10
PD-1	Towards the Adoption of a UN Convention on the Rights of Persons with Disabilities .....	12
PD-1	Towards the Establishment of a UN Convention .....	14
RI-PS-1	The Concept of Social Rehabilitation .....	16
RI-PS-1	The Changing Concept of Disability and Its Relevance to Societal Attitudes Towards People with Disabilities in Asian and the Pacific .....	18
RI-PS-1	International Classification of Functioning, Disability, and Health (ICF) and Its Practical Implication .....	20
RI-PS-1	Subjective Dimension of Functioning and Disability: Its Implication for Rehabilitation and Empowerment (Report of the International Study Group).....	22
RI-PS-2	Inclusive Education : A Ray of Hope for Children with Disability.....	24
RI-PS-2	FROM SPECIAL TO INCLUSIVE EDUCATION .....	26
RI-PS-2	Right for All Children with Disabilities to Receive Appropriate Education and Special Needs Education in Japan.....	28
RI-PS-3	Partnership with the NGOs.....	30
RI-PS-3	Partnership between PWDs and Care-Givers / Parents .....	32
RI-PS-3	Partnership with the Corporate/Business Sector.....	34
RI-PS-4	Transport for All - A New Vision for Promoting Disability Rights for Accessibility to Transport .....	36
RI-PS-4	How Can Information and Communication Promote Disability Rights? .....	38
RI-PS-4	ICT Access Policy Guidelines for Disability Rights.....	40
RI-PS-4	How can the standards based on ISO / IEC Guide 71 assure the right of persons with disability .....	42
RI-PS-4	How Can Standards Promote Human Rights? - European Aspects .....	44
RI-PS-6	Effective Mobilization of Available Resources to Establish Society for All .....	46
RI-PS-6	JICA's Technical Cooperation in the Field of Disability - Past and Future.....	48
RI-PS-6	International Cooperation in the Disability Field - An Introduction .....	50
NR-PS	Greeting .....	52
NR-PS-1	"Hurdle-Free Community - What is Barrier-Free?" - Thoughts as a Chairman.....	54
NR-PS-1	Issues in the Now-Familiar Information Society.....	59
NR-PS-1	Areas without Hurdles - Considering Barrier-Free Universal Design .....	63
NR-PS-1	My Internet Experience of a Person with an Auditory Disability .....	65
NR-PS-2	Thinking about Participation - Independent Living - .....	69
NR-PS-2	Roles so far Played by the Independent Living Center and People with Disabilities .....	74
NR-PS-2	The Current Situation of Independent Living and its Outlook.....	78
NR-PS-2	Parent (family) as the Stakeholder.....	82
NR-PS-3	A Society that does not Shut Out the People with Disabilities -Disqualifying Clauses .....	86
NR-PS-3	Future Issues Concerning "Revision of the Disqualifying Clause".....	88
NR-PS-3	Society Not Excluding People with Disability... About Disqualifying Clauses .....	93
NR-PS-3	About Disqualifying Clauses .....	97
NR-PS-3	National Rehabilitation Conference - Society Not Excluding People with Disability .....	99
NR-PS-3	Findings of the Questionnaire Survey of Prefectural Governments, Government-designated Cities and Local Municipalities (Summary) - Campaign for the general review of the disqualifying clauses.....	103
NR-PS-4	The Current State of the Government Action Plan for Person with Disabilities and Issues for the New Government Action Plan for Persons with Disabilities-Striving for Communities Where People Can Live in Peace, Towns Where People Can Move Freely, and Society Development Filled with Tenderness .....	109
NR-PS-4	Recommendation from the Current Status toward the Future of the Government Action Plan for Persons with Disabilities.....	111
NR-PS-4	Prospects of New Regional Welfare ... Current Situation of the Government Action Plan for Persons with Disabilities and Proposals for the New Government Action Plan for Persons with Disabilities .....	115
NR-PS-4	Local Social Resource for Advocating the Rights of People with Disabilities .....	117
NR-PS-4	From the Perspective of Employment Support .....	121

NR-PS-4	Status of Establishment and Implementation of the “Local Municipality Plan for Disabled Persons” - Findings of the Recently-held National Survey .....	124
PL-3	Greater Stakeholders’ Involvement: Key to the Success of an AP Decade Extension, 2003-2012 .....	128
PL-3	Renewed Regional Disability Network for NGOs ? Strengthening of Collaboration and Networking .....	130
PL-3	Beyond the Asian and Pacific Decade .....	132
PL-3	THE FIRST DECADE OF DEAFBLIND PEOPLE IS TO BEGIN NOW .....	134
SS-2	Rehabilitation of People with Diabetes and its Complications .....	136
<b>Oral Communication (口頭発表)</b> .....		140
	Self-help Groups and Disability Rights Movements (自助組織と障害者権利運動) .....	140
	Disability Policy and Participation in It (障害者政策と策定過程への参加) .....	143
	Prevention of Causes of Disability (障害原因の予防) .....	145
	Neuro-Rehabilitation (脳神経の障害とリハビリテーション) .....	146
	Accessibility and Barrier-Free (アクセスとバリアフリー) .....	146
	Information and Communication Technologies and Other Assistive Technologies (情報・コミュニケーション技術 (ICT) その他の技術) .....	150
	Empowerment and QOL (エンパワメントとQOL) .....	154
	Public Awareness and Mass Media (市民啓発とマスメディア) .....	157
	Social Rehabilitation in the World (世界の社会リハビリテーション) .....	159
	Independent Living-Its Models and Practices (自立生活: そのモデルと実践) .....	163
	A Missing Piece: People with a Mental Illness (アジア太平洋障害者の十年の欠落部分: 精神障害者) .....	164
	Vocational Rehabilitation: Challenges Towards the New AP Decade (職業リハビリテーション: 次のアジア太平洋障害者の十年への挑戦) .....	165
	Girls and Women with Disabilities in Challenge and Progress (女性障害者の挑戦と前進) .....	170
	Attitude to and Co-living with People with an Intellectual Disability (知的障害者との共生) .....	174
	Strengthened International Cooperation in Various Fields (国際協力の多様な展開) .....	175
	New Developments of Community Based Rehabilitation (CBRの新たな展開) .....	176
	People with Disabilities in Rural Area (農村の障害者) .....	178
<b>Videos (ビデオ)</b> .....		179
<b>Posters (ポスター)</b> .....		182

## ■□ *Invited Speeches* ■□

(招聘者講演)

- ・ *Keynote Speeches* (基調講演)
- ・ *Panel Discussion* (パネルディスカッション)
- ・ *Plenary Session* (全体会)
- ・ *Parallel Sessions* (分科会)

*Oct. 21 Keynote Speech 1 (KS-1)*

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## **Contributions by RI and RNN in Asia and the Pacific Region: Past, Present and Future**

**FANG, Sin Yang Harry**

Director, Hong Kong WHO Collaborating Centre for Rehabilitation, Hong Kong Joint Council for the Physically and Mentally Disabled (Hong Kong SAR, China)

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RI is celebrating its 80<sup>th</sup> anniversary at this Osaka Forum, and for being a major force in international rehabilitation and disability advocacy almost from the day of its founding in 1922. The RI Regional Committee for Asia and the Pacific was established in 1972, and I was its Chair from 1972-1980. The succeeding chairpersons are Professor Charlotte Floro of Philippines, Professor Tsuyama of Japan, Mr. M. B. Lee and Peter Chan of Hong Kong, and now Professor Ryo Matsui of Japan. RI Regional Committee has been a very dynamic regional structure, not only within the RI family, but also within the wider network of the Region. The RI Regional Committee has a long tradition in uniting governmental organizations and national NGOs of and for people with disabilities, as well as rallying experts and specialists for the advancement of disability endeavors. Its regional conferences have been regarded as major regional platforms in advancing disability causes. It is also instrumental in supporting and launching community based rehabilitation projects in the region. Its most significant contribution to the Region is its sponsorship of the first International Abilympics, and its continued active support for the International Abilympics Federation. RI is also a staunch supporter of the Asian and Pacific Decade of Disabled Persons, 1993-2002, with close and active partnership with the Regional NGO Network. It is very pleasing to note that RNN Campaigns in 1995, 1996, 1997, 1998 and 2002 were hosted by a RI member in conjunction with a RI Regional Conference, World Congress or RI World Meetings. The efforts made by RI and RNN to promoting the Asian and Pacific Decade can hardly be understated given the severe challenges in the Region, including the regional financial crises, political instability, war and terrorism and racial conflicts. Within the INGO sector, we are also facing severe leadership and financial challenges. Given such a background, the impacts made by RI and RNN are really amazing. Today we pronounce firmer commitment and stronger solidarity to pursue an “inclusive, freedom of barriers and rights based” extended Decade, and an International Convention on the Rights of People with Disabilities. However, can we deliver what we profess? For some time I thought Rehabilitation International is dying when solutions to our financial problems are not within sight. As I am rehabilitating myself from a ‘stroke’, I see also the other side of the regional and world scenario, and new hope for RI and the region. I am going to share my vision and hope with fellow participants of the Osaka Forum.

## アジア太平洋地域におけるRIおよびRNNの貢献－過去・現在・未来－

FANG, Sin Yang Harry

Director, Hong Kong WHO Collaborating Centre for Rehabilitation, Hong Kong Joint Council for the Physically and Mentally Disabled (Hong Kong SAR, China)

この大阪フォーラムで80周年迎えるRIは、1922年の創立以来、国際的なリハビリテーションおよび障害者権利擁護活動の中核を担ってきた。RIアジア太平洋地域委員会は1972年に設立され、1972年から1980年まで私が委員長を務めた。その後、フィリピンのシャーロット・フロロ教授、日本の津山直一教授、香港のM. B. リー氏とピーター・チャン氏が歴任し、現在は日本の松井亮輔教授が委員長に就任されている。RIアジア太平洋地域委員会は、RIグループ内に止まらず当地域の広範なネットワークのなかで極めて組織的な活動を展開してきた。同地域委員会は長年にわたり、政府諸機関と障害者のための各国NGO団体との橋渡しを行うとともに、有識者や専門家を結集し、障害者施策の発展を図ってきた。同地域委員会が開催する地域会議は、障害者運動の発展における地域の中核的役割を果たしてきた。さらに、CBRプロジェクトの支援や立ち上げにも貢献してきた。同地域委員会が当地域で果たした最大の貢献は、第1回国際アビリンピックの開催であり、爾来、国際アビリンピック連盟を積極的に支援してきたことである。RIはまた、「アジア太平洋障害者の十年」（1993年～2002年）を推進するにあたり、そのゆるぎないサポートと、地域NGOネットワークとの緊密かつ活動的なパートナーシップを保ってきた。1995年、1996年、1997年、1998年、2002年のRNNキャンペーンが、RI地域会議や世界会議、RI世界ミーティングと連携して、RIメンバーの主権により実施されてきたことを大変喜ばしく思う。当地域を取り巻く経済危機や政情不安、戦争、テロ、民族紛争といった深刻な問題を考えれば、「アジア太平洋障害者の十年」の推進に向けたRIとRNNの努力は想像を絶するものである。国際NGOセクターにおいても、われわれはリーダーシップや財政の面で厳しい問題を抱えている。こうした背景のなかでRIとRNNが与えた影響は驚くべきものがある。次の「十年」のテーマ「インクルーシブ、バリアフリー、権利に根ざした社会（inclusive, freedom of barriers and rights based）」を追求するうえで、また「国際障害者権利条約」の実現に向けて、われわれはさらなる責務を果たし、結束を強めていくことをここに表明する。だが、果たして、公言どおりにいくであろうか。RIの財政問題の解決策を見出せないときなど、私はRIが消滅していくのではないかと案じたこともあった。しかし、私自身が「脳卒中」のリハビリテーションに励むなかで、アジア太平洋地域や世界のシナリオの別の側面や、RIとアジア太平洋地域に対する新たな希望が見えるようになったことも事実である。私のビジョンや希望を、大阪フォーラムにご参加の皆様にご紹介したいと思っている。

*Oct. 21 Keynote Speech 2 (KS-2)*

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## **Critical Issues Related to Policy and Planning of Community Based Rehabilitation in Asia**

**THOMAS, Maya**

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Community Based Rehabilitation (CBR) has undergone many shifts and changes in the way it is conceptualized and practiced in different parts of Asia in the last two decades. THE primary shift has been a medical focus to a social one. This has also raised many questions and controversies that need to be debated more widely if CBR is to survive and grow in the future. This paper deals with some of these issues, namely, the role and involvement of people with disabilities and the community in CBR, the potential in the social model to ignore the 'real' rehabilitation needs of people with disabilities, the neglected minority groups in CBR, the role of volunteers in CBR and the importance of cultural factors in CBR. Although the paper relies mainly on the experience of the authors in policy development, planning, training and evaluation of CBR programs in south Asia over the past 15 years, the issues raised and the lessons learnt would be pertinent to CBR programs in most of the developing world.

10月21日 基調講演 2 (KS-2)

## アジアにおける地域に根ざしたリハビリテーション(CBR) 政策・計画の重要課題

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この20年間に、アジアの各地において概念化され実施されてきたCBR（地域に根ざしたリハビリテーション）の方法は、多様な変化を遂げてきた。その主要なものは、医療的焦点から社会的焦点への変化である。それはまた、CBRが今後存続し発展を遂げて行く上でさらに討議されねばならない多くの課題や論点を提起している。本論文では、これらのうちのいくつかの課題、具体的には、CBRにおける障害者ならびにコミュニティの役割と参画、障害者の「真の」リハビリテーションニーズを無視する社会的モデルの潜在的問題（可能性）、CBRにおいて無視されてきたマイノリティ・グループ、CBRにおけるボランティアの役割、CBRにおける文化的要因の重要性などについて取り上げる。本論文は、主として筆者が過去15年間従事してきた南アジアにおけるCBRプログラムの政策立案、計画、養成・訓練及び評価の経験に基づいているが、提起された問題及び得られた教訓は、ほとんどの開発途上国におけるCBRプログラムにあてはまるものと考えられる。

*Oct. 21 Panel Discussion (PD-1)*

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## **Toward the Adoption of UN Convention on the Rights of Persons with Disabilities**

**DENG, Pufang**

Chairman, China Disabled Persons Federation (China)

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China, as one of initiates and active players in launching the first Asia and Pacific Decade of Disabled Persons would like to see that with the joint efforts of the Governments of States and civil society in particular organizations of people with disabilities of the countries in the region, remarkable progress has been achieved with regard to the status of people with disabilities in the region in the past decade. It is pleasant and encouraging development.

We welcome the new initiative to launch the second Asia and the Pacific Decade of Disabled Persons and have been prepared to make contribution to the implementation of the Decade in our region.

Meanwhile, we also realize that much more efforts must be made for the full realization of Equality, Full Participation and Sharing of people with disabilities. To greatly promote our work and realize our goals, we need more amicable partnership of the Government, civil society, NGOs particularly disabled persons organizations. Aiming at a Convention of Rights for people with disability, the United Nations General Assembly adopted the 56/168 resolution end of last year and its Ad hoc Committee has already held a work meeting in New York in July 2002. Representatives of Governments the American, European, African and Asian countries and international NGOs of disabled persons attended this meeting. No party had objection to the idea of having a legally-binding convention for the protection of rights and inclusion and full participation of PWDs. It is believed that the Ad Hoc Committee will continue its process in this regard and will expect to start the work of drafting the Convention in the years to come.

Asia and the Pacific is the most active and fast-developing region with the largest population of PWDs in the world. Our work and progress is of importance of impacting on disability movement worldwide. To promote our common cause and to have a bigger influence in the world affairs, more dialogue and coordinated stand at higher level will be needed among our GOs and NGOs of all countries in our region so that we can expect to have a bigger voice.

It is our sincere hope that through our initiative of Asia and the Pacific region, the joint efforts with international community, with partnership of our disabled people's organization and the Governments and NGOs, we could have a Convention on Rights for PWDs in the near future.



## 障害者権利条約制定に向けて

**DENG, Pufang**

Chairman, China Disabled Persons Federation (China)

初めての「アジア太平洋障害者の十年」を立ち上げるにあたり、主導的かつ積極的な役割を果たした中国は、各国政府と市民団体、特に地域各国における障害者組織との協力のもとに、過去10年間にアジア太平洋地域の障害者の地位が著しく向上する様子を目の当たりにしたいものであった。これは喜ばしくも勇気づけられる進歩である。

我々中国は、第2次「アジア太平洋障害者の十年」の開催に向けて新たなイニシアティブを取ることを約束し、この地域における「障害者の十年」の実施に寄与するべく準備にあたっている。

その一方で、障害者の平等と完全参加およびシェアリングを完全に実現するためには、並々ならぬ努力を払っていかなければならないことも、我々は痛感している。この我々の取り組みを大幅に発展させ、目標に到達するためには、政府、市民団体、特に障害者NGOとの間でより友好的なパートナーシップが必要とされる。障害者権利条約の策定を目指し、昨年暮れに国連総会決議56/168が採択された。また、その専門委員会の作業部会が2002年7月、ニューヨークで開かれ、アメリカ、ヨーロッパ、アフリカ、アジア諸国の政府代表と国際障害者NGOが参加した。障害者の権利保護、インクルージョンおよび完全参加に関して法的拘束力をもつ国際条約を策定することに異議を唱えるものはない。専門委員会は引き続きこの問題に取り組み、近い将来に権利条約の起草に取り掛かるものと思われる。

アジア太平洋地域は、障害者の人口が世界で最も多く、活気にも溢れ、急速に発展を遂げつつある地域である。我々の取り組みと成果は世界中の障害者運動に重要な影響を与える。我々の共通の目的を推し進め、世界の中でより大きな影響力を発揮するために、アジア太平洋地域におけるすべての国々の政府組織とNGO間でハイレベルな対話と見解の調整を促進していく必要がある。そうすることで、より大きな発言力を期待することができるであろう。

国際社会との協調や、障害者組織、政府、NGO間のパートナーシップを通じて、アジア太平洋障害者の十年に積極的に関わっていくことで、近い将来、障害者権利条約が制定されることを切に希望している。

## **Convention on Rights of Disabled Persons**

**MALINGA, Joshua T.**

Chairperson, Disabled Peoples' International (The Republic of Zimbabwe)

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It should be based on human rights and not on anti - discrimination.

That means that physical, attitudinal, social and environmental barriers should be part of national laws and not a UN Convention.

It should be about the right to life etc and about whether we are part of the human race or not.

It should address basic human rights - thus right to shelter, food, clothing and education.

10月21日 パネルディスカッション (PD-1)

## 障害者権利条約

**MALINGA, Joshua T.**

Chairperson, Disabled Peoples' International (The Republic of Zimbabwe)

障害者権利条約は人権に基づくものであり、非差別に基づくべきではない。

すなわち、物理的障壁、人々の態度による障壁、社会的障壁および環境的障壁は国内法の領域であり、国連条約の領域ではないことを意味する。

権利条約は生きる権利等に関するものであり、人間としての存在が認められるか否かに関するものである。

権利条約は基本的人権、すなわち、衣食住および教育に関する権利を唱ったものでなければならない。

**Oct. 21 Panel Discussion (PD-1)**

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## **Toward the Establishment of a UN Convention on the Rights of Persons with Disabilities (MEXICO)**

**FLORES H., Victor Hugo**

Head of the Mexican President's Office (Mexico)

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The vision of the President of Mexico, a new and improved kind of relation between Mexicans, is based on a new culture of social integration, without discrimination, of inclusive social policies with equal opportunities for all citizens.

A worthy fact to emphasize is that in December 2000, the President Fox, established at the level of the Presidential Cabinet, the Office for the Promotion and Social Integration for Persons with Disabilities, which I have chaired since the very beginning, with the mission of impel the public policies fomenting the social integration of Persons with Disabilities.

Also, in February 2001, through a new Decree, the President created the "National Consultative Council for the Integration of Persons with Disabilities", where the wills of Government and Society joined in the development of a culture of integration of children, men and women with disabilities

The whole world has witnessed the great commitment of our country toward this issue, since during the 56th United Nations' General Assembly, President Fox emphasized the policies to support the Persons with Disabilities. I shall mention that, as far as we know he has been the first Head of State in the whole history of the United Nations that has directed a message in this regard.

On September 2001, was when arose a Plan of Action including The Mexican initiative for the future elaboration of a Comprehensive and Integral International Convention to promote and protect of the rights and dignity of Persons with Disabilities. With these facts, lobbying began at the UN headquarters, together with meetings of several cosponsor of the Mexican initiative, ending with the Project of Resolution approval in December 19, 2001.

With the purpose of knowing recommendations from leaders around the world, regarding the Mexican document, a meeting of experts was held in Mexico City from June 11 -14, 2002, the experts examined options for the pursuit of this meeting and glimpsed recommendations for the works of the Ad hoc Committee.

The Committee gathered from July 29 to August 9 2002 in the United Nations Headquarters, heard the voices of all the countries delegates as well as those from Organizations of and for Persons with Disabilities with consultative status at the UN. The Secretary-General was asked to implements the measures to assure that the accessibility to the UN building, including technology and documents to be prepared for all.

10月21日 パネルディスカッション (PD-1)

## 国連障害者権利条約(メキシコ案)の制定に向けて

FLORES H., Victor Hugo

Head of the Mexican President's Office (Mexico)

メキシコ大統領が構想するメキシコ人同士の新しく改善された関係とは、差別のない社会統合という新たな精神文化を基本においたもので、すべての市民に対する機会均等をともなうインクルーシブな社会政策を目指している。2000年12月、フォックス大統領が大統領閣僚レベルで障害者の権利促進と社会統合に向けてオフィスを設立したことは特筆すべき事実である。私は当初からその議長を務めており、障害者の社会統合を実現するための社会政策を推進する使命を負っている。

さらに、2001年の2月、新しい法令により、大統領は「障害者統合のための国家諮問委員会」を設立した。そこでは、障害をもつ子どもや男女を統合する文化を醸成するうえでの政府および社会の意向がまとめられた。

第56回国連総会でフォックス大統領が障害者支援政策を強く主張して以来、この問題に関してわが国が果たしてきた並々ならぬ役割は全世界の知ることとなっている。この問題に関して直接声明を述べた国家元首は、国連の歴史上我々の知る限り彼が初めてであったことを申し添える。

2001年9月、「障害者の権利と尊厳の推進と保護に関する包括的かつ全面的な国際条約」制定に向けた今後の作業に対するメキシコ政府のイニシアティブをはじめとした活動計画が提起された。これを受け、国連本部でロビー活動が始まり、メキシコ政府案の共同支援者との会合が催され、2001年12月19日に決議案採択プロジェクトとして実を結んだ。メキシコ政府案に関して世界中の政府首脳からの勧告を検討する目的で、2002年6月11日から14日までメキシコシティーで専門家会議が開かれ、専門家たちはこの会議のフォローアップのオプションを協議し、特別委員会における作業のための勧告も検討した。

2002年7月29日から8月9日まで国連本部で特別委員会が開催され、各国代表並びに国連の顧問的立場にある障害者組織・当事者組織の代表から意見を聞いた。そのなかで、国連ビルへのアクセシビリティのほか、技術面、文書面のアクセシビリティをすべての者に提供するための措置を講じるよう国連事務総長に対して要請があった。

*Oct. 21 Panel Discussion (PD-1)*

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## **Towards the Adoption of a UN Convention on the Rights of Persons with Disabilities**

**MASSIE, Bert William**

Chairman, Disability Rights Commission, Chairman's Office (London, England)

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The paper considers the importance of a Convention in countries which already have civil rights legislation to protect disabled people from discrimination. It will emphasise that disabled people travel and improving facilities throughout the world is important to all disabled people including those living in countries which have good access and other provisions for disabled people. However, even in those countries, legislation is usually inadequate. A comprehensive and positive Convention could result in further legislation to supplement current national legislation. Finally, the paper discusses the fragility of civil rights legislation. In all countries, including those that pride themselves on being a democracy, there is always the possibility that a future Government will weaken or repeal existing legislation protecting the rights of disabled people. A UN Convention would provide a valuable tool in preventing this from happening.

10月21日 パネルディスカッション (PD-1)

## 国連・障害者権利条約の採択に向けて

**MASSIE, Bert William**

Chairman, Disability Rights Commission, Chairman's Office (London, England)

本論文では、障害者を差別から守る市民権法が既に制定されている国々における条約の重要性について考察する。障害者も旅行をするものであり、従って、障害者のためのアクセスが良く、その他の設備も整っている国々に住む者を含め、全ての障害者にとって、世界中の設備を向上させることが重要である。しかし、このような国々においてさえ、法律は通常十分に整備されているとはいえない。包括的かつ積極的な条約が採択されるならば、現行の国内法を補うさらに進んだ法律の制定につながるだろう。最後に、本稿では市民権法のもろさについて取り上げる。政府が将来、障害者の権利を保護する法律の実効性を弱めたり撤廃したりする可能性は、民主主義国家であると自負する国々をはじめ、すべての国で常に存在している。国連条約はこうした事態の発生を防止する貴重な一手段となるであろう。

## **Towards the Establishment of a UN Convention**

**LINDQVIST, Bengt**

Special Rapporteur on Disability of the United Nations Commission for Social Development (Sweden)

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Thanks to the Mexican initiative in the General Assembly of the United Nations we have now the unique opportunity to participate in the elaboration of a binding agreement between states on measures to promote and protect the rights of persons with disabilities. The question now is how we can best make use of this golden opportunity.

A convention on the rights of persons with disabilities could be designed in different ways. There seems to be consensus that we want a human rights convention. The overall goal would then be to agree on measures, which would make it possible for persons with disabilities to enjoy and exercise their human rights. Even so, there are several ways to do this.

In my presentation I will discuss different formats and ways to develop the contents of the convention. I will also discuss the role of the convention in relation to the six major UN conventions and the Standard Rules and other disability-specific documents.



10月21日 パネルディスカッション (PD-1)

## 国連協定の策定に向けて

LINDQVIST, Bengt

Special Rapporteur on Disability of the United Nations Commission for Social Development (Sweden)

国連総会におけるメキシコの発議により、私たちはいま、障害者の権利を促進し保護する施策に関し国家間で拘束力のある協定を策定するたぐいまれな好機を迎えている。問題は、どうすればこの千載一遇の好機をもっとも活かすことができるかということである。

障害者の権利に関する協定は、様々な方法で策定することが可能である。人権に関する協定が必要であるという点でコンセンサスは得られていると考えてよい。そこで、障害者が自分たちの人権を享受し、行使できるようにする施策における合意を得ることが全体の目標となってくる。しかし、それでもなお、その方法は様々である。

私は、この協定内容の立案に関する様々な形式および方法について考察する。さらに、6つの主要な国連条約および国連基準規則やその他の障害者に関する文書との関連における本条約の役割についても述べる。

## **The Concept of Social Rehabilitation**

**KEMPPAINEN, Erkki**

Legal and Policy Adviser, STAKES (National Research and Development Centre for Welfare and Health) (Finland)

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In everyday language the term “social rehabilitation” encompasses a very broad concept; that is why it is often difficult to understand. On the basis of general experience we can mention at least three meanings of “social” with regard to “rehabilitation”. These are 1) the context of social rehabilitation, 2) the social aspect of any kind of rehabilitation, and 3) specific social rehabilitation. The term rehabilitation seems to refer sometimes to the process of attaining functioning ability, sometimes to professional activities which help a person to achieve better functioning ability.

The most general motivations and objectives of social rehabilitation are human rights and the equalization of opportunities. Human rights highlight equality and nondiscrimination. Nondiscrimination implies accessibility. This is the context of social rehabilitation.

An issue which makes it difficult to understand social rehabilitation is that in almost all rehabilitation there is a social aspect. It is usual that family and community are involved. The aim of all rehabilitation is to find ways for people to participate in the community and in social life, for example, at home or in working life. In this sense educational, medical and vocational rehabilitation all have social aspects: it is important to take the social aspect in rehabilitation into account.

Then there are specific methods. Social functioning ability is something distinct from the environment. For the rehabilitation process it is not always sufficient that the environment be accessible, friendly, etc. Specific methods are needed to help to develop social functioning. Hence, there is a need to promote an accessible environment in all its forms and social functioning ability at the same time.

In this perspective we could have two meanings for social rehabilitation: social rehabilitation as a general concept, including the improvement of the conditions of social functioning ability, and specific social rehabilitation as the process of attaining or enriching social functioning ability.

## 社会リハビリテーションの概念

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Legal and Policy Adviser, STAKES (National Research and Development Centre for Welfare and Health) (Finland)

日常語としての「社会リハビリテーション」という用語は非常に幅広い概念を包含している。そのために、この用語の理解には、しばしば困難を伴う。「リハビリテーション」との関わりにおける「社会的」という用語の意味を、少なくとも3つ挙げるができる。1) 社会リハビリテーションの背景、2) あらゆる種類のリハビリテーションの社会的側面、3) 狭義の社会リハビリテーションである。リハビリテーションという用語は、時には社会生活力を獲得するプロセスを意味し、また時にはその能力を高めることを助ける専門家の活動を意味することもあると考えられる。

社会リハビリテーションの最も一般的な動機及び目的は、人権と機会の平等化である。平等と非差別は、人権の最も重要な部分である。そして非差別はアクセシビリティを意味する。これが、社会リハビリテーションの背景となる考え方である。

社会リハビリテーションの理解を困難にしているのは、殆どすべてのリハビリテーションが社会的側面を持つという点である。リハビリテーションには通常、家族やコミュニティーが関与している。すべてのリハビリテーションの目的は、例えば家庭や仕事などにおいて、人々が地域生活や社会生活に参加する方法を見つけることにある。この意味において、教育的、医学的、そして職業的なリハビリテーションはすべて、社会的側面を持っている。従って、リハビリテーションの社会的側面を考慮することが重要である。

そして、社会リハビリテーションには固有の方法がある。社会生活力は、環境とは全く別個の問題である。リハビリテーションの過程において、環境がアクセシブルで友好的なだけでは十分ではない。社会的機能の発達を助ける具体的な方法が必要である。それゆえ、あらゆる形態のアクセシブルな環境づくりを進めると同時に、社会的生活力の発達を促進することも必要である。

このような観点から、社会リハビリテーションには2つの意味があると言える。ひとつは社会的生活力に関わる諸条件の改善を含む、広義の社会リハビリテーションであり、もうひとつは社会生活力を獲得する、あるいはより高めるプロセスとしての、狭義の社会リハビリテーションである。

## **The Changing Concept of Disability and Its Relevance to Societal Attitudes Towards People with Disabilities in Asian and the Pacific**

**KWOK, Joseph**

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The term disability has undergone substantial changes in meaning since United Nations General Assembly adopted the *Declaration on the Rights of Disabled Persons* in 1975, and the launch of the *International classification of Impairment, Disability and Handicap* (ICIDH) by WHO in 1980. For the past two decades, there have been ongoing debates on how the term disability should be framed and interpreted. By the end of the last Millennium, there has been some consensus that the term disability has reinforced prejudice rather than inclusion in the society. The main reasons identified are that the ICIDH framework is influenced by a medical model and a deficit approach. As a result, WHO carried out a major revision exercise and finally released a new version in 2001, the *International Classification of Functioning, Disabilities and Health* (ICF). ICF has adopted a biopsychosocial approach, and disability is no longer a single dimension deficit based concept, and is linked to another concept functioning to form a conceptual continuum. In spite of WHO's intensive efforts in promoting ICF to the world, it seems that ICF has not taken a firm rooting in most countries in areas of policy, legislation and service delivery, not to mention that it has little impact in public perception of the term disability and public attitude towards people with disabilities. In Asia and the Pacific Region, the term disability is still an alien concept in most non-English speaking cultures, which are still in search for an equivalent translation to reflect the evolving meaning of this term. Countries in the Region are still using a range of approaches to find answers to the questions of what is a disability, and who are people with disabilities to meet specific purposes, such as drafting of policy provisions and legislation. Society's understanding of disability and its attitudes towards people with disability are still influenced by many factors, such as socioeconomic, cultural, and religious factors, as well as media reporting. Recent international forums in deliberating on an international convention on the rights of people with disabilities have highlighted the importance to incorporate a rights based dimension in the understanding of the term disability, rather than focusing on the functioning and disability continuum as adopted by ICF. These deliberations would have a significant impact on the Region, and may lead to a major search for a common approach in the use of the term disability and its equivalent culture based translation.

## 変容する障害概念とアジア太平洋地域の 障害者に対する社会の態度との関連性

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1975年国連総会の「障害者の権利に関する宣言」採択、1980年のWHOによる国際障害分類（ICIDH, *International classification of Impairment, Disability and Handicap*）発表以来、「障害（disability）」という用語は大きく変容した。この二十年間「障害」という用語をどのように定義し解釈すべきかについて議論が行われてきたが、「障害」という用語は社会への包摂よりも偏見を助長するという見方が、2000年末時点ではコンセンサスを得ていた。ICIDHの枠組みは医学的モデルおよび身体欠陥からのアプローチに影響されているというのがその主な理由である。この結果、WHOは大幅な改訂作業に取りかかり、2001年に新国際生活機能分類（ICF, *International Classification of Functioning, Disabilities and Health*）を発表した。ICFは生物・心理・社会的アプローチを採用しているが、そこでの障害とは、身体欠陥に基づく単次元の概念ではなく、もうひとつの概念である生活機能（functioning）とともに概念の連続体を形成している。WHOはICFを世界に普及させるために徹底した努力を行った。しかし、ICFは一般市民の「障害」という用語に関する認識及び障害者に対する態度にほとんど影響を及ぼしていないのは言うまでもなく、政策、立法及びサービスの提供等において、ICFは多くの国で根付いていない。アジア太平洋地域のほとんどの非英語文化圏において、「障害」という用語はまだ異質の概念であり、この用語の変容する意味を反映するにふさわしい訳語が模索されている。政策（条項）や法案の作成等、特定の目的にかなう障害や、障害者の定義は何か。アジア太平洋地域の国々は、様々なアプローチを用いてその答えを見出そうとしている。社会の障害への理解と障害者に対する態度は、社会経済的、文化的および宗教的要因ならびにマスコミの報道など、多くの要因に影響される。国際会議の場で障害者の権利について審議する最近の国際フォーラムでは、「障害」という用語を理解するにあたり、ICFが採択したような生活機能と障害の連続体に焦点を合わせるよりも、権利という次元を加えることの重要性が強調されている。これらの審議はアジア太平洋地域に大きな影響力を持つと予想され、その結果、「障害」という用語の使用法と、それに匹敵する文化に根ざした訳語に対する共通のアプローチを模索する気運は高まるであろう。

## **International Classification of Functioning, Disability, and Health (ICF) and Its Practical Implication**

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In May 2001, the World Health Assembly of the WHO approved the final version of the new International Classification of Functioning, Disability and Health (ICF). It was more than 20 years since the first version, the ICIDH, the International Classification of Impairments, Disabilities and Handicaps, was published in 1980. And more than 10 years since the inception of the revision activities of the ICIDH initiated by WHO with the first experts meeting on the ICIDH held in November 1990 in Strasburg, France. Now an acronym ICF is officially used instead of ICIDH or ICIDH-2, the latter has been widely used to designate various draft versions for new ICIDH, but now abandoned.

ICF has moved away from a “consequences of disease” model of ICIDH to a “man and environment interaction” model in understanding the disability phenomenon. ICF reflects not only the negative aspects (Disability) but also the positive aspects (Functioning) of human being. The neutrality of ICF assures equal priority for physical and mental impairments/disabilities.

ICIDH had impacted disability policies and direct intervention through its (a) separation of disability and disease, (b) identification of three dimensions of disablement, and (c) understanding the “relative independence” (Satoshi Ueda) between dimensions. ICF inherited these strengths.

With many improvements such as introduction of Environmental Factors in the model as well as the classification, use of positive terms, operational definitions in each of more than 1400 categories, etc., ICF will have more great impact. And ICF will hopefully be used not only as the model but also as a tool to describe the detail situation of persons with a disability. In this paper I will discuss on ICIDH and its revision process, conceptual framework of ICF, classifications of Body Functions and Structure, Activities and participation and Environmental Factors, and application of ICF in policies and rehabilitation.

My presentation will require a PC for PowerPoint presentations.

## 国際生活機能分類 (ICF) とその実践的意義

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2001年5月、WHOの世界保健総会は新しい国際生活機能分類 (ICF) の最終版を承認した。これは初版のICIDH、国際障害分類が1980年に出版されてから20年以上、また1990年11月にフランスのストラスブルグでWHOが最初のICIDH専門家会議を開いて改定活動を開始してから10年以上たっていた。今ではICIDHやICIDH-2にかわって略称は公式にICFとされている。ICIDH-2という表現はさまざまな改定版の名称として広く使われてきたが、今では使われない。

障害現象の理解において、ICFはICIDHの「病気の諸帰結」モデルから「人間・環境相互作用」モデルへと転換した。ICFは人間の否定的な側面 (障害) だけでなく、肯定的な側面 (生活機能) も反映する。ICFの中立的性格により身体面の障害と精神面の障害が等しく重視される。

ICIDHは、障害者政策と直接支援において、病気と障害の分離、障害の3つの次元の認知、および各次元間の「相対的独立性」(上田) の理解によって、影響を与えてきた。ICFはこれらの長所を引き継いでいる。

モデルと分類への環境因子の導入、肯定的用語の利用、1400以上の全項目への操作的定義の付加など、多くの改善があり、ICFはさらに大きな影響を与えらると思われる。ICFは概念モデルとしてだけでなく、障害者の詳しい状態を記述する手段として利用されることが期待される。

本報告では、ICIDHとその改定経過、ICFの概念枠組み、心身機能・構造、活動と参加および環境因子の分類、政策とリハビリテーションへのICFの適用について論じる。

## **Subjective Dimension of Functioning and Disability: Its Implication for Rehabilitation and Empowerment (Report of the International Study Group)**

**UEDA, Satoshi**

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ICF was a great improvement over ICIDH with adoption and integration of many criticisms and recommendations such as looking at positive aspects of person with disability and introducing environmental factors. However, all three levels (Body functions/structure, Activity, and Participation) and contextual factors belong to the objective world, or the objective dimension of human life. There is another, no less important one, the subjective world, or the subjective dimension of functioning and disability, that is missing from both ICIDH and ICF. This “missing dimension” is indispensable for the understanding of a person with disability as a human being and his empowerment. ICF itself, in its Annex 8, defines the measurement of ‘subjective well-being’ as one of the important future tasks of ICF development.

An International Study Group on the Subjective Dimension of Functioning and Disability was formed with approval by WHO ICD/ICF Collaborating Centre Heads’ Meeting in Bethesda, September, 2001 with six members from the five continents of the World: Marijke W. de Kleijn-de Vrankrijker (the Netherlands), Ros Madden (Australia), Janice Miller (Canada), David Gray (USA), Sebenzile Matsebula (South Africa) and Satoshi Ueda (Japan, Chair), as well as WHO Secretariat (Bedirhan Ustun).

The Group has conducted, among other things (1) Discussion on the concept and its practical implication based on the ‘Position Paper’ prepared by the Chair; (2) Preliminary data collection on the inter-relationship between the objective and subjective dimension of functioning and disability; (3) Preliminary survey of the relevant literature. and (4) Discussion on the future strategy.

The study is still on-going, and the discussion is now focused on several issues including (1) the naming of the key concept (‘subjective’, ‘experiential’ or ‘existential’?), (2) the relationship with the concept of ‘quality of life’, (3) the framework of the classification and (4) the definition of the concept. It is sure that the definition will include not only negative aspect (‘disability experience’), but also positive aspect (‘psychological coping skills’) of the mind of a person with disability.



## 生活機能と障害の主観的次元－リハビリテーションとエンパワーメントにおける意義 (国際研究グループ報告)

上田 敏

日本障害者リハビリテーション協会 副会長

ICF (国際生活機能分類、2002) はICIDH (国際障害分類、1980) に比べ、障害のある人のプラスの面を重視すること、環境の影響を重視することなどの点で、多くの建設的批判に応え、それらを統合して新しい障害観をうちたてことに成功した。しかしICFの生活機能の3つのレベル (心身機能・構造、活動、参加) も、2つの背景因子 (環境因子、個人因子) も、客観的世界に属する「生活機能と障害の客観的次元」のみに関するものである。実はそれに劣らず重要なものに「生活機能と障害の主観的次元」(The Subjective Dimension of Functioning and Disability) があり、これはICFにもICIDHにも欠けている。この「欠落した次元」は障害のある人を人間として理解し、その主体性を尊重しエンパワーメントをはかるために不可欠な概念である。現にICFにおいても付録に「主観的安寧 (Subjective Well-being)」の測定が、ICFの今後の重要課題の一つとして挙げられている。

「生活機能と障害の主観的次元に関する国際研究グループ」が2001年9月ベセスダにおけるWHO国際疾病分類・国際生活機能分類センター長会議において設立を承認された。これは世界の5大陸の6人の委員 (オランダ: Marijke W. de Kleijn-de Vrankrijker、オーストラリア: Ros Madden、カナダ: Janice Miller、アメリカ: David Gray、南アフリカ: Sebenzile Matsebula、日本: 上田 敏、委員長)、ならびにWHO事務局 (Bedirhan Ustun) からなっている。

この研究グループはこれまで、1) 委員長起草による「基本的文書」にもとづく基本概念とその実践的意義に関する討論、2) 主観的次元と客観的次元の相互関係に関する予備的研究、3) 関連文献の予備的レビュー、4) 今後の研究戦略に関する議論を行ってきた。

現在研究はなお進行中であるが、基本的な問題についての議論の要点は、1) 名称の問題 (「主観的」、「経験的」、「実存的」、等)、2) QOL概念との異同、3) 分類の枠組、4) 基本概念の定義、にしばられてきている。定義についていえば障害のある人の心のマイナス面 (「障害体験」) だけでなくプラスの面 (「心理的コーピング・スキルズ」) が含まれることはまちがいない。

## **Inclusive Education : A Ray of Hope for Children with Disability**

**TULI, Uma**

Chief Commissioner for Persons with Disabilities, Ministry of Social Justice & Empowerment  
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Keeping in view the objective of education for all, all the countries today are aiming at inclusion of children with special needs into regular schools. Inclusive Education of disabled children means education in the least restrictive environment along with their normal peers in a regular school setting so that they develop like all other school children. Such development means social inclusion also. For this, appropriate and flexible curriculum for all within the classroom is necessary. This means that we have moved from segregation to integration and now inclusion. To make inclusion successful we have to use technology assisted teaching aids and learning materials. At the same time, we have to promote teacher-training and parents' involvement so that good practices can be maintained within the classroom and outside. Simultaneously, transport and enabling environment has to be developed to make it barrier free and accessible to all. This requires convergence of policy, law, government education system, private schools, voluntary organizations and parents' self help groups. Legal status in India now encourages us to meet the challenges of inclusion. Attitudinal barriers are being removed, awareness is being created and accessibility in infrastructure is consciously introduced and teachers are being trained in management of disability in class rooms. Components of inclusive education are effective educational services, required assistive devices, supplementary aids and regular and special education teachers working together. Learning has to be both activity and community based. To conclude, by following convergence and becoming partners in action we can have effective inclusive education.

**Key phrases:** Social and educational inclusion; no inhibitions; civil and human rights; segregation and integration to inclusion; appropriate and flexible curriculum for all; reshape and remodel society; learning materials; least restrictive environment, non-discriminatory attitudes; cost-effectiveness of entire education system; greater appreciation of each other; transport and enabling environment; parents' involvement; co-operative learning; technology assisted teaching aids; good practices; strategies of inclusion; global and national perspectives; legal position status to India; challenges of inclusion; components of inclusive education and convergence for effective inclusion.

## インクルーシブ教育: 障害児に希望の光を

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万人のための教育という目標を視野に入れつつ、現在、世界各国は、特別なニーズをもつ子供たちの通常学校へのインクルージョンを目指している。障害児のインクルーシブ教育とは、できる限り制約の少ない環境の下、通常の学校で障害のある子どもとない子どもと一緒に教育を受け、他の全校児童と同様に成長することを意味する。このような成長は社会的インクルージョンともいえる。このためには、クラスの全生徒を対象とした適切かつ柔軟なカリキュラムが必要である。これはつまり、私たちが分離から統合へ、そして今や、インクルージョンへと移行していることを意味している。インクルージョンを成功させるためには、テクノロジーに支えられた福祉機器や学習教材を活用しなければならない。同時に、教室の内外ですぐれた実践を維持するためには、教員養成や親の参加も推進していく必要がある。また、万人にとってバリアフリーで利用しやすい交通環境や設備の整った環境を開発しなければならない。そのためには、政策、法律、政府の教育制度、私立学校、ボランティア団体、親たちの自助グループを収束する必要がある。インドの法制の現状から、私たちはインクルージョンに伴う課題の克服を求められている。現在では、人々の態度に見られる障害は取り除かれ、意識が確立され、インフラ面のアクセシビリティが意識的に導入されており、教師たちは教室において障害にどう対応するか訓練を受けている。インクルーシブ教育は、効果的な教育サービスや必要な福祉機器や補助装置、そして、通常教育及び特殊教育に携わる教師たちの連携により成り立っている。学習は活動ベースとコミュニティ・ベースの双方から行なわれなければならない。結論としては、こうした要素を収束し、実践面で連携することにより、効果的なインクルーシブ教育を実現することができる。

キーワード：社会的・教育的インクルージョン；バリアフリー；公民権・人権；分離から統合、インクルージョンへ；万人のための適切かつ柔軟なカリキュラム；社会の再形成、再モデル化；学習教材；できる限り制約の少ない環境、差別のない態度；教育システム全体の費用効果；より高い相互評価；交通環境や設備の整った環境；親たちの参加；協学習習；テクノロジーに支えられた福祉機器；すぐれた実践；インクルージョン戦略；世界的・国家的展望；インドの法制の現状；インクルージョンに伴う課題；インクルーシブ教育を実現するための要素と効果的インクルージョンに向けた収束

## **FROM SPECIAL TO INCLUSIVE EDUCATION**

**JONSSON, Ture**

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“Knowledge itself is power”! For centuries rulers and the elite in societies have kept the masses away from this the most powerful of all weapons. In today’s world basic education is regarded to be one of the most important instruments to combat poverty. And still big groups of people are excluded from this basic human right in many countries. We can just mention girls, ethnic and other minority groups including many people with disabilities. But the situation is changing rapidly. “Nothing about us without us”. All people want to have a say in matters effecting their own lives - want to be empowered! Empowerment means providing people with the resources, opportunities, knowledge and skills to increase their capacity to determine their own future, and to participate in and affect the life of their community. Through a number of UN initiatives during the last decades we have got important instruments to create the dream of a “Society for All”.

“Education for All” is one of them. It started with the Jomtien World Conference in 1990. “The learning needs of the disabled demand special attention. Steps need to be taken to provide equal access to education to every category of disabled persons as an integral part of the education system...” It was followed up by the UN Standard Rules and especially the Salamanca Statement: “We call upon all governments and urge them to adopt as a matter of law or policy the principle of Inclusive Education...”

Main elements of Inclusive Education comprise:

- A Human Rights issue (“Education for All” means ALL children, not almost all!).
- Education for All in a School for All (Disabled and non-disabled children learning together in regular schools: learning to know, learning to do, learning to be and learning to live together).
- Togetherness (Enabling all to participate together in society from the beginning;)
- Breaking barriers (Familiarity and tolerance reduce fear, prejudices and rejection; a two-way approach in our attempts to attain the ideals of peace, freedom and social justice)

Preconditions for successful Inclusive Education are:

- Change of negative attitudes
- Political will and support
- School reform: flexible curricula, support services, revised teacher training and regarding parents as partners

## 特殊教育からインクルーシブ教育へ

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「知識は力である」といわれる。社会の支配者やエリートは何世紀にもわたって大衆の手からこの最も強力な武器を隔離してきた。今日の世界において、基礎教育は貧困と闘うための最も重要な手段の一つである。この基本的な人権をいまだに多くの国々の多くの人々が享受できないでいる。女性や、少数民族、多くの障害者を含むその他マイノリティ・グループはその一例である。しかし状況は急速に変化している。「われわれに関することをわれわれに関係ないところで決めるな」。すべての人々は、自らの生活に影響を及ぼす事柄に対して発言権を持つことを求めている。「権利を与えてほしい！」と願っている。権利を与える (Empowerment) とは、人々が自らの将来を決める能力を高め、彼らがコミュニティに参加し、コミュニティの生活に影響を与えることができるよう、資源、機会、知識及びスキルを提供することである。われわれは、過去数十年間における数々の国連のイニシアチブを通じて、「万人のための社会」という夢を創造するための重要な手段を手にした。

1990年のJomtien国際会議に端を発する「万人のための教育」はその一つである。この会議では、「障害者の学習ニーズに対する特別な配慮が必要である。教育システムに不可欠なものとして、すべてのカテゴリの障害者が等しく教育を受けられるようにするための施策を講じる必要がある…」と謳われ、その後国連の標準規則として、特にサラマンカ声明によってフォローされた。「われわれはすべての政府に対し、インクルーシブ教育の原則を法律上及び政策上の問題として採用することを強く要求する…」

インクルーシブ教育の要点：

- ・人権問題（「万人のための教育」とは、ほとんどの子供たちではなく文字どおり「すべての」子供たちを対象にした教育を意味する！）
- ・学校内におけるすべての子供たちを対象とした万人のための教育（障害児と非障害児が通常の学校で共に知り、共に行動し、共存・共生することを学ぶ）
- ・協力・連帯（すべての人が初めからともに社会参加できるようにする）
- ・障壁の打破（親密さと寛容さは人々の持つ恐れ、偏見、拒絶の感情を和らげる。これらは平和、自由、及び社会正義の理想を実現するための試みにおける二方向のアプローチである）

インクルーシブ教育が成功するための前提条件：

- ・消極的な態度を変えること
- ・政治的な意志及び支援
- ・学校改革：柔軟なカリキュラム、サポート・サービス、教員教育の変更と親のパートナー化

## **Right for All Children with Disabilities to Receive Appropriate Education and Special Needs Education in Japan**

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In 1947, according to the new Constitution, the Fundamental Law of Education and School Education Law were promulgated, and the so-called 6-3-3-4 new system was established with nine years of elementary and lower secondary education being made compulsory. In 1948, special education of schools for children with blind and deaf was compulsory. At last in 1979, special education for the otherwise children with severely physical and mental disabilities was compulsory.

All infants with disabilities, who want early intervention or preschool education, can receive appropriate services which are supplied in day care centers or residential facilities according to the Child Welfare Law, or another services which are supplied in kinder gardens affiliated to special schools for children with disabilities according to the School Education Law.

All children with disabilities can receive appropriate and free education from age six, provided under the Order for Enforcement of School Education Law. Pupils with mild and moderate disabilities, except who may receive inclusive education in regular classes, are placed at special classes in elementary schools and lower secondary schools. Pupils with severe disabilities, except who may receive inclusive education, are placed in the course of elementary education and lower secondary education of special schools for children with disabilities. Also children with mildly and moderately intellectual disability, who can not satisfy their needs in special classes in elementary schools and lower secondary schools because of their socially profound inadaptability, are placed in special schools for children with intellectual disability.

All youths with disabilities, who want to receive upper secondary school education (the tenth grade to the twelfth grade), can be placed in special schools according to their special educational needs. In 1999, Revised National Curriculum for Special Schools mandated to enforce visiting teacher system for home bound children and otherwise because of their profound disabilities in the course of upper secondary education, as well as in the course of elementary and lower secondary education of special schools.

Resource room system became effective as a kind of the special education system in 1993, so inclusive education has been promoted in Japan. Talking of our task to be solved in near future, we must innovate our system to the special needs education in which children with specific learning disability and otherwise can receive appropriate services according to their individual educational needs in regular classes.

There are many other tasks to be solved in our special education systems on the principle of normalization, in regard to which the Report of the Committee on the Ideal Reform of Special Education in 21 Century, presented by the Ministry of Education and Science in January 2001, should be referred.

## 障害児の教育を受ける権利と日本における特別支援教育

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1947年に新憲法に基づき教育基本法と学校教育法が公布され、いわゆる6-3-3-4制教育が確立し、小学校および中学校が義務教育になった。1948年に盲学校およびろう学校教育の義務化が実施された。1979年ようやくその他の重度障害児の教育が義務化された。

児童福祉法と学校教育法のいずれかのサービスにより、希望するすべての幼児に早期療育と幼児教育が提供されている。前者によるサービスは、通園施設や入所の障害児施設でなされ、後者によるものは、盲学校、ろう学校および養護学校の幼稚部における教育である。

すべての障害児は、満6歳から適切で無償の教育を受けている。学校教育法施行令により、通常学級で適切な教育を受けることができる児童生徒を除き、軽度および中度の障害のある児童生徒は小学校および中学校の特殊学級で学んでいる。障害の重度な児童生徒は、小学校および中学校の通常学級で適切な教育を受けることができる児童生徒を除き、盲学校、ろう学校および養護学校の小学部および中学部で学んでいる。また、軽度および中度知的障害があり、社会適応が著しく困難なために特殊学級で教育ニーズを満たすことができない児童生徒は、養護学校で教育を受けることができる。

高等学校教育を希望するすべての障害児は、盲学校、ろう学校および養護学校の高等部で適切な教育を受けることができる。1999年の学習指導要領の改正により、重度障害を事由とする在宅児等を対象とする養護学校高等部の訪問教育の実施が、小学部および中学部と同様に可能になった。

1993年に小学校および中学校における通級による指導が、特殊教育制度として実施された。これにより日本における統合教育の促進が図られている。日本の特殊教育の課題についていえば、通常学級に在籍する学習障害児等に対しても一人ひとりの特別なニーズに応じた教育が実施できる特別支援教育へと制度を改革することである。

ノーマライゼーションの原則に基づいて解決されるべき特殊教育の課題はこの他にも多くあるが、これらについては2001年1月に文部科学省に提出された「21世紀における特殊教育の在り方に関する協力者会議最終報告」が参照されるべきである。

## **Partnership with the NGOs**

**CHAN, Ophelia Chiu-ling**

Assistant Director (Rehabilitation and Medical Social Services), Social Welfare Department, The Government of the Hong Kong Special Administrative Region (Hong Kong SAR, China)

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The more formal and identifiable providers of the services needed to implement rehabilitation programmes and policies are Government and the non-governmental organizations. Government's responsibilities focus on the overall planning, development and co-ordination of services, training and manpower needs, enforcement of legislation, and provision of funding.

The non-governmental organizations are major providers of services in partnership with Government. Subvention to these organizations accounts for a significant portion of total government expenditure on rehabilitation services. Non-governmental organizations are encouraged and supported in the pioneering of new initiatives. Their devotion, enthusiasm and commitment have contributed a great deal to the development and expansion of many of the services available to people with disabilities.

Partnership is well reflected in a common, clear and persuasive mission of performing the role of social enterprise in vocational rehabilitation and employment. Government's decision on implementation of reform and re-engineering of services to internalize changes and rebuild the structure enable enhancement of new goals of development. Non-governmental Organisations respond with full support not only providing services but also promoting positive social values and building social networks to achieve fulfillment of maximum benefits for people with disabilities.

The Hong Kong Government through a set-up of Marketing Consultancy Office (Rehabilitation) has established an alliance of around 100 Sheltered Workshops and Supported Employment Units with a manpower resource of over 8,000 disabled persons. The alliance offers varied competitive services of and products made by people with disabilities under a registered "trade mark" to big and small business organizations and governmental departments contributing to the advancement of Hong Kong's productivity, economy and the welfare of the people with disabilities.

The maintenance of a vigorous and progressive non-governmental sector, functioning in genuine partnership with Government and the commercial sector is vital to the future development of vocational rehabilitation.



## NGOとのパートナーシップ

### CHAN, Ophelia Chiu-ling

Assistant Director (Rehabilitation and Medical Social Services), Social Welfare Department, The Government of the Hong Kong Special Administrative Region (Hong Kong SAR, China)

リハビリテーション・プログラムや政策を実施するのに必要なサービスを提供する組織としてより信頼のおける正式なものは、政府と非政府組織（NGOs）である。政府は全体的な計画、サービス、研修、人的資源のニーズの開発・調整、法律の施行、資金の提供に中心的な役割を担っている。

NGOsは政府とパートナーシップを組んでサービスを提供する主要な組織である。リハビリテーション・サービスに関する政府の全支出において、NGOsに対する助成金は大きな割合を占めている。

NGOsはまた、新たなイニシアチブの先駆けとして奨励され、支援されている。NGOsの献身的で熱意ある取り組みは、障害者が利用できる多くのサービスを開発し普及させるうえで大きく貢献している。

政府とNGOs間のパートナーシップは、職業リハビリテーションと雇用の分野での社会事業を担うという、共通した明確で説得力のある使命に端的に表れている。政府は、変化を取り入れ、構造再建化を図るためにサービスの改革・リエンジニアリングを実施することを決定しており、これにより新たな発展目標を高く設定することが可能となる。NGOsは、障害者へのサービス提供に止まらず、肯定的な社会的価値づけを助長し、社会的ネットワークを構築することで障害者の最大限の福祉を実現するために全面的な支援をもつてのぞむ。

香港政府はマーケティング・コンサルタント局（リハビリテーション）を開設し、約100カ所の保護作業所と計8000人を超える障害者の人的資源を有する雇用支援ユニットを提携させた。この提携を通じて、登録「商標」のもとに障害者による競争力のある様々なサービスや製品が大小の企業や省庁に提供され、香港の生産性や経済、障害者の福祉の向上に貢献している。

政府と商業部門との真摯なパートナーシップを組み合わせながら、活発に発展する非政府部門を維持することは、職業リハビリテーションの今後の発展に不可欠である。

## **Partnership between PWDs and Carer-Givers / Parents**

**ASAHI, Masaya**

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In the parallel session on Vocational Rehabilitation, some aspects on partnership in regard to vocational rehabilitation will be discussed. In my presentation, new partnership between PWDs and VR services providers and their parents are focused, based on recent development in Japan in this regard.

The mutual relationship is essential for the partnership between PWDs and their carer such as related service providers and parents. Namely, practices of vocational rehabilitation should aim at completing vocational independence through establishing mutual relationship between service receivers and its providers. In particular, VR service providers and parents should be recognized as partners of PWDs for their vocational independence.

For establishing the partnership between service receivers and providers in the frame of mutual relationship, the former should be recognized as service consumers, not as mere service receivers and secure the right of selection of services according to their own intention. From the fiscal year of 2003, the main frame of welfare services providing system in Japan will be drastically changed. In the present system, local authorities determine not only necessity of the services for PWDs, but also their amounts and places in which they should gain, consequently, their right of selection is quite limited and no contract basis between them. On the contrary, the reformed system focus on support of local authorities in the process of service and their receivers can choose the services under the direct contract between service consumers and their providers. As to VR services, the provision of workshop services for persons with physical and intellectual disabilities are also included the new system.

The reformed system will promote the establishment of new partnership between consumers of services and their providers including related specialists. PWDs involved in this system should recognize themselves as consumers and simultaneously, the service providers should treat them as customers. And establishing social support system which advocate and empower them is also required so that PWDs can become conscious of their role as a partner with service provider.

The partnership promoted by new welfare system will be standard not only in the field of welfare for PWDs, but also in whole process of VR services such as evaluation, training and placement, so on.

As to another partnership between PWDs and their parents, it is crucial in Japan that they become independent from their parents after grown-up. In spite of getting jobs in open labor market or workshops, many PWDs are still dependent on their parents to secure their lives in the community. Enlargement of pension and income security is an important component for independent living in the community, in addition, there should be a new direction of the partnership between them. PWDs have to be independent from their parents at least psychologically and socially, and share the consensus that they have right to determine their living by themselves with them.

## 障害のある人とサービス提供者及び両親とのパートナーシップ

朝日 雅也

埼玉県立大学 保健医療福祉学部 社会福祉学科 講師

職業リハビリテーションの分科会では、職業リハビリテーションをめぐる様々なパートナーシップのあり方について議論する。その中で、サービス提供におけるパートナーシップ、特にサービス提供者や両親との関係について、日本の現状を踏まえて、新しいそのあり方を探りたい。

障害のある人とサービス提供者等とのパートナーシップは対等な関係性を基本とする。すなわち、職業リハビリテーションの実践は、障害のある人と、彼らを支援する者が対等な関係を築きながら、職業的な自立を獲得するものであるということである。ここでは特に、職業リハビリテーションサービス提供者と親に焦点をあてることにしたい。

サービス提供者とのパートナーシップの構築にあたっては、利用者がサービスを受けるという立場だけでなく、必要なサービスを選択する消費者として位置づけられる必要がある。日本では、2003年度から障害者福祉サービスの供給の仕組みが大きく変わる。従来は行政がサービスの提供について、その必要性のみならず、例えばどこ施設でどの位のサービスを受けるのかを決定していた。それに対して、新しい仕組みの中では、行政は障害のある人がサービスを利用するのを支援することが重視され、サービスの利用者として提供者との間の契約関係に基づき、どのサービスを利用するのかを決めるのは利用者になる。職業リハビリテーションとの関連でも身体障害や知的障害のある人のための授産施設なども、この仕組みに変わっていく。

この仕組みにおいて、今後は、利用者として専門職を含むサービス提供者との間に新たなパートナーシップが形成されるであろう。サービスの利用者も消費者としての自覚をもち、また、提供者は、利用者を顧客として位置づけていく姿勢が求められる。そして、サービス利用者が提供者に対してパートナーとしての役割を意識できるように、その権利を擁護したり、エンパワメントしたりしていくための支援の仕組みが同時に求められる。

こうしたパートナーシップは、障害者福祉サービスのみならず、職業評価、職業訓練、職業紹介などすべての職業リハビリテーションサービス提供の基本となるであろう。

もうひとつのパートナーシップとして、日本では、障害のある人が両親から自立していくことが重要課題である。一般雇用の場で、あるいはワークショップなどで職業を得ていても、現実には両親の支援を前提としている場合も少なくない。また、多くの障害のある人が地域での生活を獲得するために親へ依存せざるを得ない状況が続いている。年金や所得保障の拡充が、地域で自立した生活を送るための重要な要件になるが、加えて、障害のある人と両親とのパートナーシップについて新しい方向性を出していく必要がある。すなわち、少なくとも心理的、社会的には両親からは自立して、障害のある人が自分の生活は自分で決める権利があるというコンセンサスを共有していく必要がある。

## **Partnership with the Corporate/Business Sector**

**MCKEY, Jason**

Managing Director, Job Placement Ltd (Australia)

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Employment in the open labour market is a goal of many people with a disability. Being paid an appropriate wage, enjoying employment conditions that are based on the workplace norm, being accepted as an integral part of the community and the boost in self esteem that comes from being in the workforce is something that most people take for granted. However a successful outcome can only be achieved when there is a clear partnership between the person with a disability, the support agency and the prospective employer. It is only when each party contributes to the employment relationship is there a possibility of success. Historically, many employers have not actively recruited people with a disability due to misperceptions about their abilities and ignorance about the assistance that is available.

The paper will explore the roles and responsibilities of each party and look at strategies that support agencies can implement to assist employers to maximize successful outcomes.

## 民間団体・企業とのパートナーシップ

**MCKEY, Jason**

Managing Director, Job Placement Ltd (Australia)

障害者の多くは一般の労働市場で就職したいと願っている。障害のない人々のほとんどは、適切な賃金が支払われ、職場の基準に基づく雇用条件が適用され、職場で欠かせない存在として受け入れられ、職業人としての誇りがもてるということを当然の権利とみなしている。しかし障害者にとっては、就労支援機関、雇用しようとする側及び当事者の3者間に明確なパートナーシップがなければ、このような満足の行く成果は得られない。3者が雇用関係に貢献するときのみ、成功の見込みがある。これまでは、雇用者側が障害者の能力に対する誤った偏見を持ち、利用可能な支援制度についての情報を知らなかったために、雇用に対して二の足を踏むケースが多かった。

この論文では双方の立場からの役割と責任に言及し、雇用者に最大限の成果をあげてもらうためには支援機関がどのような支援策を提供できるかについて考証する。

## **Transport for All - A New Vision for Promoting Disability Rights for Accessibility to Transport**

**FOOTMAN, Robert Charles Law**

Commissioner for Transport, Transport Department, The Government of the Hong Kong Special Administrative Region, People's Republic of China (Hong Kong SAR, China)

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During the last decade, the Hong Kong SAR Government has promoted disability rights for accessibility to transport by encouraging and facilitating public transport and railway operators to provide accessible facilities for people with disabilities. The Hong Kong SAR Government is also determined to provide a barrier-free and accessible street environment. However, the present approach does not provide a clear vision, which would facilitate building a common consensus among stakeholders. In order to further promote rights for accessible transport, to provide better living environment and transport services for the entire population, the Transport Department of the Hong Kong SAR Government is adopting a new vision to satisfy the transport needs of all in our community, in particular, "accessible" transport for people with disabilities and the elderly so as to facilitate their social integration and to ensure their mobility. We aim to adopt a strategic and systematic approach to plan and provide accessible transport services and barrier-free environment to all in our society. We also intend to build up a new common vision, "Transport for All", and partnership with major stakeholders, including the associations representing people with disabilities. A "5-Better Strategy" is being formulated and developed to provide clear directions for planning and implementation.

## 万民のための交通 — 身体障害者の交通面の アクセシビリティ向上のための新ビジョン

**FOOTMAN, Robert Charles Law**

Commissioner for Transport, Transport Department, The Government of the Hong Kong Special Administrative Region, People's Republic of China (Hong Kong SAR, China)

過去10年間、香港特別行政区政府は、身体障害者が利用しやすい施設を提供するよう、公共輸送機関や鉄道会社を奨励し便宜を図ることで、身体障害者の交通面のアクセシビリティの権利を向上させてきた。香港特別行政区政府はまた、バリア・フリーで利用しやすい道路環境を提供することも決定している。しかしながら、現在のアプローチは、利害関係者間の合意形成を促す明確なビジョンを欠いている。交通面のアクセシビリティの更なる向上を図り、全住民により良い住環境と輸送サービスを提供するため、香港特別行政区政府運輸部門（運輸署）は、特に身体障害者や高齢者にとって「利用しやすい」輸送に配慮し、香港に住む全ての人々の輸送ニーズを満たす新しいビジョンを採用しつつある。身体障害者や高齢者の社会的融和を促進し、彼らの「足」を確保するためである。私達は、香港社会の全ての人にとって利用しやすい輸送サービスとバリア・フリー環境を設計・提供するために、戦略的かつ組織的手法を採用していくことを目指している。さらに、新しい共通ビジョン「万民のための交通」を構築し、身体障害者の代理協会等、主要な利害関係者との連携を確立することも検討中である。その企画と実施とに明確な方向性を与えるため、「5-Better戦略」の作成・開発が現在進められている。

## **How Can Information and Communication Promote Disability Rights?**

**LINDSTRÖM, Jan-Ingvar**

President, SVERI (Sweden)

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The basic condition for exercising one's citizen's rights in a democratic society is the free access to relevant information and the possibility to communicate one's opinion with other members of society. This is of course true for everybody, independent of the level of intellectual or physical ability.

Many people experience more or less pronounced limitations in their abilities. Therefore, means for lowering the barriers are most important. The method is also important: the principle of Universal design should be promoted.

Access to computer screen information, including web-sites, has been made possible for visually impaired people by the establishment of standardized methods of how to make the information accessible - the W3C/WAI guidelines.

POTS - plain old telephony - is still an important communication link. Today, voice communication is complemented by text and picture, and with the emerging broadband technologies a true multi modal communication will be realized. This will make communication possible for people with either sight or hearing impairments. An interesting concept is what's called Total Conversation, based on a number of standards.

Another example is the possibility to use animated upper part bodies or faces, controlled by speech signals. This technology makes speech accessible for deaf and hard of hearing people via Sign Language and lip reading. If a screen with appropriate software is connected to an ordinary voice telephone or a loudspeaker, plain speech will automatically be made "visible". Successful research on automatic transcription of speech to Sign Language and the reverse is going on in Japan, and within the European Union a project on automatic and animated lip reading is going on, the SYNFACE project. Both methods will probably facilitate the access to information for large groups of information handicapped people.

Existing and emerging Information and Communication Technology - ICT - provide the basis for access to information and communication and thus disability rights. But at least as important is the implementation and accessibility to the technology. Different countries are trying different methods: legislation, procurement and market forces are the most common ones. Independent of the method the tools should be used with as little delay as possible. It's only in a society of accessible knowledge that disability rights can be exercised.



## 情報・コミュニケーションはいかに障害者の権利を向上させられるか

LINDSTRÖM, Jan-Ingvar

President, SVERI (Sweden)

民主主義社会において市民権を行使するための基本条件とは、必要な情報を自由に入手できること、社会の他の人々とお互いの意見を自由に交換できることである。当然これは、知的能力や身体能力のレベルに関わらず、万人に当てはまることである。

程度の差こそあれ、自身の能力に明らかな制限を感じている人は多い。そのため、バリアをできるだけ低くする手段を講じることが最も重要である。その方法もまた重要であり、ユニバーサルデザインの原則を促進しなければならない。

ホームページを含めて、コンピュータ画面上の情報に視覚障害者がアクセスすることは、情報アクセスに関する標準化が確立したことによって可能となった。すなわち、W3C/WAIガイドラインである。

POTS-すなわち単純な旧式電話技術-は、今でも重要なコミュニケーション手段である。今日では、音声コミュニケーションはテキストや画像により補われているし、またブロードバンド技術の発達により、真のマルチモード・コミュニケーションが実現するであろう。これによって、視覚や聴覚に障害のある人たち同士でのコミュニケーションも可能となろう。ここで興味あるのは、様々な標準を組み合わせた、いわゆる総合的会話 (Total Conversation) のコンセプトである。

もう一つの例としては、上半身や顔のアニメーションによって音声言語を補足する技術の可能性である。この技術を利用すると、聾啞者や難聴者が手話や読唇により音声言語にアクセスできるようになる。このようなソフトウェアを搭載した画面を通常の音声電話や拡声器に接続すると、音声信号が自動的に「視覚化」される。音声から手話へ、あるいはその逆の自動変換に関する研究が日本で進んでおり、EUでは、自動的に動画化して読唇を可能とするプロジェクト (SYNFACE) が進行中である。どちらの方法も、様々な情報障害者がより一層情報にアクセスできるようになるための一助となるであろう。

実用化が進むとともに研究開発の進展しつつある情報コミュニケーション技術-ICT-は、情報およびコミュニケーションへのアクセス基盤、すなわち障害者の権利の基盤を提供する。しかし、これらを機器として実用化すること、機器をアクセシブルなものとするのが重要である。国により様々な方法が試みられているが、法整備、公的調達、市場原理等が一般的な手法である。どのような手法によろうともそれらの機器ができる限り迅速に利用できるようにすべきである。知識へのアクセスが容易な社会になってはじめて、障害者の権利を行使することが出来る。

## **ICT Access Policy Guidelines for Disability Rights**

**KAWAMURA, Hiroshi**

Director of Information Center, Japanese Society for Rehabilitation of Persons with Disability (Japan)

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In the Global Information Society, access to information and communication technology is a basic human right. ICT policy in each country and region must address the accessibility issues to ensure the equal opportunity and full participation of people with disabilities in the information age. Based on the work of the ICT Task Force of the Thematic Working Group on Disability Concerns of the Regional Coordination Mechanism for Asia and the Pacific (TWGDC), the author analyzes technology evolution and related issues such as copyright issues, present best practices, and suggest key ICT accessibility components for the International Convention on the Rights of People with Disabilities. The author values special needs and requirements of individuals with disabilities as resources to build an Information Society that is accessible to all. Preparation process for the World Summit for the Information Society (WSIS) December 2003 in Geneva is discussed as one of the most crucial and comprehensive opportunities to bridge the digital gap. DAISY (Digital Accessible Information System) and AMIS (Adaptive Multimedia Information System) demonstration is included in the presentation as one of the best example of accessible multimedia.

## 障害者の権利擁護とICTアクセス政策指針

河村 宏

日本障害者リハビリテーション協会 情報センター長

地球規模で実現している情報社会において、情報とコミュニケーションの技術 (ICT) を活用する権利は基本的人権である。情報社会の時代におけるそれぞれの国と地域のICT政策は、障害者の機会均等と完全参加を保障するために、障害者の情報アクセス問題に特に言及する必要がある。発表では、アジア太平洋地域における国連諸機関の障害問題に関する活動調整機関 (TWGDC) のICTタスクフォースの活動をもとに、ICTと著作権等のその周辺の問題を分析し、活動事例を紹介し、障害者権利条約の中で取り上げられるべき情報アクセス問題に関する主な論点を提案する。発表者は、様々な障害分野からの独自のニーズを明らかにすることが、すべての個人が参加できる情報社会を構築するための貴重な提言につながるという立場をとる。2003年12月にジュネーブで開かれる国連情報社会サミット (WSIS) の準備過程は、これらの問題を解決し、デジタル・ギャップを解消するためのもっとも重要な機会として議論される。もっとも優れた誰にもアクセス可能なマルチメディアのひとつとしてダイジー (DAISY) とアミ (AMIS) を紹介する。

## **How can the standards based on ISO / IEC Guide 71 assure the right of persons with disability**

**KIKUCHI, Makoto**

Professor, Department of Medical Engineering, National Defense Medical College (Japan)

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So that older persons and persons with disabilities may participate in society on equal terms, it is necessary to improve the accessibility of products, services and environments. Improved accessibility further enhances the quality of life and reduces discrimination. It is urgent to provide standard-developers and designers of products, services and environments with a guide setting out how to consider the needs of older persons and persons with disabilities. The initiative tasks of the ISO/COPOLCO working group on the older persons and persons with disabilities are, 1) to develop an ISO/IEC document providing basic principles and considerations on how to design products and environments adapted to the needs of the older persons and persons with disabilities, 2) to consider the form of document that would best meet the purpose (guide, statement, etc), 3) to identify the specific needs of the older persons and persons with disabilities with a view to securing that they are covered by international standards work. Finally, the ISO/IEC policy statement and Guide 71 were published in 2000 and 2001 respectively. The policy statement says that the increasing prevalence and complexity of technology in everyday life presents both opportunities and challenges. And also it says this statement is aimed at encouraging the development of standards that promote design that enables the use of products and services by older persons and persons with disabilities. There is a continuum of abilities and standards should aim to address the needs of people throughout this continuum. It is recognized that all standards are not able to meet the needs of all persons with severe and complex disabilities. ISO and IEC recognize the need to include the requirements of older persons and persons with disabilities in all relevant standards production and revision work. This can clearly be achieved by following the basic principles of a) universal and accessible Design, b) direct consumer representation of older persons and persons with disabilities, and c) relevant information exchange. In the Guide71, it describes the abilities to consider and shown actual characteristics by the matrix. One way to go to use International Standards usefully, therefore, would be to bring out the ISO/IEC guide 71 on approaches to be adopted when developing standards, national, regional, sector or international so that the older persons and persons with disabilities are taken into account.

## 『ISO/IEC ガイド71』を基本とした規格が どのように障害者の権利を守れるか？

菊地 眞

防衛医科大学

高齢者や障害者が対等な立場で社会参加するためには、製品、サービス、及び生活環境へのアクセシビリティを改善する必要がある。アクセシビリティが改善されれば、生活の質はさらに向上し、差別も減少する。規格作成者側と製品、サービス及び生活環境を設計する側に、高齢者や障害者のニーズに配慮するためのガイドを提供することが急務である。ISO（国際標準化機関）/COPOLCO（消費者政策委員会）ワーキンググループが高齢者や障害者のために優先的に標準化すべき課題は次の3つである。1）高齢者や障害者のニーズに適合する製品と生活環境を設計する際の基本指針と配慮を盛り込んだISO/IEC（国際電気標準会議）の文書を作成すること、2）目的（ガイド、政策宣言など）に最も適した文書形式を検討すること、3）高齢者や障害者に対して国際標準規格を確実に適用するという観点から高齢者や障害者のニーズを特定化すること。2000年に「ISO/IEC政策宣言」が、2001年に「ISO/IECガイド71」がそれぞれ発行された。政策宣言では、日常生活に技術がますます普及し複雑さを増していることは、高齢者や障害者においては利便性の増加である反面、不便さへの挑戦でもあると述べている。また、高齢者や障害者にとって使いやすい製品及びサービスを設計するための規格作成を奨励することが、政策宣言の目的でもあると述べている。人には様々な能力があり、各々の能力に配慮してニーズに応えることが、規格本来の目的である。しかし、規格のなかには重度及び複雑な障害をもつ障害者のニーズに対応できないものもある。ISOとIECでは、すべての関連規格製品と改良品に高齢者や障害者の要求事項を含めるべきであることを認識している。これは、a) 利用しやすい設計、b) 高齢者や障害者である当事者の直接の代表、及びc) 関連情報の交換、という基本指針に従えば明らかに実現できる。「ISO/IECガイド71」では、配慮すべき能力を記載し、マトリックス形式で実際の配慮点を表している。したがって、国際標準規格を有効に運用していくためには、国内の規格、地域の規格、セクターの規格、あるいは国際的な規格を作成する際に、「ISO/IECガイド71」に示されている高齢者や障害者に配慮するためのアプローチを採用することがひとつの方法になる。

## How Can Standards Promote Human Rights? - European Aspects

ELIASSON, Folke

Project Manager, The Swedish Handicap Institute (Sweden)

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The “4 freedoms” of the European community (EU) imply that *labour, capital, goods and services* can flow freely between the European countries. A free and fair competition shall be obtained and all products shall be safe and be designed in a way that make them accessible to all citizens, regardless of persons’ age, disabilities etc. Special applications or modifications of products/services for specific groups of persons shall be used only when necessary.

The European market is normally regulated by EU Directives containing unconditional requirements that must be fulfilled before the product can be put on the market. Standards play an important role in this process as the manufacturers can use the standards to address the requirements of the directives. *Thereby the standards become a powerful tool, having a real impact on the design of products/services available in Europe.*

Each (relevant) standard shall promote barrier-free design, enabling the use of products/services by disabled persons. But it is often difficult for the actual standardisation developers (technical working groups etc) to transform these intentions into technically applicable requirements in a standard. There may be a lack of competence etc concerning the needs of disabled persons. Standard developers need support.

With this background, the Commission of the European community has mandated the European standardisation organisations CEN, CENELEC and ETSI

Δ to create a guidance document

Δ to set up a mechanism to make sure that the guidance document is actually used

Δ to review specific existing standards in view of possible amendment in the context of the guidance document.

This work spans over 3 years, 2001-2003. A guidance document has been published, *CEN/CENELEC Guide 6 ‘Guidelines to address the needs of older persons and persons with disabilities when developing standards’* (technically identical with ISO/IEC Guide 71). A “mechanism” is under development, including administrative features (decisions, standardisation routines) and complementary supportive tools (sector guides containing detailed information in various standardisation areas, reference literature etc) for standard developers and users. The review of standards has been initiated.

So, how can standards promote human rights? The answer is: *they can effectively contribute to a barrier-free design of products and services.*

## 標準化によって人権は高められるか？—ヨーロッパの見解

ELIASSON, Folke

Project Manager, The Swedish Handicap Institute (Sweden)

欧州連合 (EU) の「4つの自由」とは、域内において人、資本、物、サービスが自由に移動できることを意味している。自由で公正な競争が行われ、すべての製品が安全で、しかも年齢、障害などに関わらず、すべての市民が利用できるよう設計されなければならない。特定の集団のための製品の及びサービスの特別応用や変更は必要な場合にのみ行われるものとする。

ヨーロッパ市場は通常EU指令によって規制されており、製品を市場に投入するにはその無条件要求事項を満たさなければならない。製造業者が指令の要求事項を満たすには規格に対応しなければならない。その過程で規格は重要な役割を果たす。その結果、規格は強力な手段となり、ヨーロッパで市販されている製品やサービスの設計に極めて大きな影響力をもっている。

それぞれの (関連) 規格では、障害者が製品やサービスを利用できるようにバリアフリーの設計を推進している。しかし実際の標準化担当者 (技術作業部会等) が、このような意図を規格の要求事項にそって技術的に応用可能なものとして実現させるのはなかなか容易ではない。障害者のニーズに十分に対応できない場合もある。標準化担当者にも支援が必要なのである。

このような背景のもとに、欧州共同体委員会はヨーロッパ標準化組織であるCEN (欧州標準化委員会)、CENELEC (欧州電気標準化委員会) 及びETSI (欧州電気通信規格研究所) に以下の任務を委託している。

- 標準化文書の作成
- 標準化文書が実際に利用されているかどうかを確認するためのメカニズム構築。
- 標準化文書に則して修正が可能かどうかを考慮して、既存する特定規格を再審査すること。

作業期間は2001年から2003年の3年間としている。標準化文書については、すでに「CEN/CENELECガイド6」“規格開発における高齢者と障害者のニーズに対応するためのガイドライン”(「ISO/IECガイド71」と技術的には同じもの) が制定されている。“メカニズム”については現在開発中であるが、その中には管理機能 (決定、標準化ルーティン) 及び標準化担当者とユーザーのための補助支援ツール (様々な標準化分野における詳細情報、参考文献等を含むセクターガイド) が含まれている。規格の再審査についてはすでに始められている。

上記から、「規格によって人権は高められるか？」についての答えは、イエスである。すなわち (規格によって) 製品とサービスのバリアフリー設計に大いに貢献できるから、というのがその理由である。

## **Effective Mobilization of Available Resources to Establish Society for All**

**HEUMANN, Judith E.**

Coordinator, Disability Issues, World Bank (USA)

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Judith Heumann is the Advisor, Disability and Development at the World Bank. She assumed her position June 2002.

Her presentation will cover the work the Bank is currently undertaking with regard to the needs of disabled people, including collaborative activities with units and regions in the Bank and increased emphasis on partnership development.

Ms. Heumann also will provide a short overview of the Baseline Assessment of Inclusion and Disability in World Bank Activities, the Norwegian Trust Fund for Disability and Development, Social Funds and other strategies to expand opportunities for the inclusion of the needs of disabled people in World Bank activities over the coming years.



## 障害分野の国際協力－これからの障害者支援のあり方を考える

**HEUMANN, Judith E.**

Coordinator, Disability Issues, World Bank (USA)

ジュディ・ヒューマン氏は2002年6月に、世界銀行の「障害と開発」アドバイザーのポストに就任した。

発表では、世界銀行が現在行っている障害者のニーズに関する活動、具体的には、世界銀行内のユニットと地域との協同活動や、重要視されているパートナーシップによる開発などを取り上げる。

ヒューマン氏は、世界銀行の活動におけるインクルージョンと障害のベースライン評価、ノルウェー障害・開発信託基金、社会基金のほか、今後、世界銀行の活動に障害者のニーズを組み込む機会を拡大するための戦略についても概説する予定である。

## **JICA's Technical Cooperation in the Field of Disability – Past and Future**

**MIYAHARA, Chie**

Planning Officer (Social Development), Global Issues Division, Planning and Evaluation Department, Japan International Cooperation Agency (Japan)

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Japan International Cooperation Agency (JICA) is responsible for implementing “Technical Cooperation” and a part of “Grant Aid Cooperation” of Japan’s Official Development Aid (ODA). In the area of disability-related concerns, JICA has experienced many types of cooperation. Examples are: implementation of training projects for rehabilitation experts, building of rehabilitation centers, training of Self Help Organizations (SHO) personnel, dispatch of Japan Overseas Cooperation Volunteers (JOCV) to propel cooperation at grass-roots level, and dispatch of Japanese experts to help recipient countries formulate policies concerning people with disabilities. JICA also cooperates with local NGOs through “Community Empowerment Program”. In addition, JICA has organized training workshops in the Asia and Pacific region aiming at empowerment of leaders of Self-Help Organizations, in cooperation with Disabled Peoples’ International (DPI).

Although JICA’s involvement in the field of disability has been extensive and vary as mentioned above, its emphasis has been limited within the indirect support for people with disability, such as training of rehabilitation specialists, building of centers, and dispatching PT/OTs, rather than empowering people with disabilities themselves. In addition, as JICA does not have a clear strategy to tackle this particular issue related to disability, each of our assistance has not been well connected at the field level, resulting in limited outcomes. Having considered this situation, JICA has carried out several studies concerning disability related issues and concluded that the objective of implementing projects concerning persons with disability had two folds: one is “full-participation”; the other is “equality”. Based on this research conclusion, we are currently formulating a “Guideline of Assisting Persons with Disability”, shifting our focus more toward direct support to the persons with disability and mainstreaming disability concerns in projects. The Guideline aims at establishing an approach in the area of disability and being employed by our organization for coming years.

One of the initiatives for such a “direct support” is “Asia-Pacific Development Center on Disability” started in this August in Bangkok, Thailand. This project’s overall goal is to promote empowerment of persons with disability and barrier-free society in developing countries in Asia-Pacific. To achieve this goal, the Center will provide information support, organize training courses in cooperation with collaborating agencies, facilitate networking among relevant agencies and groups in the region, and coordinate all relevant activities to be conducted within the Center as well as collaborating agencies/groups. In addition, within a year or two, at the time JICA changes its organizational structure, direct support to the Self-Help Organization would become easier, so as to our support can directly reach the recipients.

## JICAの障害者支援分野における過去と将来のJICAの技術協力の過去と未来

宮原 千絵

国際協力事業団 (JICA) 企画・評価部 環境・女性課

国際協力事業団 (JICA) は、政府開発援助 (ODA) のうち「技術協力」を実施する機関でありまた、「無償資金援助協力」の一部を実施する責任も担っている。障害者関連分野においては、JICAはさまざまなタイプの協力を行って実施してきた。リハビリテーションの専門家のための研修プロジェクト実施、リハビリテーションセンターの建設、様々な自助組織障害当事者団体 (SHO) の職員研修、草の根レベルの協力を促進するための青年海外協力隊 (JOCV) 派遣、被援助国における障害者関連の政策づくりを支援するための日本人の専門家の派遣などがその例である。JICAはまた、「開発福祉支援事業」を通じて地域のNGOとも連携している。さらに、JICAは障害者インターナショナル (DPI) と連携して、アジア太平洋地域において様々な自助組織障害当事者団体のリーダーのエンパワメントを目指しを対象に社会的地位向上のための研修会を主催している。

障害者分野におけるJICAの協力は上記の通り多岐に渡るが、障害者自身当事者への権利拡大やエンパワメントを目指した支援よりはむしろ、リハビリテーションの専門家の研修やセンターの建設、理学療法士・作業療法士の派遣及びボランティア派遣や専門家派遣などの間接支援の面に重点をおいてきた。さらに、JICAには障害者支援自立支援という特定の課題に取り組むための明確な戦略がなくないために、個々のその支援が地方現場レベルで十分とうまく連携していないためもあり思うような成果を得られなかったという反省点がある。こうした状況を鑑みて、JICAはこれまで障害者関連の問題についてさまざまな調査研究を行い、障害者関連のプロジェクトを実施する上で目標は2つあるという結論に達した。つまり、障害者の「社会への完全参加」と「平等」という両面にあると結論付けた。この調査の結果に基づき、今後はより直接的な障害者の支援を実施することに重点を移し、同時に、障害者の問題を一般的なプロジェクトに組み込む事を可能にするために、現在「障害者支援の指針」を策定している。この指針では、障害者支援分野における取り組みを確立し、それを今後のJICAの障害者支援分野活動方針とすることを目的としている。

そうした「直接支援」の第一歩として、「アジア・太平洋障害者センター」プロジェクトが本年8月からタイのバンコクで始まる。このプロジェクトの総合的な目標は、アジア・太平洋地域における開発途上国の障害者のエンパワメント社会的地位向上とバリアフリーの社会を推進することにある。この目標を達成するために、センターは、特にアジア・太平洋地域において、障害に関する情報提供支援を提供し、域内関係機関と連携した研修コースを開催し、域内関係機関・グループ間のネットワークを推進し、その他センター内で実施される活動について協力機関・グループとの調整を行うものとする。さらに、今後1～2年で、JICAが特殊法人から独立行政法人へと移行するにあたって、自助組織障害当事者団体への直接支援はより容易になりがっそう簡便化され、受益者が直接JICAの支援を受けられるようになるであろう。

## **International Cooperation in the Disability Field - An Introduction**

**LAGERWALL, Tomas R.**

Secretary General, Rehabilitation International (Sweden)

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More than 10% of the population in the world has a disability. Three out of four live in developing countries. Only a small portion of the development cooperation goes to projects directly aimed for people with disabilities.

The 20% richest people in the world share 85% of the worlds total GNP (Gross National Product), while the poorest 20% share only 1,5%. A very high proportion of the poorest have a disability or are very likely to get a disability.

Many of the poorest countries are highly indebted. They have often been forced to cut their spending on health and education, which of course have a direct impact on many disabled people's lives.

While the industrialized countries as an average spend about 0,3% of their GNP there are huge variations between them. The Scandinavian countries and the Netherlands are the most committed. Japan and the Scandinavian countries have contributed to several specific disability projects.

It is fundamental that people with disabilities and their organizations have a clear role in disability programs in developing countries.

Several Non Governmental Organizations (NGOs) play an important role in providing support to people with disabilities in schools, rehabilitation centers or vocational programs. Organizations of disabled people in some industrialized countries in the North have set up organizations with the special aim to support disabled people in the South and in particular strengthening organizations of people with disabilities. Atlasalliansen in Norway, SHIA in Sweden and Fidida in Finland are some good examples.

Community Based Rehabilitation (CBR) is a concept aiming at empowering the local communities and utilizing the resources in the communities. The concept is under constant development. WHO together with the other UN agencies concerned and international disability organizations are together in a process of further improving CBR and encouraging CBR programs to cover wider geographic areas.

## 障害者分野における国際協力－序論

LAGERWALL, Tomas R.

Secretary General, Rehabilitation International (Sweden)

世界人口の10%以上が何らかの障害を持っており、そのうちの四分之三が発展途上国に住んでいる。それにもかかわらず、障害者を直接の対象としたプロジェクトには、開発協力金のほんの一部しか当てられていない。

世界の最富裕層20%の人々が世界の総GNP（国民総生産）の85%を独占しているのに対し、貧困層20%はわずか15%を占めているのみである。さらに、貧困層のほとんどは、障害者または障害を持つ可能性のある人々である。

最貧国の多くは、高債務国でもある。これらの国々は、医療や教育に対する支出を削減せざるをえず、このことはもちろん、多くの障害者の生活に直接影響を与えている。

先進工業国は、平均して、それぞれのGNPの約0.3%を支出しているが、各国の間に大きなばらつきがある。スカンジナビア諸国とオランダが最も支出している。日本とスカンジナビア諸国は、部分的に特定の障害者プロジェクトを実施してきた。

障害者およびその団体が発展途上国での各種障害者プログラムにおいて明確な役割を持つことは、非常に重要なことである。

いくつかの非政府組織（NGO）は、学校、リハビリテーション・センター、または職業教育プログラムにおける障害者支援において、重要な役割を担っている。また、「北」の先進工業国にある障害者団体のいくつかは、「南」の障害者の支援、特に障害者団体の強化を目的とした組織を立ち上げた。ノルウェーの Atlasalliansen、スウェーデンの SHIA、フィンランドの Fidida などはその代表例である。

地域に根ざしたリハビリテーション（CBR）とは、地域コミュニティの向上とそのコミュニティにおける資源活用を目的とした構想である。しかし、この構想は固まったものではなく、常に発展し続けている。WHOとその他の国連機関、および各国際障害者団体は、協力して、CBRのさらなる改善とCBRプログラムをより広い地域に広める活動を推進している。

10月22日 ご挨拶

「アジア太平洋障害者の十年」最終年記念フォーラム・大阪フォーラム  
第25回総合リハビリテーション研究大会

メインテーマ：ともに生きる地域づくり (Inclusive Society)

主催者からのご挨拶

山下 真臣

第25回総合リハビリテーション研究大会会長

関 宏之

第25回総合リハビリテーション研究大会実行委員長

「アジア太平洋障害者の十年」最終年記念フォーラム・大阪フォーラムの4つの会議の1つである「第25回総合リハビリテーション研究大会」によるご挨拶を申し上げます。

本大会は、「アジア太平洋障害者の十年推進NGO会議」の「アジア太平洋障害者の十年」推進キャンペーン (RNN) 大阪会議と連携し、

さらに、国内で進められている三つのキャンペーン

- ①「欠格条項」総点検キャンペーン
- ②「市町村障害者計画」策定推進キャンペーン
- ③「情報バリアフリーとITネットワークの整備」推進キャンペーン

と連動して開催するものです。

ここで掲げているメインテーマ「ともに生きる地域づくり (Inclusive Society)」は、障害のある人も障害のない人もともに社会を構成し、ともに当たり前の社会生活が実現されるべきだという思いを込めて四つの分科会テーマを掲げてアプローチすることにしました。

第一分科会・・・ハードルのない地域-バリアフリーを考える-

第二分科会・・・当事者性について考える-自立生活運動を通して-

第三分科会・・・障害のある人を締め出さない社会-欠格条項について-

第四分科会・・・新しい地域福祉を遠望する-「障害者プラン」の現状と「新障害者プラン」への展望-

いずれの分科会テーマも障害のある人の〈過去と現在〉を検証し、明るいく未来〉を展望しようとするもので、各分科会のコーディネーター・シンポジストの方々は、正にこの分野ではわが国のオピニオン・リーダーの方々であり、この設問に明快な展望を与えて頂けるものと確信しています。

また、午後からは、USJ (ユニバーサル・スタジオ・ジャパン) のご好意により、会場をそちらに移し、広大で複雑な敷地内の設備のバリアフリーの状況や開設以前から積極的に進めてこられた障害のある人の雇用状況を検証したり、あるいはアジアから参加されている方々との交歓の場となるようさまざまな趣向もこらしています。

「アジア太平洋障害者の十年」最終年記念フォーラム・大阪フォーラムが掲げる「障害者の権利実現へのパートナーシップ」の実現に確かな手応えをつかんでいただく第25回総合リハビリテーション研究大会になりますようお願い

10月22日 ご挨拶

おります。

なお、本研究大会は、わが国のリハビリテーションの様々な分野で活躍している専門家による全国会議として1977年に「リハビリテーション交流セミナー」として始まり、以来「総合リハビリテーション研究大会」として毎年各地で開催されてきました。

昨年の「第24回総合リハビリテーション研究大会大阪大会」では、厚生労働省の誕生で主要な課題となった「働くこと・働き続けること」をテーマに、ILO本部職業リハビリテーション専門官のBarbara Murryさんをお招きして最新のILO情報をもとにした基調講演、また、各地の現場で先進的な実践に従事されている方々によるシンポジウム・ポスターセッションを行い、総勢550人の方々の参加を得た画期的な大会でした。

このように「総合リハビリテーション研究大会」は、人間に関わる広範な分野の専門家と障害当事者が一堂に会して、<人としての望ましき (Well-Being) >とはなにかについて、リハビリテーションの本来的な語源である<全人的な復権>という視点、あるいは、包括的リハビリテーション (comprehensive rehabilitation) という視点から、参加者相互の情報交換や支援技術の伝達、地域社会における社会資源の開発や創設、などに貢献してきました。

25回という節目を迎えてさらに内容を一新して今後とも意味ある「総合リハビリテーション研究大会」を続行させて参ります。皆様のご支援・ご参加をお待ちするものです。

## **“Hurdle-Free Community – What is Barrier-Free?” – Thoughts as a Chairman**

**TSUJI, Makoto**

Osaka Spinal-cord-injured-persons' Association

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◎Participation in Welfare-Friendly Town Planning

Personal activities (social experience after discharge, authoring house design manual)

Behind-the-scenes (18 years ago: materials on advanced cases inside and outside Japan), proposals to governor (14 years ago: 1989)

Regulations Committee (establish regulations), promotional committee (realize ideals), spread (Heartfelt Building Law)

◎Recent Topics from Japan

Discontinuation of priority use system for disabled persons at TDL (Tokyo Disneyland)

Discontinuation of priority use system for disabled persons (<http://www.eft.gr.jp/gacard/>)

USJ (Universal Studios Japan) may also discontinue the system.

However, it seems that the U.S. is also considering this (some say it is because of the Japanese)

Restrictions in use of small planes for solo flights by wheelchair persons

In particular, ANA's regulations at Itami and Kansai Airports. Canada's example (changing plane design)

Daiei's car parking area for the disabled and pregnant women

They adopted this system in all their stores from May 13 (Monday) this year.

Request from JH (Japan Highway Public Corporation) regarding car park space for the physically disabled

Place signs indicating that the car park space is for the physically disabled, etc.

Establishment of new physically disabled sign (Article 71.5.3 of Road Traffic Law)

According to the revisions in the Road Traffic Law, as of June 1, 2002, when physically disabled drivers drive normal passenger cars, they are required to make an effort to place signs indicating that they have physical disabilities if their disability poses a risk of affecting their driving.

※ Like the aged driver mark (Maple Mark) other cars are prohibited from having these cars pull over at the curb or overtaking them.

※ Design of physically disabled sign Symbol of happiness “Clover mark”

The aim is a traffic environment that is friendly to disabled persons through kindness and consideration.



◎Recent comments of the physically disabled

General systematization of town planning (access and usability)

Regularization of action signal, body signal (lamp signal of drivers)

Toilet arrangements (Standardizing the left, right, front, back positions of male/female, wheelchair person)

Limitations in difficult-to-use flow path and service time rather than vagueness.

JR Kyoto Station's non-operating hours of welfare elevators

Regress to diversity through standardization of mass products

How booklets open (left-handed, right-handed versions, semi-paralysis)



**Oct. 22 NR Parallel Sessions 1 Barrier-free (NR-PS-1)**

Efforts to keep up with diversification of method of use, changes in environment, internationalization

Discounts for the disabled on toll roads and permits to park in prohibited areas cannot be used for business activities (company cars), thus impeding working opportunities. They are also not available to foreigners living in Japan. International permits are required.

For public transport discounts, systems related to single use, near distances, and use of passes is bizarre. Discrimination against foreigners

From educating proper manner to assuring use

As efficient town planning and convenience advances, intentional misuse by general users is on the increase.

Some disabled persons can also be blamed for misunderstanding systems, being selfish, sly, and inconsiderate.

With the increase in people lacking manners, morals, common sense, and good sense, there is a need for strict rules and protective barriers (strict punishments, use of machines like monitoring systems and coin car parks).

◎ Barrier-free features not only serve the disabled

- They are social assets in new communities and aging communities initiated by culture and civilization
- Why is town-planning required?

First to ensure freedom in movement (access-free), next for convenience (usability)

From dealing with special needs to convenience allowing normal use

- Changes in international concept of disability (Establishment and re-definition of international disability classification by WHO)

ICIDH = (1980) International Year for the Disability/complete participation and fairness/independence

(IL=Independent Living)

Complete participation and fairness/independence/elimination of disability

Independence of the disability (Normalization)

Promotion of social activities of disabled persons and use as resources

From reduction of social costs to purpose of living, contribution to society

Progress of science and technology and establishment of environment/difference between merit system and skill development/welfare-friendly town planning regulations

Improvement of personal and social QOL of people with severe disability

Autonomous (self-) support, empowerment

Adaptability and skill development (development/risk management and demonstration)

Barrier-free features of experience and knowledge need for accessibility (diversity/changes/acceptance/flexibility)

ICF = (2000) 2000 review/rehabilitation of all/self-realization)

Idea of temporary ability at base

What is standard? What is wholesome and soundness? (Retirement age, average lifespan, risks of accidents and adult diseases)

From barrier-free, accessibility to usability

Total rehabilitation and role model

Rehabilitation and education, and Re-

Life and Lifestyle/Self-realization and what is required to lead better life and stable life

◎Requirements of welfare-friendly town planning in the future (both tangible and intangible aspects)

- For community planning

Community amenity (Comfort)/to lead comfortable life safely and easily

For all, help each other

Risk management taking into consideration temporary ability

Ideals of safety net (life security) and social security

Communication, exchange, and association

Mixing of needs according to characteristics by type of disability and dealing with individual diversity (direction and position)

Information collection (lifestyle information, social participation information=information on using facilities, tourism, and know-how for succeeding, etc.)

Application to individual characteristics. Dealing with changes ← Basic is simple

- Need to think about;

Tendency remains for social welfare workers and disabilities to understand only the macro, and not micro aspects

Uniformity in opinions on use needs (differentiating use between universal design and special service)

Thoughts on universal design and how it is perceived

Function standards from viewpoint of users (Ample + adjustable)

Presentation of administrative principles and specification models (summary), efforts of machine manufacturers

How opinions of the disabled are incorporated (physical functions, flow, using method, psychological and behavioral skills=ADL)

- ※ The final target of total rehabilitation lies in self-realization. At the extension, skills to change the society into the desirable state for humans from experience and demonstration of leadership are required in disabled persons. **[Rehabilitation of society]**
- ※ Disabled care management method (Coordination)

## 「ハードルのない地域…バリアフリーを考える」司会として・・・

### 辻 一

社団法人大阪脊髄損傷者協会 会長

#### ◎福祉のまちづくりへの関わり

当事者としての活動（退院後の社会生活の経験、住宅設計マニュアル執筆）  
根回し（18年前：国内外先進事例の資料）、知事への提言（14年前：平成元年）  
条例検討委員会（条例を作る）、推進委員会（理想に近づける）、広げる（ハートビル法）

#### ◎最近の日本のトピックスから

TDL（東京ディズニーランド）障害のある人の優先利用配慮の廃止

障害のある人の優先利用配慮の廃止について (<http://www.eft.gr.jp/gacard/>)

USJ（ユニバーサル・スタジオ・ジャパン）も同様に廃止されそう。

但し、米国でも検討されていると聞く（日本人が原因説も）

車いす利用者の単身旅客用小型飛行機利用制限

特に、ANAの伊丹と関空の対応。カナダの例（配機を変更しての対応）

ダイエーの障害者・妊産婦専用駐車区画許可証制度

今年5月13日（月）より「障害者・妊産婦専用駐車区画許可証制度」を全店舗で導入。

JH（日本道路公団）身障者用駐車スペースについてのJHからのお願い

身障者用駐車スペースは、身体の不自由な方の専用駐車場です表示等

新しい身体障害者標識の制定について（道路交通法第71条の5第3項関係）

改正道路交通法により、平成14年6月1日から、肢体障害者ドライバーが普通自動車を運転する時に、その肢体不自由が自動車の運転に影響を及ぼすおそれがあるときには、身体障害者標識を表示するように努めなければならないとする。

※ この標識を表示した自動車に対しては、高齢者マーク（もみじマーク）と同様に、他の自動車は幅寄せや割込が禁止される。

※ 身体障害者標識のデザイン 幸福の象徴の「四ツ葉マーク」。  
やさしさや思いやりで障害者にやさしい交通環境を目指す。



#### ◎最近の障害当事者の論調から

まちづくり（アクセスとユーザビリティ）の総合的なシステム化

アクションシグナル、ボディシグナルの定例化（自動車ドライバーのランプシグナル）

トイレの配置（男性用と女性用、車いす利用者用の／左右前後の定位置化）

わかりづらいうというより、利用困難にしている動線やサービス時間の限定。

JR京都駅、福祉対応エレベーターの運転停止時間。

マスプロダクト製品の標準化による多様化への逆行

ブックレットの開き方向（右利きと左利きで左右に対応した版、半身麻痺）

利用方法の多様化、環境変化、国際化への対応

有料道路の障害者割引や駐車禁止除外証が営業（社有車）で使えないため、就労機会を妨げている。また、来日外国人は利用できない。国際的な共通パーミットが必要

公共交通機関利用割引は、単身や近距離、定期券利用の制度が変則。外国人を差別

マナー啓発から利用保障へ

まちづくりが進み、使いやすくなると共に、一般人の意図的な悪用が増えている。

障害のある人の側にも、制度やシステムへの誤解や、わがまま、ずるさ、勝手がある。

マナーやモラルや常識、良識の欠如が増えている中では、厳密なルールや守ってくれるバリア（厳しい罰則や、監

視システムやコイン駐車場のような機械的対応)が必要。

◎バリアフリーは障害者のためのものだけではない。

・文化・文明が薄く新しい社会、高齢化社会では社会資産である。

・なぜ『まちづくり』が必要か

当初は移動の自由の確保(アクセスフリー)、次に利用のしやすさ(ユーザビリティ)

スペシャルニーズ対応から、普通に使える利便性へ

・国際的な障害概念の変化(WHOの国際障害分類の制定と再定義)

ICIDH=(1980) 国際障害者年/完全参加と平等/自立(IL=Independent living)

完全参加と平等/自立/ハンディキャップの除去

障害者の自立生活(ノーマライゼーション)

障害のある人の社会的活動促進と資源としての活用

社会的コストの削減から、生きがいと社会的貢献へ

科学技術の進歩と環境整備/能力主義と能力開発との違い/福祉のまちづくり条例

より重い障害のある人の私的・社会的QOLの向上

自律(自助)支援、エンパワーメント

適応(アダプタビリティ)と能力開発(ディベロップ/リスク管理と発揮)

ソフト面のバリアフリー、アクセス化の必要性(多様性/変化/受容/柔軟性)

ICF=(2000) 2000年見直し/全人的リハビリテーション/自己実現

基底にあるテンポラリーアビリティという考え

標準とは? 健全・健常とは?(定年と平均寿命、事故や成人病のリスク)

バリアフリー、アクセシビリティから、ユーザビリティへ

トータル・リハビリテーションとロールモデル

ハビリテーションとエデュケーションと、Re-

生活と生き方について/自己実現とより良い人生と安全な生活のために必要なもの

◎これからの福祉のまちづくりに求めるもの(ハードとソフト)

・地域(コミュニティ)づくりのために

コミュニティのアメニティ(快適さ/心地よさ)/安全で楽しく生活できるように

フォー・オール(皆のために)、助け合い(互助)

テンポラリーアビリティを考えたリスクマネジメント

セーフティネット(生活安全保障)、ソーシャルセキュリティ(社会保障)のあり方

コミュニケーション(伝達)とエクステンジ(交流)とアソシエーション(交際)

障害種別の特性によるニーズの混在と個人的多様性【向き、位置】への対応

情報収集(生活情報、社会参加情報=施設利用案内、観光や成功へのノウハウなど)

個々人の特性への応用。変化への対応 ← 基本はシンプル

・考えるべきこと

社会福祉関係者も当事者も、マクロは分かってもミクロが分からない傾向が残っている

利用ニーズの意見統一(ユニバーサル・デザインとスペシャルサービスの使い分け)

ユニバーサル・デザインの考え方、とらえ方

利用者の視点にたった機能水準(必要十分+アジャスタブル)

行政の指針、要綱での仕様モデル提示/機器、機材製作製造業者の取り組み

当事者意見の取り入れ方(身体機能的、動線・利用法、心理と動作能力=ADL)

※ トータル・リハビリテーションの最終目標は、自己実現であり、その延長に、

障害のある人がその体験を活かして社会を人類にとって望ましい形に変える力を持ち、指導力を発揮することが

求められる。【社会のリハビリテーション】

※ 障害者のケアマネ手法(コーディネート)

## Issues in the Now-Familiar Information Society

SUEDA, Osamu

The University of Tokushima, Graduate School of Engineering, Department of Ecosystem Engineering

How can we secure accessibility of information in the IT society for poor people, people with disabilities, and elderly people in developing countries? This is the biggest issue in the current global community. In the United States, Section 508 of the Rehabilitation Act has been effectively enforced since June 22<sup>nd</sup>, 2001, which has greatly affected not only the United States but also Japan. And, the companies concerned and the administrative authorities have united in promoting the measures to deal with the influence. How far will the current development of IT-related equipment and the current computerization of information go ahead, while taking the accessibility for people with disabilities into consideration? I would like to survey the latest IT-related equipment and how the standards have been improved with consideration for people with disabilities and elderly people, in order to think about future problems.

### ○ Section 508 of the Rehabilitation Act

Section 508 of the Rehabilitation Act, which came into force on June 21<sup>st</sup>, 2001 in the United States, was added to the Rehabilitation Act in 1986. However, it was not legally binding. Therefore, in 1998, it was amended to become legally binding and came into force on June 21<sup>st</sup>, 2001. This Section 508 provides as follows.

- ① Unless all Federal agencies bear an undue burden, when they develop, procure, maintain, or use the electric and information technology:
  - disabled employees may use the electric and information technology as other employees do; and
  - disabled members of the public may access the information and data of the Federal Government as others do.
- ② If they find it an undue burden to meet the standards of the accessibility of the electric and information technology, when they develop, procure, maintain, or use the electric and information technology, all Federal agencies shall provide disabled members of the public who attempt to access the services of the Federal Government as stated in ① with the alternative available means.

We have also prepared the similar accessibility guideline in Japan. However, it is not legally binding. Therefore, when the same IT-related devices are produced in our country, the standards of the accessibility are applied to only those devices exported to the United States. However, the same standards are not applied to the devices produced for our domestic use.

### ○ What is Blue Tooth?

Blue Tooth is the wireless communication system for the LAN covering a small area, such as within a household. Through a wireless earpiece uniting a mike with an earphone (Refer to the right figures), you can use your voice to control not only various kinds of current communication devices, in the center of which PCs are placed, but also a lot of devices around you, including TV sets, stereo sets, CD players, digital cameras, and car stereo sets. If you say, "I want to make a phone call", the computer connected to the wireless system will ask you, "Do you want to make a phone call?" Then, if you say, "I want to call ○×.", it will put you through to ○× after saying "All right". Such an era has come just around the corner.

This Blue Tooth can provide you with a comfortable living environment. And, the current steps to connect PCs and their peripheral devices, which are hard to understand and have many wires, will not trouble you anymore. But, even with this Blue Tooth, we will face a new issue. What will happen to the people with vocal disabilities? When they suddenly become vocally disabled, how can they contact the outside world? Can we secure the safety of the living environment, which has become usual to us, while at the same time taking the





## 身近になった情報化社会における課題

末田 統

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情報化社会における情報を操作する能力を開発途上国の貧しい人々、障害者、高齢者にいかに保証するかが現在の国際社会の最大の課題である。アメリカにおけるリハビリテーション法508条の昨年6月22日からの実質的な施行は、米国のみならず我国においても大きな影響があり、その対策を関係企業と行政が一体となって進めてきた。現在の情報機器の発達と情報の電子化は何処まで障害者に配慮して押し寄せるのであろうか。最新の情報機器、障害者・高齢者に配慮した規格整備について概観し、今後の問題点を皆さんと共に考えてみたい。

### ○リハビリテーション法508条

米国で昨年(2001年)6月21日に発効したリハビリテーション法508条は、1986年にリハビリテーション法の中に追加されたものであるが、法的拘束力がなかった。そこで1998年に拘束力のあるものに改定され、2001年6月21日に発効した。この508条では、①連邦政府各機関が電子情報技術を開発・調達・保守・利用する際、各機関に過度の負担が生じない限り

- ・障害を持つ連邦政府職員の電子情報技術の利用が、障害を持たない職員による利用と変わりなくできること
- ・障害を持つ国民が、連邦政府の情報・データへ障害を持たない者の利用と変わりなくアクセスできること

②電子情報技術の開発・調達・保守・利用する際、電子情報技術アクセシビリティ基準に適用させることが各機関にとって過度の負担になる時、連邦政府機関は①に示されるような連邦政府のサービスにアクセスしようとする障害を持つ国民に対して障害者がアクセスできるような代替手段を提供すること、としている。

我国でも同様のアクセシビリティのガイドラインは作られてきたが、法的拘束力がないため、我が国で製造される同じ情報機器でも、米国向けの機器には採用されても、国内向けの機器には採用されないものがある。

### ○ブルートゥース(青い歯)とは

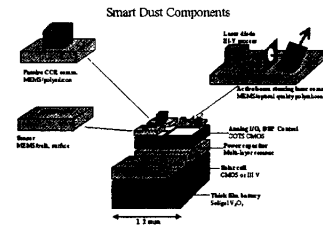
ブルートゥースは家庭内程度の狭い範囲のLANを目的とした無線情報システムである。現在のパソコンを中心にした各種情報機器に加え、テレビやステレオ、CD、デジカメやカーステレオまでもを含め多くの身の回りの機器を、マイクとイヤホンが一体となった無線のイヤピース(右図参照)を介して音声でコントロールさせることが可能になる。「電話をしたい」と言えば、無線で繋がったコンピュータが『電話ですか?』と聞いてくる。そこで「〇×へ電話をしたい」と言えば、『分かりました』と言ってでんわを繋いでくれる。そんな時代が目の前に来ている。



現在の分かりにくいコンピュータや周辺機器との接続方法や電線に悩まされることなく快適な生活環境を提供してくれるはずである。しかし、ここでも新たな課題が発生する。発声発話に障害のある人はどうなるのであろうか。突然喋れなくなった時、外部にどのように連絡すればよいのか。当たり前になった生活環境に対する安全の保証、障害者・高齢者対策は同時に進行するのであろうか。

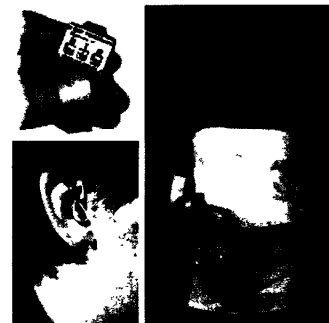
○スマートダスト (賢い塵)

コンピュータ・ネットワークとしてのLANという言葉は当たり前のように使用され、ブルートゥースと言う近距離用LANが普及するための超小型の多機能ICが開発されようとしている。スマートダストと名付けられたものは、1mm程度の大きさの中に太陽電池から光線発射装置までもを含み、頭脳をもった賢い (スマートな) ICである。このようなものが市場で当たり前のように利用されるようになると、情報機器の価格も安くなり、さらにLANが当たり前のものとなる。



○ウェアラブル・コンピュータ

薄膜技術の進歩とICのますますの小型化によりコンピュータを着て活動することが可能になってきた。衣服にセンサーを組み込み、体温、血圧、血糖値などの身体機能と共に、外気温、空気中の有害物質などをも感知して警報を発することが可能となりつつある。住宅の中も、ブルートゥースなどで一体となった情報機器で統一され、壁面は液晶パネルあるいはプラズマディスプレイで構成され、居ながらにして夢の世界に飛び込むことが出来るようになり、当り前のこととして情報の中で生活することになる。



○情報機器のアクセシビリティ保証

米国におけるアクセシビリティ保証の法的な拘束力は、計り知れない力を持っている。一方、我国における機器の規格と言えば日本工業規格JISであるが、JISには強制力はない。しかし、国や地方公共団体が購入する物はJISに準拠したものでなければならないという拘束力のある法律を作れば、JISも実質的に拘束力を持つようになる。

現在、経済産業省がアクセシビリティ基準の作成に向けた委員会を平成13～15年度の予定で設置し作業を進めている。そこには、電気通信アクセス協議会 (Web)、CIAJ (通信機器、Fax等)、JEITA (PC・周辺機器、マルチメディア製品、情報端末)、JISA (元JPSA、ソフトウェア関連団体、アプリソフト)、JBMA (事務機器、コピー機等)、日本人間工学会、家電製品協会 (デジタル家電製品) の代表者が委員として参加している。平成15年度中にソフトウェア・アクセシビリティ標準原案 (JIS原案) を作成することになっている。今後の展開に注目し、我国の障害者・高齢者が欧米に比べ10年以上遅れていると言われる現状から抜け出せることを期待したい。



## ハードルのない地域－バリアフリー・ユニバーサルデザインを考える

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高齢者や障害者とその身体的な条件にかかわらず、通常の生活と労働を行えるように社会システムを作りかえてゆく、いわゆるノーマライゼーションの流れの中で、地域や都市のバリアフリー化が進みつつある。屋外空間に関する「交通バリアフリー法」、公共的建築物の「ハートビル法」、これらの各種指針基準、自治体の「福祉のまちづくり条例」などの法律も出そろってきた。この目的は最終的には、高齢者・障害者の自立がある。

一方、ものづくりの設計思想としてユニバーサルデザインの考え方が広まりつつある。これは、すべての人が使い、すべての人に優しいデザインを意味する。ユニバーサルデザインは設計思想であり現代のわが国におけるその定義や解釈についてまだ諸説あるが、バリアフリーを根幹に据え、幅広い人を受益者とした設計を目指す流れとして定着しつつある。

ユニバーサルデザインは工業製品のものづくりだけでなく「まちづくり」の考え方に広がりつつある。従来のバリアフリーを基本に、高齢者・障害者だけでなく、妊産婦・けが人・言葉の不自由な外国人・重い荷物を持つ人・中年者など幅広い人を対象にまちづくりを行う考え方である。公共空間では第一に「公共性」-使えない人があってはならないが求められたため、ユニバーサルデザインは、本来まちづくりにおいて前提とすべきものであり、ことさらに強調せずともまちづくりの計画・設計・仕組み構築そのものであるべきである。しかしそれが今強調されるのは、従来のまちづくりが、「平均的」人間を前提とし、「声の大きい人」や突出した利害関係者に左右されがちであったことを打破し、広く市民・住民・高齢者・障害当事者のニーズをまちづくりの根幹に据える必要性の大きさを意味するものである。したがって、バリアフリーデザインとユニバーサルデザインは同じ方向を向いており、決して対立概念ではない。

まちづくりにおけるユニバーサルデザイン思想の特徴として、結果としてのデザインだけでなく、プロセスも重視せざるをえないことである。これはユニバーサルデザインが市民ニーズに立脚したものの考え方をする以上、これまでの行政における「上から」の事業プロセスではなく、当事者・生活者の目線にたった「下から」のまちづくりのプロセスを基本にするということである。いわゆる「参加型」のまちづくりである。計画者・設計者が多様なニーズを当事者の生活の中ですべて把握することは不可能である。また、質の高いまちづくりとは、人々の五官に立脚したキメ細かいまちづくりである。当事者参画なしのユニバーサルデザインまちづくりはありえない。筆者はいくつかのターミナルやみちづくりにおいて、当初からユニバーサルデザインを前提とするプロジェクトにかかわってきたが、当事者参画の有効性がその中で確認されている。プロセス論としていまひとつ重要なのは、行政や専門分野の垣根を取り払い、横断的・統合的な計画・設計を行うことである。これもまたユニバーサルデザインを目指すならば当然であるが、現在の行政の仕組みを越えることになり大きな課題である。

ユニバーサルデザインにおける当事者参画に関し、キーワードを以下に記す。

### ①当事者参加が必要な理由

・多様なニーズ、・五官のニーズ、・サービスの質向上、・広範な合意形成、当事者の技術知識、・計画者設計者の当事者知識

### ②当事者参加の方法

・計画設計への直接参加、・アンケート、・ヒアリング、・構想から事後評価までの当事者参加、・ワークショップや交通実験への参加、・パブリックインボルブメントの諸方法、・インターネットの活用（今回は実施できなかった）

## Abstracts

### 10月22日 総合リハ分科会 1 バリアフリー (NR-PS-1)

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#### ③当事者理解の工夫

- ・アンケート等諸調査、・高齢者障害者体験プログラム、・討論と学習、マップやデータベースづくり、プレゼンテーションなど

#### ④今後の課題

- ・ニーズの把握法、・代表者の選出、・総合調整、・意思決定の方法、・当事者の専門的知識醸成、・計画設計と評価の区分、・時間スケジュールなど

#### ⑤当事者参加で望まれること

- ・計画者・技術者：技術レベルの向上、模倣ではなく創意工夫する気力と能力、当事者を理解する姿勢
- ・当事者：自分の要求の明確化、当事者の代表能力、計画や技術を理解する姿勢
- ・コーディネーター：総合的知識、調整能力、双方からの信頼

筆者は近年、バリアフリーを現場で達成し、ユニバーサルデザインを志向しようとする最前線にいる。共通しているのは、当事者・住民参加、行政や技術者の創意工夫、合意形成、バリアフリー概念の拡大、ユニバーサルデザイン、地域活性化などのキーワードである。これらの取り組みはまだ端緒についたばかりであり、これらの成功・失敗・教訓をいかし、各地で新しい質を持つ計画・設計事例が輩出することを期待する。

## My Internet Experience of a Person with an Auditory Disability

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Shimizu Corporation

The thing that has changed the information environment of the auditory disabled vastly is none other than the Internet. Thanks to the Internet, it is now easy for us to obtain and use information.

In the past, the auditory disabled only had newspapers and books to rely on for obtaining general information. For news flashes and the like, we could only get such information via sign language interpreters or communicating with normal people by writing. The birth of the Internet has therefore been revolutionary to the auditory disabled.

My first encounter with the Internet was with e-mail. Until then, we could send and receive messages by becoming members of computer online services. However, this was limited to within the country and between members only. Today, we can send and receive messages openly and between different providers. The Internet was started in the U.S. Coincidentally, my brother-in-law had been studying in the U.S. and he sent me a message which we now call e-mail. I remember staring at the e-mail address with the @ mark in between which we are all now so used to today. This was my first encounter with the Internet. This was in 1991. We continued to contact each other in this form to prepare for my family's visit to the U.S. After that, text-only messages started to come with drawings and photographs, developing into what we know today as web sites.

Because it is a custom for me to read the papers, I would usually bring a note PC with me when I go abroad since no Japanese news is usually available outside the country. The note PCs in the past were very heavy and the communication conditions were bad. Still I was always adamant in bringing my note PC on my overseas trips. However I remember how delighted I was to be able to watch the news in real-time in the country I was staying despite the time difference with Japan. With the rapid advance of PC technology, note PCs today are growing thinner and lighter by the moment, and we can carry them with us virtually anywhere we go with much ease. Telecommunications are also becoming more and more accessible abroad with increasing overseas access points and inexpensive communication fees. Two years ago, I had the opportunity to go on a long overseas trip and I brought along the latest PC available with me. I was able to connect it to the telephone in the hotel and watch Japanese news, make reservations for my next hotel on the Net, as well as browse local information. At that time, the dispute in Israel was worsening day by day, and I received e-mail from my wife in Japan asking me not to go there. I remember trying to decide whether to go or not by watching the conditions in Israel on the Internet. I also remember not only sending text-only messages by e-mail but also pictures which I had taken locally on my digital camera. The Internet helped to promptly convey to my family and friends that I was fine and the local conditions, assuring them of my well being a great deal. In the past when the Internet was not available, all we could do was to make expensive international calls or to write postcards to those at home. Being unable to communicate on the telephone, the postcard was my only means for communicating. Not knowing what was going on in Japan, I felt a bit like being stranded on an island at one point. When I was a teenager, I also had the opportunity to go on a long trip for one month. Upon returning home, I read a month's worth of newspaper to make sure I knew what was going on. If I think about that period, I truly feel the passage of time.

The power of the Internet soon made its way into my workplace. Our company is a global one, with many

branches and sales offices around the country, as well as overseas. There seems to be nothing as efficient as the Internet for integrating and sharing information, and thanks to the Internet, we are now able to exchange information by e-mail and on our web site using the company's information communication network running through our branches and sales offices in Japan and abroad. This is the so-called Intranet, which means internal Internet. In my own work, I ask for far less telephone substitutes. Everything can be done via e-mail. I can also now get hold of any in-house information I want, and I am no longer plunged into the information isolation that I used to find myself in.

With the progress of Internet technology, cellular telephones now also come with e-mail functions. This was in 1999. Today telephone e-mail is very popular amongst the auditory disabled because we can be reached immediately anyway in place of the telephone. Sadly, we still cannot send and receive e-mails over cellular phones internationally. This is because Japan adopts a different communication standard that can only be used in this country. Though they say it will become possible with the next generation system, nobody knows when this will be.

With the further progress of Internet technology, the greatest wish of the auditory disabled would of course be the TV telephone, and it seems this may be realized in the not too distant future. It will allow us to communicate with each other by sign language face to face. What is appealing is, just like talking over the phone, we will be able to say what we want to say instantaneously. I think not only the auditory disabled but also the non-disabled alike therefore eagerly await TV telephones, because we can tell if the other person is well or not.

The CATV combined with the Internet is helpful to the auditory disabled as an emergency communication system in times of disasters. With this 24-hour system, when an emergency situation due to disaster occurs, the CATV lines of administrative offices and those at home are used to automatically turn ON the home TV immediately and make the necessary announcement. One wonders why the system is not as popular as expected. Though budget may be a problem, I hope they will realize the system as soon as possible.

In a way, the Internet is an information revolution to the auditory disabled. Thanks to the Internet, our chances of acquiring information have been increased extensively.

#### Resume of Presentation

1. My Experience with the Internet as an Auditory Disabled Person
2. Uses and Acquisition of Information by the Auditory Disabled
3. Information Assurance

## インターネットに出会った聴力障害の私の体験

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聴力障害者に取り巻く情報環境を大きく変化させてくれたのはなんと言ってもインターネットだ。インターネットのおかげで情報入手と活用がたやすくなった。

昔は一般情報を入手するには新聞や本だけが頼りであった。速報的な情報は手話通訳又は健聴者による筆談を介してしか得られなかった。インターネットの出現は聴力障害者にとってはまさに画期的であった。

私が初めてインターネットに接したのはE-mailであった。以前はパソコン通信会社の会員になれば、メッセージを送信したり、受信したりすることが出来た。これは日本国内で、しかも同じ会員同士でなければならなかった。今は、違うプロバイダーであってもオープンにメッセージの送受信ができるようになっている。インターネットの始まりはアメリカからであった。義弟がアメリカへ留学していて、そこから私宛にE-mailなるもののメッセージが送られてきた。今は見慣れているあのE-mailの@マークが付くアドレスに目を凝らしていた。これがインターネットとの出会いの始まりであった。1991年だった。わが家族が訪米のため、連絡を取り合っていたのだ。以後、文字だけのテキスト形式から図入りと写真が見られる形式、つまりホームページなるものに発展してきた。

新聞購読が習慣の私は、海外に行くと日本のニュースが見られないので、ノートパソコンを携帯して行くことにしている。あのごろはノートパソコンが重いし、通信状況が悪い。それでも携帯していく、とんでもない私であった。しかし現地で日本と時差がなく、ニュースがリアル的に見られたので、喜んだ覚えがある。パソコン技術がめざましく、ノートパソコンが薄くなって軽量なものになって、今や携帯しやすくなっている。通信の方も海外アクセスポイントが増えて通信料が安くなっている。二年前、海外へ長期旅行に行く機会があって最新のノートパソコンを持って行った。ホテルで電話と接続してインターネットで日本のニュースを見たり、次の滞在先のホテルを予約したり、現地での情報を見たりしていた。とりわけ、イスラエル紛争が激しくなっていて、日本にいる家内よりあの国へ行かない方がいいとE-mailをくれたり、インターネットでイスラエルの状況を見ながら行くか否かを判断できたりした。それからE-mailでテキスト文章ばかりでなく、現地で撮ったデジカメの画像のデータも入れて送信した。家族や友人も私が元気であること、現地での状況がすぐさま、よくわかって安心したと思う。昔だったらこういうものではなかった。割高な国際電話をかけたり、葉書を出したりして近況を知らせるしかなかった。まして電話通話ができない私にとっては、葉書しか知らせる手段がなかった。日本での出来事がわからず、一時浦島太郎の感があった。二十代ごろ、1ヶ月間の長期旅行に出かけたことがあって、帰国すると1ヶ月間溜まっていた新聞を読んで話題ずれしないように努めていた。あのごろを思えば、まさに隔世の感があった。

インターネットの威力が私の勤務先にも押し寄せて来た。私の会社は全国に支店、営業所がたくさんあり、もとより海外にもあり、国際的な規模にまたがっている。情報の一元化、共有化を図るにはインターネットがきわめて効率的で、社内に情報通信網を国内、海外にも張り巡らせてE-mail、ホームページで情報交換を行えるようになっている。いわゆるイントラネットというもので内部インターネットの意である。私の仕事も電話代替の依頼がめっきり減り、E-mailですむようになっている。社内の情報もありとあらゆる、分かるようになって情報の孤立に至らずにすむ。インターネット技術の進歩により、携帯電話にもE-mail送受信ができる機能がつくようになった。1999年だった。聴力障害者にとっては、電話通話の代わりにいつでもどこにいてもすぐにつながりやすいため、爆発的に普及している。しかしながら、国際間になると携帯同士でE-mail送受信ができない。なぜなら日本でしか使えない独自の通信規格であるため。次世代になれば可能になると言われるが、いつになるやら。

インターネット技術が更に進めば、聴力障害者にとっては究極の望む所は何と言ってもテレビ電話であって、実用化は間近である。顔を合わせて手話で会話することが出来る。電話通話と変わらず、瞬間的に言いたいことを伝え合うのが魅力的である。聴力障害者だけでなく、健聴者も望む所であろう。相手の顔が元気であるか窺い知ることが出来るから。

インターネットと融合したCATVは災害緊急連絡体制として聴力障害者にとっては役に立つもの。常時24時間体制で災害緊急発生が出たときに官庁と家庭とのCATV回線を利用してすぐに家庭のテレビが映し出されて強制的に知らせる仕組み。なぜか、まだ普及していない。予算もあろうが、至急を実現するよう、望むところである。ある意味でインターネットは聴力障害者にとって情報革命だと言える。インターネットの恩恵で聴力障害者の情報獲得を大幅に可能にしてくれる。

講演のレジュメ

1. インターネットに出会った聴力障害の私の体験
2. 聴力障害者の情報活用と入手
3. 情報保障

## Thinking about Participation - Independent Living -

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### 1. Independent living started when people with disabilities stood up.

#### 1970s: People with disabilities came on stage as the main body of social movement

①1970 – Fledgling years of independence and liberation movement for the people with disabilities, and movement against obligatory attendance to school for the disabled.

Since late 1960s, they were engaged in indictment and condemnation of discriminations against people with disabilities.

The fight against Fuchu Ryoiku Center (Community Care Center of Disabilities); the Araki Lawsuit; Ohara Case etc.

1970 “Blue Grass Group (Aoi Shiba no Kai)” in Kanagawa criticized the movement among the general public to plead for the reduction of the sentence to a mother who killed her handicapped child. They became aware of their position as “ones whose existence is supposed to be denied” and began to speak out.

In 1973, They introduced mainly in the areas around Kansai a campaign called “As a breeze let's go out in town”, and held a national wheelchair public meeting in Sendai.

At the same time, there arose a movement calling for integrated childcare and integrated education.

1979 Attendance to school for the disabled became obligatory. –The year before, protest movement gathered stream on a nationwide scale.

The epochal significance of 1970s, represented by these movements, is that people with disabilities appeared on the scene as the main body of social movement for the first time in Japanese history. Furthermore, the decade was characterized by a new idea which deviated much from “protection and rehabilitation,” advocating outstanding assertions as follows.

- “Self-reliance” – Self-assertion and establishment of independence of people with disabilities
- “Liberation” – not from “disability” but from “discrimination against people with disabilities”
- “Independent life in local areas” rather than “protection and isolation.”

1980s: International Year of Disabled Persons, community-based movement, grass-roots international exchanges grew

- 1981 was the International Year of Disabled Persons, and in that year the founder of the independent living movement in the U.S., Ed Roberts visited Japan. In 1983, Japan U.S. seminars for independent living were held throughout the Nation. Judy Human and Michael Winter visited Japan. In 1981, DPI (Disabled Peoples' International) was formed, and centers for independent living began to spread around the world.

**Oct. 22 NR Parallel Sessions 2 IL (NR-PS-2)**

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• Regional activities to support the development of independent living were carried out. As a rare system that can be used by a grass-root NPO organization for, of and by mentally disabled persons, which does not have corporate status. "Sagyo-sho" movement was actively pursued.

As an association of regional grass-root movement, activities of "Osaka Liaison Conference for independence and full participation by people with disabilities" became active. From then on, every year, it held all-round negotiations with Osaka Prefecture and Osaka City with two to three hundred people present.

1986 Japan National Assembly of Disabled People's International was formed. The first full-scale center for independent living, Human Care Association (Hachioji, Tokyo) was established.

In 1988, on the occasion of the International Conference of RI (Rehabilitation International) held in Shinjyuku, Tokyo, an international solidarity meeting of people with disabilities movement was held, which called for "break-away from the control by professionals", and a demonstration for accessible transit was staged. (From then on, a demonstration for accessible transit is held every year, participated by more than 3,000 people around the nation, it's a big rally.)

1990s: ADA shock, welfare city planning, and rise of People First movement

1990 In the U.S. ADA was enacted. Japan Council on Independent Centers (JIL), a nationwide body of centers for independent living, was set up.

1991 Friends from People First visited Japan. Activities of intellectually disabled people became active. Osaka City introduced a lift bus to its regular route.

1992 Osaka Prefecture enacted its "Welfare City Ordinance" ahead of all other local governments. The guide-helper scheme for the intellectually disabled people started.

1993 The Fundamental Law for Persons with Disabilities was enacted. The definition of "disabled persons" in the law included mental disability.

Osaka Prefecture and Osaka City formulated a "new long-term plan for the people with disabilities."

Osaka City Subway's first plan for elevator installation (Now it is under the second plan. In five years, 80% of about a hundred subway stations can be accessed using elevators.)

With respect to Yamatogawa Hospital case Incident, the hospital was indicted by Osaka Human Rights Center of Metal Health, an NPO organization.

1994 An independent living support center, Peer Osaka, was set up in Tatehayakawa Welfare Center, Osaka City Osaka Municipal Hayakawa Welfare Center.

1995 The Government Action Plan For Persons with Disabilities (Normalization Plan).

1996 Local governments' life supporting business for the disabled started

1997 Osaka City's supporting plan of people with disabilities. Development of independent living is clearly described in the plan.

2000 The Barrier-Free Transportation Law was enacted and enforced. The Social Welfare Services Act was enacted. The new "Shienphi" scheme to support the disabled will start in 2003.

2. Shift in Paradigm from "protection/ rehabilitation" to "independence/ rights" , and the roles of the people with disabilities concerned

It is about time to discuss internationally the convention of the rights of the disabled, and domestically anti-discrimination law for the disabled. We should switch from the basic framework that has continued to exist since the



**Oct. 22 NR Parallel Sessions 2 IL (NR-PS-1)**

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postwar period, where measures are taken on the assumption that people with disabilities should be protected and rehabilitated, to a new framework where “independence and rights” is the basic viewpoint.

We have come to a stage where we should give shape to normalization and inclusion, in stead of merely leaving them at the idea level (for example, make arrangements for “deinstitutionalization and supporting community life of the disabled”, inclusive education based on integration in principle). How should we overcome the misalignment between the general argument and specifics (especially education and labor), which were observed in the first fundamental plan for people with disabilities and the Government Action Plan for Persons with Disabilities?

While advocating normalization, the number of institutions increases under the Japanese measures and policies for people with disabilities. Its is strange but true. We should steadily advance the policy of deinstitutionalization and community life support.

With respect to welfare services, when the new “shienphi” scheme to support the disabled is about to start and nursing care insurance will be reviewed, social participation of the disabled will become an important point.

From the present dualistic situation of “general employment if fitting in with the general labor market” and otherwise “humanitarian employment” to a new framework where those willing to work will be basically provided with the employment opportunity and supported. (from “start to work when support has become unnecessary” to “work while receiving support”)

How should barrier-free transportation and building or information technology be promoted from the viewpoint of rights of the disabled? Here, it is important that people with disabilities should participate from the stage of review and designing.

Internationally NGOs like DPI and in Japan NGOs for, of and by mentally disabled persons will have more important roles in the future.

## 当事者性について考える－自立生活

尾上 浩二

DPI日本会議事務局次長

### 1. 当事者の立ち上がりから始まった自立生活

#### 1970年代 社会運動の主体としての障害者の登場

①1970年代－障害者の自立・解放運動の芽生えと養護学校義務化反対運動

1960年代末～障害者差別を告発・糾弾する取り組みが進められる

・府中療育センター闘争、荒木裁判、大原訴訟等など

1970年 神奈川青い芝の会・「障害児殺し滅刑嘆願運動」に対する批判を展開

「あってはならない存在」とされる障害者の立場の自覚と自己主張を開始

1973年 関西を中心に「そよ風のように街に出よう運動」の展開、全国車いす市民集会の開催（仙台）

同時に、共同保育、統合教育を求める動きが始まる

1979年 養護学校義務化－その前年に反対運動が全国的に盛り上がる

これらの運動に代表される1970年代は、日本の歴史において障害者自身が社会運動の主体として登場し始めた点に画期的な意味があり、さらに、それまでの「保護・更生」という理念に、以下のような点で際立った主張を提起した点に特徴がある。

- ・「自立」－障害者自身の自己主張、主体性の確立
- ・「解放」－「障害からの解放」ではなく、「障害者差別からの解放」
- ・「保護・隔離」ではなく、「地域での自立生活」

#### 1980年代 国際障害者年と地域運動、草の根の国際交流の高まり

- ・1981年国際障害者年の時に、アメリカの自立生活運動の創始者エド・ロバーツが来日。1983年には日米自立生活セミナーが全国各地で開催。ジュディ・ヒューマンやマイケル・ウィンターが来日。1981年に、DPI（障害者インターナショナル）が結成され、全世界的に自立生活センターが広がってくる。
  - ・自立生活を展開していく地域運動が展開。法人格を持たない草の根・NPOの障害当事者組織が使える数少ない制度として「作業所」運動が盛んになる。
  - ・地域の草の根運動連合として、「障害者の自立と完全参加を目指す大阪連絡会議」の活動が活発に。以降、毎年、大阪府・大阪市と2～300名規模のオールラウンド交渉
  - ・1986年DPI日本会議結成。日本で初めての本格的な自立生活センター＝ヒューマンケア協会（東京・八王子）が設立される。
  - ・1988年に東京・新宿で開催されたRI（リハビリテーション・インターナショナル）国際会議の際、「専門家支配からの脱却」を訴えて障害者運動の国際連帯集会和交通アクセスデモ（以降、毎年、交通アクセス行動、全国で3000人が参加する大行動に）
- 1990年代ADAの衝撃と福祉のまちづくり・ピープルファースト運動等の高揚
- 1990年 アメリカでADA制定。自立生活センターの全国組織＝JILが結成される。
- 1991年 ピープルファーストの仲間が来日。知的障害者の当事者活動の活発化へ

10月22日 総合リハ分科会 2 自立生活 (NR-PS-2)

- 大阪市営の一般路線バスにリフト付きバスの導入
- 1992年 大阪府「福祉のまちづくり条例」を全国に先駆けて制定  
知的障害者ガイドヘルパー制度発足
- 1993年 障害者基本法成立、障害の定義の中に精神障害者。  
大阪府・大阪市 「障害者新長期計画」策定  
大阪市地下鉄第一次エレベーター設置計画（現在第二次計画。5年後には100余りの地下鉄駅の8割がエレベーターでアクセス可能に）  
大和川事件に対してNPO組織・大阪精神医療人権センターが告発・追及へ
- 1994年 大阪市立早川福祉会館の中に自立生活支援センター・ピア大阪設立される。
- 1995年 障害者プラン（国）
- 1996年 市町村障害者生活支援事業発足
- 1997年 大阪市障害者支援プラン。プランの中に自立生活センターの展開が明記される。
- 2000年 交通バリアフリー法成立－施行 社会福祉法成立－2003年から支援費制度へ

2. 「保護・更生」から「自立・権利」へのパラダイム転換と当事者の役割

- ・国際的には障害者権利条約、国内的には障害者差別禁止法制定などが日程に登る時期。戦後以来続いてきた、障害者を「保護・更生」の対象とみなした上で施策を展開するという基本的枠組みから、「自立・権利」を基本視点とした枠組みへの転換を
- ・理念レベルで語られてきたノーマライゼーション、インクルージョンを理念レベルにとどめずに具体化していく段階に来ている（例えば、「脱施設・地域生活支援」や原則統合に基づくインクルージョン教育が進む仕組みに）。その点から、第1次の障害者基本計画や障害者プランに見られた、総論－各論のズレ（特に、教育と労働）をどう克服していくか。
- ・ノーマライゼーションを掲げながら、入所施設が増えていく日本の障害者施策の不思議さ～脱施設・地域生活支援が着実に進む展開を
- ・福祉サービスをめぐっては、支援費制度～介護保険の見直しを含む時期の中で、障害者の社会参加サービスが一つのポイントになる。
- ・これまでの「一般労働市場に乗る者は一般雇用」「それ以外の者は福祉的就労」の二元論的な状況から、基本的に働きたいという意志のある障害者への就労機会の確保と支援の仕組み（「支援が要らなくなったら働く」から、「支援を得ながら働く」へ）
- ・交通や建築物のバリアフリー、IT分野でのバリアフリーの推進について、いかに権利の視点から進めていくか。また、検討、設計段階からの障害者参画の重要性
- ・国際的にはDPIなどのNGO、国内的には自立生活センターなど当事者中心のNPOの役割がますます重要な役割を担うことになる

## **Roles so far Played by the Independent Living Center and People with Disabilities**

**HIGUCHI, Keiko**

Japan National Assembly of Disabled Peoples' International

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The desire of people with disabilities to "live an ordinary life" has helped reform our society.

**I. The UN General Assembly proclaimed 1981 as the International Year of Disabled Persons with "Full participation and equality" and "Equalization of opportunities" as the theme.**

At the first DPI World Assembly held in Singapore in 1981, we gathered together with people with disabilities from all over the world and brought together "voices of our own."

Study in America Leader's Program for the disabled (Let's Expand the Circle of Love Movement Foundation, started in 1981)

People with disabilities empowered by training in independent living centers

Japan-U.S. Independent Living Center Seminars held in 6 sites in Japan in 1983

Human Care Association (Hachioji, Tokyo) established in 1986.

**II. The objective of the independent living center**

To change the concept of independent living, from "independent living concerning personal health care" and "economically-independent living" to "the execution of right of self-determination" and to live a life of one's own choice.

To be an organization controlled mainly by parties concerned with more than 51% of the management staffed by people with disabilities.

People with disabilities serve as the head, the secretary and others as representatives of the center to handle social aspects of the operation.

An entity that offers needed service, which only those who enjoy the service can offer suitably and properly.

An active entity that tries to realize systems and social environment needed to live an ordinary life (Negotiations with ministries and agencies; protest movements).

**III. Details of activities of the independent living center**

Peer counseling

Independent living program

Service to dispatch visiting assistants to provide home care

To offer consultancy service concerning systems, income, house remodeling and to help find a place to live

Transfer service and others

**IV. Achievements of the independent living center**

It has grown out of its original position as just a special form of medical service into the core of regional welfare service.

① From the receiver of treatment, training, education, and guidance service to a proactive existence

② Taking advantage of the position as the receiver of the service, it has become the flag-bearer of the welfare service and is offering a service that satisfies real needs.

③ It has established a particular domain only people with disabilities can create, and has become a group of specialists called "people with disabilities."

*Oct. 22 NR Parallel Sessions 2 IL (NR-PS-2)*

It has successfully made the peer counselor a social existence as well as part of a national project.

- ① Now people with disabilities have confidence and can assert themselves.
- ② The experience as people with disabilities has proved to be an effective tool to support fellow people.
- ③ Disadvantages associated with disabilities are not something personal. They are barriers set by the society: The center helped make this way of thinking conventional and has led the reform of society (Liberation from systems, environment, prejudice, and discrimination).
- ④ The understanding that the existence of peer counselors is essential and empowers the disabled more effectively than the advice and information from professionals that has become pervasive.

Conversion from family-based and/or facility-based welfare to regional welfare that gives priority to right of self-determination

- ① While promoting a national network of business entities that offer related services, it has worked to improve the existing system in order to make it more user-friendly, including the elimination of the upper limit concerning home-helper dispatching and self-recommended registered home-helpers.
- ② It has successfully established a system that is capable of offering a service 24 hours a day, 365 days a year, which effectively defies excuses the administration tends to make.

Legislating of the removal of barriers from buildings and public transportation systems.

- ① It has gained capabilities to make policy-related proposals through the solidarity of fellow people living in the local community: participation in local assemblies; committee members in charge of the improvement and inspection of local care management systems for people with disabilities; requests for the development of town planning and the designation of members to discuss welfare measures.

V. Future of the independent living center

Among the members of Japan Council of Independent Living Centers, which loosely consolidates 110 groups all over Japan, as many as 30 groups have succeeded in being entrusted with municipal support business for people with disabilities.

The members of the Council are confronted with situations such as the transition to the Assistance Payment system, which is scheduled to start next year, perpetually feeling as if they were being washed away by a tidal wave. Besides, recently, there are cases in which some of the leaders of the centers are collapsing. Even in a favorable situation where some of the independent living centers are entrusted with home-helper dispatching business from local authorities, cases of overwork of leaders and peer counselors are increasing, as their work forces them to keep working and prevents them from working at their own pace.

What should the independent living center aim at? Does it need reorganization after the detailed review of its original business?

We should get ready for the upcoming transition to the assistance payment system by establishing independent living centers throughout Japan and setting up groups that offer a service that satisfies qualitative and quantitative needs from the viewpoint of the people concerned.

For a society in which each one of the society members can have confidence and dignity in self-existence.

What should we do and what do we desire to do in order to live with a sense of safety and freedom of choice?

It is urgently needed to develop capable human resources in order to establish a nationwide network.

10月22日 総合リハ分科会 2 自立生活 (NR-PS-2)

## 自立生活センターと障害当事者が果たしてきた役割

樋口 恵子

DPI日本会議

障害者の「あたりまえに生きたい」という思いが社会を変えてきた

### I. 国際障害者年「完全参加と平等」「機会の均等化」をテーマに '81～

世界の障害者と一堂に会した第1回DPI世界会議（'81シンガポール）で“我ら自身の声”を結集  
障害者リーダー育成米国研修（'81～広げよう愛の輪運動基金）自立生活センターで研修を受けてエンパワされた障害者

日米自立生活セミナー '83 全国6カ所で

ヒューマンケア協会（東京八王子市）スタート '86～

### II. 自立生活センターが目指したもの

自立の概念の変更「身辺自立」「経済的自立」ではなく、自己選択による生活「自己決定権の行使」

最高決定機関の51%以上の障害当事者がいる当事者主体の組織であること

代表・事務局長など社会的な顔と頭脳を障害者がになっていること

「サービスの受け手」だからこそわかる、欲しいサービスの提供事業体

生活をする上で必要な制度や社会的環境を求める運動体（行政交渉や抗議行動）

### III. 自立生活センターの活動内容

ピアカウンセリング

自立生活プログラム

介助者派遣サービス

制度・所得・住宅の紹介・改造などの相談事業

移送サービスなど

### IV. 自立生活センターが果たしてきたもの

医療モデルから脱却し、地域の福祉サービスの核になった

① 治療・訓練・教育・指導される受け身の存在から、主体的に生きる存在へ

② サービスの受け手であることを強みにして、福祉サービスの担い手に取って代り、ニーズに応じたサービスの展開

③ 障害者だからこそできるという領域を築き、“障害者”という専門家になった

ピアカウンセラーを社会的な存在として国の事業の中で位置づけた

① 自分に自信を取り戻し、自己主張ができる障害者になった

② 障害者としての体験が仲間をサポートする有効な方法になった

③ 障害による不利益は個人的なものではなく、社会の側にある障壁だという認識を定着させ、社会変革（制度・環境・偏見・差別からの解放）の担い手になった

10月22日 総合リハ分科会 2 自立生活 (NR-PS-2)

④ 専門家の助言や情報より、ピアカウンセラーの存在が障害者のエンパワメントに不可欠だという認識が広まった

家族型福祉・施設型福祉から自己決定権を重視する地域福祉への転換

- ① サービスを提供する事業体の全国拡大を進めながら、ヘルパー派遣の上限を取り除き、自薦登録ヘルパーなど使いやすい制度へと認めさせてきた
- ② 一日24時間、365日必要ときに必要な援助が提供できる体制を作れたことで行政のいいわけを許さなくなった

建築物・公共交通機関のバリア除去の法制化

- ① 地域で生活する仲間の連帯から政策提案の力をつけてきた 地方議会への参加や、各地の障害者ケアマネジメント体制整備検討委員、まちづくりや福祉施策審議委員などの要請

V. これからどうなる自立生活センター

全国の110団体が緩やかに連帯した全国自立生活センター協議会の中で、市町村障害者生活支援事業を受託した団体が30団体になっている。

来年からの支援費制度への移行など、常に目の前に大波が押し寄せてくるような焦燥感と、近年自立生活センターのリーダーが倒れている現実。

ヘルパー派遣を行政から受託した自立生活センターも出てきたなどの状況の中、自分たちのベースでなく、動かざるを得ず、リーダーやピアカウンセラーたちの過重な働き方は加速される一方になっている。

自立生活センターはどこに向かっていくべきなのか。本来業務の精査をして再編成すべきなのか。

全国にくまなく、自立生活センターの立ち上げをし、当事者の視点でニーズに応じた量と高い質のサービス提供団体を作ることで、支援費制度の移行に備える。

誰もが自分の存在に自信と尊厳を持って、生きられる社会のために。

安心感と、選択と自由を自分のものにして生きていくために、今、何をすべきなのか、何をしたいのか。

全国をネットワークしていくためにも人材養成が緊急の課題。

## The Current Situation of Independent Living and its Outlook

**YAGI, Saburo**

Chairman, Tenri City Union of Groups for the Welfare of Disabled Persons

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### 1. Change in the social environment surrounding disabled persons

#### Enactment of laws concerning the welfare of disabled persons

- 1949 (S24) The Law for the Welfare of People with Physical Disabilities
- 1960 (S35) The Law for the Welfare of People with Mental Retardation  
(Currently, The Law for the Welfare of Mentally Disadvantaged Persons)
- 1970 (S45) Fundamental Law for People with Disabilities
- 1993 (H5) Basic Law for Persons with Disabilities
- 1996 (H8)~ The Government Action Plan for Persons with Disabilities  
"A Seven-Year Strategy to Achieve Normalization"

#### Actions taken by public agencies

- 1952 (S27) Rules stipulating fare reduction for persons with physical disabilities
- 1973 (S48) (First year of Welfare)  
Wheelchair users were permitted to ride a train alone.  
(Ministry of Transport)  
Elimination of the difference in level of sidewalks and driveways; Guideline for guidance blocks  
(Ministry of Construction)  
Guide dog users were permitted to ride a train.  
(Ministry of Transport)  
A Welfare-oriented City for Disabled Persons that serves as a model  
(Improved living environment with a population of 200,000)
- 1975 (S50) To ride a train with a disabled child in a baby buggy was permitted.  
(Ministry of Transport)  
Establishment of a system to provide subsidies for the remodeling of cars for severely handicapped people  
(Ministry of Public Welfare)
- 1978 (S53) Wheelchair users were permitted to ride a route bus.  
Guide dog users were permitted to ride a route bus.  
Electric wheelchairs were designated as an approved supportive device (Ministry of Public Welfare)  
Rules that regulate "no parking" areas no longer apply to persons with disabilities. (Police)
- 1979 (S54) Expressway toll was made half the usual amount for those with physical disabilities.  
(Ministry of Construction)
- 1983 (S58) Use of Braille in the facilities of the National Railway was made mandatory.
- 1994 (H6) Heart Bill Law
- 2000 (H12) Traffic Barrier-Free Law



*Oct. 22 NR Parallel Sessions 2 IL (NR-PS-2)*

**Civic Movement**

- 1970 (S45) Assembly of citizens in a wheel chair  
(National Assembly held in Sendai)
- 1980 (S55) National Assembly of the handicapped (Kyoto)  
Pre-National Assembly
- 1989 (H1) International Symposium to build welfare-oriented cities (Kyoto)
- 1992 (H4) Forum commemorating the last year of "the UN Decade of Disabled Persons"

**International Movement**

- 1975 (S50) Declaration of Right of Disabled Persons
- 1978 (S53) Revision of the Rehabilitation Law (the US)  
(Regulations demanding support for independent living)
- 1981 (S56) UN International Year of Disabled Persons  
"Full Participation in the Society and Equality of Disabled persons"
- 1983 (S58)~ UN Decade of Disabled Persons
- 1990 (H2) Americans with Disability Act, the US
- 1993 (H5)~ Asian and Pacific Decade of Disabled Persons  
Standard Rules for Equalization of Opportunities for Disabled Persons

**2. Independence of Disabled Persons**

- Independence
  - Personal
  - Mental
  - Occupational
  - Economical
  - Concerning activities of daily living
  - Social

**Independence as the principal player of his/her own life**

Independent Living Movement (1972, Berkley, California) in the US had an impact upon disability movements in Japan

- 1986 (S61) Support Center for Independent Living was established in Hachioji

Independent living for severely disabled persons, such as persons with acroparalysis, means to live a life, while enjoying support from care providers and supportive devices, as a mentally unrestricted responsible individual. (1982 Report of the Welfare Council for People with Physical Disabilities)

**3. What the future holds**

- Normalization and participation in the society
- Empowerment and barrier-free society
- Independence of mind; respect for self-actualization; support

Remarks: S (H) in the parenthesis right behind the year stands for Showa (Heisei).

Accordingly, S24 means the 24<sup>th</sup> year of the Showa era, while H5 means the 5<sup>th</sup> year of the Heisei era.

## 自立生活の現状と今後の展望

八木 三郎

天理市障害者福祉団体連合会 会長

### 1. 障害者を取り巻く社会環境の変化

#### 障害者福祉関連法の制定

- |              |                         |
|--------------|-------------------------|
| 1949年 (昭24)  | 身体障害者福祉法                |
| 1960年 (昭35)  | 精神薄弱者福祉法 (現在、知的障害者福祉法)  |
| 1970年 (昭45)  | 心身障害者対策基本法              |
| 1993年 (平5)   | 障害者基本法                  |
| 1996年 (平8) ~ | 障害者プラン「ノーマライゼーション7カ年戦略」 |

#### 公共機関における動き

- |             |                              |
|-------------|------------------------------|
| 1952年 (昭27) | 身体障害者運賃割引規則                  |
| 1973年 (昭48) | 車いす単独乗車認可 (運輸省)              |
| (福祉元年)      | 歩車道段差解消・誘導ブロック指針 (建設省)       |
|             | 盲導犬同伴乗車可 (運輸省)               |
|             | 身体障害者福祉モデル都市 (生活環境改善、人口20万人) |
| 1975年 (昭50) | 心身障害児ベビーカーのまま乗車認可 (運輸省)      |
|             | 重度身体障害者自動車改造助成制度 (厚生省)       |
| 1978年 (昭53) | 車いす路線バス乗車認可                  |
|             | 盲導犬路線バス乗車認可                  |
|             | 電動車いすを補装具として認可 (厚生省)         |
|             | 駐車禁止規制適用除外 (警察)              |
| 1979年 (昭54) | 身体障害者有料道路半額 (建設省)            |
| 1983年 (昭58) | 国鉄点字ブロック義務化                  |
| 1994年 (平6)  | ハートビル法                       |
| 2000年 (平12) | 交通バリアフリー法                    |

#### 市民運動

- |             |                      |
|-------------|----------------------|
| 1970年 (昭45) | 車いす市民集会 (全国集会・仙台)    |
| 1980年 (昭55) | ハンディキャップ全国集会 (京都)    |
|             | プレ国民会議               |
| 1989年 (平1)  | 福祉のまちづくり国際シンポ (京都)   |
| 1992年 (平4)  | 「国連・障害者の10年」最終記念国民会議 |

#### 国際的な動き

- |             |          |
|-------------|----------|
| 1975年 (昭50) | 障害者の権利宣言 |
|-------------|----------|

10月22日 総合リハ分科会 2 自立生活 (NR-PS-2)

1978年(昭53)	アメリカ・リハビリテーション法改正(自立生活援助規定)
1981年(昭56)	国連・国際障害者年「障害者の社会への完全参加と平等」
1883年(昭58)～	国連・障害者の10年
1990年(平2)	アメリカ・ADA法
1993年(平5)～	アジア・太平洋障害者の10年 障害者の機会均等化に関する基準規則

2. 障害者の自立について

自立・・・身辺自立

精神的自立  
職業的自立  
経済的自立  
ADLの自立  
社会的自立  
人生の主体者としての自立

アメリカのIL運動(1972年パークレー)→日本の障害者運動に影響を与える

1986年(昭和61) 八王子・自立生活センター創設

自立生活とは、四肢マヒなど重度障害者が介助者や補装具等の補助を用いながらも心理的には解放された責任ある個人として主体的に生きることにある。

(昭和57年 身体障害者福祉審議会答申)

3. これからの展望

- ・ノーマライゼーションと社会参加
- ・エンパワメントとバリアフリー社会
- ・主体性、自己決定の尊重と・支援

## **Parent (family) as the Stakeholder**

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In the column entitled, "Perspective (Prefatory)" in the *Studies of Rehabilitation* (June 30, 2000, published by the Japanese Society for Rehabilitation of Persons with Disabilities) No. 103, I published the following opinion, which elaborates upon my stance given today. For this reason, I would like to quote the entire column, with some additions.

### -Consideration of the Concept of "Participant"

At the first meeting of the Committee for the Field Trial of the, "International Classification of Impairments, Disabilities and Handicaps (ICIDH), beta 2," the position of members and their naming became an issue. That is to say, aside from entities such as "researchers" and "experts" that we had already agreed upon, what are the definitions and characteristics of "participants," as well as the organizations that these individuals belong to? In the report submitted by the Japan Cooperation Center, which is the foundational organization of the committee, "participant" is defined as, "That summary of persons with disabilities, their families, assistants, and spokespersons." However, a member who is a person with disability demonstrated a doubt regarding this definition. This is both an old and a new problem, however, I believe that it is necessary to discuss this issue again with regard to various international movements.

In February 2000 the International Disability Alliance was founded, and at that meeting, I am told, some argued for Inclusion International/II as a "participant" organization. At our association, we translate II as Kokusai Ikuseikai Renmei, and it is a "group of parents" of persons with intellectual disabilities. Since all other organizations are for the persons with disabilities themselves, there probably was an argument that parents are not participants. Because there are gaps in nuances between Japanese and English, it is almost impossible to find out the true intention, but should the relationship between persons with disabilities and participants be thought of directly?

In our field of mental disabilities, the persons with disabilities are expressed as "self-advocates" in English and "honnin" in Japanese. There are certain questions and criticisms for this word "honnin," but at least parents have the reservation to use "participants" exclusively for their children because they understand themselves as members of "participants." This understanding stems from the fact that although the person who has disabilities are "the disabled him/herself" in terms of various issues that stem from having disabilities, parents (family) are in fact, "participants." Moreover, embedded in this logic is an assumption that disabilities must involve the entire family because what I mean by "intellectual disability" are disabilities of developmental stages. In that sense it may be similar to other kinds of disabilities.

At the same time, the characteristics of intellectual disabilities, as well as the present welfare system which requires a supporting duty from parents after the developmental stage (after the age of 20 years old), cultivate par-

*Oct. 22 NR Parallel Sessions 2 IL (NR-PS-2)*

ents' understandings of their role as "participators." In other words, there is a fundamental and historical concern for the question of who would and could advocate for "honnin" who have difficulty in decision making abilities. This may hold true to cases of psychological disabilities as well as severe cases of multiple disabilities. Parents hardly understand themselves as "honnin" but certainly consider themselves as "participators" who assume the difficulties of that role, and it is from this fact that all claims begin. Can we call this fact merely an illusion of the parents? Can we simply dismiss this as a twisted reality and recognition constrained by our time? It is an issue that holds great interest for IDA and other debates as well.

Note 1: After this, Rehabilitation International joined, totaling seven organizations. Also, in terms of the concept of organizations of "participators" and IDA regulations of characteristics, there have been many topics of discussion.

- about "participator-ness"

I would like to propose the concept of "participator-ness" as a position of the first person singular in regard to the judgement of things, and would like to think about its significance. It is an emotional and subjective feeling beyond objective facts and numeric data, and perhaps could be rendered as "existential feeling." This feeling is based on actual experiences and is related to exclusive attitudes and comments such as, "People do not understand unless they have been in our position." Such a position can lead to self-righteousness, and thus differs from scientific accuracy and truth.

The reason why I focus on "participator-ness" before presuming a social understanding and objective fairness is because I feel that we should respect the existential feeling of "participators" who are literally directly involved; that is the foundation of the theory of self-determination. That is to say, there is no scientific "objectivity" in social relations, and an agreement among the involved persons is the most important element. In other words, it is about the social judgement of, "What is important?"

- "participator-ness" and peer-support (counseling)

I understand peer-support (counseling) as a support for "peers" which is completed with the presumption of identity and subjectivity of "participator." Even as "peers" I do not consider mutual support among professionals as, "peer-support (counseling)."

The importance of mutual support that respects the "participator-ness" has been evaluated as a tool for social welfare support. In such an environment, a sympathetic feeling emerges by sharing common experiences and feelings, and from this, energy for coexistence is produced.

## 当事者としての親 (家族)

松友 了

社会福祉法人全日本手をつなぐ育成会 常務理事

「リハビリテーション研究」N0.103 (2000年6月1日, 発行: 日本障害者リハビリテーション協会) の『視点 (巻頭言)』の欄で、演者は次の小文を発表した。今回の演題についての演者の考えのすべてである。そのため、まずその全文を一部加筆して引用する。

### ■「当事者」概念の検討

「WHO国際障害分類改定ベータ-2」フィールドトライアル委員会の初回の会議で、委員の立場とその名称が議論になった。すなわち、「研究者」「専門職」は良いとしても、「当事者」およびその所属団体の概念と性格は何だ、ということである。委員会の基本組織である日本協力センターの報告文では、「当事者」を『障害者自身とその家族・介助者・代弁者』を一括するもの、として示されている。しかし、これに対して障害のある本人 (person with disability) である委員より、疑義が呈されたのである。これは、古くて新しい課題であるが、国際的な動きが絡み、新たな議論が必要になってきたといえよう。

じつは、今年 (2000年) 2月、世界の6大当事者組織により1) 「国際障害同盟 (Inter-national Disability Alliance/IDA)」が結成され、その席で「Inclusion International /II」が「当事者」組織でないのではないかと問題になったと伝えられている。IIを私たち育成 (会の関係者) は「国際育成会連盟」と翻訳しているが、これは知的障害の<親の会>なのである。他の組織はすべて、障害のある本人によって構成されているので、親は<当事者>ではないという議論であったのであろう。日本語と欧米語のニュアンスの差があるため、この論議の真意は異なるかも知れないが、<本人>と<当事者>との関係は直線的に理解されるべきものであろうか。

私たち知的障害の分野では、知的障害のある本人のことを英語では「Self-Advocate」と表現し、「本人」という日本語を使用している。この「本人」という表現にも疑問や批判があるが、彼/彼女らだけを「当事者」と呼ぶには、少なくとも親の間では抵抗がある。それは、親自身が「当事者」の一人であるという意識があるからである。障害のある本人は「障害者自身」ではあるが、障害により発生する種々の課題に関しては、親 (家族) も「当事者」であるという事実があるからである。これは、(ここで言う) 知的障害が発達期の障害 (発達障害) であり、それ故に家族全体が巻き込まれる、という構造的な前提がある。その意味では、他の発達障害も同様といえるであろう。

同時に、知的障害という障害特性の問題と、発達期以降においても (成人してからも) 親 (家族) の扶養義務を求める現行の福祉制度が、親をして「当事者」意識をもたせる。すなわち、判断能力に困難がある「本人」の意志を、誰が自らのこととして代弁できるのか、という本質的な課題と歴史的な想いが秘められているのである。これは、精神障害や重度・重複障害の場合も同様であるといえよう。親は決して自分自身を「本人」とは考えていないが、困難を担う「当事者」として認識するし、その事実から出発するのである。これを、単なる親の錯覚や抱え込みといえるのだろうか。時代に制約された、歪められた現状や認識として切り捨てることができるであろうか。IDAの他の論争とともに興味深い議論である。

注1) その後、Rehabilitation Internationalが加わり7団体となった。また、「当事者」団体の概念についても、IDAの性格規定についても論議が広がっている。

## 10月22日 総合リハ分科会 2 自立生活 (NR-PS-2)

### ■「当事者性」について

物事の判断に関して、心理的な「一人称」の立場性を、演者は「当事者性」と規定し、きわめて重要な要素と考える。それは、客観的な事実や数値的データを越えた、感情(情緒)的・主観的な実感であり、それゆえ「実存的な感覚」と表現することもできる。この感覚は、体験に基づくものであり、「そのような立場にない者には分からない」という、排他的な態度や発言につながる。一歩間違えると独善的な感覚である。それゆえ、科学的な正確さや真実とは異なる場合もありうる。

社会的な理解と客観的な正当性を前提とする時に、それと対立することもある「当事者性」を重視するのは、文字どおり直接の関係者である「当事者」の実存的感覚を尊重すべきと考えるからであり、それが自己決定の論理の基盤であるからである。すなわち、社会関係の中に科学的な「客観性」は存在せず、関係者の「同意」こそが重要であるからである。言い換えると、「何が重要か」という社会の判断である。

### ■「当事者性」とピア・サポート(カウンセリング)

「仲間」としての支え合いとしての「ピア・サポート(カウンセリング)」は、文字どおり「当事者」としての主体性と主観を前提として成り立つと考える。例え「仲間」としても、専門職間の相互支援を「ピア・サポート(カウンセリング)」とは呼ばない。

「当事者性」を尊重した相互支援の重要性は、社会福祉援助技術としても評価されている。そこには、共通の体験と想いを共有することから共感が生まれ、共生のエネルギーが生み出されると考えられる。

## **A Society that does not Shut Out the People with Disabilities - Disqualifying Clauses**

**MAKIGUCHI, Ichiji**

Vice Chairperson, Organizing Committee of Osaka Forum

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Introduction (A few words from the chairperson)

The disqualifying clauses that pertain to disabled persons in Japan have been in existence for more than 100 years. Finally, the government has started reviewing the law, owing to the recent upsurge of campaigns by disabled persons themselves for their rights to participate in society. In a sense, it signifies that our society is starting to acknowledge the rights of these people. Until now, society generally believed that the poor living conditions of disabled persons stem from their disability. In some cases, these people were considered a “threat” and repeatedly rejected and isolated from community. The disqualifying clauses are laws that clearly and blatantly reflect this situation, remaining unchanged for more than 100 years to date.

The government has at long last realized the problems of the disqualifying clauses and has started reviewing them. As wished for as it may have been, the reviews in progress mostly aim at a transition from absolute disqualification (arbitrary exclusion) to relative disqualification (acceptance in some cases), failing to see that it has been a law that inexcusably violates the rights of disabled persons. We should be more inventive and creative by questioning, “What can we do about this” instead of deciding straight off “this is impossible or dangerous”. That is where the “Wisdom of Living” will begin to take hold.

These reforms should first start with the views of society towards disabilities and disabled persons. Our immediate tasks would be efforts to eliminate the disqualifying clauses related to disabled persons and establish a law clarifying the rights of disabled persons (Law Prohibiting Discrimination Against Disabled Persons) to realize as soon as possible recognition by all citizens that “a society which shuts out disabled persons is one that is weak and fragile”.



I hope that the symposium today will close up on disabled citizens of our society and their roles. It is also my fervent wish that as we discuss the rights of disabled persons and those of all types of people, we would be able to share, even if it be for the slightest moment, a society which is free, secure, peaceful, and forgiving, but energetic at the same time (Does such a society exist though?).



## 障害者を締め出さない社会……欠格条項について①

牧口 一二

大阪フォーラム組織委員会副委員長

はじめに (司会者からちょっと一言)

100年以上前から続いてきた日本の障害者にかかわる欠格条項。いま、ようやく政府によって見直し作業が行われている。それは、この間の障害者自身による社会進出運動の高揚が背景にあり、障害者の権利(人権)がやっと社会で認識され始めたことを意味する。これまでの社会においては、障害者が暮らしにくい原因をその人の「障害」ゆえと考えてきたし、場合によっては「危険」とみなして社会から排除・隔離することを繰り返してきた。そのことを端的に(露骨に)反映してきたのが法制度上の欠格条項である。繰り返すが100年以上も変えられなかった。

やっと政府が欠格条項の問題性に気づき、検討を始めているのは望ましいことだが、いま行われている見直し作業は絶対欠格(頭から問答無用の門前払い)から相対欠格(場合によっては認める)に移行する程度のもものがほとんどで、障害者の人権を著しく侵害してきた法制度、との認識には至っていない。「あれは無理、これは危険」と頭だけで考え決めつけるのではなく「どうすれば出来るか」を創意工夫してもらいたい。そこから「暮らしの知恵」が息づいてくるだろう。

まずは、社会の障害観・障害者観こそ変革されなければならない。今後の課題としては、障害者にかかわる欠格条項をなくす方向への取り組みと、そして「障害者を締め出す社会は、弱くもろい」をすべての市民が実感できる日を一日でも早く獲得するために、障害者の人権を明確にした法律(障害者差別禁止法)の制定が急務だと考える。



本日のシンポジウムにおいては、社会の中の障害者市民、その役割がクローズアップされることを願っています。そして障害者の人権、あらゆる人の権利について語られる中から、自由で安心で穏やかで許しあえる、それでいて活気ある社会(そんな社会ってあるの?)をほんの少しでも共有できれば、と切望するしだいです。

## **Future Issues Concerning “Revision of the Disqualifying Clause”**

**USUI, Kumiko**

Society for the Elimination of the Disqualifying Clause against Disabled Persons

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### **About myself:**

I was born in 1960. I have had a hearing impairment since early childhood. Between the ages of 8 and 15, I attended a class for children with severe hearing impairment set up in an ordinary school. At that time, I was repeatedly told to find “a job that does not require conversation with others and can be handled with the ability to use the hands, suitable for people with hearing disabilities.” So naturally, it was quite difficult for me to regard my future as full of hope and options. After completing the class course for children with severe hearing impairment, my classmates started working in car factories one after another. Accordingly, I was shocked to learn that some among the younger generations started making efforts to be doctors and pharmacists with the full understanding of the existence of the disqualifying clause. As I felt and believed that their dreams should not be ruined by the existing legal system, I appealed to the public, in cooperation with other volunteers, for the establishment of a nationwide citizen’s group, which materialized in the foundation of “the Society for the Elimination of the Disqualifying Clause against Disabled Persons.” Our Society brings together people with and without disabilities and beyond the difference in disabilities, making efforts in gathering of opinions, inviting stories that tell experiences of disabled persons, as well as negotiations with ministries and agencies, policy recommendations, surveys, and provision of information.

### **The present state of “the revision of the disqualifying clause”**

The disqualifying clause concerning disabled persons came into existence in 1878 in the enactment of “Rules of Prefectural Congress” that restricted the voting right, which, for over a hundred years and more, helped create the Japanese society where “it is regarded as natural that we do not see disabled persons around.” In 1999, the Japanese government for the first time voiced a policy to revise the disqualifying clause, and the discussion on the participation of disabled persons at long last started as a practical issue in various fields of our society, including, among others, the medical field where it had been regarded as inevitable that disabled persons were prohibited from getting a job. This new trend has been made possible by the effort and energy of many people concerned, including those with disabilities as well as supportive public opinion. Now we should start making plans from the viewpoint of how we can realize in 10 years an environment where “it is regarded as natural that uniquely different people live side by side.”

From our many years of experience in negotiations with various ministries and agencies, we have found out that many people have the false and deep-seated notion that once the disqualifying clauses are abolished, “incapable people” and “possibly dangerous people” would rush into our society. Do they just conveniently forget during the negotiation about the fact that people are required to pass through the barrier of examination? “Why are disabled persons not accepted even after passing the examination?” Whenever we ask this particular question, we receive no reasonable answer.

The revision of the 63 systems, which were the subject of revision under the government policy of 1999, resulted in different degrees of revision: Some systems completely abolished the disqualifying clause; some stipulated rela-

*Oct. 22 NR Parallel Sessions 3 Disqualifying Clauses (NR-PS-3)*

tive disqualifying; and there were some that intensified the limitation of rights. For example, the disability clause for nutritionists and licensed cooks has been abolished completely. In the Medical Practitioners Law and in the Medical Radiological Technologists Law, 'the absolute disqualifying' has been replaced by 'the relative disqualifying,' which means that the idea of disqualifying still remains in these laws. On the other hand, limitations of rights of those with disabilities and diseases in highway codes have been intensified, which goes against the original intention of the revision of the disqualifying clause. These mixed results were caused by the fact that in 1999 the government failed to make the abolition of the disqualifying clause its clear-cut policy and entrusted respective ministries and agencies with related decisions.

**Challenges that should be addressed in the future**

■ **A national policy is needed so that issues concerned are not entrusted to ministries and agencies.**

The reviewing of "New Government Action Plan for Persons with Disabilities" for the next 10 years will start in 2003. Taking this opportunity, we are making suggestions to the Cabinet Office, arguing: "It is necessary to set up a central entity that performs comprehensive operations representing the Japanese government so that the revising effort of the disqualifying clause is made continuously without entrusting it to respective ministries and agencies; A policy should be set up to abolish all the clauses that include relative disqualifying in 5 years; The investigative committee does not have mentally disabled persons as members, which is an objectionable situation; The participation of disabled persons as members of the committee is advisable even during the process of policy revision."

■ **Enactment of Anti-discriminatory Law**

It is essential to enact a Convention on Rights of the Disabled and the Anti-discriminatory Law, which is currently a global trend. Information obtained from other countries shows that there is no country other than Japan where the "Discriminatory Law" such as the one that contains the disqualifying clause is rampant. It is vital to enact the "Anti-discriminatory Law" that clearly states that "failure to offer necessary support is a kind of discrimination" in order to completely abolish the disqualifying clause so that disabled persons will not be excluded from society and that they will be able to enjoy needed support as their legitimate right.

■ **For to let each and every disabled person be confident and enjoy needed support**

Whatever the examination or the license may be, it is very difficult for a disabled person to be confident enough to challenge the same and to be successful. We would like to support them just as we support our children and young people in their effort to gain confidence, as the potential of each and every person is enormous. It is regrettable, however, that under the present circumstances, it is hard to find suitable consultants as well as to gather information on people with similar problems and on the effort being made to deal with the problem. A network to connect supporters and those supported in various fields and positions is increasingly needed. It is especially important to create a more favorable environment by disseminating examples in which things that had been considered as "impossible" were made possible, as well as knowledge on personal and physical support technologies and by developing a legal system that enables each person to fully enjoy available technologies.

■ **Challenges in various fields**

**Medical Practitioners Law and others:** The challenge in this field is to examine the entire process of taking the qualifying examination, the admission decision, and hearing of the views, with the target of abolishing the relative

**Oct. 22 NR Parallel Sessions 3 Disqualifying Clauses (NR-PS-3)**

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disqualifying clause in 5 years. It is meaningful to gather information on the present state of supportive devices and environmental ingenuities to support disabled persons working in this particular field.

**Driver's license:** It is a matter of life or death for persons with disability and/or disease if the authority makes the admission decision on the basis of "potential to be a threat in the future." It is necessary to disclose the way applicants are handled at the time of aptitude consultation and the actual implementation of regulations at the time of application and/or renewal of the license so as to realize the revision of relevant laws, government decrees and enforcement regulations. It is necessary as well to review, from the viewpoint of objective basis, supportive devices, and the improvement of the environment, and the acceptance criteria of aptitude tests included in the driving test. For example, there is no "criterion concerning the capacity of hearing" in Europe and in the United States, while the criterion has already been deleted in Korea and Thailand.

**Public housing:** It is international conventional knowledge that public housing is for low-income earners, disabled persons, and elderly people. In Japan, however, mentally disabled persons are not allowed to "live alone" in public housing, which is an issue that should be addressed urgently. Many are obliged to stay in hospitals and institutions because they are unable to get a house nor a job. "Enforcement ordinance of the Public Housing Law" was revised to allow a severely disabled person to live in a "single household" if the necessary care is secured. But some municipalities still say "no to" those who need perpetual caring," which makes it necessary to review and correct the way the ordinance is enforced.

**Education:** Education in Japan basically separates persons with disability from those without disability, which in itself is a kind of disqualifying clause, and as such, needs a complete turnabout.

**Job Development Act for Persons with Disabilities and its Ordinance:** The provision, which is found in the Job Development Act for Persons with Disabilities and its ordinance, to exempt employers from the obligation to employ disabled persons by designating type of work should be deleted.

**Local public entities** should make their respective efforts to eliminate die-hard restrictions that are found rather frequently in regulations concerning the availability of facilities and the hearing of committees as well as in regulations concerning **the employment of public servants** that exclude persons with disabilities.

**Conclusion**

Although it is a part of our legal system, the disqualifying clause is a clear case of infringement of human rights as it can ruin a person's future. It is beyond all conception how many people have suffered from the existence of that particular clause. The barrier made by the legal system must be destroyed to eradicate the categorization that says, "A disabled person is a possible threat. He or She is not capable of this nor that." Each and every one of us, irrespective of having disabilities and diseases or not, has a wish to appreciate fully the possibilities offered in life which we can enjoy only one time, as an equal member of the society. We will continue our efforts, regardless of our respective positions, to make Japan a decent country where every person can get sufficient support that he or she needs so that he or she can enjoy learning, getting a job and continuing to work to the fullest extent possible.

## 「欠格条項見直し」これからの課題は

白井久実子

障害者欠格条項をなくす会

### 自己紹介

1960年生れ。幼い時からの聴覚障害者で、8歳から15歳まで普通学校の難聴学級にいた。当時は「耳がきこえないのだから、人と話さない、手を使う仕事につくように」と言われていた。自分自身も、いろいろな可能性、将来イメージをえがくことは難しかった。難聴学級の出身者は次々に自動車工場に就職した。だから、若い世代に、欠格条項を承知の上で医者や薬剤師をめざして勉強する人たちが出てきたことは、衝撃だった。法制度が夢を阻むのは許せないとの思いで、障害別、障害の有無をこえて、全国的市民団体「障害者欠格条項をなくす会」設立を有志とよびかけた。会では、障害者の体験や意見の募集、省庁交渉、政策提言、調査や情報提供を行っている。

### 「欠格条項見直し」は今どこまで

日本における障害者欠格条項は、参政権を制限する1878年の「府県会規則」に始まり、100年以上かけて「障害者がいなくてあたりまえ」の日本社会をつくってきた。1999年、政府は初めて「欠格条項見直し」の方針を出し、医療分野をはじめ「障害者を拒絶してあたりまえ」と信じられてきた社会の各分野で、障害者の参画がやっと現実の問題として議論されるようになってきた。ここに至るまでに、障害当事者をはじめ多くの人のエネルギー、世論の力があつた。十年後には「一人一人違う人が、一緒にいてあたりまえ」の環境にどのように近づけるか、の視点で、今後のプランを立てる時である。

多くの省庁と話し合ってきたが、もし欠格条項を廃止すると、「能力に欠ける者」・「"危険の恐れ"のある者」がなだれこむかのようなとらえ方が根強い。試験の関門があることが、その時だけは忘れられているのだろうか? 「なぜ、障害者に限っては試験に合格してもだめなのか?」と説明を求めても、合理的な答えが返ってきたことはない。

そして今、1999年の政府方針で見直し対象とされた「63制度」は、欠格条項を全廃したのから、相対的欠格としたもの、権利制限を強化したのまで、結果が大きく異なっている。たとえば、栄養士や調理師の欠格条項は全廃の一方、医師法や診療放射線技師法は、絶対的欠格を相対的欠格にかえて残している。一方、道路交通法規は、障害や病気がある人に対して欠格条項見直しの本来の趣旨にも逆行する権利制限を強めた。このような結果になったのは、1999年の政府方針が欠格条項廃止を明確な方針とせず、各省庁に判断を委ねるものだったことの反映である。

### これからの課題

#### ・省庁まかせにしない政府方針を

2003年から10年間の「新障害者基本計画」検討が始まる中、「欠格条項の見直し作業を継続し、それを各省庁まかせにせず日本政府として包括的な作業を行う中枢機能が必要。相対的欠格となったものは5年後には廃止する方針計画を。検討委員に、知的・精神障害者が一人もいないことは大きな問題、当事者を委員として政策検討過程からの参画を」と内閣府にも提起している。

#### ・差別禁止法の制定を

国際的な流れになっている、障害者権利条約、差別禁止法の制定が重要。他の国々から得た情報を見ても、日本ほど数多くの欠格条項をはじめとする「差別法」が横行する国はみられない。欠格条項を全廃するためにも、排除され

## 10月22日 総合リハ分科会 3 欠格条項 (NR-PS-3)

ないというだけでなく必要なサポートを権利として受けられるためにも、「必要なサポートを行わないことも差別」と明記する「差別禁止法」が必要不可欠になっている。

### ・一人一人が必要な支援を得て自信をもてるように

どんな試験や資格免許にせよ、それに挑戦する自信をもち、合格を手にすることが、障害者の環境からみていかに大変なことか。子どもや若者が力と自信をつけるよう支えたい。一人の人が発揮できる潜在的な力は、とても大きい。だから。だが現状では、適当な相談先も見いだせないことや、似た立場の人の存在や取組の情報もよく伝わっていないことが多い。支え、支えられる人のつながりを広げる、分野・立場をこえたネットワークが、これまで以上に求められている。その中で、無理にきまっていると考えられてきたことを可能にしている事例と、人的・物的な支援技術の情報を集めて広く伝え、一人一人が支援技術を活用できる法制度の整備など環境づくりが、特に重要である。

### ・分野ごとの課題から

医師法などは、5年後には相対的欠格条項の廃止を目標として、資格試験の受験～判定、意見聴取の経緯を十分に検証することが課題。現にこの分野で従事している障害がある人の、補助的手段や環境の工夫などの状況集約は大きな意義がある。

運転免許を「将来の危険の恐れ」を基準に左右されることは、障害者や病者にとって死活問題。適性相談窓口での対応や免許申請、更新時の運用実態を明らかにし、法律、政令、施行規則等の見直しにつなげる必要がある。運転免許試験の適性検査の合格基準も、それぞれの客観的根拠、補助的手段、環境整備などの観点から見直す必要がある。たとえば「聴力基準」は、欧米では不問、韓国やタイでも削除している。

公営住宅は、低所得者、障害者や高齢者のためのもの、というのが国際的な常識。ところが日本の公営住宅は、現在も知的、精神障害者の「単身入居」を認めず、解決を急ぐ課題である。多くの人が、住まいや仕事を得られないためにやむなく病院や施設にいる。「公営住宅法施行令」は、重度の障害がある人も必要な介助が得られるなら単身入居できるものに見直されたが、その後も「常時介護が必要ならば入居できない」としている自治体があり、運用の調査と是正が必要である。

日本の教育は、障害がある者となし者を分離することを基調とし、それ自体が大きな欠格条項と言えるもので、根本的に転換が必要になっている。

障害者雇用促進法とその施行令にある、職種を指定して障害者雇用義務を免除する規定も、削除すべきである。

地方公共団体は、条例にまだ少なからず残している施設利用や傍聴の制限、公務員採用における障害者排除規定を、取り払っていかなければならない。

### さいごに

欠格条項は、法制度で未来の可能性をなくすもので、明白な人権侵害である。どれほどの人が人生を左右されてきたか、はかりしれない。法制度の障壁をなくし、「障害があるから危険、あれもこれも無理」という決めつけを根もとから断ち切りたい。わたしたちは誰もが、障害や病気のあるなしに関わらず、社会の対等な一人として、一度きりの人生の可能性を開花したい。それぞれの必要なサポートを得て、学び、仕事をもち働き続けることができる日本へ、立場をこえて歩みを進めることを願う。

## Society Not Excluding People with Disability... About Disqualifying Clause

FUNADA, Yukari

Secretariat, Co-medicals with Hearing Disabilities

### 【About my hearing disability】

I started having a hearing disability when I was around 5 or 6 years old, and advanced to be a constant user of a hearing aid after elementary school. My current hearing level is 90 dB for the right ear and 72 dB for the left, and I use a hearing aid on the left. Since I don't have much problem with one-on-one or telephone conversation if I use a hearing aid, people think there is not much difference with others. And that makes it all the more difficult for them to understand that I have difficulty in hearing.

### 【Involvement with Disqualifying Clause】

When I was in junior high school, I wanted to be a pharmacist because I liked chemistry and was interested in medical jobs. Then I found the existence of the Disqualifying Clause when I was checking the way to become a pharmacist. How shocking it was when I read, "No license will be given to those with hearing disability"! But I decided to myself "I can hear if I use a hearing aid, so the Disqualifying Clause does not apply to me", and aimed to challenge a pharmacy course.

However, when I mentioned that I have a hearing disability, most colleges raised difficulties and some even showed disapproval at my taking an entrance examination. Receiving such response and with advice from my surroundings, I had to give up. Still, I wanted to be involved in the medical field, so I decided to become a radiological technologist after many twists and turns.

### 【After license acquisition】

It has been 9 years since I passed the national exam and started to work as a radiological technologist. At first, I was afraid of working in the medical field because I knew about the Disqualifying Clause. Although the language of the Clause is vague, I might fall under the Disqualification depending on interpretation. The fear, "If someone points that up, my license might be stripped away", prevented me from asking for any support that might have been necessary for a better working environment. That resulted as communication trouble around me.

### 【What I think as a radiological technologist with hearing disability】

Communication is an essential part of a radiological technologists' job. Communication with patients and cooperation with co-workers, doctors and nurses is necessary to conduct my job, and I have cared much about it. I think I have got through it by adjusting myself to the job and waiting for people around me to adjust to me. But I don't think this is the best way. Everyday, I am seeking how to get more understanding and a more comfortable working environment.

Aside from work, I need to participate in academic conferences or study sessions to improve myself, but almost no such conferences provide any means of information accessibility (providing note-taking or other means to

explain contents of meetings instead of listening). This problem consists of several causes: few interpreters with professional knowledge, problem with dispatch systems, and most of all, the understanding of organizers/sponsors. A true barrier-free job environment will not be realized without improvement not only within the work place but also other places such as I mentioned above.

**【Meeting other co-medical with hearing disabilities ? Establishment of the "Group"】**

After 2 years working as a radiological technologist I started to learn sign language. Upon meeting other people with hearing disability and learning from them, I have re-examined myself, and I feel that I, myself, and others in my work place, have changed since. I also met others who work (or have worked) as co-medical, with hearing disabilities.

Upon talking each other about each environment and developing deeper relationships, we felt that we wanted to exchange more information, and established "Co-medicals with Hearing Disabilities" (hereinafter "Co-medicals Group") in February, 2001.

**【Purpose and Activities of "Co-medicals Group"】**

The "Co-medicals Group" will conduct activities for the realization of a social environment where co-medicals with hearing disabilities will be able to work without any communication barrier, as well as developing relationships and cooperation among members. We are also planning to develop relationships with, and support to, students with hearing disabilities who are aiming for co-medical licenses. So far, we have had annual meetings to exchange information.

We are now in the process of creating case examples to let society know about our situation. The contents are the experiences and job environments according to license of members.

**【What I see from the "Co-medicals Group"】**

The hearing disabilities of each member varies from one person to another. Some have hearing disabilities from a very young age, and others lost their hearing ability after they got their licenses. However, what is common to all of them is difficulty working in medical fields with a hearing disability. Not a few had to resign because of it. Also, there are many who lost their confidence because they couldn't get understanding about their hearing disability from others in their work place.

Since there was a Disqualifying Clause, not many people with hearing disabilities were participating in co-medical work, and that made it difficult to ask for support. Because of this situation, some had to deny themselves as a person with hearing disabilities, and suffer from that fact.

**【Future of "Co-medicals Group"】**

I believe that the "Co-medicals Group" has a role to appeal to society regarding, "What kind of support is necessary for us to excel each ability in a good working environment. And at the same time, this must be a place where members who have lost their confidence are able to recover themselves as "a person with hearing disability and a co-medical professional" through getting to know other members' way of life or thoughts.



## 障害者を締め出さない社会・・・欠格条項について

舟田 縁

聴覚障害をもつ医療従事者の会 事務局

### 【自身の聴覚障害について】

5～6歳頃より難聴となり、徐々に進行して小学校就学後に補聴器を常時必要とするまでになる。聴力は現在右90dB、左72dBで左側に補聴器使用。補聴器を使えば1対1の会話にはあまり支障はなく電話も可能なため、一見普通に聞こえる人と大差ないと見られてしまい、かえって聞こえにくいことに対する理解が得られにくい。

### 【欠格条項との関わり】

中学の頃、将来を考えるに当たり化学が好きなこと、医療関係の仕事に関心を持っていたことから薬剤師になりたいと思った。薬剤師になる方法を調べる過程で欠格条項の存在を知る。「耳の聞こえないものには免許を与えない」を読んだ時の衝撃。しかし「補聴器を使えば聞こえるのだから自分は欠格条項に該当しない」という判断で薬学部を目指す。

だが、大学入試の歳に難聴である旨を伝えると大学側は一律に難色を示す。暗に受験そのものを拒否され、この対応を受けて周囲の人々にも諦めるようにと諭され断念せざるを得なかった。それでも医療に関わる仕事がしたいという気持ちから紆余曲折の末、診療放射線技師を目指すことになる。

### 【資格取得後】

無事に国家試験にも合格し診療放射線技師として働き始め9年目になる。欠格条項の存在を知りながら現場で働くということに当初は恐怖を感じた。曖昧な文面ながら解釈次第では欠格条項に該当するといえ、その指摘があったら免許を剥奪されるのではないかと怖れ。その思いにとらわれすぎて、どのようなサポートがあれば自分が働きやすくなるかといったことを周囲に対して求められず、結果的にコミュニケーション上のトラブルを引き起こすことになる。

### 【難聴の放射線技師として思うこと】

放射線技師という仕事は、非常にコミュニケーションを必要とする。患者さんとの会話、同僚はもちろん医師や看護師などとも連携を取りながら仕事を進めなければならない場合が多く、常に気を遣っている。自分自身が仕事に慣れること、そして周囲が私に慣れてくれるのを待つことで切り抜けてきた気がする。しかし、これがベターな方法ではないことは充分承知しており、どうすればもっと理解が得られ、働きやすくなるのかを日々模索している。

仕事のほかに、学会や各種勉強会に積極的に参加して研鑽を積まなければならないが、こういった場での情報保障（聞く代わりにノートテイク等の方法で講義内容を伝える事）は皆無に等しい。専門的な知識を持った通訳者が少ないこと、派遣制度の問題、そして何よりも学会等、主催側の理解が得られるかどうかの問題となってくる。職場内だけでなく、こういった環境整備をしなければ真に働きやすく、ハンディを感じさせない就労環境の実現はありえない。

### 【仲間との出会い－「会」の設立へ】

働き始めて2年目の時にきっかけがあって手話を学び始める。自分以外の聴覚障害者と出会い、色々学ぶ中で聴覚

10月22日 総合リハ分科会 3 欠格条項 (NR-PS-3)

障害者としての自分を見つめ直し、その頃から自分も職場も変わってきたように思う。そして、自分以外にも聴覚障害を持ちながら医療従事者として働いている（あるいは働いていた）人の存在を知る。

互いの境遇を話し合い、交流を深める中でもっと色々と情報交換がしたいという思いから2001年2月「聴覚障害をもつ医療従事者の会」（以下、「従事者の会」）を結成。

【「従事者の会」の目的と活動】

「従事者の会」は会員相互の親睦と連携を深めるだけでなく、聴覚障害をもつ医療従事者がコミュニケーションに不自由することなく働くことができる社会環境の実現をめざし、そのために必要な活動を行っていく予定である。また、医療資格を目指す聴障学生との交流・支援を図る目的もある。現在のところは1年に1回例会を開き、集まる機会を持っている。

私たち当事者のことを広く社会の人々に知ってもらう目的で現在、事例集（仮称）の作成に取りかかっている。内容としては資格ごとの会員の体験談、就労環境等の実態調査。

【「従事者の会」を通して見えてくるもの】

会員の聴覚障害の状況は一人一人まちまちで、幼い頃より聴覚障害がある者もいれば、資格を取得した後に失聴した者もある。しかしながらほぼ全員に共通して言えることは、聴覚障害を持ちながら医療の現場で働くことの困難さである。そのために退職を余儀なくされた者も少なくない。また、働く上で自分の聴覚障害に対する理解を上手く得られずに孤立状態となり自信をなくしている者も少なからずいる。

これまでは欠格条項があったために周囲に自分と似たような立場の者もなかなかおらず、聴覚障害に対するサポートを求めにくかったことは否めない。その様な中、聴覚障害者としての自分を否定せざるをえず苦しんできた者もある。

【「従事者の会」のこれから】

「従事者の会」は『自分たちはどのようなサポートがあれば働きやすくなるのか、各自の能力を発揮することができるのか』を社会に対して訴えていく役割があると思っている。それと同時に、自信をなくしているメンバーが他の会員の生きざまや考え方を知る中で『聴覚障害者として、医療従事者として』の自分探し、自信回復の場であるとも思っている。

## About Disqualifying Clauses

SHIMOMURA, Yukio

When I was in a psychiatric hospital, I had the chance to stay out overnight in order to renew my driver's license. I remember a chief nurse displeasingly murmuring, "It's not allowed..." I couldn't understand what that meant, but now I know it's about the disqualifying clause, and that makes me angry. I was in a depression at that time in my father's car. I took a picture after shaving my stubble. Of course, I wasn't in a condition to drive, and I didn't even think of driving. I can control myself even in a bad condition. Although, I can't even go out, if the condition is too bad... Well, I could get the license renewed. However, after I found out that it was under absolute disqualifying, I was concerned about it a little. I felt I couldn't carry together the license with the mental disability certificate, of which the only benefit is in public transportation (because of no picture on it, I think). The disqualifying has changed from absolute to relative after the revision of the Road Traffic Law this June. However, I still need a doctor's certificate, and I don't think that doctors can foresee the future condition, and they want to take any responsibility. When I asked my doctor, "You'll write me a certificate, won't you?" he blew up at me, "There is no need to self-notify your own illness. It is they that should decide who can drive or not!" Well, I shouldn't have asked, but it's too much to say that "they (Public Safety Committee) should decide". I guess doctors are to cure illness.

Of course, I can control myself, such as "Don't drive when you drink! Don't drink if you drive!" My friend also does not drive when he sees hallucinations, because the headlights remain as an afterimage. When medicine is too effective, we don't drive. (The fact is, we are able to drive because we correctly take medicine.) This is a common practice among mentally disabled people. We don't drive when we are not sure. Mentally disabled people are dealing with their illnesses everyday. Self-control is a fundamental principle. Why do all mentally disabled people have to be automatically dangerous?

This is a little off the subject, but mentally disabled people were restricted from entering public pools or the Osaka Castle Park. Now, we can enter free with the mental disability certificate. There is nothing as nonsensical thing as the disqualifying clause.

I have had a motorcycle license for 20 years. I have had speeding violations or accidents, same as anyone else. What I am proud of about my license is not that I have the gold card, but that I have the license which allows me to drive any size motorcycle (although I'm little). And now, my license is very important for me to deliver lunchboxes made in vocational training center. For the future, the license is the dream-making tool to drive a small car with my loving wife. License is the most important thing for me next to my wife.

## 欠格条項について...

下村 幸男

大阪精神障害者連絡会「ぼちぼちクラブ」

精神病院に入院中、運転免許の更新のため、外泊をしたことがあります。

その時、病棟の婦長さんが「ほんまはアカンのに..」って嫌そうな顔をしてつぶやいたことを覚えています。

初めは何のことが解りませんでした。今になってみると欠格条項のことだと知り腹が立ちます。

その時、僕はうつ状態でおやじの車の中で、不精ヒゲをそり、写真をとったのですが、もちろん車を運転できる状態ではないし、運転しようとも思いません。状態が悪くてもセルフコントロールできます。あまりに状態が悪ければ、外出もできませんが...

とにかく、その時は無事、更新ができました。

しかし、後になって絶対的欠格条項と知ってからは、ちょっと気を使っています。免許証と写真を貼っていないゆえか、JR私鉄交通機関の何のメリットもない精神障害者保健福祉手帳といっしょに持ち歩けないなあと思いました。

今年6月の道路交通法改正で相対的欠格になったものの、医者診断書など、今後の見通しを医者が予知できるはずもなく、医者としても、責任は持ちたくないと思います。

主治医に「先生は診断書、書いてくれるでしょうか？」と聞いたら、「わざわざ病気を自己申告する必要はない。運転できるかどうかは、向こうが決めるべきだ!」とえらく怒られました。質問する方もする方ですが、向こう（公安委員会）

が決めるべきと言うのもあんまりです。

医者は病気を治すのが仕事と言うことなのでしょう。

僕は、もちろん「飲んだら乗るな！乗るなら飲むな！」のセルフコントロールぐらいできます。

友達も幻覚が見える時は、ヘッドライトが残像として残るので運転はしません。薬が効きすぎる時は、運転しません。

(事実は、薬をちゃんと飲んでいるから、運転できるのです)

精神障害者ならあたり前の常識です。

自分で怖い時は、運転は控えるものです。

精神障害者は常日頃から病状と付き合っています。

セルフコントロールが原則なのです。

なぜ、精神障害者イコール危険なのでしょう？

話しは、ちょっと違いますが、ちょっと前まで精神障害者は、公営プールや大阪城公園の入場を制限されていました。

現在は、障害者手帳で無料で利用できます。

本当に欠格条項ほどナンセンスなものはないのです。

僕は、バイク運転歴20年です。

違反も事故も人並みにあります。

免許証で自慢して言えることは、ゴールドカードになっていることではなく、どんな大きなバイクでも乗ることができる免許証なのです。(体は小さいけど)

そして現在、授産施設でつくった弁当をミニバイクで配達するための大切な免許証です。

また未来、愛する妻と小さな車で、ドライブするための夢の免許証です。

僕が、嫁さんの次に大事にしているのは、運転免許証だろうと思います。

## National Rehabilitation Conference - Society Not Excluding People with Disability

### KISHIMOTO, Megumi

-Profile -

Date of Birth: April 22, 1965 (age: 37)

Disability: Pulmonary hypertension, in currently undergoing oxygen therapy for cardiac function disorder

At present:

- Live with my husband who has a visual disability
- Studying architectural CAD and doing some work at home
- Working at a workshop when physical condition permits
- Driving is important because I can't move a lot. I drive with the help of others or by my own initiative to enjoy music activities, to travel with my husband, and to meet with nieces or nephews.

Biographical Outline:

- Diagnosed with an incurable illness at age 3. Was told I may not live until 20.
- Moved to Peru in the 2nd grade, attended Lima Japanese School until the 8th grade. Could not be involved with a specialized hospital, so I challenged whatever I could based on my own decisions.
- Returned to Japan and attended regular high school and college. Acquired motorbike license and became more active.  
Joined activities in Children's clubs and sign language clubs.  
Met with other cardiac patients and became more cheerful.  
Was introduced to a hospital by the school and started to see a doctor regularly.
- Challenged to an employment exam for public elementary school teachers for 5 times while taking an instructor position at public high school for 3 years, but gave up.  
Acquired driver's license
- Involved in vocational rehabilitation-related job
- 1998 Hospitalized because of deteriorating physical condition.  
Decide to begin domiciliary oxygen therapy in consideration of my future.
- April 2001 Went to renew driver's license with an oxygen cylinder, and was asked to take an applicability test and was subsequently restricted to 3 or 4-wheel motorbikes.
- After application of a protest, recovered motorbike license in August at a nearby police station.

1. Aspired to be a teacher

- I was impressed by Ms. Sullivan, who taught Helen Keller, and I wanted to be a teacher since I was a child. Then, my aspiration to do a teaching job that involves children deeply became stronger after I found out that I couldn't have children when I was in middle school.
- When I was in School, I had difficulty in breathing when climbing stairs to the 2nd floor, observed half of physical education classes, couldn't keep up with others on field trips, and took an easier course during hiking. But I was thinking that there should be a way to be a teacher, such as dealing with children similar to me.
- I had interviews twice at employment tests, but I was left speechless by harsh questions such as "What kind of illness do you have? Physical strength is a must for a teacher. Can you lead children during field trips?"

- I gave up because I found out that the teaching job is an exception to the employment rate of people with disabilities.
- After the driving license dealings, I began to think that the fact teaching is a job that can exclude people with disabilities is wrong, and that I should speak up. I believe excluding people with disability from schools, which are the societies children live in, means teaching children that is true with the general society also.

2. Restriction to the driver's license to its recovery

- Execution of restriction

On April 2001, I went to renew the license with an oxygen cylinder.

It was when I first started to go outside with the oxygen cylinder.

During the eyesight test, I was asked to go to a different room, and all at once, was told, "you can't ride a motorbike." I insisted that I can, and then, I was forced to take a test to check if I can operate the break and accelerator pedals as instructed. I was afraid that I might be questioned in my even ability to drive a car. I can't go anywhere without a car license. Then, I was repeatedly told that if I want to ride a motorbike, it must have 3 or 4 wheels, because a 2 wheel type is dangerous. They didn't listen to any word I said, and insisted that I sign a pledge, and executed restrictions on my license. There was no applicability test for a motorbike. The decision was made from my physical appearance only.

- Against the restriction

I was shocked, feeling intense bitterness and sorrow, when I actually received my restricted license. The motorbike had been my important means of transportation to school, work, shopping, or anywhere else for 16 years. I was riding when I didn't need an oxygen cylinder, and there were people riding with it, so there shouldn't be any problem. At first, I wasn't confident, but with advice from my husband and other friends with disability, I began to feel "I just can't take it, I have to recover my license". I called the license station, but they only repeated "there is nothing wrong with the execution and procedure." I felt completely at a loss, but I found a group called "Against the Disqualifying Clause" on the Internet.

- Recovery of license

With the help of my husband and other members, I consulted with an attorney and decided to apply for protest against the restrictions. I asked the oxygen cylinder manufacturer for cooperation, and got a certificate from the doctor. The protest was accepted, and I recovered the license without any restrictions at a nearby police station after the applicability test for the motorbike. The significant result was, I think, that the chief of license station promised, "Instructions will be given not to discriminate just because someone has an oxygen cylinder."

- What I think

This affair made me realize how the world sees people with disabilities. They bracket disability or illness and label us from assumption, "you can't do it, it's dangerous" regardless of each person's ability. This is why I had to struggle with my license.

I really believe that I couldn't have fought alone. It was because of help from my husband, members of the Against Disqualifying Clause group, and other people who supported me that I could carry it through. There are many people who think that judging people with disability by preconceived notions is wrong. I'm now very happy that I didn't give up.

There are disqualifying in many areas. The teaching profession is one of them. But, this is wrong. We have to think how it can be made possible. Restricting such activities, although there are ways to make them possible, is the violation of human rights. I will try to speak up to stop such things.

## 障害者を締め出さない社会

### 岸本めぐみ

在宅CADワーカー

#### プロフィール

- ・生年月日 1965年4月22日生 (37歳)
- ・障害 肺高血圧症 心臓機能障害にて在宅酸素療養中
- ・現在
  - ◇視覚障害の夫と二人暮らし
  - ◇建築用CADを勉強しながら時々在宅の仕事をもろう
  - ◇体調が許すときに作業所に出かけて作業している
  - ◇あまり動けない体だからこそ車の運転ができることは大きく、なんとか工夫したり助けってもらったりしながら、好きな音楽のグループ活動をしたり、主に夫と旅行に行ったり、甥や姪に会ったり、友人と集まったりと忙しくしている
- ・略歴
  - ◇3歳のとき病気がわかり治療もなく20歳まで生きられるかと言われる
  - ◇小学校2年生で南米ペルーに渡り、リマ日本人学校にて中学校2年まで過ごす  
病院と関わらず、できることできないことは自分で判断してなんでも挑戦してきた
  - ◇帰国後普通中学高校を経て大学に進学 原付二輪の免許取得により活発に  
子供会活動、手話サークルへの参加、他の心臓病患者との出会いで明るくなる  
学校の紹介で病院を紹介され定期通院するようになる
  - ◇府立高校講師を3年しながら教員試験に5回挑戦するがあきらめる 普通免許取得
  - ◇障害者の職業訓練関係の仕事に携わる
  - ◇1998年 体調悪化、入院、予後のことなども考え在宅酸素療法を取り入れる
  - ◇2001年4月 酸素ボンベを持って免許の更新に出かけたところ、突然車の臨時適性検査を受けさせられた上、原付免許を三輪・四輪に限定との処分を受ける
  - ◇異議申立の結果、8月に近くの警察署にて原付二輪の適性検査、免許の回復を勝ち取る

#### 1. 教師を目指していたこと

- ◆私は子どもの頃ヘレンケラーのサリバン先生に病気の自分を重ね合わせ、非常に感動し、先生になりたいと思いつけてきた。中学生のとき子どもが産めない体と知ってからは子どもと関る教師という仕事への思いはいつそう強くなった。
- ◆学生時代、階段は2階まで上れば息が上がり、体育も半分は見学、遠足もみならの速度についていけない、登山は別ルートで連れて行ってもらう状態。しかし教師になったら遠足や登山は同じようにしんどい子の対応にまわる等の方法があると自分としては思っていた。
- ◆採用試験で面接は2回受けたが、どちらも「どういう病気か？教師の仕事は体力が一番、遠足の引率はできるのか？」などの厳しい質問が相次ぎ、言葉を失ってしまう。

10月22日 総合リハ分科会 3 欠格条項 (NR-PS-3)

- ◆教師という仕事が障害者の雇用率の除外職種になっていることを知りあきらめた
- ◆運転免許の件で、教師が障害者を雇わなくても良い職種に入っていることを改めておかしいと訴えたい気持ちになった。子どもたちが過ごす学校という社会が障害者を締め出すということは一般社会でもそれが当然ということを知ることになると思うから。

2. 運転免許の限定処分から回復まで

◆限定処分

2001年4月酸素ボンベを持って運転免許の更新に出かける

酸素ボンベを持って人前に行くことに挑戦し始めた時期である。

視力検査のときに別室に行くよういわれ、突然「原付には乗れませんね」と言われる。「乗れる」としばらく抵抗すると、車のアクセルやブレーキが指示通り踏めるかの検査をさせられ、「車に乗れるかどうかまで疑われているのか」と非常に動揺する。車の免許を奪われたらどこにもいけなくなる。その後再び「原付は三輪・四輪でないと危ない」という話を繰返され、私の話は聞き入れられず、結局言うとおりに書くよう誓約書まで書かされ原付の限定を受ける。このとき見た目だけの判断で肝心の原付の適性検査は一切なかった。

◆処分の不服

しかし実際に限定付の免許証を手にしたときに、言いようのない悔しさと悲しさがこみ上げ呆然と立ちすくんだ。私にとって原付は車の免許のおまけではなく、16年もの間、通学、通勤、近所のどこへ行くのも一緒だった大事な足だった。今でも酸素が必要ないときは普通に乗れるし、ボンベを背負って乗っている人もいるから酸素を持っていても乗れるはずだ。自分に自信がなかった私も、夫や視覚障害の友人に絶対におかしいと言ってもらえたことで、納得がいかない、免許を取り返したいという気持ちになり、免許試験場に電話をするが、「処分や対応は間違っていない」の繰返しで話にならない。途方にくれた私はインターネットで調べる中で欠格条項をなくす会と出会う。

◆免許回復

夫と二人三脚、なくす会の方々等に励まされながら、結局弁護士さんに相談し、弁護士さんとともに意義申立書を作成することになる。酸素の業者さんにも協力していただき、診断書も添えて意義申立書を提出。要望が認められ近くの警察署にて原付の適性検査後ついに限定はなかったことになる。その際に免許試験場の所長さんに「酸素を持っているというだけで偏見を持たないよう指導徹底すること」を約束してもらえたことも意義深かった

◆思うこと

この件を期に、世の中が障害者をどのように見ているのか実感した。障害や病名でひとくくりにし、最初から危ない、できないとレッテルをはる。そのために私は普通に免許の更新ができず長く苦しい戦いを強いられたのだ。

しかしこの戦いは決して一人ではできなかった。夫や欠格条項をなくす会、その他支援し励ましてくれた多くの方々のおかげだとつくづく思う。障害者を思い込みで判断するのは間違っていると考える人々も大勢いるのだ。最後まであきらめず本当に良かったと思う。

いろいろなことに欠格条項がある。考えてみれば教師の件もそうだった。しかしそれは間違っている。どうしたらできるかを考えるべきなのだ。そしてできる方法があるのに制限を受けることは大変な人権侵害である。そういうことがなくなるよう私も訴えていきたいと思う。



## Findings of the Questionnaire Survey of Prefectural Governments, Government-designated Cities and Local Municipalities (Summary) - Campaign for the general review of the disqualifying clauses Municipality Survey Working Team

SEYAMA, Noriko

Ochanomizu University Graduate School

This is a report, focusing on the disqualifying clause, of the findings of “the Survey of the Status of the Establishment and Implementation of the Plan for Disabled Persons and the Actual State of the Disqualifying Clause (hereinafter called the forum survey),” which was carried out by the 2002 Forum commemorating the last year of the Asian and Pacific Decade of Disabled Persons.

### *Purpose of the Forum Survey*

The forum survey was carried out to examine the disqualifying clause restricting qualification and availability on the basis of disability, which is legally prohibiting the participation of disabled persons in the society, with municipalities all over Japan as the object. This is the first exhaustive survey ever conducted concerning the disqualifying clause with municipalities as the object of the survey.

### *Outline of the implementation of the survey*

Period: December, 2001 - May, 2002

Method: Mail-in survey

Rate of recovery:

(1) Questionnaires to prefectural governments and government-designated cities governments:

94.9% (56/59)

(2) Questionnaires to local municipalities: 48.0% (1,552/3,235)

### *Subjects and Features of the Forum Survey*

Subjects	<ul style="list-style-type: none"> <li>① Restrictions for reasons of disability which is stipulated in regulations and rules of municipalities;</li> <li>② Restrictions for reasons of disability which is stipulated in the list of requirements concerning applicant's qualification;</li> <li>③ Presence or absence of due consideration at the time of examination;</li> <li>④ Regulations concerning restrictions on the tenancy of public housing;</li> <li>⑤ Regulations concerning restrictions on the availability of public facilities;</li> <li>⑥ Regulations concerning restrictions on the hearing of representative assemblies, educational committees and others</li> </ul>
Features	<ul style="list-style-type: none"> <li>① Surveyed extensively systems that constitute virtual restrictions,</li> <li>② Surveyed not only restrictions concerning qualification but also those concerning the availability of public facilities;</li> <li>③ During the survey of restrictions on availability, we checked written texts to find concrete expressions that stipulate restrictions.</li> </ul>

**Abstracts**

**Oct. 22 NR Parallel Sessions 3 Disqualifying Clauses (NR-PS-3)**

**Findings of the Survey of Prefectural Governments and Government-designated Cities**

As to prefectural governments and Government-designated cities, we found virtually no restrictions for reasons of disability concerning the availability of public facilities as well as the hearing of representative assemblies, committees and others. On the other hand, restrictions on qualification were sometimes, although not often, found to be included in regulations concerning licenses and qualifications, to which prefectural governments and Government-designated cities hold the authorization right (restrictions on qualification), such as those concerning the police and licensed cooks of fugu (blowfish) (Table 1). Also, application forms that stipulate requirements for taking the qualifying examination, even when there are no related restricting regulations, sometimes contain conditions, such as the applicant “should be a person capable of dealing with questions printed on paper,” “should be mentally and physically healthy,” and “should be able to go to work and perform his or her duty on his or her own,” which constitute virtual restrictions. Suitable considerations and assistance at the time of the examination have not been provided for the past 5 years in 16 municipalities (28.6% of entire municipalities) even at the time of qualifying examination of office employees of prefectural governments and major city governments.

Table 1 Municipalities that retain restrictions on qualification

Survey on restrictions on qualification	Mental Disorders, Mental Disease	Hystero-epilepsy	Color-blind	Visual Impairment	Other disorders and diseases	No response returned	Number of respondents
Police	0	0	1	1	0	15	56

Licensed cook of fugu (blowfish)	9 (9)	1 (1)	2 (2)	5 (5)	4 (4)	19 (10)	56 (47)
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Numbers in the parentheses are the result of the survey of prefectural governments only.

**Findings of Survey of Local Municipalities**

It has been made clear from the survey of local municipalities that many disqualifying clauses do exist against persons with mental disorders concerning availability of public facilities and the hearing of public assemblies, committees and others (Table 2).

Table 2 Municipalities that retain restrictions on the hearing of public assemblies, committees, and others

Restrictions on hearing of public assemblies, committees and others	People with mental disorders (Mentally deranged)	Mental patient	Mentally unbalanced person	Person with mental disorder	Person with mental disease	Mentally defective person	Mental retardation	Absolute mental retardation	No response returned	Number of respondents
Educational committees	201	9	11	46	7	6	3	1	265	1,552

It has been made clear that there are municipalities, although not many in number, that have the disqualifying clause in their regulations and rules for reasons of mental disorders, mental diseases, intellectual disability, visual impairment, hearing impairment, mute, physical handicap, and other disorders and diseases when we reviewed the result of the survey, focusing only on those items that concern qualifications for office employees and outdoor

**Oct. 22 NR Parallel Sessions 3 Disqualifying Clauses (NR-PS-3)**

workers of local municipalities. As to requirements for applicants and due considerations and assistance for applicants at the time of examination, nearly 80% of the municipalities, including those without the disqualifying clause in their regulations and rules, responded that no special consideration has been provided at the time of examination for the past 5 years (Table 3).

Table 3 Due considerations and assistance at the time of examination (General office workers of local municipalities)

	Not provided	Examinations in Braille are carried out.	Tests printed in enlarged characters are carried out.	Staffing of sign language interpreter and writing interpreter	Considerations on the access to and arrangement of the test site
Local municipality office employees	1,231 79.3%	23 1.5%	21 1.4%	28 1.8%	63 4.1%

As to the tenancy of public housing, it has been found out that 136 municipalities (8.6%) restrict tenancy of persons with severe physical disabilities who need full-time assistance. (Table 4)

Table 4: Restriction on tenancy of public housing

No restriction concerning tenancy	Restrictions are established against persons with severe physical disability who need full-time assistance.	Restrictions are established concerning tenancy of persons with mental disorders	Restrictions are established concerning tenancy of persons with intellectual disorders.
913 58.8%	136 8.8%	60 3.9%	38 2.4%

**Findings of the Survey and Issues to be dealt with in the Future**

As shown above, the survey this time has revealed that the disqualifying clause is found in regulations and rules of not only the central government but also local municipalities. It has also been found out that the lack of due consideration and assistance and the requirements concerning the applicant's qualification constitute virtual limitations, creating a huge barrier. As for the availability of public facilities, lots of restrictions still exist concerning persons with mental disorders.

Please note that this survey did not review details such as the employment of disabled persons by municipalities (Employment test with numerus clauses for disabled persons) and/or the way examinations are conducted, and as such, detailed survey of municipalities as well as follow-up studies are issues that should be dealt with in the future.

10月22日 総合リハ分科会 3 欠格条項 (NR-PS-3)

## 都道府県指定都市・市町村アンケート調査結果 (抜粋)

### —欠格条項総点検キャンペーン

自治体調査ワーキング・チーム

瀬山 紀子

お茶の水女子大学大学院

この調査結果は、2002年アジア太平洋障害者の十年最終年記念フォーラムが実施した「障害者計画の策定・実施状況と欠格条項の実態に関する調査 (以下、フォーラム調査)」の欠格条項に関する項目についての結果報告です。

#### フォーラム調査の目的

本調査は、全国の自治体を対象に、障害者の社会参加を法律上閉ざしている障害を理由とした資格制限・利用制限などの欠格条項を調査することを目的として実施しました。全国自治体を対象とした欠格条項に関する網羅的な調査は、本調査がはじめてのものとなります。

#### 調査実施概要

実施期間：2001年12月～2002年5月 実施方法：郵送調査

回収率 (1) 都道府県・政令指定都市向け：94.9% (56/59)

(2) 市区町村向け：48.0% (1,552/3,235)

#### フォーラム調査の対象と特色

対象	①自治体を持つ条例・規則といった法規に規定されている障害を理由とした制限 ②受験資格に規定されている障害を理由とした制限 ③受験時 (試験) における適切な配慮の有無 ④公営住宅の入居に関する制限規定 ⑤公的施設の利用に関する制限規定 ⑥議会や教育委員会等の傍聴に関する制限規定
特色	①実質的な制限をもたらす制度を幅広く調査 ②資格制限とあわせ、公的施設の利用制限についても調査を実施 ③利用制限に関する調査では、制限の具体的な表記内容による調査を実施

#### 都道府県・指定都市に関する調査結果

都道府県・指定都市においては、公的施設の利用制限及び議会・委員会等の傍聴についての障害を理由とした制限は、ほぼ見られなかった。一方で、都道府県・指定都市が許認可権を持つ免許及び資格の制限規定 (資格制限) に関しては、数は少ないが警察職員及びふぐ調理師に関する条例等に資格制限がみられた (表1)。また、条例や規則等では制限規定がない資格においても、応募要項等に示された受験資格で「活字印刷文による出題に対応可能な人」や「心身ともに健康であること」、「自力で通勤し勤務遂行可能なこと」といった、実質的な意味での「制限」があるこ

10月22日 総合リハ分科会 3 欠格条項 (NR-PS-3)

とが明らかになった。試験の際の適切な配慮については、過去五年以内には実施していないと答えた自治体が都道府県・指定都市の一般事務職員でも16自治体（全体の28.6%）に及んだ。

表1 資格制限を保持する自治体

資格制限に関する調査	精神障害 精神病	てんかん	色覚障害	視覚障害	その他の障 害・病気	回答なし	回答者数
警察職員	0	0	1	1	0	15	56
ふぐ処理師	9(9)	1(1)	2(2)	5(5)	4(4)	19(10)	56(47)

( ) は、都道府県のみ

市町村に関する調査結果

市町村調査においては、公的施設の利用制限、議会・委員会等の傍聴制限に多くの精神障害に関わる欠格条項が存在する実態が明らかになった（表2）。

表2 議会・委員会等の傍聴制限を保持する自治体

議会・ 委員会等の 傍聴制限	精神に異 常のある 者(精神異 常者)	精神障害者	精神 錯乱者	精神に 障害があ る者	精神に 疾患があ る者	精神的に 欠陥があ る者	精神薄弱	白痴	回答なし	回答者数
教育委員会	201	9	11	46	7	6	3	1	265	1,552

資格制限については、市町村の一般事務職員、及び現業職員に限って結果をみていくと、少数ではあるが、条例・規則に精神障害、精神病、知的障害、視覚障害、聴覚障害、口のきけないもの、体が不自由なもの、その他障害・病気を理由とした欠格条項を有する自治体が存在することが明らかになっている。また、受験資格や受験時の適切な配慮についてみていくと、条例・規則等では欠格条項をもたない自治体を含めて、80%近くの自治体が過去五年以内に受験時の配慮は行っていないと回答していることが明らかになった（表3）。

表3 受験等における適切な配慮（市町村一般事務職員）

	実施していない	点字試験を実施	拡大文字試験を 実施	手話通訳、筆記 通訳の配置	試験場のアクセス や構造の配慮
市町村の一般 事務職員	1,231 79.3%	23 1.5%	21 1.4%	28 1.8%	63 4.1%

また、公営住宅の入居制限に関しては、常時介助を必要とする重度身体障害者に関する入居制限を設けている自治体が136自治体（86%）存在することが明らかになった（表4）。

表4 公営住宅の入居制限

入居資格に関する制限はない	常時介助を必要とする重度身体障害者に関する入居制限を設けている	精神障害に関する入居制限を設けている	知的障害に関する入居制限を設けている
913 58.8%	136 8.8%	60 3.9%	38 2.4%

10月22日 総合リハ分科会 3 欠格条項 (NR-PS-3)

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**調査結果と今後の課題**

以上で見てきたように、今回の調査を通して、欠格条項が国レベルの法律に留まらず、地方自治体の条例・規則といった法規に広く見られる問題であることが明らかになった。また、この調査によって実質的な制限となる受験資格や受験上の適切な配慮のなさが大きな障壁となっていることも明らかになった。また、公的施設の利用制限に関しては、精神障害に関わる制限が未だ数多く存在することも明らかになった。

なお、本調査では自治体の障害者雇用（障害者別枠採用試験）や試験の実施形態などの詳細についてはふれることができなかったため、さらに詳細な自治体調査、及び、追跡調査が課題としてあげられる。

## The Current State of the Government Action Plan for Person with Disabilities and Issues for the New Government Action Plan for Persons with Disabilities- Striving for Communities Where People Can Live in Peace, Towns Where People Can Move Freely, and Society Development Filled with Tenderness

KUSUNOKI, Toshio

Deputy Chairperson, Japan National Assembly of Disabled Peoples' International

1. Background of the barriers existing under Japan's Welfare Bill system
  - a. Longstanding foregone conclusions and prejudice towards the disabled
  - b. Over-dependence on families
  - c. Bias towards "Empty Welfare"
  - d. Lack of a sense of rights
  - e. Various types of disqualification clauses
2. Transition in the view towards the disabled- from eugenics to Disability Studies
  - a. 1950's- Disabled persons viewed through the Welfare Law for the Physically Disabled
  - b. 1960's- Rise of the Job Development Act for the Physically Disabled and Financial Independence Theory
  - c. Middle 1960's to 1970's- From Personal Independence Theory to Advancement Theory
  - d. From 1980's onward- Independence Theory based on self-determination focused on the disabled themselves
  - e. ICF and Disability Studies
3. Trends in Governmental Measures
  - a. Transition to the contract method and the introduction of the Assistance Payment System
  - b. Community welfare and defense of rights
  - c. Supply-driven diversification of services and the introduction of market principle
  - d. Ability-to-pay principle
4. Framework of the Disability Discrimination Act
  - a. Reevaluation of the rank and scope of disabilities
  - b. Corrections in the difference between classifications of disabilities
  - c. Definition of prejudice towards the disabled and the scope of discriminations that should be prohibited
  - d. Points that should be included as fundamental rights of the disabled
5. Issues that should be included in the New Government Action Plan for Persons with Disabilities
  - a. Expansion of in-home measures involved in the transition to the Assistance Payment System (Particularly the establishment of nursing care systems such as home helpers and the cultivation of human resources)
  - b. Expansion of concrete measures for the system of transition from facility to community care
  - c. Development and expansion of employment and job assistance systems and the cultivation of human resources
  - d. Development of tasks involving elimination of barriers in transportation and information access and establishment of a system for participation by the disabled
  - e. Establishment of an Inclusive Education system and reevaluation of educational content

「障害者プランの現状と新障害者プランの課題－安心して暮らせるコミュニティ、自由に移動できる町、やさしさにあふれた社会づくりを求めて」

楠 敏雄

DPI日本会議副議長

1. 日本の福祉法制度上のバリアの背景
  - ① 根強く残る障害者への予断と偏見
  - ② 家族への過度な依存
  - ③ 「箱物福祉」への偏り
  - ④ 権利性の欠如
  - ⑤ 各種の欠格条項
2. 障害者観の変遷－優生学から障害学へ
  - ① 1950年代－身障福祉法に見る障害者観
  - ② 60年代－身体障害者雇用促進法と経済的自立論の台頭
  - ③ 60年半ば～70年代へ－身辺自立論から発達論へ
  - ④ 80年代以降－当事者主体と自己決定に基づく自立論
  - ⑤ ICFと「障害学」
3. 国の施策動向
  - ① 契約方式への移行と支援費制度の導入
  - ② 地域福祉計画と権利擁護
  - ③ サービスにおける供給主体の多様化と市場原理の導入
  - ④ 応能負担の原理
4. 障害者差別禁止法の枠組み
  - ① 障害の等級と範囲の見直し
  - ② 障害種別間の格差の是正
  - ③ 障害者差別の定義と禁止されるべき差別の範囲
  - ④ 障害者の基本的権利として盛り込まれるべき事項
5. 新障害者プランに盛り込まれるべき課題
  - ① 支援費制度移行に伴う在宅施策の拡充（とりわけホームヘルパーなど介護システムの確立と人材養成）
  - ② 施設から地域への移行システムとその為の具体的施策の充実
  - ③ 雇用、就労支援システムの整備拡充、人材の養成
  - ④ 交通まちづくり、情報など、バリア解消の為の課題整備、当事者参画の体制の確立
  - ⑤ インクルーシブ教育制度の確立と教育内容の見直し



## Recommendation from the Current Status toward the Future of the Government Action Plan for Persons with Disabilities

SAWAMURA, Seishi

Hyogo Rehabilitation Center

The "round-table conference" instituted in the Ministry of Health, Labor and Welfare Ministry is now studying what the new basic program/ and plan replacing "New Long-term Program for Government Measures for Disabled Persons" ought to be. I am hoping that a principle, a purpose, total/ and horizontal idea, and basic aspects and implementation policies of each sectorial measure will be made cleared there. Through my carrier in the rehabilitation bureau for people with disabilities since 1960, I have learned a lot from people with disabilities and their needs, and this experience has borne fruit in the foundation of the Rehabilitation Centre. Also through 20 years of work with the ISPO (International Society for Prosthetics and Orthotics) and making 15 tours to study community rehabilitations and facilities abroad, I had several chances to look back at the disability measures in our country. From these experiences, I have to say, that the disability measures in our country are at least 15 years behind compare to the developed countries in the EU. Therefore, please accept allow me to be a little outspoken in my recommendation for the new government action plan for person with disabilities.

### **1) A Bold Policy Shift and Budget Allocation from Facility Care to Home Care;**

To realize the normalization, the budget of the Government Action Plan for Persons with Disabilities budget that is currently weighted on residential facilities (65.9%) must be boldly shifted to the domiciliary support. It is important to make the environment that enables people with disabilities to settle in communities by developing 3 main domiciliary supports (9%), group care homes, and vocational support centers. I wish our country would learn from Canada, United Kingdom, or Scandinavian countries where, from the prospect of the normalization, closings of residential facilities for disabled people are carried on to shift to an increase of group homes.

### **2) Recognizing that the fact that our country's social security spending to a portion of the GDP is the lowest level among developed countries is preventing aged or disabled people from living in communities, the society without uncertainty over about its future must be created by raising social welfare to the international level through a long-term vision with the initiative of politicians;**

With the current lack of social welfare resources (specially domiciliary-support manpower) in our country today, there are no rights for people with disabilities to self-choose or self-determine to settle in communities with some quality of life. Especially particularly, mentally disabled people are forced to live in hospitals with cruel conditions, because of a lack of community-based supports. And this is becoming an International human rights issue. The fundamental cause of this is the fact that our country's social security spending to a portion of the GDP have been held down at the lowest level among developed countries, especially that of welfare have been lower compare to pensions and health cares. And this situation seems to come result from a lack of long-term vision and the international perspective of politicians. The current situation is that government officials in charge of health-care, pensions and welfare are struggling to seek the best measures for aged and disabled people within such low social security budgets. There are some menus abroad, but their contents especially their terms of manpower, are amazingly flimsy. To solve the situation, we must first expose to the public that, because our

country's social welfare spending is low, it is impossible to ensure the life for those concerned, and then increase the social security spending to as a portion of the GDP in stages to an international level by showing the long-term vision. This is supposed to be the work of politicians, so it should be changed at the initiative of politicians. As I proposed, the enhancement of social security of the community including benefit of senior citizens is, as a new public project to expand domestic demand, the most important challenge to brighten the future of Japan economically, remove people's anxiety about the future, and recover public trust in politics.

**3) It is necessary to establish the life-cycle community rehabilitation systems, such as terminal cares from children with developmental disabilities to senior citizens in need of care, and to define the roles of the nation, prefectures and cities/ and towns by eliminating vertically divided administrative functions;**

In current vertically divided administrative functions, measures for senior citizens, disabled people and developmentally disabled children are conducted in different sections of the Ministry of Health, Labor and Welfare Ministry. Therefore, without mentioning about the bounty system, there are various regulations against the needs of disabled people, and their wishes are often broken as a result. There are also abuses from the vertically divided administrative functions in effective uses of social resources among prefectures, secondary spheres and cities and /towns. It is necessary to link or integrate various centers that are products of vertically divided administrative functions, such as two separate community rehabilitation councils for senior citizens and disabled people in each prefecture, wide area rehabilitation support centers and vocational and livelihood support centers in secondary spheres, and home care support centers and livelihood support centers for disabled persons in cities and /towns. On the other hand, there are functions to be used throughout one's lifecycle such as techno-aid centers in secondary spheres. These service centers must be restructured according to the needs of citizens and users, and also following the lifecycle. In 1989, then Prime Minister Thatcher of the United Kingdom established the rehabilitation bureau to be based on linkage of communities. I would like to take this opportunity to suggest to the cCongress to establish the rehabilitation bureau also in our nation by eliminating the opposition of in the bureaucracy.

**4) The issue of the disability anti-discriminatory law, the empowerment of people with disabilities, and setting up of numerical targets for objective measures are essential for the development of the disabled people's social participation.**

## 障害者プランの現状から将来への提言

澤村 誠志

兵庫県立総合リハビリテーションセンター

現在、「障害者対策に関する新長期計画」に替わる新しい基本計画・プランのあり方が、厚生労働省に設置された「懇談会」にて検討されている。この中で、計画の理念、目的、総合的、横断的な考え方、分野別の施策の基本的方向および推進方策が明らかにされると期待している。私は、昭和35年より、身体障害者更生相談所の仕事を通じて、障害のある人々のニーズに接し、多くの障害のある人々から、様々なニーズを学び、総合リハビリテーションセンターの設立に結実できた。また、過去20数年間のISPO（国際義肢装具協会）の仕事と15回の地域リハの視察ツアーを通じて、海外の障害者施策を垣間見ることから、わが国の障害者施策を振り返る機会を得てきた。その経験から私はわが国の障害者施策は、EU先進国に比較して、少なくとも15年は遅れているとの印象を持っている。そこで、新障害者プランに対して、少し辛口の提言になるが、お許しいただきたい。

### 1) 施設ケアから、在宅ケアへ思い切った政策転換、予算配分を；

ノーマライゼーションの実践を行うために、現行の入所型施設に偏った障害者プランの予算（65.9%）を、在宅生活を支援する予算重視する方向に思い切ったシフトをするべきである。在宅3本柱（9%）、グループ・福祉ホーム、就業・生活支援拠点などの整備により、地域に住み続ける環境を作り上げることが重要である。近年ノーマライゼーションの理念から、カナダ、英国、北欧などで障害者の入所施設の閉鎖・解体が進められ、代わりにグループホームの増設など在宅支援を積極的に進めている点を学んで欲しい。

### 2) わが国のGDP比社会保障費が、OECD先進国の中で最低レベルにあることが、高齢者や障害者が地域で生活を続けることを妨げていることを認識し、政治主導により長期ビジョンの中で社会保障を国際的レベルまで引き上げ、将来に不安のない社会を作る；

現在のわが国における地域での社会福祉資源（特に、在宅支援マンパワー）の乏しい現状では、障害のある人が、ある程度のQOLを求めて、地域で住み続けていきたいとの自己選択、自己決定する権利は存在していない。特に、精神障害者の場合には、地域の受け皿機能の欠落のため、劣悪な入院生活を送ることを余儀なくされ、国際的な人権問題となっている。この原因の根幹は、わが国のGDP比社会保障費が長年に亘りOECD先進国に比較して、最低のレベルに抑えられてきており、特に、年金、医療に対して、福祉予算が極端に低く抑えられてきたことによる。この原因は、政治家の国際的な立場に立つ不勉強からくる長期ビジョンの欠落にあると思われる。この低い社会保障枠の中で、医療、年金、福祉にかかわる担当所管の官僚が知恵をしまり、高齢者、障害者施策を模索しているのが現状である。海外でのメニューはあるが、その内容、特に、マンパワーは驚くほど薄っぺらい。この解決には、まずわが国の社会保障費が低いために当事者の将来を保障できないことを国民に公表した上で、長期ビジョンを示しGDP比社会保障枠を年次的に国際レベルまでに引き上げることが必要である。これは、本来政治家の仕事であり、政治主導で変えていかなくてはならない。これには、私が日頃提唱してきたように、高齢者対策を含めて、地域の社会保障の充実こそが、新しい内需拡大型の公共事業として、経済的にも日本の将来を明るくし、住民の将来の不安を取り除き、政治への信頼感を取り戻す最重要課題であると思う。

### 3) 縦割り行政の弊害を除き、発達障害児から要介護老人のターミナルケアまで、ライフサイクルに亘る地域リハビリテーションシステムを設定し、国、都道府県、市町の役割を明確にすべきである；

現在、縦割り行政の中で、高齢者、障害者、発達障害児の対策が、厚生労働省の別々の担当課で行われている。このため補助金制度を例に挙げるまでもなく、障害者のニーズに反する種々の規制がかけられ、当事者の意欲を裂くこ

10月22日 総合リハ分科会 4 障害者プラン (NR-PS-4)

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とが少なくない。また、縦割り行政の弊害により、都道府県、2次圏域、市町での社会資源の効率的な利用の弊害となっていることが少なくない。各都道府県に設置された高齢者と障害者施策の2つの地域リハビリテーション協議会、2次圏域に設置されるリハビリテーション広域支援センターと就業・生活総合支援センターとの関係、市町における在宅介護支援センターと障害者生活支援センターとの関係など夫々の縦割り行政の産物である拠点の連携なり統合が必要となる。一方では、2次圏域でのテクノイドセンターのように、ライフサイクルに跨って協同利用して行きたい機能がある。これらのサービス拠点を、住民サイド、当事者サイドのニーズに立ち、さらに、ライフサイクルに沿って再構築すべきである。英国では、1989年に、サッチャー首相の英断によりコミュニティの連携に軸足を置いたリハビリテーション局をおいた。官僚組織による抵抗を排して、立法府の仕事として、国にリハビリテーション局を設置することを改めて提言したい。

- 4) 真に、障害のある人々の社会参加を進めるには、障害者差別禁止法の発令と、障害のある人々のエンパワメント、そして、具体的施策の数値目標の設定が不可欠である。

## Prospects of New Regional Welfare ... Current Situation of the Government Action Plan for Persons with Disabilities and Proposals for the New Government Action Plan for Persons with Disabilities

OTANI, Tsutomu

Kansai Gakuin University Economics Department

1. Need for the Government Action Plan for Persons with Disabilities based on new disability concept ICF
  - (1) Relationship with the five rules of the International Year of the Aged
    - Independence
    - Participation
    - Care
    - Self-fulfillment
    - Dignity
  - (2) Current situation in which importance must be placed on care
    - Why transition from facility to home/region is required?
    - Social care and support for what sort of lifestyle?
  - (3) Broad lifestyle profile including independence
    - Opportunities to work and earn income also important element for independence
    - Transition of policies from welfare-dependent living in each country to independent social life supported by working
  - (4) Importance of elements in WHO's International Classification of Functioning, Disability and Health (ICF)
    - Establishment of society in which disabled citizens can be active
    - Securing social participation to ensure integrated society
2. New Plan for Realizing Enriched Daily Life of Persons with Disabilities
  - (1) Preparing for places and opportunities for free activity by oneself
    - Providing diverse information for various individuals
    - Importance of processes which are clear and selected with satisfaction
    - Opportunities to actually try if suitable for oneself
    - Social environment acknowledging progress, challenges, and failures
    - Society which acknowledges rights of citizens to establish organization and voice opinions
  - (2) Support for experiencing working and employment in society
    - Labor and employment policies in regions which need to be focused from now on
    - Establishment of diverse ways of working and working places to realize working with dignity
    - Complicated relations with diverse people via work places and work
    - Local environment and atmosphere of people supporting working people
  - (3) City planning which allows free movement and satisfactory life
    - Cities which allow consumers to use their money freely
    - Cities which allow casual walking and elimination of stress
    - Cities which allow us to accumulate and test our diverse abilities
    - Cities which provide opportunities to meet unexpected people
  - (4) From plan limited to disabled citizens to plan for all citizens
    - New policies to realize social inclusion
    - Removal of two limitations- the scope of welfare and the scope of disabled citizens

## 障害者プランの現状と新障害者プランへの提言

大谷 強

関西学院大学経済学部 教授

1. 新しい障害概念ICFに対応した障害者プランの必要性
  - (1) 国際高齢者年の5つの原則との関連
    - ・ 自立 (independence)
    - ・ 参画 (participation)
    - ・ ケア (care)
    - ・ 自己実現 (self-fulfillment)
    - ・ 尊厳 (dignity)
  - (2) ケアに比重をかけなくてはならない現状
    - ・ なぜ施設から在宅・地域への移行が必要なのか
    - ・ どんな生活をするための社会的ケア・支援か?
  - (3) 自立 (independence) に含まれる広い生活像
    - ・ 仕事や収入をえる機会も自立の重要な要素
    - ・ 各国における「福祉依存」の生活から就労支援による自立した社会生活へ政策移行
  - (4) WHOの国際障害分類ICFの要素の重要性
    - ・ 障害者市民の活動力 (activity) が発揮できる社会づくり
    - ・ 統合された社会をになう社会参画 あるいは社会進出 (participation) の確保
2. 日常生活の豊かさを実現する新・障害者市計画に
  - (1) 自分で自由に活動できる場所と機会の準備
    - ・ 個々人に行き渡る多様な情報の提供
    - ・ 理解でき納得して選択できるプロセスの重要性
    - ・ 自分に適しているかどうか、実際に試みる機会
    - ・ 飛躍やチャレンジとともに失敗を認める社会環境
    - ・ 自分たちが組織をつくり、意見を主張できる権利を認める社会
  - (2) 社会のなかで就労・雇用を経験する支援
    - ・ 現在より重視すべき地域における就労・雇用政策
    - ・ 尊厳ある労働を実現する多様な働き方と働く場の確立
    - ・ 職場や仕事を通じた多種多様な人とのきびしい付き合い
    - ・ 地域の環境や人々の雰囲気の仕事をする人を支援する
  - (3) 自由に動き回り、生活を充足できるまちづくり
    - ・ 消費者として思い切り自由にお金を使える街
    - ・ 気軽に歩き回り、ストレスを解放できる街
    - ・ 自分の多様な力量を蓄え、試すことができる街
    - ・ 予想しない人とならえるチャンスのある街
  - (4) 障害者市民に限定したプランからすべての市民のプランに
    - ・ ソーシャル・インクルージョンの実現に向う新しい政策
    - ・ 福祉の枠と障害者市民の枠という2つの限定を取り払う

## Local Social Resource for Advocating the Rights of People with Disabilities

IKEDA, Naoki

Osaka Advocacy Law Office

### 1. What is advocacy?

- Exercise of Rights (procedural assistance, negotiation assistance)
- Remedy for Infringement (initial response, preservation of evidence, letter of protest, lawsuit)
- Publicity of rights (utilization of the media), thorough publicity, outreach (digging out)
- Creation of new rights (campaign for establishing them in the social system)

### 2. Objects of advocacy

- Rights against the central and local governments (pension, social relief, other grants in aid)
- Social rights and duties (housing, employment, transportation facility utilization etc.)
- Rights and duties in the family (dependence-related, inheritance-related, property management-related etc.)

### 3. Transition of the position of persons with disabilities

- Position in the family relations
  - ① Bewilderment, acceptance, enclosure ⇒ Make use of social support.
  - ② Pension of disabled children (adult) could be acquired by their parents. ⇒ Adult guardianship
  - ③ The party should also have the right to choose between being provided by the family and receiving public assistance.
- Position in the social relationship
  - ① Change in the labor force evaluation as a result of industrialization (mass production), uniform management
  - ② Protect the socially vulnerable group ⇒ Keep them isolated.
  - ③ Universal guarantee of human rights (substantially and unconditionally guarantee equal rights to all people)
  - ④ From gigantic technologies to technologies with human touch (Information technology, development of welfare devices)  
⇒ Enter into the labor market again.
- Position in the life in an institution
  - ① Review of professionals-led system (self-righteous manner would give birth to abuses)
  - ② Facility users should not be isolated. ⇒ Implement outside scrutiny.
  - ③ The staff themselves should publish the compliance rules in their facility. (i.e. philosophy, objectives)
  - ④ Publish a bill of rights.

### 4. Social resource viewed from an aspect of rights advocacy

- How to make full use of administrative services?
  - Oftentimes, they hesitate to use the administrative service, because with all those “application requirements”, and “necessary documents” they find the administrative procedure so cumbersome and the service at the counter disagreeable. ⇒ How can they make an application quickly without feeling any constraint?

**Abstracts**

**Oct. 22 NR Parallel Sessions 4 Government Action Plan (NR-PS-4)**

**Who should obtain the government-related information, and how?**

- Government does not always conduct a thorough public relation campaign even when it has launched a new undertaking. However, it is advisable that users of administrative services get its details as soon as possible, and learn how to use it. ⇒ How can they take steps as the occasion demands to get the information?

**Who should take care of the remedy for violation of rights and give assistance for the recovery of the damage?**

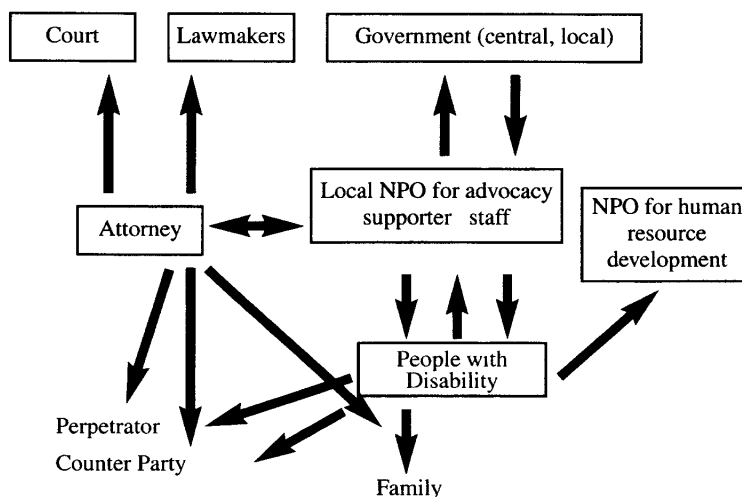
- There is a great deal of resistance to leave everything to the attorney for the remedy for the violation of rights (costs, the number of people.)
- When a party is encroached upon his rights, only he or his supporters can take initial (emergency) measures. (Confirmation of facts such as specifying the identity of the person and the harmful act, securing eyewitnesses, how to write a letter of protest, taking pictures of the injured parts etc.)

**Who is going to foster such human resources, and how?**

- Presently, any specific or individual advocacy technique is not taught at a human resource development business related to the welfare services.
- Advocacy stops short of the details, ending at the general theory or philosophy level.

⇒ It is urgently required to foster local NPOs for advocacy and their staff. (NPOs for human resource training)

⇒ It is urgently required to foster a lot of people who have received advocacy training.





## 障害のある人の権利擁護面から見た地域の社会資源

池田 直樹

大阪アドボカシー法律事務所 所長 弁護士

### 第1 権利擁護とは

- 権利の行使（手続き支援、交渉支援）
- 権利侵害からの救済（初期対応、証拠保全、抗議文、訴訟）
- 権利の広報（マスコミの活用）、周知徹底、アウトリーチ（掘り起こし）
- 新たな権利の創出（制度化に向けた運動）

### 第2 対象別に整理すると…

- 国や自治体に対する権利（年金、生活保護、その他助成金など）
- 社会生活上の権利義務（住宅、雇用、移動、施設利用など）
- 家族内での権利義務（扶養関係、相続関係、財産管理関係など）

### 第3 障害のある人の位置の変遷

- 家族関係における位置
  - ①戸惑い、受け入れ、囲い込み⇒社会の支援利用
  - ②障害のある子ども（成人）の年金を親が遣い込む⇒成年後見制度
  - ③当事者側も家族扶養と公的扶助とのいずれかを選択する権限が必要。
- 社会関係における位置
  - ①工業化（大量生産化）に伴う労働力評価の変遷、画一管理
  - ②社会的弱者として保護⇒隔離
  - ③人権の普遍的保障（全ての人に、無条件に、同等の権利を実質的に保障）
  - ④巨大技術から等身大の技術へ（IT、福祉機器の開発）  
⇒再度、労働市場に参入
- 施設生活における位置
  - ①専門家主導システム（独善化が虐待を生む）の見直し
  - ②利用者を孤立させない⇒外部の目を入れる
  - ③職員自身がコンプライアンスルール（理念、目標）を公表する
  - ④権利章典を公表する

### 第4 権利擁護面から見た社会資源

- 行政サービスを如何に使いこなすか？
  - ・行政手続きは「申請要件」「必要書類」などが煩わしく、行政の窓口対応も気に入らないことから、逡巡してしまうことが多い。⇒どうすれば、気がねなく、迅速に申請できるか？

● 行政関連情報を、誰が、どのように入手するか？

- ・行政は新しい事業を始めても十分な広報をしないことがある。しかし、利用価値のある制度（情報）は利用者側が早く入手して、使い方を習熟しておく必要がある。⇒どうすれば、臨機に情報を入手できるか？

● 権利侵害の救済、被害回復支援を、誰が担当するか？

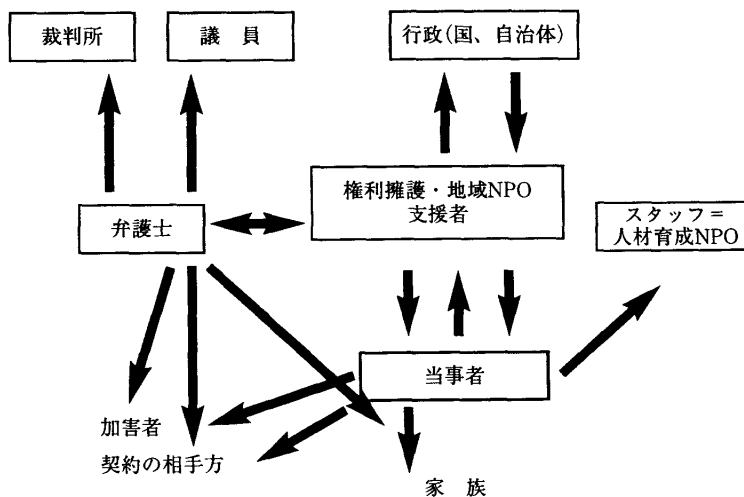
- ・被害救済を全て弁護士に依頼するのはハードルが高い（費用、人数など）。
- ・被害に遭ったときの「初期（応急）対応」は、被害者及び支援者がするしかない（加害者、加害行為の特定などの事実確認、目撃者の確保、抗議文の書き方、負傷個所の写真撮影など）。

● そのような人材を、誰が、どのように育成するか？

- ・現在の福祉サービスに関連する人材の育成事業では、具体的・個別的な権利擁護技術を教えていない。
- ・権利擁護が総論や理念で終わってしまっている。

⇒ 権利擁護・地域NPO、及びそのスタッフの育成（育成NPOの設立）が急務である。

⇒ 権利擁護研修を受けた人材を幅広く育成することが急務である。



## From the Perspective of Employment Support

**KOBAYASHI, Shigeo**

General Manager, Osaka City Support Center for Employment and Living of Persons with Disabilities

1. To secure a place for “employment promotion measures” in the fundamental policies for persons with disabilities.
  - (1) Implementation of an annual plan/cooperative measures to achieve the employment quota
  - (2) Job creation measures that go along with the relaxation of “system concerning exemption from the employment quota”
  - (3) Expansion and flexible operation of “employment opportunity creation project for persons with disabilities”
  - (4) “Support center for employment and living of persons with disabilities” / Plan to establish “skill development schools and facilities for persons with disabilities”
  - (5) Measures for reemployment for displaced workers
  - (6) Employment promotion measures taken by local autonomous bodies that suitably reflect region-specific conditions
2. Promotion of comprehensive support measures by the Ministry of Health, Labour, and Welfare
  - (1) Deployment of comprehensive support measures
    - ① In order to satisfy appropriately various needs concerning getting a job  
⇒ Promotion of “cooperative model project,” which covers labor, welfare, education and medical service.
    - ② Promotion of comprehensive support measures instead of disability -specific response
  - (2) Improvement of cooperation measures ⇒ “Support center for employment and living of persons with disabilities”
    - ① Specify the target for establishment and provide an annual plan  
⇒ Zones/districts of health and welfare for persons with disabilities/to set up 1 in each public employment security office
    - ② Improvement of operation base as an independent regional center  
⇒ Expansion of grant for operational expense/ Integration of operational expenses
    - ③ Improvement of measures implemented independently by the center.... such as “job coaching”
  - (3) Cooperation with existing social resources in the region  
⇒ Promotion of “Model project for the promotion of the establishment of a network of employment assistance”
  - (4) Promotion of employment in offices instead of welfare-related employment
    - ① Cooperative measures with enterprises ..... “On-the-job training” / “In-house vocational training”
    - ② Promotional measures for the establishment of specially-treated subsidiaries
    - ③ Enhancement of functions of vocational training centers  
⇒ Grants for operation in proportion to the number of employees / To secure a quota of 10% / Expansion of “In-house vocational training”

## **Abstracts**

### **Oct. 22 NR Parallel Sessions 4 Government Action Plan (NR-PS-4)**

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3. Rectification of regional differences / differences based on the kinds of disabilities
  - (1) Promotion of the establishment of vocational skill development schools and facilities for persons with disabilities ⇒ 1 in each prefecture
  - (2) Skill improvement to meet employment needs and industrial structures / Expansion of opportunities to acquire skills
  - (3) Development of job territories and vocational capabilities
  - (4) Integration of vocational independence enlightenment project...Development of projects that go beyond the framework of persons with disabilities
4. Measures taken by local public bodies
  - (1) Set up of targets of employment in local autonomous bodies
  - (2) “Model projects for the promotion of employment of persons with intellectual disabilities” in local autonomous bodies
  - (3) Promotion and establishment of “Support center for the employment and living of persons with disabilities”
  - (4) Employment promotion project suitable for region-specific conditions

## 就業支援の立場から

小林 茂夫

大阪市障害者就業・生活支援センター 所長

1. 障害者基本計画に「雇用・就業促進の施策」を位置付ける。
  - (1) 雇用率達成に向けた年次計画／連動施策の実施
  - (2) 「雇用率適用除外制度」の緩和ともなう雇用創出施策
  - (3) 「障害者雇用機会創出事業」の拡大及び弾力的運用
  - (4) 「障害者就業・生活支援センター」／「障害者能力開発校、能力開発施設」設置計画
  - (5) 離職者に対する再雇用にむけた対策
  - (6) 地域実情を反映した地方公共団体の就業促進施策
2. 厚生労働省としての一体的支援施策の推進
  - (1) 総合的な支援施策の展開
    - ①働くことへの様々なニーズに的確に対応するために  
⇒労働・福祉・教育・医療等の「連携モデル事業」の推進
    - ②障害種別対応から総合支援策の推進
  - (2) 連携施策の充実 ⇒「障害者就業・生活支援センター」
    - ①設置目標の明示と年次計画  
⇒障害者保健福祉圏域／公共職業安定所に1か所の設置
    - ②独立した地域センターとしての運営基盤整備  
⇒運営費の助成拡充／運営費の一体化
    - ③センター独自に展開できる方策の拡充・・・「ジョブコーチ」など
  - (3) 地域における既存の社会資源との連携  
⇒「就業支援ネットワーク構築推進モデル事業」の推進
  - (4) 福祉的就労から事業所への就業促進
    - ①企業と連携した施策・・・「職場実習」／「企業内授産」
    - ②特例子会社設立奨励策
    - ③授産施設の機能強化  
⇒就業者数に応じた運営助成／10%定員枠の確保／「企業内授産」の拡充
3. 地域間格差／障害種別間格差の是正
  - (1) 障害者職業能力開発校、能力開発施設等の設置促進 ⇒ 都道府県1カ所設置
  - (2) 雇用ニーズ及び産業構造に対応したスキルアップ・技能習得の機会拡大
  - (3) 職域開発及び能力開発
  - (4) 職業自立啓発事業の一元化・・・障害者枠を越えた事業展開
4. 地方公共団体の施策
  - (1) 地方自治体における雇用目標の設定
  - (2) 地方自治体における「知的障害者の雇用推進モデル事業」
  - (3) 「障害者就業・生活支援センター」設置促進
  - (4) 地域の実状に応じた就業促進事業

## **Status of Establishment and Implementation of the “Local Municipality Plan for Disabled Persons” - Findings of the Recently-held National Survey**

**KIM, Jeong - Ok**

Associate Director of the Forum Secretariat of DPI Japan  
Forum commemorating the last year of the Asian and Pacific Decade of Disabled Persons  
Political Subcommittee of the Campaign Committee (Municipality Survey Working Team)

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### **1. Purpose of the survey of the status of establishment and implementation of the “Local Municipality Plan for Disabled Persons”**

The purpose of the survey is to find out the actual state of the establishment and implementation effort of the “Plan for Disabled Persons” by prefectural governments, government-designated cities, and local municipalities from the viewpoint of the spirit that serves as the basis of “the UN Standard Rules for Equalization of Opportunities for Disabled Persons,” adopted in 1993, and “Participation, Integration, and Human Rights in Society (of People with Disabilities)” among “the 12 most urgent tasks in the Asian & Pacific Decade of Disabled Persons,” with the main focus on the issue of “participation.”

### **2. Summary of the survey**

- Period: December, 2001 - May, 2002
- Method: Mail-in survey
- Rate of recovery:
  - (1) Questionnaires to prefectural governments and government-designated cities: 94.9% (56/59)
  - (2) Questionnaires to local municipalities: 48.0% (1,552/3,235)

### **3. Summary of the result**

- Prefectural governments/government-designated cities:  
Number of returned questionnaires: 56  
→Number of those that said, “Numerical targets are included in the plan for disabled persons.”: 49
- Local municipalities:  
Number of returned questionnaires: 1552  
→Number of those that said, “Numerical targets are included in the plan for disabled persons.”: 427

### **4. Points of the result of the survey (Details will be explained using suitable materials on the day of presentation)**

#### **(1) Actual State of the establishment of the plan**

- ① The main condition that poses difficulties in making up a plan: Shortage of human resources
- ② One fourth of the municipalities that already have a plan said that no review was being scheduled.
- ③ In most of the cases, various materials prepared by administrative agencies were the reference used in setting up the plan. Although not many in number, some consulted the Standard Rules and the 107 Targets.

Oct. 22 **NR Parallel Sessions 4 Government Action Plan (NR-PS-4)**

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- ④ About half of the municipalities have a plan that includes measures for those with intractable diseases that are not certified as disability.
- ⑤ The rate of establishment and implementation of measures is found to be lower in related fields (especially in the field of education) than in the field of welfare.
- ⑥ The percentage of those that said, "Employment Support" "is not included as a menu in the plan nor is it implemented as one of the measures," is high.
- ⑦ The proportion of municipalities is high that do not include "Information service for people with mental disabilities" "in the plan nor implement it as one of the measures." It is usually not included as well in materials prepared by the government.

**(2) Method of establishment and implementation of the plan**

- ① Three fourths of the local municipalities carried out a survey in some way or other in order to set up the plan. The survey was planned and conducted mainly by municipal employees in 70% of the municipalities. In the majority of the cases, the analysis and the preparation of the report were commissioned to consulting firms rather than done mainly by municipal workers.

- ② Local municipalities that have set up a promotion council are rare.

**(3) Degree of participation in the establishment of the plan**

- ① Local municipalities vary widely in the degree of "participation" of persons with disabilities in the plan for Disabled Persons.

- ② Concerning the setting up of the plan, about half of the municipalities sought opinions from disabled persons before preparing the questionnaire.

- ③ As to "the method of setting up of the numerical target," less than 5% of the municipalities have set up the target "based upon requests from citizens and disabled persons' groups," for every project menu. The percentage is 5 to 10% in the case of prefectural governments.

- ④ Sixty percent elected, according to the conventional practice, group representatives as planning and other committee members representing disabled persons. One fourth did not specifically provide an opportunity for participation for interested parties other than members of the committee.

## 「市町村障害者計画」策定・実施状況—全国調査の結果から

金 政玉

DPI日本会議事務局次長

「アジア太平洋障害者の10年」最終年記念フォーラム キャンペーン委員会政策部会（自治体調査ワーキング・チーム）

### 1. 「市町村障害者計画」策定・実施状況に関する調査の目的

都道府県・政令指定都市、市区町村の現状の「障害者計画」策定状況が、1993年に国連総会で採択された「障害者の機会均等化に関する基準規則」、「アジア太平洋障害者の十年12課題」の「(障害当事者の)社会への参加・統合・人権」という精神からみて、中でも「参加」に焦点をあててどのような現状にあるのかを調査する。

### 2. 調査の実施概要

- 実施期間：2001年12月～2002年5月
- 実施方法：郵送調査
- 回収率：(1) 都道府県・政令指定都市向け：94.9% (56/59)  
(2) 市区町村向け：48.0% (1,552/3,235)

### 3. 結果の概要

- 都道府県・政令指定都市向け 回収数：56  
→「障害者計画に数値目標が盛り込まれている」と回答したのは49
- 市区町村向け 回答数：1552  
→「障害者計画に数値目標が盛り込まれている」と回答したのは427

### 4. 調査結果のポイント（詳細は当日資料で説明）

#### (1) 計画策定の状況

- ①計画策定を困難にしている条件：人材不足が大きな要因
- ②計画策定した市町村の4分の1が見直し予定なしと回答
- ③計画策定の際に参考としたものは行政資料がほとんどだが、基準規則や107の目標も少ないけれど存在する
- ④難病など障害認定されていない人の施策を含んだ計画になっている市町村は約半数
- ⑤施策の計画策定・施策の実施率については、福祉領域に比べ、関連領域（特に教育）の方が低くなっている。
- ⑥「就労支援」のメニューについては、「計画に盛り込まれていないし、施策としても実施していない」の比率が高い。
- ⑦「知的障害者向けの情報提供サービス」が行政資料も含めて、「計画に盛り込まれていないし、施策としても実施していない」の比率が高い。

#### (2) 計画策定・実施の方法

- ①計画策定のため、4分の3の市町村が何らかの形で調査を実施。調査は企画、実施に市町村職員が中心に関わったところ7割。分析や報告作成はコンサル委託が職員中心を上回る。
- ②推進協議会を設置している市町村は非常に少ない



10月22日 総合リハ分科会 4 障害者プラン (NR-PS-4)

(3) 計画策定への参加の度合い

- ①市町村における障害者計画への「参加」は、自治体によってばらつきがみられる。
- ②計画策定の方法において、調査票作成前に障害者の意見を聞いたところは、約半数。
- ③「数値目標の設定方法」において「住民や障害者団体からの要望に基づいて設定した」の比率が、市町村の場合、各事業メニューを通じて5%以下である。  
都道府県の場合でも5~10%。
- ④計画策定委員会等への障害者委員の選出方法は、慣例による団体代表が6割。  
委員以外の当事者の関与は、とくに機会を設けなかったのは4分の1。

## **Greater Stakeholders' Involvement: Key to the Success of an AP Decade Extension, 2003-2012**

**ILAGAN, Venus M.**

Regional Chairperson, Disabled Peoples' International Asia-Pacific Region (Philippines)

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The Asia-Pacific region being home to 360 million or 60 percent of the world's estimated 600 million disabled persons, has a huge stake at supporting and furthering the effort for an International Convention for the Protection of the Rights and Dignity of Persons with Disabilities as well as seeing to the successful achievement of the goals of an extension of the Asian and Pacific Decade of Disabled Persons, 2003-2012.

While the Asian and Pacific Decade of Disabled Persons (1993-2002), has greatly increased the level of awareness on disability in the region, there remains so much to be done to create a social and physical environment that is truly conscious and accommodating of the needs of persons with disabilities.

Engaging persons with disabilities and their organizations in the overall development process is a must if we want to ensure the success of the AP Decade extension. Proper co-ordination of the efforts and resources of the different disability stakeholders including non-disabled persons working with the disabled, has to be explored, encouraged and supported to ensure the successful achievement of the goals of an extended Decade.

10月23日 全体会 (PL-3)

## 利害関係のある当事者の更なる関与こそ、つぎの 「アジア太平洋障害者の十年 (2003-2012)」成功の秘訣

**ILAGAN, Venus M.**

障害者インターナショナル・アジア太平洋地域評議会 (DPI) アジア太平洋ブロック議長

世界に6億人いるといわれる障害者のうち、60%にあたる3億6千万人を擁するアジア太平洋地域は、つぎのアジア太平洋障害者の十年 (2003-2012) の目標達成に責任をもつのみならず、障害者の権利および尊厳の保護に関する国際条約採択に向けた努力の支援と推進に、極めて大きな利害関係を有している。

アジア太平洋障害者の十年 (1993-2002) はこの地域の障害者に対する意識レベルを大いに向上させたが、障害者のニーズを真に意識し、それに対応した社会的・物理的環境づくりのためにしなければならないことは依然として多い。

つぎのアジア太平洋障害者の十年の成功を確実にするには、その発展の過程全体に障害者や障害者団体を参加させることが不可欠である。つぎの十年の目標を成功裏に達成させるためには、障害者と協働する非障害者をはじめ、障害にかかわる様々な利害関係者の努力や資源を適切に調整する方策を模索し、促進し、また支援しなければならない。

*Oct. 23 Plenary Session (PL-3)*

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## **Renewed Regional Disability Network for NGOs ? Strengthening of Collaboration and Networking**

**CHEUNG, Benny Wai-leung**

Vice President, Asia and Pacific Region, Rehabilitation International (Hong Kong SAR, China)

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History and experience in many countries clearly indicate that the realization of an inclusive society free of barriers for people with disability rely on the a number of factors:

- 1) That people with disability can in united force, advocate for their own rights and equal opportunities.
- 2) That there are clear national policies concerning rights, opportunities and services.
- 3) That there are sufficient funds for the development of practical action plans.
- 4) That the public continues to be educated to include people with a difference.
- 5) That there is the knowledge and experience for the plans of action to materialize.

Most if not NGOs in the Region for and with people with disability have been on the forefront of development in disability awareness, prevention, rehabilitation, advocacy, etc. Yet many of these NGOs in the Region still lacks the experience and resources to bring forth and to further develop these agendas. Regional meetings of what we are having right now can be prohibitive for many countries and NGOs because of the lack of resources.

The accumulation of successful experience on advocacy work, disability prevention, public education, etc. can be compiled and put together as useful resources, possibly with funds from international foundations or corporations, for dissemination to NGOs in the Region. Trainers preferably also people with disability who are leaders and advocates can provide practical support to NGOs in the Region in the furtherance of their plans of action.

The increased use of information technology can serve a useful purpose for information dissemination and education. A rehabilitation e-platform can be considered that provides relevant support, information, training, etc for all the NGOs in the Region.

Mentorship programme, whereby NGOs can be matched in relations to areas of needs, expertise, concerns, and the support required. Leadership training should be strengthened and further developed. Those NGOs and/or countries that are more developed can take initiatives and lead in these respects. The UN Convention can serve as a very useful forum of exchange, networking and resource dissemination.

10月23日 全体会 (PL-3)

## NGOのための新しい地域障害者ネットワーク作り －協力とネットワークの強化

**CHEUNG, Benny Wai-leung**

Vice President, Asia and Pacific Region, Rehabilitation International (Hong Kong SAR, China)

多くの国々において過去の経緯と経験から明らか「な」ように、障害者のためのインクルーシブなバリアフリー社会を実現するには以下に示す様々な要因が絡んでくる。

- 1) 障害者が力を合わせて自分たちの権利と機会均等を擁護できること。
- 2) 権利、「機会および」サービスに関する明確な「国の」政策が「ある」こと。
- 3) 「実際」的な行動計画を作成する十分な資金があること。
- 4) 「多様な」人々を受け入れるための「市民啓発活動」が継続的に行われていること。
- 5) 行動計画を実現「化」するための知識と経験があること。

すべてとはいわないまでも、ほとんどの地域の障害者「支援」NGOや障害当事者NGOは、障害「の」認識、予防、リハビリテーションおよび擁護などの発展に中心的な役割を果たしてきている。しかし、地域のNGOの多くには、このような問題を提起し、推進していくための資金と経験とが不足しているのが現状である。現在我々が開催している「この」地域会議も、多くの国々やNGOには「資金」不足のため、高額すぎる「かもしれない」。

擁護活動、障害予防、「市民啓発活動」などの分野での「成功」経験の「蓄積は」、「あるいは」国際「財団」や国際企業からの資金援助を得て、地域「の」NGO「に」普及「するための有用な」資源として「集成することができる」。リーダーや擁護者となる研修指導者—自身も障害当事者であることが望ましい—は、行動計画を推し進める際に地域のNGOに実際に役立つ支援、「情報および研修」を提供できる。

情報技術の利用の増加は、情報の普及と教育に「とって」、有用な目的になり得る。リハビリテーション「電子掲示板」(e-platform)は、地域におけるすべてのNGOに対し、関連する支援、情報、研修などを提供するものと考えられる。

指導者教育プログラムによって各NGOは、ニーズのある分野、専門分野、関心のある分野、および支援が必要とされる分野に則した対応ができるようになるであろう。リーダーシップ研修はさらに強化、発展させていくべきである。これらの点で、より進んでいるNGOや国々はイニシアティブを取り、リードしていくことができる。国連「障害者権利条約」は、交流、ネットワーク作り、「ならびに」資源の普及に「きわめて」有効なフォーラム「を形成し」得るであろう。

## **Beyond the Asian and Pacific Decade**

**OGURA, Takeo**

Director, World Federation of the Deaf (WFD) Regional Secretariat in Asia and Pacific (RSA/P)

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1. Activities of WFD Regional Secretariat in Asia/Pacific
  - a. Undertaking the responsibilities of the Regional Secretariat of the World Federation of the Deaf
  - b. Overall situation and issues relating to the Deaf in the Asian-Pacific Region
  - c. Activity policies of WFD Regional Secretariat in Asia/Pacific
  
2. Priority issues for the "Next Asian and Pacific Decade of Disabled Persons"
  - a. Clarifying the significance of the "Next Asian and Pacific Decade of Disabled Persons"
  - b. Ensuring opportunities for participation in the Campaign Conferences and other conferences
  - c. Strengthening local surveys to grasp the actual situation of persons with disabilities
  - d. Undertaking efforts to eliminate the gap in educational environments and welfare systems for persons with disabilities among all countries in the Asian-Pacific Region
  - e. Promoting information exchange through interchange among organizations of disabled persons
  - f. Recognizing the significance and importance of cooperation for the formation of self-help organizations of persons with disabilities and for the solution of other issues
  - g. Lobbying with governments for the stabilization of the Region through non-military diplomatic means

10月23日 全体会 (PL-3)

## ポスト十年への取り組みを考える

小椋 武夫

世界ろう連盟アジア太平洋事務局 (WFD)

1. アジア太平洋地域事務局活動について
  - ・世界ろう連盟の地域事務局への関わり
  - ・アジア太平洋地域におけるろう者の一般的な状況と課題
  - ・地域事務局の活動方針
  
2. 「新・アジア太平洋障害者の十年」における取り組みについて
  - ・「新・アジア太平洋障害者の十年」の意義の明確化
  - ・キャンペーン会議を始めとするあらゆる会議への参加機会の保障
  - ・障害者の状況を把握する現地調査の強化
  - ・アジア太平洋全体の障害者の教育環境と福祉制度の格差を無くすための努力
  - ・障害者団体の交流による情報交換の促進
  - ・障害者の組織作り等の課題に対する協力の意義と重要性の確認
  - ・政府への、非軍事的な外交による地域の安定化の働きかけ

## **THE FIRST DECADE OF DEAFBLIND PEOPLE IS TO BEGIN NOW**

**FUKUSHIMA, Satoshi**

Associate Professor, Department of Barrier-Free Studies, Research Center for Advanced Science and Technology, University of Tokyo (Japan)

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The World Federation of the Deafblind (WFD<sub>b</sub>) was established in October 2001. In different countries, national organizations of the deafblind are preparing to apply for the membership of WFD<sub>b</sub>. The Executive Council of WFD<sub>b</sub> is discussing basic, organizational matters.

One of the most famous disabled individuals in the 20th century was Helen Keller. She was deafblind and her global impact on social services policy and disability movements has been immeasurable.

In spite of her efforts, an international organization of deafblind people was not established in the 20th century and was only born in 2001 in the new century. It was thirty-three years after her death. What delayed the establishment of an international organization of deafblind people?

Difficulties facing deafblind people are the “crystallization” of difficulties facing other disabled people. Deafblind people encounter severe limitations in terms of means of communication, access to information, and freedom of movement. That is why deafblind people’s organization was the “last” to come true.

For deafblind people, the fresh Asian and Pacific Decade of Disabled Persons is in fact to be the “First decade”.

If deafblind people can successfully achieve independence and participate in society, so can other disabled people. For the bright future of many disabled people in the Asian and Pacific region, we deafblind people are going forward as a small but shining “crystal”.



## 盲ろう者にとってはこれからが最初の10年

福島 智

世界盲ろう者連盟 (WFDb)

「世界盲ろう者連盟」は2001年10月に発足した。現在は各国において、それぞれの国の盲ろう者団体が同連盟への加盟の準備をすすめると共に、WFDb執行委員会においては、組織運営のための基本的な問題を討議している段階である。

ところで、20世紀における世界でもっとも有名な障害者はおそらくヘレン・ケラーだろう。ヘレン・ケラーはまさしく盲ろう者である。そして、彼女が世界各国の障害者福祉施策や運動に与えた影響は計り知れない。

ところが、こうした彼女の努力にも関わらず、盲ろう者の国際的な組織は20世紀中には結成されず、彼女の死後33年をへて、世紀を越えた2001年ようやく設立されたのだった。なぜこのように盲ろう者の国際組織の結成は遅れたのだろうか。

それは盲ろう者の抱える困難が他のさまざまな障害者が抱える困難を「結晶化させた」ものだからだと思う。すなわち、コミュニケーションの手段、情報入手の機会、移動の自由、のすべてに極めて大きな制約を持っているからだ。そのために盲ろう者の組織は「最後に」作られたのではないだろうか。

「新しいアジア太平洋障害者の10年」は盲ろう者にとっては、「初めての10年」である。盲ろう者の自立と社会参加が実現されるなら、他のすべての障害者においてもそれらは実現されるだろう。アジア太平洋地域の多くの障害者の未来を輝かせるために、盲ろう者はたとえ小さくとも鮮やかな光を放つ「水晶」として前進していきたい。

## **Rehabilitation of People with Diabetes and its Complications**

**SATO, Tokutaro**

President, National Rehabilitation Center for the Disabled (Japan)

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Function of carbohydrate metabolism is clinically classified as normal, impaired glucose tolerance (IGT), non-insulin dependent diabetes, insulin dependent diabetes and brittle diabetes. According to ICF, their function may be expressed as b540.0, b540.1, b540.2, b540.3 and b540.4, respectively. Their structure may also be expressed as s550.000, s550.189, s550.229, s550.329, s550.419, respectively.

Incidence of diabetes mellitus is increasing all over the world, and about 10 percent of people of age over 40 years old are diabetic in Japan. It is an important risk factor of many kinds of disability such as heart attack, stroke, renal failure, and blindness.

The effect of intensive diabetes treatment on long-term complications in insulin dependent diabetes was confirmed by DCCT Research Group. Same kind of studies on non-insulin dependent diabetes were reported and by UK Prospective Diabetes Study Group and Kumamoto Study. New drugs for treatment of diabetes and new devices to monitor blood glucose levels by patients themselves are now available, and it's getting easier to achieve strict control of blood glucose levels. It was also reported that tight control of blood pressure and blood lipids in the diabetics are effective on prevention of complications in the diabetics.

Based on these evidences, clinical recommendation of diabetes treatment was proposed by Canadian Diabetes Association (1998), American Diabetes Association (1999) and Japan Diabetes Society (2002).

Purpose of diabetes rehabilitation is maintaining their healthy condition of the diabetics without complications and supports them in minimizing activity limitation and participation restriction due to diabetes.

To achieve these purposes, it's necessary to modify the clinical recommendation properly to each patient and apply EBM concerning not only blood glucose control, but also foot care, obesity, hypertension and hyperlipidemia. Further, it is important to evaluate activity limitation and participation restriction according to functions and personal characteristics.

In diabetes rehabilitation, it is very important to teach them on the principle of treatment of diabetes, diabetic complications and realizable methods of self-care, in detail.

## 糖尿病およびその合併症を有する患者のリハビリテーション

佐藤徳太郎

国立身体障害者リハビリテーションセンター総長

糖代謝機能を臨床的に分類する場合、正常、耐糖能異常 (IGT)、インスリン非依存型糖尿病、インスリン非依存型糖尿病および不安定型糖尿病の5つに分かれる。ICFコードでは、これらの機能面の障害はb540.0、b540.1、b540.2、b540.3、b540.4、構造面の障害はs550.000、s550.189、s550.229、s550.329、s550.419とそれぞれ表すことができる。

糖尿病罹患率は世界的に高まっており、日本では40歳を超える年齢層の約10%が糖尿病患者である。糖尿病は、心臓発作、脳卒中、腎不全および失明などの重要な危険因子となっている。

糖尿病管理合併症DCCT研究試験グループは、インスリン依存型糖尿病における慢性合併症の発症に対する強化インスリン療法の有効性を確認した。また、UK Prospective Diabetes Study Group (UK) (イギリス糖尿病前向き試験グループ) および熊本スタディでは、インスリン非依存型糖尿病患者を対象に類似の試験を実施し、同様の成績を報告している。現在、糖尿病治療用の新薬のほか、患者自身が血糖値をモニターすることのできる新たな装置が開発されたことにより、血糖値の厳格な血糖値コントロールを実施しやすくなっている。また、糖尿病による合併症を予防するためには、糖尿病患者の血圧および血中脂質を厳しくコントロールすることが有効であることも報告されている。

このようなエビデンスに基づき、糖尿病治療のための臨床的な推奨事項がカナダ糖尿病協会 (Canadian Diabetes Association/1998年)、アメリカ糖尿病協会 (American Diabetes Association/1999年) および日本糖尿病学会 (2002年) により提案された。

糖尿病患者のリハビリテーションの目的は、糖尿病による合併症を発症させることなく健康な状態を維持し、活動制限および参加制約を最小限に抑えることである。

このような目的を達成するためには、臨床的な推奨事項を個々の患者に合わせて、血糖コントロールだけでなく、血糖管理値以外にも足のケア、肥満、高血圧および高脂血症に関してEBM (エビデンスに基づく医療) を実施することが必要である。また、活動制限および参加制約を評価する場合は、糖代謝機能および個々の患者の特性を考慮することを忘れてはならない。

糖尿病患者のリハビリテーションでは、糖尿病の治療原則、糖尿病性合併症および実行可能なセルフケアの原則等に関するきめ細かな患者指導を行うことが非常に重要である。

# ■□ ***Free Paper Presentations*** ■□

(研究発表)

- ***Oral Communication*** (口頭発表)
- ***Posters*** (ポスター)
- ***Videos*** (ビデオ)

Self-help Groups and Disability Rights Movements (自助組織と障害者権利運動)

O-1-1 Fight for the rights of the people with disabled

Tai Fu-Chiao

Eden Social Welfare Foundation (Taiwan)

During the early years of the establishment of Eden Social Welfare Foundation, there were lots of people with mental and physical disabilities in Taiwan, the career as well as the education opportunity had been neglected. Eden understands if the entire environment is not improved, all the hard work would be in vain. Therefore, Eden, affiliated with other similar groups started to put their best effort in fighting for the basic humanitarian rights of disabled people.

From 1987, Eden has started to promote barrier free facilities. In that year, when charity lottery was getting very popular, many can still recall the one event, that was for the first time in 1989, Eden and some other 49 mental and physical disabled groups were out for demonstrating and fighting for the exclusivity of the lottery business to belong to social welfare services. In 1990, Eden materialized the revision of Disability Welfare Law, when in 1997 the name of the Disability Welfare Law was transformed into a more tangible Mental & Physical Disabilities Protection Law.

In addition, on July 1996, after so much hard work, the first government official's examination was successfully organized by Eden and other similar groups. These pioneers too, who had worked hard for their fellow disabled individuals later formed the Handicapped Federation of Republic of China, contributing to the continuous crusade fighting for their better future.

O-1-2 ACTIVITIES MOVEMENT OF PWDs IN LAO PDR

SIVILA CHANHPHENG, SOUVANTHALISITH SOMKHUANTA,  
TAKOUNPRAK SINGKHAM, PANYANOUVONG SOUKIET  
Somphet Akhavong (Lao PDR)

Topic Activities movement of developing People with Disabilities in Lao PDR

1 The Geography of the Laos PDR

Lao is located in South East Asia, The population is about 5 400 000

2 The Activites movement of Decade of PWDs

- Establishing the National and provinces Committees for PWDs
- Expand the committees for the PWDs through 14 provinces
- Self-help group of PWDs has appears, there is LDPA as a national level, and 4 associations

1 The policy of prevention

- Road safety Project
- UXO program
- Education on the TV for deaf PWDs

1 Rehabilitation

- Orthotics, Prosthetic Project
- Community Based Rehabilitation Project.
- Micro-credit project.

1 Education

- Special school for deaf and blind people
- Inclusive Education program

1 Vocational Training

- There is a vocational training for PWDs

1 The problems of developing self-help group

- Developing Human Resource
- Developing the system of implementation and coordination
- Materials Support and budget plan

**0-1-3 A glance at Hanoi Deaf Club and deaf people in Vietnam**

**Tran Tuan Ngoc**  
**Hanoi Deaf Club (Vietnam)**

In Vietnam, particular in big city, mostly deaf people graduated primary education and able to communicate with people. But in provinces, the situation is worse. There is a problem in communicating because majority of them could not read newspaper or write letter. Generally, deaf persons are lower educated therefore it is difficult for them to find a job and a dream of a good job with adequate salary. In additional, there is less opportunity to meet each other or make friends. We also have less chance to improve knowledge or playing sports with other peers. Some recommendation for the development of Hanoi deaf club.

大城市听得见  
者及政府  
及但困难  
沟通困难  
缺乏机会  
工作困难  
知识提高  
兴趣建议

**0-1-4 Effectiveness of NGOs in promoting the rights of PWDS**

**ALI IJAZULLA A**  
**CARE SOCIETY (Maldives)**

NGO如何争取权益

**Rationale/ Motivation**

Every person with disability has the same rights as others in the society.

**Idea/Work**

Care Society [www.caresociety.org](http://www.caresociety.org), a locally founded Non-Government Organization is committed to improvements in the lives of PWDs. In collaboration with families and in partnership with government and NGOs, Care Society promotes practices and public policies that:

- Support the total integration of PWDs into society;
- Promotes access to education, training and employment for PWDs;
- Raise community awareness to encourage equality and fairness for PWDs;
- Encourage health service providers to intervene early in the lives of children and adult with disabilities
- Ensure that PWDs are valued as individuals.

例如：有知住在社会是通以社会  
NGO改善弱势群体生活是政府  
+ NGO 合作  
同时共同努力  
社会福利  
- 社会心理  
- 早期干预  
社会福利  
社会福利  
社会福利  
社会福利

**Methodology**

- Community oriented approach
- Genuine belief to empower/help the community
- Public Trust/transparency
- Awareness/ co-operation /provision of services
- Support to and from government and other public/private organisations.
- Partnerships with International Organizations
- Education and training of staff and resource members
- Team work management

方法  
成功  
成功

**Success**

The first rehabilitation centre, Care Development Centre was established in August 2001. Got our own four storeys building/was inaugurated by Preseident Gayyoon on 27 July 2002. Will start CBR in the island communities in September 2002. Care Parents Forum was formed on the 4<sup>th</sup> December 2000. Continuously promoting the rights of PWDs at all forums. Training of Local Special Educators started in 2001 and being continued.

2001.08. 4F 建筑物  
2002.07.27 总统启用  
CPR 以社区为单位的  
2002.9. 国际残疾人  
残疾人论坛和残疾人  
残疾人教育论坛 2001年

**Conclusion**

NGOs are very effective when they have certain characteristics  
Regional NGO Network (RNN) is very useful and important in terms of knowledge and information sharing  
Asia and Pacific Decade/opportunities has played a tremendous role in making Care Society more effective. Thus it needs to be extended.  
NGOs are better collaborators/managers with grassroots level persons in the communities.  
NGOs are change makers in the society

成功  
成功

NGO 是有效益 是在某些领域  
地方网络 资源流通 是有帮助  
在本地 社会 为弱势群体  
而设 社会 心理  
RNN 和 CSD  
NGO 是改变社会 是有帮助  
NGO 是改变社会 是有帮助

O-1-5 Experiences of Establishing Partnership between Self-Help Group(SHG)and Rehabilitation Professional

Handwritten notes in Chinese characters on the left side of the abstract, providing additional context or commentary.

Ogawa Yoshimichi Kanagawa Institute of Technology (Japan)

Traffic accidents have been increasing dramatically in the whole world. A lot of people are suffering from severe traumatic brain injury (TBI) that remained complex symptom. As a result, they have difficulty to live in their home smoothly and their families also have many problems. The experience of problem solving process cooperated by SHGs and professionals indicates a new stage of a comprehensive rehabilitation and community care.

This report has three parts. It shows the statistical data about persons with TBI and their situation in Japan. Secondly, it describes the setting up a SHG and the role of rehabilitation professionals. Then, it discusses the relationship between SHG and professionals during the process. To conclude, it is emphasized that SHGs are extremely important not only to promote their own situation but also to encourage "humble but iconoclastic" professionals to contribute to disability field.

O-1-6 Mentoring through Creative Arts-The Peer Support Project

Handwritten notes in Chinese characters on the left side of the abstract, providing additional context or commentary.

HUI Raymond Wai Man, Emily FUNG Wai Ying, MOK Vincent Wai Sun, LAI Tai Yiu, CARMAN TAM, LAU Yuk Man, CHEUK Hang Chi, CHENG Man Chai CHOSEN POWER (Hong Kong SAR, China)

1990, members of the Island Gateway Club (a social recreational club for person with intellectual disability) took part in drama interest classes. Members had fun and later joined a community drama group - QI Troupe to do performances. They have developed an interest in drama and expand their social circle. The performances they did were scripted play and they had to work with the director. Paradoxically, it is just like the life of the persons with the intellectually disability. Once they are labeled and they have to follow the parents' guidance, the educational provision and the social welfare definition of their needs. Their personal growth is largely segmented by the education and the welfare system. Their life is mostly planned and structured accordingly. Their roles in life is much limited. They are being recognized as clients or service users. Their understanding of self is unclear. Their choices in their life span is very limited.

In 2002, members of Chosen Power, after attending a series of drama workshops, namely creative movement, action theatre, forum theatre, playback theatre, playforward theatre, and a few multi-arts ability awareness training workshops, the group apply for a funding of HK\$500,000 to launch a 2-year Peer Mentoring Project. A grant of HK\$440,000 has allocated by the Government. We started our learning by doing, experiential mentoring process. We have to employ staff. We have to train mentors and supporters. We even invite persons with learning disabilities to be our member team. The Project includes two stages: The empowering of self and the mentoring journey. It is a train the trainer program. It is a mentoring process. It is an empowering mutual help movement. It is a strategy to deprofessionalized our life. It is a way to get to know ourselves better. It is a way to expand our circle of friends.

## **Disability Policy and Participation in It** (障害者政策と策定過程への参加)

### **O-2-1 PARTICIPATION IN POLICY DEVELOPMENT PROCESS**

ARIYARATNE SRI VIKUM S.V

ORGANIZATION FOR THE REHABILITATION OF PERSONS WITH DISABILITIES (Sri Lanka)

#### PARTICIPATION IN POLICY DEVELOPMENT PROCESS

Interests of power groups, are the source of public policy. Powerlessness of persons with disabilities in developing countries of the region, has resulted in lack of effective policies. Their interests have confined to the lip-service of policy makers. The laws enacted are ineffective. Therefore, progress of the disability movement in the areas of education, medical, social and vocational rehabilitation, employment, barrier-free environments, information and fund raising is at a very unsatisfactory level. The author has experiences on formation of such organizations in Sri Lanka, but they have fallen into the grip of authoritarian leaders, eliminating participation and empowerment of the membership due to feudalistic attitudes.

This paper attempts to reiterate the necessity of formation, governance and networking of organizations of and for persons with disabilities, making use of mobilization and empowerment strategies and strictly adhering to the following principles and concepts of democracy and participatory approach, as an effective measure to ensure their participation in the process of policy development:

- i Separation of powers
- ii Rotation of leadership
- iii Check and balance
- iv Transparency
- v Activation of small groups
- vi Self reliance of members
- vii Full participation

### **O-2-2 Disabled persons as the members of the Society**

Fujita Tsutomu

Japanese Federation of Organizations of the Disabled Persons (Japan)

1. Self-supporting of disabled persons.
  - The solidarity and development for the organizations of the disabled's own, concerning to human resources and financial affairs.
2. The ways and the systems about official or common services for the disabled person.
  - The coherence with the idea of "Normalization".
  - The actual examples in present Japan, and some precedents in old times.
  - The aim or the direction about so called "Public services" for disabled in our future.
3. Participation to the planning and forming of welfare politics by disabled persons themselves.
  - From hearing the opinions of disabled into taking part in drafting new plans for handicapped people.



**O-2-3 PARTICIPATION IN POLICY DEVELOPMENT PROCESS**

**MANSURI FATIMA**

**DPI PAKISTAN KARACHI SINDH (Pakistan)**

This paper deals with tremendous efforts made by a group of disabled for their inclusion in policy making, in Pakistan.

Although including the disabled in policy making is considered essential, it has been the most difficult to attain, especially in developing countries.

Massive struggle towards this meant, extensive networking with NGOs working in disability, for the disadvantaged, human-rights and legal-rights activists, public and private sectors, politicians, donor agencies etc. Organizing advocacy campaigns, and participating at forums to prioritizing these concerns.

Break through:

Worked extensively to include disabled women issues in the BPLA.

At the behest of the Planning Commission of Pakistan made extensive recommendations for the empowerment of women with disability, included in the NPA adopted by the government.

As the only disabled woman delegate at regional BPLA review seminars, proactively raised disabled women issues for inclusion in NGO report. Presently working on the implementation of the outcome document.

Prioritized the proposed convention on the rights of people with disability for the 21st century.

Invited to consultative forums for input in proposed government policy for women, and to comment on the draft National policy for disabled people.

Massive efforts, small but significant gains to be consolidated.

**O-2-4 ENFORCING CIVIL RIGHTS FOR DISABLED PEOPLE IN GREAT BRITAIN**

**MASSIE BERT**

**DISABILITY RIGHTS COMMISSION (United Kingdom)**

The paper starts by briefly outlining the legislative framework of anti-discrimination legislation and civil rights for disabled people in Great Britain. These were introduced by the Disability Discrimination Act 1995. However, there was at that time no mechanism to enable disabled people to enforce their rights.

In the year 2000 the Disability Rights Commission was established by the Government. It has a duty to inform people, including employers and service providers as well as disabled people, about the rights under the law. The Commission also investigates cases of alleged discrimination and has powers to take legal action against organisations which discriminate against disabled people. The compensation gained varies from a few hundred pounds to one hundred and twenty thousand pounds.

The paper discusses the approach the DRC takes towards its work and analyses to what extent it has been successful. There are similar equality Commissions in the UK which deal with matters relating to race and gender. The Government has announced proposals to merge the various commissions. The paper will explore the strengths and weaknesses of such proposals and offer one model which might be of value to disabled people in other parts of the world.

Bert Massie was appointed Chair of the Disability Rights Commission in January 2000. The Commission has 155 staff and offices in various parts of Great Britain. Prior to joining the DRC he was the Director of the Royal Association for Disability and Rehabilitation, was RI National Secretary for the United Kingdom and a member of the RI Executive Committee.

## **Prevention of Causes of Disability (障害原因の予防)**

### **0-3-1 WORLD SIGHT DAY AND THE CHALLENGE**

**BROHIER WILLIAM G**

- (Malaysia)

On the second Thursday in October of each year World Sight Day (WSD) is observed in an increasing number of countries. The occasion is marked in several novel ways. This year it is expected that around 50 countries will mark WSD with a variety of activities to highlight that:

- \* Every 5 seconds one person in our world goes blind ... and a child goes blind every minute
- \* There are already 50 million blind people and 145 million with low vision, comprising a total of nearly 200 million with some degree of vision impairment.
- \* 90% of the world's blind persons live in developing countries
- \* 80% of the world's blindness is avoidable
- \* Two-thirds of the above 50 million blind people live in the Asia-Pacific Region
- \* If national and international efforts to avert blindness are not intensified, the number of people with severe visual disability will double by the year 2020.

This paper gives the background to WSD and discusses the global initiative which is in place to address the challenge of eliminating avoidable blindness - VISION 2020: The Right to Sight - a partnership of 26 international organisations engaged in combating unnecessary blindness, including the World Health Organisation (WHO) and the International Agency for the Prevention of Blindness (IAPB).

### **0-3-2 CALCIUM DEFICIENCY RICKETS IN CHAKARIA**

**Haque Md. Shahidul**

SARPV (Bangladesh)

During a post-disaster relief operation in 1991, SARPV noticed high prevalence of rickets amongst the children of the coastal district of Chakaria, Cox's Bazaar in Bangladesh. Despite repeated lobbying with concerned medical and health authorities for several years, SARPV hardly could make people convinced that rickets was posing a great threat for the young generation in an area where apparently vitamin D synthesis for bone calcium can hardly be affected to cause rickets because of abundant sunlight and adequate calcium-rich food like sea-fish. Several international researches find calcium-deficiency rickets is an endemic disease in Chakaria. Calcium in food (crop and water) is the major cause. While rachitic children are being operated for straightening their deformed legs and hands, provided with physiotherapy services, administered with calcium tablets and served under control groups with calcium rich foods, a hypothesis suggests lactating mothers while negligibly being exposed to sunlight as religious rituals require and bearing children very short-spaced in several number, can not nourish their children. Being breast-fed for maximum six months, the children fall easy victim (to rickets) being fed on low calcium agriculture produces. It's no more an urgency to operate the rachitic children, rather more to probe into the cause.

## Neuro-Rehabilitation (脳神経の障害とリハビリテーション)

### O-4-1 Neuro-Rehabilitation Requiring Concerted Efforts of Medical Welfare Specialists

Saeki Junichi

Clinical study(research) center (Japan)

#### Purpose

In Japan, schemes and measures are in place to investigate and prevent disability due to disease and the attendant social handicaps.

Almost no measures exist for cranial nerve injury due to negligence or accidents.

The findings from our investigation of the actual situation and the literature are reported in this paper.

#### Subjects and methods

The study includes essentially cases of disability not resulting from the principal disease but from events such as unexpected accidents.

The study was conducted of medical institution, disability classification and region.

#### Results and Conclusion

Rules for rehabilitation through emergency rescue and general outpatient treatment are in place for disability due to the principal disease.

Disability due to accidents or negligence is still largely uncharted ground in the neurosurgery and near domains. In this sense, there is a strong need for cooperation with other fields.

The key factor in accidents is not the size of the lesion or invasion but its region. Even a small lesion can be devastating if present in central nervous system (CNS) It will thus be essential to address the issue of disability in an integrated manner, including not only the physical-mental functions of individual region but CNS

## Accessibility and Barrier-Free (アクセスとバリアフリー)

### O-5-1 HOW ACCESSIBLE IS THE PHILIPPINES?

KONO ADELA AVILA

Regional Council for the Welfare of Disabled Persons—Region 7 (Philippines)

Most of the progress made on accessibility in the Philippines seem to be concentrated on the more urban areas of Manila, Cebu, Cagayan de Oro and Davao. These are also the places where organizations of persons with disabilities (PWDs) are empowered enough to apply pressure on government to properly implement the Accessibility Law. Architects here say Cebu City is the strictest in the country, even as compared with Manila, when it comes to accessibility implementation. If Cebu City was a window where one could see how accessible is the Philippines, how far have we really gone? Our pictures will show. Has accessibility impacted the lives of Filipino PWDs? Our statistics will show. At the 1st Accessibility Summit held for Central Visayas last May 2002, we saw how cooperative the organized bodies of architects, doctors, therapists and the academe are with PWDs and the Building Official in pursuit of a barrier-free society. But we also learned regrettably that those tasked with implementation in the smaller cities and towns are only just beginning to know about accessibility. Hence, the Accessibility Monitoring Committee continues to conduct more advocacy programs, which include disability simulations, on various sectors, to propel implementors and potential advocates into greater action towards real accessibility.

## **0-5-2 The Accessible Interface: Inclusion from Buildings to Infrastructure.**

Kwan Joseph

Environmental Advisory Service (Hong Kong SAR, China)

For any built environment to be fully accessible to the elderly and people with disabilities, all elements of such built environment must be designed without physical barriers.

The journey from the front door of one's home to the front entrance of one's destination, must be barrier-free, and without any obstacles that would impede one's independent travel to the desired destination.

Buildings are becoming more accessible. Likewise, public transport is becoming more accessible with low-floor buses; and light and heavy railways are designed with accessible train cars. However, the connectivity amongst these barrier-free modes remained less well developed. Not all pedestrian environments are user-friendly to children, mothers with prams, the elderly or people with disabilities. Not all bus stops, tram stops and taxi stands are conducive to the less able traveler, and not all underground train stations, train and ferry terminals are convenient for passengers with heavy luggage, the elderly or the wheelchair passengers.

This Interface that connects various "accessible" built elements must embrace the inclusive design approach, in order to provide a barrier-free continuum whereby all users could independently interact within a built environment that is accessible to all.

## **0-5-3 The Accessibility of Government Buildings and Services in Hong Kong: Cases Studies**

LEE KOON-HUNG, CHEUNG KIN-FAI, WU WING-KUEN

REHABILITATION ALLIANCE HONG KONG (Hong Kong SAR, China)

A barrier-free environment is the main concern for disabled people. We do believe that a built environment, including access and transport, affects the independent living of disabled people in community, in particular those who finished hospitalization and completed the training at rehabilitation centres. In Hong Kong, disabled people have currently encountered these inaccessible situations. Government buildings and services are parts of them.

Inaccessible government buildings and government services do affect the independent living of disabled people in community. The government has made efforts to improve those environments, but the number of improvement is limited. Therefore the government cannot meet the needs of disabled people. In this paper, firstly, we will try to address the current obstacles of public facilities that disabled people commonly encounter in government buildings. Then, we will introduce the improvement work in relation to government buildings and services that the Hong Kong Government has done in recent years. Besides, we try to share some significant cases with strategies applied when dealing with government departments or related organizations. Finally, an accessible government building will be presented as a good example to conclude that to develop an accessible built environment is possible.

**O-5-4 BARRIERS BEFORE BARRIER FREE ENVIRONMENTS**

ARIYARATNE SRI VIKUM S.V

ORGANIZATION FOR THE REHABILITATION OF PERSONS WITH DISABILITIES (Sri Lanka)

After undergoing a successful training on Barrier free environments in Thailand in 2000, the author and the co-author, strived hard with a group of Government Officers to motivate the policy makers and administrators with the intention of modifying or rearranging the social and physical barriers, in Sri Lanka.

Although the planned attempts to make the physical environment accessible were successful, the campaign for barrier free environments became stagnant. The administrators who were made aware of barrier free environments went half way and abandoned formulation of programs and legal drafts to satisfy the interests of their political leaders.

After satisfying a certain degree of interests of supporters of politicians with the scarce resources, nothing is left for barrier free environments. We were unable to influence the politicians who are the fate makers in the society.

Therefore, now it is high time to strengthen the "Disability Organizations Joint Front" in Sri Lanka with a view to launch campaigns at all levels, with member organizations and, it has become necessary to train leaders of organizations to enable them to face the challenge of influencing politicians towards barrier free environments. Our strategy is to create partnerships and networking of all relevant organizations

**O-5-5 ACCESS IN DEVELOPING COUNTRIES**

KHAN MANTAKA

REHABILITATION INTERNATIONAL (Pakistan)

As a matter of fact Accessibility is the Sovereign right of every Disabled person. The physical disability is not so serious challenge but when the person facing non access its realize something is short in himself?

This is the tragedy of 21<sup>st</sup> century and shame for the all concerned Architect Builders of all over the world who ignored this very simple and sensible matter to provide and assure at-least minimum level of accessibility for wheel chair users in the public building parks and entertainment areas hotels and transport. But at the same time we salute to those great responsible NGO's Architect and Builders who realize and undertake this global challenge to provide the accessibility in all over the world to provide an opportunity to disable people to share their lives affairs among the other people without any obstruction.

The non-provision of accessibility means to keep away the Disabled people from the others. Which is in-fact social crime to deprive them to move along with the society independently? This should be prevented through the strong legislation in every country through which the building control agencies and architect and government departments should provide access for wheel chair under the legal obligation and they have to include one wheel chair user member in their set-up to approve the design or indicate the possible access in the old existing buildings by necessary modification.

## **O-5-6** Taiwanese campuses Campaign to be Barrier-Free

Teng Tung-Pin

Eden Social Welfare Foundation (Taiwan)

Taiwanese campuses Campaign to be Barrier-Free holds and promotes the activity of "Experience the Disabled Life on Campus" every March to May in the universities and colleges in Taiwan. The university and college students participating in the activity during the week would play the role of the disabled people (for example, they would sit on a wheelchair or have their eyes blinded), and they would understand more about the handicapped people and show more consideration and care after personally experiencing the life. TCBF also establishes on campus a section of promoting the barrier-free environment in hope of making the barrier-free environment improved, and at the same time TCBF expects to pass on the activity to the universities and colleges in Asia countries. Afterwards, the wheelchairs used in the activity would be given to those who need them. TCBF hopes the activity could respond to the ten-year plan for developing barrier-free cities, which is carried out in the Asian area and could appeal the young people in Taiwan and in the Asian countries to pay more attention to the human right of the disabled people. Hopefully we could advance TCBF to be another TCBF-Trans-national Campaign to be Barrier-Free.

## **O-5-7** Transport Service for the people with disabled

Teng Tung-Pin, Lee David Wei, Lin Robert Chin-Chuan

Eden Social Welfare Foundation (Taiwan)

In order to facilitate the basic right of the handicapper's transportation, and to relieve the disabled of their difficulties in using public transportation, we provide them with special service as well as the wheelchair's lifters for those people with disabled to live more conveniently. With the growing experience of serving the disabled, the Eden Social Welfare Foundation has held the belief of serving the disabled persistently. Through the special department of transportation and the four years of professional management of Fu-Kang Buses in both Taipei City and Taipei County, the Eden knows how to deploy the buses, to give the drivers professional training and to persist in serving the disabled more efficiently. Therefore, the Eden can guarantee the high-standard service, the efficient deployment of the buses, and the assurance of lower expense. We've successfully managed to offer the disabled more satisfactory transport service and thus to meet their basic needs of transportation through the high-quality administration in helping the government realizes the ideal barrier-free transportation for all the disabled citizens.

**O-5-8 The future subject of “Tourism for all” in Japan**

Yoshida Takefumi, Ishikura Yasunori  
Tokyo Colony (Japan)

“Tourism For All, Japan” which aims at the development of society which can enjoy everyone (including disabled) can travel freely to everywhere. Study meetings have been held periodically, or research and practice of actually visiting a tourist resorts have been continuously performed from 1991.

Moreover, proposals for barrier-free travel environment have been sent to every direction through activities such as holding symposium, or publication of books. It is sure that some improvement was found in these ten years, such as progress of the legal provisions for barrier-free traffics and buildings, expansion of an information network, increase in barrier-free travel opportunities, change of consumer consciousness, and establishment of the words “barrier-free travel”.

However, a definition and standard of the barrier-free travel itself, the statute which guarantees it as a right are underdeveloped, and it cannot be said that the statistics data for figuring out a promotion policy and its economical value are enough to be prepared.

In this presentation we review the change of travel environment surrounding disabled of the last decade, and discuss various subjects for the next decade from viewpoints such as (1) right guarantee through disabled person discrimination prohibition law etc. (2) the medical and scientific basis for proving the use and meaning of travel and link it to promotion, (3) positioning as an economical or social investment value.

***Information and Communication Technologies and Other Assistive Technologies*** (情報・コミュニケーション技術 (ICT) その他の技術)

**O-6-1 An eyeball movement input device easier to operate and available with lower cost**

Miyasaka Tomoya, Ishikawa Akira, Inui Kimiharu, Urashima Mitsugu  
Sapporo Medical University post graduate course (Japan)

**Purpose**

A study was aimed to a development of an eyeball movement input device. It has turned out easy to operate and available more economically.

**Subjects**

The people at home suffering from serious neuromuscular disease.

**Methods**

The principle of the device operation: 1) A subminiature CMOS video camera fitted to patient's head with a wearable unit takes in the moving images of an eyeball. 2) The images come out on a display. 3) Two optical sensors on the display detect the abduction or adduction of eyeball. 4) Each of the movements is transformed into two intention signals. 5) The signals output optic, sound and remote signs.

The parts for the device cost us ¥60,000 (US\$500). It equaled to 1/10-1/50 of the cost of the models currently available in Japan. The device has been evaluated by sitting normal persons.

**Results**

Test subjects could output two intention signs only moving their eyeball. The operative ranges of head-neck ROM (deg) were 0-45,0-50 (flex., ext.),0-40,0-40 ( left, right, lat. flex.),0-60,0-60 (left, right,rot.). The illuminance range (Lx) was 200-5000.

**Conclusion**

The device works allowing for passive movements. Besides it is easy to use and costs us much less. Consequently, this device offers much easier means to communicate with their family.

## **O-6-2** The Possible Contribution of Korea for Overcoming the Digital Divide of People with Disabilities in the Asia-Pacific Region

Na Woon-hwan, Cho Sae-hong, Jang Won-joo  
Taegu University (Korea, Rep.)

The world is changing very rapidly toward the information-based knowledge society. Especially, fast entry in the Internet environment requires that people not only examine the end-user terminal needs but also provide wise solutions for the technology barriers emerging beyond the computer terminal. The transformation of the Internet environment (i.e. from a text-based medium to a robust multimedia) creates a crisis which is a growing digital divide in accessibility for people with disabilities. Unless functional and fundamental solutions for accessibility are addressed today, the state of the digital divide tomorrow may be impossible to be resolved. This paper identifies some of the emerging digital divide and current efforts to address these barriers. In addition, this paper expresses the vision of the solutions for overcoming the digital divide in A/P regions and the contribution possibilities of Korea.

## **O-6-3** ARNIT - Access to the Internet for People with Aphasia

Saarnio Ilkka  
Parconec (Finland)

Aphasia has a wide variety of forms and grades of severity and thus finding ways of communication is especially difficult. As daily communication and information is increasingly moved to the internet there is a distinct threat of isolation for people with limited capacity to use this media.

The objective of the ARNIT project is to support possibilities for people with aphasia for social life on equal basis by creating access to communication, information and services in the internet and to develop a tool for the access.

The project has been organised as a Nordic cooperation with participation from all the Nordic countries. The coordinator is the Nordic Aphasia Council. The partners are the national Aphasia Associations, rehabilitation institutions, communication and IT centres and a software company, Netjob in Denmark. The project has been funded by NUH, the Nordic Development Centre for Rehabilitation Technology.

The developed internet application, ARNIT, uses conventional internet technology and makes the user independent of specific software. It consists of a user interface and a webmaster module (back office). It is possible to modify the user interface so that it can in the best possible way respond to the functional level of the user. The system was opened for the members of the national Aphasia Associations in spring 2002.



**O-6-4 Bioengineering for Rehabilitation - Combining Education, Research and Community Service - a Reflection on the Model at The Hong Kong Polytechnic University**

MAK ARTHUR F.T.

The Hong Kong Polytechnic University (Hong Kong SAR, China)

Technology for an elderly person or a person with a disability employs engineering devices specially designed to enable the user to overcome specific functional challenges arising from the mismatch between the person's functional abilities and the environmental demands. Off-the-shelf commercial products can meet some of these technical needs. However, the unit costs of these technologies are often very high because of the relatively low volume of production. There are also occasional demands for custom-designed technologies to meet very special needs. The Jockey Club Rehabilitation Engineering Center (REC) was established at The Hong Kong Polytechnic University (PolyU) in 1987 with a special donation from The Hong Kong Jockey Club to provide a permanent base for REC plus its operation budget for community service. This presentation intends to show how a community service program of this scale can be integrated with a rigorous academic programme. REC has successfully established herself as a leading academic unit in the field of Bioengineering with a special focus on Rehabilitation Engineering. The REC model has been recognized as a success against various measures. This model may serve as a useful reference for similar collaborative developments between the tertiary institutions and the community.

**O-6-5 Tele-rehabilitation use for Assistive Technology Service**

TAM Eric W.C.

The Hong Kong Polytechnic University (Hong Kong SAR, China)

Assistive technology service is a specialized area in rehabilitation which directly assists an individual with a disability to select and acquire the use of assistive devices. As the need of this service is so specialized, it is often difficult to have all the expertise grouped within one single setting to provide a professional and effective service. Individuals in need of the service would have to visit different settings before a solution can be offered to solve the client's problem. With the advancement of telecommunication technology, assistive technology services can be delivered in long distance. The idea of providing the assistive technology services in the context of "tele-rehabilitation" offers great opportunities in providing a one-stop visit for clients in a hospital clinic. However, the cost of operation could be very costly if commercial tele-conferencing system was used. Therefore, the aim of this project is to develop an Internet-based real-time multimedia communication system to provide tele-assistive technology services to local hospitals, elderly facilities and even individual homes via a normal telephone line. The application of this technology can also enhance current domiciliary medical and rehabilitation services, when the clinic is not easily accessible for the client. This presentation aims to share our experience in this area.

## **O-6-6 THE PROCESS OF DESIGNING SPECIAL PRODUCTS FOR PEOPLE WITH PHYSICAL DISABILITIES**

Md.Zimli Yahya

Universiti Teknologi MARA, Malaysia (Malaysia)

The Department of Industrial Design, UiTM Malaysia have been undertaking special products design for people with differing levels of physical disabilities for over the past eight months. This project is considered as a community-based project and it is part of final year students project activities. Currently, the authors work as part of a team work, which has developed and proposed a number of special products for people with a variety of disabilities ranging from small product such as spoon to a more and complex design such as table and chair. This paper considers the main aspects and questions that are required to be asked by any product designers that include ergonomics, function and safety for people with physical disabilities. It seeks to re-discuss the design process and universal design with reference to designing special products with special needs for special people. It will explain the main factors within the design process and will reflect the main design considerations that have been derived from this community project. This paper will also outline the unexpected design problems that have to be set by student designers in order to response to highly complex needs in order to provide the satisfaction of disabled people.

## **O-6-7 UiTM\* AS A NATIONAL CENTRE FOR DESIGN AND MANUFACTURE OF SPECIAL PRODUCTS FOR PEOPLE WITH DISABILITIES IN MALAYSIA**

Marzuki Ibrahim

Universiti Teknologi MARA, Malaysia (Malaysia)

A design and manufacture to achieve universal design for special products for people with disabilities is not yet developed in Malaysia. Although there were 105,000 people registered as disabled in Malaysia, the design and manufacture of special products is not adequate when judged from function, ergonomics, safety, quality and aesthetic value that are based on universal design. In line with this, the Department of Industrial Design UiTM aims to set up a center for design and manufacture of special products for people with disabilities. The center will be known as "The Center of Design for Disability" (CDD), and will be located at the Department of Industrial Design, UiTM. The philosophy and rationale of the center is based on the view that people with disabilities should have the right to participate in the life of the open community. This center will provide specially designed products/equipment for people with disabilities by providing advice and assistance in design, development and manufacture as well as improving existing products. It is hope that the product designed and manufactured by CDD will improve the quality of life and provide the opportunities for current and future generations of disabled people.

## **Empowerment and QOL (エンパワメントとQOL)**

### **0-7-1 Effects of a Self-advocacy Program on the Self-advocacy Skills of College Students with Visual Disabilities**

**Bang Myongye**  
Woosuk University (Korea, Rep.)

Self-determination became to be recognized as an essential indicator of quality of life and as a transition support strategy for people with disabilities. Self-advocacy is one of the major component elements of self-determined behaviors. The purpose of this study was to investigate the effects of a self-advocacy program on the self-advocacy skills of college students with visual disabilities. Ten college students with visual disabilities participated in this study. All of them graduated from special high schools. Thus, college was the first integrated educational setting to them. The program was composed of 10 sessions on issues such as importance of self-advocacy in college, guidelines for contacting instructors, independence versus dependence, direct application of self-advocacy skills, writing a self-advocacy plan, and so on. Data were collected before, during, and after implementing the program through student journals, focus group interviews, direct observations, and questionnaires. The program participants perceived the positive effects of the program on improving their self-advocacy skills, self-awareness including disability awareness, and support network.

### **0-7-2 Paving the Self Help Path - The Chosen Story**

**MOK Vincent Wai Sun, Wong Pui Wah, CHUNG Wai Kin, CHAN Monica Yuk Yee,  
CHUI Rhonda Pui Sin, Lee Wai Hong**  
CHOSEN POWER (Hong Kong SAR, China)

1992, 4 persons with intellectual differences (intellectual disability) paid for their own trip to Canada and met the advocates of people with disabilities.

1993, 3 persons with intellectual differences had subvention and taken part in the 3<sup>rd</sup> International People First Conference.

1995, the first self-help organization for persons with intellectual differences was founded in Hong Kong.

In these ten years, they had limited funding the government and charitable funding. They organized leadership training courses. They took part in multi-arts training courses. They used arts and drama to conduct over 150 public education talks and shows. They published 4 booklets for self learning and public education. They produced 4 video tapes and 1 VCD for advocacy.

For ten years, the membership of the group is under 100 and we are still the only one group. In Hong Kong we have more than 160,000 persons of intellectual differences. Why is happening in the self-help movement in Hong Kong, especially for our fellow friends? In 2002, we have the chance to meet a group of friends whom are labeled as slow learner, persons with learning disabilities. They are our buddies.

They have special learning needs. But their needs are not being recognized by the educational and welfare system. They have a story to share. With the support from the Government funding, we have a lump sum of HK\$440,000 to launch a Peer Support Network Project. We have a new role and become an employer. But we do not have a seat in the welfare policy planning and quality control system. We are still represented by the parents. For ten years, we have tried to stay together. We have shed tears and we had struggled. We have grown and so are our parents. Come and share with us our pain and joy. Share with us your ideas and strategies as how to make the empowerment movement go. Maybe you can enlighten us a new direction for our advocacy movement.

### **O-7-3 Staff Training Workshop on Quality of Life of Students with Learning Difficulties - A Hong Kong Experience**

Wong King Shui Phyllis

The University of Hong Kong (Hong Kong SAR, China)

In the field of Learning Difficulties (LD), the Quality of Life concept has been developed since mid-90's in Hong Kong. With the increasing concern by the service providers, the researcher took an initial effort to try to put the QoL concept to practice. In 2002, the researcher conducted a six-session staff training workshop for the paid carers of a hostel serving residents with LD aged 6-16. This workshop adopted an interactive and experiential mode, helping participants to formulate strategies in enhancing residents' QoL in the physical, service and interpersonal environments. Results suggest that this workshop helped to cultivate the participants with the new way of thinking for the service, to improve their interactions with the service users, and enhance their awareness on applying QoL principles in programme planning and service delivery.

### **O-7-4 Restoring mobility and independence through Prosthetic & Orthotic intervention. A review of the strategies required for an integrated and effective approach**

Harte Carson

Cambodia Trust (United Kingdom)

Prostheses and Orthoses (artificial limbs and braces) are generally classified as 'assistive devices'. However, these devices interact with the body in a much more critical way than walking canes, crutches etc, requiring a high level of technical expertise in fitting and maintenance.

In 2000 and 2001, the Cambodia Trust with support from the Nippon Foundation reviewed the availability of such devices and the expertise to fit them. Further research has been carried out examining the impact of Prosthetic & Orthotic services on the quality of life of recipients in Cambodia.

This presentation will report on the following:

- Appropriate technology in Prosthetic & Orthotics
- International guide lines on Prosthetic & Orthotic training
- The effect of Prosthetic & Orthotic rehabilitation on the individual
- The socio economics of Prosthetic & Orthotic rehabilitation
- The capacity for service delivery in the region
- The interaction of Prosthetic & Orthotic services with existing medical, social and self help infrastructure.
- A strategy for investment in Prosthetic & Orthotic service capacity.

**0-7-5** What is it in QOL?

Tanaka Saori

Graduate School of Science and Technology, CHIBA UNIVERSITY (Japan)

This paper aims at examining the reality of the empowerment determined by a definition of QOL, crossing a present-day ethical argument. An object is a disabled person drawn in ethics. In the ethics, the active argument has been made about QOL. If there is no more persuasive definition of QOL to people in various positions, in all scenes, it is difficult to accept the concept of QOL. However, the view of QOL has often become severe for people with a certain kind of handicap. For example, if it defines as essence of QOL that its desire is filled, since desire of people with an intellectual handicap can be filled more easily than complicated desire of people without a handicap, the necessity of investing social resources in a mentally handicapped person's welfare becomes low. Thus, when the definition on the theory of QOL compares with the state of welfare of handicapped persons, it turns out that many problems are included. Deviation of a practice and theory can be checked by seeing the disabled person drawn in ethics. In case various theories about QOL are applied to an actual scene, we have to understand the premise and conclusion of the theory well. It is necessary to consider positioning of the theory in practice scenes.

**0-7-6** Empowerment: Towards Active, Independent Individuals

Chong Cheng Harn

Handicaps Welfare Association (Singapore)

"Empowerment" has become a popular buzzword in advocating for greater awareness and rights of a disabled person. Though the term has evolved to a different symbolic meaning for different people, it remains essentially the quest for control over one's destiny, the freedom to choose and act in a way consistent with the person we are, not what others expect us to be.

The Handicaps Welfare Association (in short, HWA) creates and supports conditions under which people with disabilities can achieve full participation in society and equality in the development process.

Besides the area of governance and management, there are many areas in which the HWA have focused to empower people with disabilities with the essential skills and physical capabilities to contribute their part to the society.

Education as a basic human right against ignorance and illiteracy is strongly encouraged by the Association as it also empowers a disabled with knowledge, analytical skills and the opportunity for employment. HWA have schemes in place to encourage the disabled to embrace life-long learning. It also conducts and organises various courses which are relevant to the job market.

HWA has collaborated with various government authorities, private organisations and other VVOs to create the enabling conditions for the empowerment of people with disabilities.

One such project undertaken by HWA is in the area of access promotion in Singapore. HWA is the first VVO to initiate and create awareness on the need for a barrier-free environment for people with disabilities. It has also set up a Rehab Centre and an Independent Living Centre to provide an avenue for disabled people to improve or maintain their bodily health and conditions.

The objectives and vision of HWA is best summed up by its mission statement, which is "An organisation committed to enhance the quality of life of people with physical disabilities and integrate them into mainstream society."

## **Public Awareness and Mass Media** (市民啓発とマスメディア)

### **O-8-1** ADVANTAGES OF PROMOTION AND AWARENESS

HOWITSON DOROTHY-ANNE

NAT COUNCIL PERSONS PHYSICAL DISABILITIES SOUTH AFRICA (South Africa)

Inappropriate images of disability create barriers to the understanding of disability issues in society. An effective way to promote awareness and change attitudes is to use mass media, which allows access into people's lives. Disability arises out of the interaction between an individual with an impairment and an inaccessible physical environment and negative, stereotyping attitudes. To counter this, emphasis on the individual as an integrated member of society should be portrayed.

10% of media users are persons with disabilities. There is nothing wrong with recognizing outstanding achievement of individuals with disabilities, but it has a negative effect if only seen in this way. Similarly, repeated images of us portrayed as victims of accidents, illness or injustice reinforces the stereotype of helplessness and inferiority of persons with disabilities. Processes of awareness should advance with persistence, purpose and measurable progress, but not on ad hoc basis.

A wide range of topics are addressed using the mass media in all its forms.

Creating public awareness concerning disabilities; the impact on the individual, family and economy will create a better understanding of us in society and promote equalization of opportunities for us and our families.

### **O-8-2** Community Mobilization for Public Education in Rehabilitation

Yuen Philip

Joint Council for the Physically and Mentally Disabled Hong Kong (Hong Kong SAR, China)

The Joint Council for the Physically and Mentally Disabled has launched the territory-wide campaign for the annual celebration of the International Day of Disabled Persons (IDDP) in Hong Kong since 1993. This continued effort in spreading our theme of "A Society for All" is widely recognized by the government, community leaders and the general public. A landmark for its success is our network of the core groups in all districts of Hong Kong formed under or linked with the respective District Councils. Various celebration activities have been initiated in district level to promote public concerns toward people with disabilities -- their achievements and social contributions, as well as their needs and difficulties. This article intends to review the good experience in community mobilization for the IDDP celebration in Hong Kong and to illustrate how such a joint endeavor could help develop effectively a culture of inclusiveness for people with disabilities in the society.

**O-8-3 Public awareness towards people with epilepsy and the role of mass media in Hong Kong SAR, China**

**HUNG Tak-fung, Anchor**

**Hong Kong Society for Rehabilitation (Hong Kong SAR, China)**

Misunderstanding, stigma and discrimination are major disabling barriers to inclusion of people with epilepsy in mainstream society. This study aims at exploring public's understanding and attitude towards people with epilepsy in Hong Kong. It was conducted in collaboration with neurologists, people with epilepsy and social workers. A total of 1128 subjects were interviewed in 5 different districts with structured questions and supplementary open questions. Findings revealed that a few myths and misconceptions about epilepsy were very prevailing. 58% had heard about epilepsy. Of these, 52.7% would wrongly put an object into a patient's mouth during an epileptic seizure with 32.3% learnt this from local television programs. Overall speaking, 73.1% attributed their source of understanding of epilepsy to mass media. As a conclusion, the study revealed public's inadequate understanding and negative attitude towards epilepsy. It also unveiled mass media as the critical source portraying epilepsy and determining public awareness. It is highly recommended that epilepsy self-help group, rehabilitation agencies and government departments should strive for launching epilepsy awareness campaign for community education. Proper demystification of misconceptions and positive public awareness will be indispensable to the fuller and more equal participation of people with epilepsy in the community.

**O-8-4 Sharing the Experience of Promoting Community Education on Rehabilitation**

**LAI PO YI**

**Social Welfare Department (Hong Kong SAR, China)**

**Background and Aims**

A District Coordinating Committee on Rehabilitation Services comprising members from local organizations and rehabilitation service units was formed in each of the Department's 13 administrative districts to launch community education campaigns.

**Community Education Campaign 2001/2002 in Tuen Mun District, HKSAR**

a) **Reaching-out Educational talks, Quiz Competition and Talent Shows**

Joint efforts of the members and the disabled were enlisted to provide educational talks, quiz competition and talent shows at eight primary schools so that students could acquire better knowledge and positive attitudes when relating to people with disabilities.

b) **Community Volunteer Campaign**

Aiming to enhance volunteer mobilization and promote community harmony among people with and without disabilities, a campaign involving 19 volunteer teams was held to provide a series of services in the district. The activities with focus on strengthening able-bodied people's personal interaction with disabled persons enhance communication and understanding with each other in the process.

c) **Joint Open Day**

A joint open day was coordinated amongst 25 rehabilitation service units that attracted more than 2,000 residents to participate in the district. Local stakeholders, organizations and the public were invited to visit the units for enhancing their understanding of the disabled and the services.

## **0-8-5** The Media and You

Lim Kok Liong

Handicaps Welfare Association (Singapore)

The mass media is one of the most powerful and effective means of raising public awareness and rights of people with special needs. In Singapore, there are still some prejudices towards people with special needs, although much progress had been made over the past years to gather greater empathy and acceptance for people with special needs.

The Handicaps Welfare Association in Singapore has proactively advocated and championed the cause of disabled people by continuously organising events and activities that generate public awareness for the Association as well as people with disabilities. These activities or programmes include conducting talks at schools, holding exhibitions at institutions of higher learning, corporations and clubs, etc, media adoption, posters and brochures, etc.

By organising talks at primary and secondary schools, the Association hopes to inculcate in the young, the need to understand and show tolerance towards people with disabilities. It also hopes to dispel any prejudice the young might have towards the disabled. At the same time, our disabled members delivering the talks are given an opportunity to express their needs and feelings.

One highly successful project which the Association had jointly organised with the Adventurer's Club of Singapore was a project entitled "A Day in A Wheelchair". The event involved both able-bodied and disabled participants, wheeling themselves along roads and visiting shopping centres, food centres, public places, etc to get a taste of accessibility in Singapore. Since it was an innovative project, the media gave it wide coverage and as a result, public awareness on the plight of the wheelchair users was greatly enhanced.

## **Social Rehabilitation in the World** (世界の社会リハビリテーション)

### **0-9-1** Nantou 921 Shelter Factory

Chiang Ming-Chin

Eden Social Welfare Foundation (Taiwan)

This asylum factory is a training center. However, the training programs provided in the factory have an enormous departure from the world's view. Members in the factory can do much more than the processing work, horticulture, baking work, pottery, and handicrafts as stereotyped. On the contrary, these members have been long producing wheelchairs, canes, walking assistants, etc. Their products have gained the approval of CE, thus once again emphasizing the importance and worth of this asylum factory.

Currently, the asylum factory is actively promoting the wheelchair-renting service, as well as maintenance service, in villages and towns two or three times a week.

For members with less capabilities, the asylum factory arranges uncomplicated trainings for them, for example, car-washing training.

The business of the asylum factory also includes recycling old wheelchairs, establishing the network of maintenance service, and actively promoting the professional bank business of wheelchairs.



### O-9-2 The challenges of people with disabilities in Nepal

Watanabe Masayuki, Nakamura Yasuhide

Osaka University (Japan)

The gap of services for people with disabilities (PWDs) are widen between in rural areas and Kathmandu, the capital city of Nepal although community-based rehabilitation (CBR) proceeds both in rural and in urban areas. The national scheme for PWDs' well-being hereafter is liable to urge CBR. We have discussed the advantages of CBR, however, One question that arises here is whether CBR programs cooperate with institution-based rehabilitation (IBR) sufficiently. IBR should work closely and nearly connected to the community. The aim of this study is to investigate how PWDs feel the institution where they stay and the community where they are from. We conducted focus group interview on three groups of PWDs who stay in institution in August 2001. We carried out a qualitative research, so the data are based on those discussions. PWDs who stay more than a decade are afraid that they cannot live out of the institution alone owing to physical dysfunction and economic handicap. Even he get special skills such as watch repairing and computer operating, he face the difficulties in employment. PWDs who stay a few months thought the government provides few services for PWDs so that they should keep up. The social awareness and practical measures in are still needed for a living.

### O-9-3 Development of Program for Attaining Social Functioning Abilities in Japan

Okuno Eiko

University of Tsukuba (Japan)

RI Social Commission adopted the definition of "Social Rehabilitation" in 1986 as follows: "Social rehabilitation is a process, the aim of which is to attain social functioning ability. This ability means the capacity of a person to function in various situations towards the satisfaction of his or her needs and the right to achieve maximum richness in his or her participation in society."

SFA Workshop was set up in 1991, Tokyo. The research has been made to know the elements composing to attain social functioning ability. After 7 years, the Program for Attaining Social Functioning Ability was developed and the Manuals for Social Functioning Ability Program was published in 1999. The Program is composed of 5 domains with 18 modules. Each module is independent, and participants select modules to study based on their self assessment with the advice of facilitators. Each module is consisted of the purpose, 5 learning objectives and explanations how to proceed by using various methods such as group discussion, seminar, field practice, role play, modeling and work sheets, etc

Social Functioning Ability Program developed in Japan is composed as follows: (1) Making up the Foundation of Living ① Health Management, ② Time and Money Management, ③ Home Management, ④ Safety and Crisis Management, (2) Building My Own Life ⑤ Personal Assistance, ⑥ Assistive Devices, ⑦ Housing, ⑧ Going Out, (3) Living Positively ⑨ Self Awareness, ⑩ Disability Awareness, ⑪ Communication and Human Relationship, ⑫ Sexuality and Marriage, (4) Participating in Society ⑬ Social Participation and Community Resources, ⑭ Neighborhood Relationship and Community Activities, ⑮ Employment and Work Activities, ⑯ Leisure Activities, (5) Realizing My Own Right ⑰ Legislations and Measures for Persons with Disabilities in Japan, ⑱ Rights and Advocacy It has introduced at rehabilitation centers now.

#### **O-9-4** The Case of Accessibility: the Policy of Openness in Residential Institutions for the Disabled in Korea

Cho Heung-seek

Seoul National University (Korea, Rep.)

Amid the Asian financial crisis, a loss of market confidence brought the country perilously close to depleting its foreign exchange reserves. On December, 1997 the IMF approved financing of up to 15.5 billion dollars for Korea. In return, Korea had to initiate a program of economic reform which included reconstruction of the financial sector, the reformation of invisible and inefficient ties among the government, banks, and business. Recent these socioeconomic changes have raised public's interests in social welfare, and brought many improvements to the policy of openness in residential institutions for the disabled in Korea. The policy of openness in residential institutions for the disabled is one of proper means which most people in community can obtain accessibility to the disabled. The focus of this presentation is on the examination of the most salient aspects including: 1) the types of Korean residential institutions 2) the principles and contents of openness in residential institutions 3) the current scope of openness in residential institutions for the disabled. Both the problems associated with, and tasks for the policy of openness in residential institutions for the disabled in Korea will be addressed on the basis of the foregoing examinations.

#### **O-9-5** A DISABILITY COMMITTED FINANCIAL INSTITUTE CAN EXPEDITE LOCAL INITIATIVES: SETTING UP A COMMERCIAL BANK DEDICATED TO DISABLED COMMUNITY

Ahmed S. M. Mayeen

SARPV (Bangladesh)

Despite observance of decades on disability and various national-international awareness and promotional campaigns ensuring special and comprehensive focus for development of disabled persons, a little have been achieved for effecting a mass level change for the disabled community towards their increased dignified life even in urban areas especially in developing countries where the basic amenities of life are still inadequate. Unlike industrialized and developed nations where mass welfare is much more state-ensured, in developing countries general people's economic emancipation is vital towards their empowerment for equal participation in the society. Increased infra-structural and financial measures are required towards mainstreaming this vast disabled workforce in urban and rural settings. However, financial institutions and corporate houses in these countries are prioritizing 'investing in these people' at a very low order. Profit making organizations like commercial banks can make adequate resources available towards effecting the sought changes only if they commit to disability by principle and in black and white. A disability specific bank can then easily allocate its major profit to set up industry and infrastructure for disabled population, and use resources it handle from them and their families and from development partners towards mainstreaming the hidden disabled population.

**O-9-6 ECONOMIC EMPOWERMENT: Micro-credit for Disabled Persons and their Families**

Veronica Ester L. Mendoza

Leonard Cheshire International (Philippines)

World Bank reports that half a billion-disabled people are amongst the poorest of the poor (Metts, 2000) and estimated to comprise 15 to 20% of the poorest in developing countries (Elwan, 1999)

Disability is said to be both a cause and a consequence of poverty. They reinforce each other, contributing to increased vulnerability and exclusion.

Over the past 25 years, some organisations have pioneered various lending methods to meet the needs of micro-enterprises while attempting to reduce chronic poverty. Efforts are now being made to include disabled people in poverty reduction programmes.

Leonard Cheshire International, an international organisation that supports disability projects around the world, is presently supporting an inclusive micro-credit project in the Philippines. Patterned after the Grameen banking system, the project has included enterprising disabled persons and/or family members. Out of the total of 1137 borrowers, 151 are disabled persons and 75 are family members. The project has been reporting in a collection rate between 91% to 98%. The project will be described while insights and challenges will be presented.

**O-9-7 Change of Social Welfare Subvention Mode**

Yeung Tak-wah

Wai Ji Christian Service (Hong Kong SAR, China)

The Hong Kong Special Administration Region (HKSAR) has changed its social welfare subvention mode from “Actual Reimbursement” to “Lump Sum Grant” towards the Non-governmental-organizations (NGOs) in these few years. This change brings a lot of challenges to the NGOs which include:-

1. The governing bodies have to take more initiatives.
2. Staff are recruited on a contractual basis rather than a permanent basis.
3. Subvention mode has been changed from solely reliance on the government to self reliance.
4. Users’ participation becomes heavier.

The new subvention mode has greatly affected the NGOs. We need to re-allocate the resources and adopt a “customer approach” operation mode. The individual responsibility of Executive Members becomes heavier. Staff feel unstable about the contractual terms.

We hope to share the views of other RI participants on this matter.

## ***Independent Living – Its Models and Practices*** (自立生活：そのモデルと実践)

### **O-10-1** The study on independent living models of people with extensive disability

JEONG JONG HWA

sahmyookyook University (Korea, Rep.)

The purpose of this research is to find the methods of adjustment for extensive disabilities in a society, out of the institution of the disabled. This research is an actual proof by the model project. It involves the individual interview methods which has been executed against four extensive disabilities for two years. To conclude, we need an ideology and an evidence of individual living through the model project in Korea, in order to settle down the ideology and to extend it. Therefore, this research indicates four cases of disabled people who were successful in community living independent lives through the model project, which is very effective in Korea

### **O-10-2** INDEPENDENT LIVING: A Malaysian Perspective, Experience and Model

Francis Siva

Independent Living & Training Centre (Malaysia)

**Brief Rationale:** The first-ever, two-year old, Independent Living and Training Centre - run by an all disabled tetraplegic and paraplegic team - was mooted in direct response of the chronic neglect and disempowerment of disabled people who are illiterate, living in rural and impoverished areas in and around the Capital city, Kuala Lumpur. Despite the existence of several disability groups and organisations, little was and still is done to change their plight with many of them unaware of their rights and dignity.

**Objective:** To present a real and honest picture of disability activism in Malaysia, the role of IL in society, the struggles and barriers which stand in our way and the way forward for the movement.

**Brief Description of Approach, Summary & Conclusion:** The speaker will take his audience through his unique personal experiences and struggles as a tetraplegic after a traffic accident, to how he accepted his disability and went on to form the ILTC, despite the major obstacles he faced by the non-disabled and even disabled groups which are largely run by paraplegics.

General issues covered will include Malaysian experiences in accessible transportation, weaknesses and strengths in administration and organisation in disability groups and the disability movement, empowerment for tetraplegics, independent living and disabled people in rural areas and innovations in disability advocacy through the media and service dogs, etc.

End of Abstract.

## ***A Missing Piece: People with a Mental Illness***

(アジア太平洋障害者の十年の欠落部分：精神障害者)

### **O-11-1 The roles of Psychiatric Social Workers in Japan - toward the total rehabilitation of people with mental disabilities -**

Takebata Hiroshi

Graduate School of Human Sciences, Osaka University (Japan)

Psychiatric Social Workers (PSWs) are Social Workers engaged in mental health fields, particularly in discharging patients from mental hospitals. In Japan, PSW license has been recognized by government since 1998 and now the number of PSW is about 10,000. There are, however, various problems in quality and quantity as to the roles of PSW. I have been interviewing almost 130 PSWs in and around Kyoto since February, 2002. This research has been 70 percent finished now.

While engaged in the survey, I came to notice the points for improvement.

- 1, In Japan, PSWs in mental hospitals cannot work fully because of their unstable status. 90 percent of the mental hospitals in Japan are private institutions (about 300,000 beds), and many of PSWs are under pressure from the management of those hospitals that a certain number of patients should remain in those institutions from managerial point of view.
- 2, In Japan, the very number of supportive facilities except mental hospitals is quite limited. This situation has left the PSWs' possible fields to play very limited.
- 3, Despite those hardships, there are many PSWs who have tried to improve those situations voluntarily, sometimes using their private time and money.

### **O-11-2 The Effectiveness of Supported Apartment in Facilitating the Re-integration of Persons with Serious Mental Illnesses in the Community: The Hong Kong Experiences**

Wong Fu Keung

The University of Hong Kong (Hong Kong SAR, China)

Supported Apartment is a community-based residential service for persons with mental illnesses. It is a pilot project with an objective to help residents re-integrate back into the community. This apartment stresses home-like atmosphere and provides residents with as much autonomy and privacy as it is possible. Activities are initiated and designed by residents to meet their own needs. Collaborations between residents and staff are also emphasized.

This study examines the effectiveness of this Supported Apartment in helping residents to reintegrate into the community. Effectiveness was measured by: Community Integration Scale, Social Support Network Scale and Mutual Help Scale. A time-series design was adopted with all 20 male and female residents given a pre-test and a six-monthly follow-up test for a period of 2 years.

At six-month period, initial quantitative findings suggest that residents were slightly better integrated and had more social and mutual support. It is suggested that staff attitude and orientation towards a new mode of relationship with residents are needed to make such a practice possible.

## ***Vocational Rehabilitation: Challenges Towards the New AP Decade***

(職業リハビリテーション：次のアジア太平洋障害者の十年への挑戦)

### **O-12-1** WHAT'S HAPPENING IN THE REGION? RESULTS OF AN ILO STUDY ON VOCATIONAL TRAINING AND EMPLOYMENT OF PEOPLE WITH DISABILITIES

PERRY DEBRA A.

International Labour Office (ILO) (Thailand)

This presentation will describe the methodology and summarize the key findings of a multi-country study commissioned by the ILO in Asia and the Pacific Region on the vocational training and employment of people with disabilities. The descriptive research study included 12-14 country studies conducted mostly by local consultants who followed the same research protocol. The protocol was designed to collect baseline data about the current state of policy development and practices as well as intentions for future direction of the targeted countries. The presentation will include the findings of Dr. Robert Metts, a senior researcher and economist commissioned by the ILO to conduct an analysis of the country studies. Finally, the presentation will include samples of the many case studies of good practice that the ILO collected as part of the overall effort.

### **O-12-2** Comparative Study on Vocational Rehabilitation of Persons with Disabilities in Japan and Thailand

Limmanee Arunee

Ratchasuda College (Thailand)

The comparative study is done in various criteria of vocational rehabilitation i.e. laws & regulations, employment situation, support and services by government and NGOs. It's objectives are :

1. To create network in order to exchange knowledge, expertise, experiences and skills.
2. To disseminate the result of the study for the use of vocational rehabilitation in Japan, Thailand and/or other countries.
3. To increase public awareness of disability issue especially in the field of vocational rehabilitation.
4. To be pilot project of comparative study on vocational rehabilitation in other countries.
5. To study factors affecting vocational rehabilitation in the two countries.
6. To study the success and failure of each country for improvement of rehabilitation work in each country.

The study is done on the basis of qualitative study. First part of the data is derived from literature review including materials, documents, papers of the organizations that work in the area of vocational rehabilitation. Second part is collected from the interviews with PWD, professionals and employers about problems and needs, as well as their opinions and suggestions.

The result of the study will be publicized for the use of other researchers, professionals, employers and most of all, PWD themselves, with the main purpose of improving vocational rehabilitation of PWD in these two countries and worldwide.

**O-12-3** Cultivating More Members Involved in Welfare Activities is Critical-Three Proposals for the Next Decade

Sakamoto Hideki

Tokyo Organizations; Japanese Federation of Organizations for the Disabled (Japan)

One of the most important issues is to cultivate members who will be eagerly involved in welfare activities, including Handicapped people, not only in Japan but also in the entire Asia Pacific Area. Here, I would like to present the following three proposals based on more than 20 years of personal experiences with welfare activities as a handicapped person.

1. Establish a barrier free coordinator training center so that we can make it easier to cultivate members involved in our welfare activities. We should work hand in hand with the state, universities, and other educational institutions to set up the center. Half of the trainees attending this program should be Handicapped people and they need to be guaranteed employment in private sector as well as public sector after completion of the program.
2. Establish a kind of think tank which aims at proposing middle or long range policy planning. This think tank makes it possible for experts on welfare policy in each Asian country and the handicapped to periodically interact one another.
3. Establish a database which enables anyone to have free access to the web so that we can let others know what we are doing at the think tank. This database will make it possible for anyone, countries and local groups to share information among one another.

**O-12-4** Vocational Rehabilitation Through Computers-The Successful Model of Agape Rehabilitation Centre, Chennai, India

Victor Daniel

Agape Rehabilitation Center (Japan)

There are about 7 million unemployed persons with disabilities in India, according to the National Sample Survey of 1991. So Vocational Rehabilitation is the need of the hour.

Our aim is to develop a successful model for "Vocational Rehabilitation through Computers", since computer is a suitable rehabilitation tool.

In Agape, each person undergoes a "Screening" process, which includes an Aptitude Test. Then "Ability Matching" is done before final selection. In "Computer Training", the curriculum is constantly updated. Auxiliary training like communication skills, Specialized training and Apprenticeship training are given as per an individualized vocational plan. A "Job-readiness" training, which includes ADL training, is given to ensure that the total person is ready for job. Then "Job-seeking" is taken up by various methods like "net-working". Also On-the-job training at the "Job-Centre" of Agape and the "Rent-free PC@Home" scheme increases employability. Crucial "After-Job support" is given by Helpline, etc.

Agape has been following this model for seven years now. So far 128 PWDs have become economically independent and integrated into society, by being placed in jobs.

Since computer boom is a universal phenomenon, this model can be replicated by anyone, to be able to find economically viable employment for persons with disabilities.

## **O-12-5 Approaches to vocational rehabilitation in Korea**

Lee Sun-woo

Inje University (Korea, Rep.)

Vocational rehabilitation is considered as an ultimate goal of a rehabilitation process for disabled people. However, only 47.8% of disabled people in Korea participated in economical activities in 2000, while 61.3% of non-disabled people did. Moreover, more than one-fourth (28.4%) of disabled people were unemployed, while 3.8% of non-disabled people were.

Mentally-ill, mentally-retarded, kidney- or heart-disordered people were included among the lower employment rate group.

Mentally-ill or mentally-retarded people have difficulty in finding jobs because prejudice against them is the most severe. Kidney- or heart-disordered people cannot find jobs easily because Korean job market does not have enough part-time jobs for them who have limitations for manual jobs.

Prejudice and discrimination harmed job opportunities of disabled people in Korea. The more educated a disabled person was, the less likely employed he was. Disabled people with high educational attainment expect that they can find better and high-paying jobs. But, prejudice and discrimination against them become more severe in those jobs. Therefore, it is necessary to enact a law such as the Americans with Disabilities Act that prohibits employers from discriminating against disabled people based on disabilities unrelated with jobs.

## **O-12-6 A Study on the construct validity of picture test inventories**

Lee Dal-yob, Oh Sae-chul, Park Jae-kook

Taegu University (Korea, Rep.)

Psychological tests and measurements have been a core of traditional career education and counseling. Picture test inventories are included in the category of projective psychometric test. These inventories have been regarded as having less testers' bias and relatively simple, providing accurate client information. For people with developmental disabilities including mental retardation who have limited verbal abilities, paper-pencil type tests can not be appropriately used. This study aims at investigating linguistic and developmental characteristics of persons with developmental disabilities, and the validity of constructional concepts of picture interest test inventories that have been utilized for the segregated groups of people. Picture interest test inventories seemed to be valid for measuring psychological traits and/or characteristics of people with mental retardation, and this finding can be extended to the group of other developmental disabilities, such as learning disabilities and mild/moderate behavioral deficits. The Holland classification system seemed to have a utility and be best fitted for developing a comprehensive and accurate vocational interest inventory for this particular disability population.



**O-12-7 The paradigm shift of vocational evaluation in the field of vocational rehabilitation**

Lee Seung-jae, Lee Dal-yob, Lee Seung-wook  
Cheonan University (Korea, Rep.)

Vocational evaluation is an emerging profession in Korea. Information obtained by vocational evaluators help both rehabilitation professionals and clients achieve and select best rehabilitation goals. In this context, Korean government selected four vocational rehabilitation facilities to establish a comprehensive vocational evaluation center in 2000. The government also set a plan to expand four more evaluation centers in different geographic areas across the nation in 2003. However, there have been very limited assessment tools and methodology available for evaluators. Therefore, this study aims at investigating the vocational evaluation process and the target population in terms of the involvement level in the field of vocational rehabilitation. The historical development and the use of vocational evaluation among rehabilitation professionals will be reviewed to clarify the roles and functions of vocational evaluation in each developmental stage. Analysis of trends and critical changes in evaluation components will provide future directions and policy implications for vocational rehabilitation of persons with disabilities.

**O-12-8 Present and Future of Supported Employment Program in Korea**

Cho Sung-yeol, Kim Jong-ihn  
Korea Nazarene University (Korea, Rep.)

Supported employment program emphasizes on placement-training method for enhancing employment of individuals with severe disabilities. In Korea, attempts to apply supported employment programs to rehabilitation field were first made in several rehabilitation centers for persons with disabilities in recent years. In 1993, two rehabilitation centers in Seoul started supported employment programs, focusing on job accommodation and on-the-job training based on this model. This effort reflected the needs of individuals with disabilities who have sought more effective rehabilitation service and is a part of efforts to overcome the shortcomings of the previous vocational rehabilitation system, which failed to provide services that were actually needed in the labor market. Recently, special schools for students with developmental disabilities including mental retardation have also made attempts to provide transition services and on-the-job training based on the principles of supported employment. However, there have so far been few reports or studies on effectiveness and efficiency of supported employment programs. We lack understanding of important supported employment principles and program development for Korean situation. In order to activate supported employment program, this research investigated the present situations and tried to find program development model of supported employment in Korea.

## O-12-9 Vocational Rehabilitation

PATHIRANA JAYALATH P.

National Council for the Welfare of the Disabled (Sri Lanka)

The pattern of disability in any country or region has an important bearing on the planning and development of vocational rehabilitation programmes. In the years ahead, as crippling diseases diminish or eliminated, some resources should become available for the vocational rehabilitation of the mentally-ill and the mentally-retarded - hitherto badly neglected groups in most vocational rehabilitation programmes. Vocational rehabilitation should be adapted to the particular needs and circumstances of each country and should be based on a study of disability problems and available resources. The main objectives of any programme should be:

- \* emphasise their abilities and working capacities, not their disabilities.
- \* promote working opportunities to them.
- \* overcome employment-discrimination against them.

Finally, a word about the most important element of all in community participation in vocational rehabilitation - that of disabled themselves. For far too long, the disabled have had to accept a passive role in rehabilitation; that of a patient under doctor's orders; as a client of a social worker or a counsellor; however, and in line with the policy of "full participation and equality" - the disabled surely have a right to be consulted when policies are being formulated and decisions made on subjects and questions which effect their future well-being and livelihood.

## O-12-10 "Dragons' Passion" Cultural Kiosks-An Innovative Employment Project at the Parks A Touch of the Sensation of the Hong Kong & China Culture

NGAI MARIAN MEI YUK

New Life Psychiatric Rehabilitation Association (Hong Kong SAR, China)

New Life Psychiatric Rehabilitation Association found that the service users receiving their vocational rehabilitation and community-based services tend to be younger in age and many of them are suitable for open employment.

Taking a proactive role to respond to the recent Government's initiatives in promoting tourism and creating more employment opportunities for people with disabilities, New Life Psychiatric Rehabilitation Association is going to establish two specially designed cultural kiosks named "Dragons' Passion" at two public parks to sell traditional snacks and hand-made gifts made by people with disabilities to tourists and local people. The project is funded partially by the Social Welfare Department's "Enhancing Employment of People with Disabilities Through Small Enterprises" Project Fund.

This business has tremendous values not only to promote the employment of the people with psychiatric disability and the art-crafts made by people with disabilities, but also the Chinese Hong Kong Culture and a caring community to the local people and the tourists as well. The business will employ ex-mentally ill persons and abled-bodies for the management and operation of the kiosks. "Dragons' Passion" at the parks can realize multiple objectives of being a breakthrough of present service models as well as integrating people with psychiatric disability into the community.

## ***Girls and Women with Disabilities in Challenge and Progress***

(女性障害者の挑戦と前進)

### **O-13-1 Marriageability and Women with Disabilities**

**NGAILING KAM-HAR, YUEN Q'sa, CHAN KA-YEE**  
REHABILITATION ALLIANCE HONG KONG (Hong Kong SAR, China)

Both 'people with disability' and 'women' are oppressed groups of the society. Once these two identities are combined, it will pose much challenge to an individual. In the West, there are studies highlighting the particular experiences and needs of disabled. Nevertheless, not much of such work is found in Chinese societies. It is speculated that the situation is even worse in Chinese society as traditionally women are expected to perform a number of feminine roles like being wives and mothers that are hardly achieved by most disabled women. Hence, marriage and motherhood are very often considered as the major challenge for Chinese women with disabilities. In view of such, a study in relation to marriage and women with disabilities in Chinese society is conducted.

In the study, a number of themes including: dating and mate selection, value of marriage, role in marriage, singlehood and cohabitation and reproductive rights are explored. Target population is Chinese women who are over 16 years old and with disabilities. Semi-structured questionnaires and focus groups are applied to this study. By obtaining both quantitative and qualitative data, the needs and thinking of the participants would be highlighted. Since the study is planned and implemented by disabled women, it is regarded as an emancipatory disability and feminist research.

### **O-13-2 Training The Trainers For Arts With The Disabled**

**Mok Augustine CHIU YU**  
Arts with the Disabled Association Hong Kong (Hong Kong SAR, China)

Persons (be they artists, teachers, social workers, carers, volunteers, or parents) working in the arts with persons with disabilities need to have special training which is not often available in Hong Kong although there exists a dire need for it. With the sponsorship of a local funding agency, ADAHK has set up a trainers' training programme to fill such vacuum in Hong Kong. In a period of one and a half years (June 2001 - November 2002), ADA will have offered almost 50 workshops averaging 20 hours each. Many of the workshops are facilitated by overseas cultural specialists. This presentation reports on the programme, how it has been received and to what extent ADA succeeds in training ATORs for arts with the disabled - where A stands for artist, T for teacher, O for organiser and R for researcher.

### **O-13-3** INNOVATIVE PILOT PROJECT TRAINING CENTER FOR DISABLED WOMEN

MANSURI FATIMA

DPI PAKISTAN KARACHI SINDH (Pakistan)

This paper deals with setting up “A resource and training center” for the empowerment of women with disability at Karachi. Whereas, there are some schools for disabled children and rehabilitation centers for disabled adults, there are no such centers for women with disability.

To over-come this, the DPIP Karachi Sindh has undertaken to set up “A resource and training center” for their empowerment through training, for a three years period. To achieve the objectives of this project, a base line survey of 1000 households in four low-income, semi-urban areas of Karachi with diverse ethnic, linguistic, religious and socio-economic backgrounds, has been conducted to identify women with disability. Several workshops with these women, their parents and community leaders have been organized to mobilize and sensitize them for their participation in the proposed project activities, mobility training, formal and informal education, wide-ranging skills training, mechanical and high-tech job-oriented skills training to make them economically self-sufficient. The training will also focus on awareness-raising for their healthcare, and reproductive health, their basic human rights and government policies for advancement of women with disability, and leadership training to empower them and mobilize them to form self-help groups for advocacy for their rights.

### **O-13-4** The movement of differently Abled Women in Korea

Lee Ye-ja

Korean Differently Abled Women United (Korea, Rep.)

In the traditionally patriarchal culture and society of Korea, differently abled women go through double discrimination and suffering being women as well as differently abled. Under the present circumstances, the majority of women with disability are excluded from political, economic, social, and cultural areas and more often than not, they are denied the essential human right of education and employment. Thus, “Korean Differently Abled Women United” was established in 1999 by differently abled women themselves in order to more actively and systematically promote the right of women with disability. It is a nation-wide organization which brings together individuals and groups of women with disability representing many areas in Korea. In this paper, I would like to share with other participants what, how Korean Differently Abled Women United has been creating and participating in diverse activities to support the right of women with disability and promote the quality of their lives.

**O-13-5 Empowerment of Women who have Disabilities:Sri Lanka**

NARAYANA GEDARA KAMALAWATHIE

ASSOCIATION OF WOMEN WITH DISABILITIES (Sri Lanka)

Women and girls in Sri Lanka who have disabilities have hardly any opportunities for economic independence. Most are confined to their homes, protected by their families from a society which stigmatizes them. The situation is worse for rural women and girls where negative religious and cultural beliefs are much stronger. Women with disabilities have not in the past organized themselves.

The Association of Women with Disabilities was set up in 1995. With a membership of 1064 at present it is implementing 4 projects for the empowerment of their membership. These are supported by SHIA Sri Lanka, the Ministry of Indigenous Medicine, the Sri Lanka Canada Development Fund and CARE Sri Lanka. The first focuses on capacity building of their association. The second, a plantation of herbs used in traditional medicine, is aimed at income-generation for the association with self-reliance as a goal for the long-term. The third provides institutional vocational training and job placement for young rural disabled women. The fourth focuses on poverty alleviation and social inclusion of individuals who have disability and their families. This is an income-generation project through self-employment and small-enterprise development.

**O-13-6 Challenges Face By Women With Disabilities In Nepal**

Paudel Sushila

Nepal Disabled Women Society (Nepal)

Geographically Nepal is a land locked country and it's 75% of the total area is covered by mountains and hills , which is negatively effected in disability movement. Even in 21th century disability minor issue in the socio economics contex of Nepal. Futher more Women & Girls with disabilities (WGWDs) facing multiple barriers, as a women poorness and disability point of view. The main challenges facing by WGWDs, in education, mobility, employment , and humanterian ground Still WGWDs known as strange human being and treted as second class citizen.

80% of WGWDs live in rural village areas where life is really difficult and complecated. Even though they are able to go schools, collages, work in the office but they have to face barrier each step from home to destination.

Alltogether Government, NGOs,INGOs and Private sector's inatationa can only solve this problem by applying following strategies:

BY providing at least one hosteling faciities at one Region for the education upliment of WGWDs

By creating mass awareness programe from local to National level to break the barriers.

By creating mass advocacy programe to access the job market for WGWDs.

By amending discremiated lows against WGWDs

**Conclusion:**

By applying above strategics we prove our abilities

**O-13-7** The Study of Problems and Needs of Girls and Women with Disabilities In Iran

Sharifian-Sani Maryam

University of Social Welfare and Rehabilitation (Iran, Islamic Rep.)

The aim of this study is to explore the problems and needs of girls and women with disabilities in Iran in order to facilitate the intervention of service provider organisations for improvement of their situation in terms of providing equal opportunities and more participation in society. The population of this research consists of girls and women with disabilities between the ages of 15 and 64, with physical, hearing or visual impairments who are mainly the users of social services through the offices of social welfare organisation in Iran. Three districts have been chosen for the field study in terms of the ranking of human development index for Iranian women (the highest, medium, and the lowest). A sample of service providers and family members of these women are also included in this study.

The research method is a combination of qualitative and quantitative methods, but regarding the nature of this study and its research population, qualitative methods such as: face to face interview, focus group discussions and case study have been designed for data gathering for this study. The study also hopes to draw a perspective of priorities for the future research on women with disabilities in Iran.

**O-13-8** Networking and social capital of disabled people's organizations and women's organization: Initial findings from a comparative study in Asia

Kwok Kin Fun Joseph

City University of Hong Kong (Hong Kong SAR, China)

This paper reports on initial findings of a research project which examines the social environment and the mechanisms through which NGOs contribute to the development of civil society, in terms of progressive, enlightening, and emancipatory practices in society to realize people's potential, dispel their self-interest, and counter the hegemony of the polity and elite. As an exploratory study with a comparative dimension, the research project focuses on the roles of NGOs in addressing issues related to girls and women with disabilities in Hong Kong and Manila, Philippines, with particular attention on their concerns, strategies and networks. Two NGOs in each place participated in the research project. Data were collected through interviews with members of the selected NGOs and other stakeholders. The interviews aim to identify programs, campaigns, events, activities, and stakeholders for follow-up procedures. The study also collects secondary data with an aim to identify contextual factors related to the government, social structure, and the history of NGOs and their clients. This paper is based on a research project carried out by Joseph Kwok, Cheung Chau Kiu, and Vivienne Wee, Raymond Chan and funded by the Southeast Asia Research Centre of City University of Hong Kong.

## ***Attitude to and Co-living with People with an Intellectual Disability*** (知的障害者との共生)

### **O-14-1 Disability and Diversity: The need for cultural competence**

Croot Elizabeth Jean

University of Sheffield (United Kingdom)

#### Rationale

Ideas about disability are part of larger culturally based systems of health beliefs. Few concepts of disability are universally accepted as true. Contradictory values and beliefs concerning disability between the health care system and the community it serves lead to confusion, misunderstanding, conflict and ambivalence. Health workers working with minority groups need a critical, subjective awareness of the way personal beliefs and attitudes influence their work otherwise these beliefs may subconsciously overwhelm their therapeutic intervention.

#### Objective

To examine how the conceptual framework of a white, English-born physiotherapist, working with Pakistani children with severe intellectual disabilities, altered during a pilot study investigating life histories of Pakistani families in the United Kingdom.

#### Methodology.

Systematic reflective analysis of field notes from a qualitative, ethnographic pilot study investigating life histories of Pakistani families in the UK, who have children with severe intellectual disabilities.

#### Summary of Main Result

An exploration of changes in the researcher's conceptual framework relating to key concepts such as intellectual disability and participation.

#### Conclusion.

Health workers must recognise limitations of western models of disability and value knowledge, skills and expertise available within families from different cultural traditions. This presentation will give examples of this, providing useful material to reflect upon.

### **O-14-2 Care in the Community ? A share-care service for people with intellectual disabilities**

NGAI LING KAM-HAR, Ting Amelia

REHABILITATION ALLIANCE HONG KONG (Hong Kong SAR, China)

Looking after children with intellectual disabilities is an extremely demanding task for most parents particularly in a place where community support is not adequate. In the past, to send their children to a residential home is always considered as a final goal for these parents since they are worried that when they get older or even die one day, no one will take up the caring role. In view of the above situation, the Salvation Army has launched a project to provide club membership and short term residential places for people with intellectual disabilities with the following objectives: -

1. To provide tangible help and assistance in home care including short-term residential and day care, and emergency residential placement for the intellectually disabled members to allow relief and even substitute for carers of people with intellectual disabilities.
2. To develop a partnership between a residential home and families in a locality to provide support to home care.
3. To develop mutual help amongst carers and family members.
4. To experiment a new model with an aim to reduce over-reliance on residential service.

The pilot project has been implemented for three years and positive results are generated that even government funding is secured for another round of experimentation.

**O-14-3** Sexuality of Adults with Intellectual Disability: Staff Attitude and Handling Approaches

YU MABEL SIU-LING

HONG KONG SOCIAL WELFARE DEPARTMENT (Hong Kong SAR, China)

Service providers' perceptions can have a significant impact on supporting adults with intellectual disability in expressing their sexuality. This study aimed at reviewing their attitudes towards and handling approaches on the sexuality of this population in Hong Kong. A self-administered questionnaire designed by the authors was sent to 12 service providing agencies. A total of 197 staff completed the questionnaire (response rate = 76 %). Results indicated that masturbation and having overly close body contact with others were two common sexual expressions found in service recipients of these agencies. Respondents expressed more liberal views towards adults with mild intellectual disability than those with moderate and severe disability, and towards individual sexual expression (e.g. masturbation) than mutual expression (e.g. intimate heterosexual relationship). They tended to attribute maladaptive sexual behaviors to causes of an individual's part and to focus their intervention on the individual's causes. The respondents' attitudes also varied, with males, those with more years of working experience, or social work training expressing more liberal attitudes. Needs for agency policy and guidelines, staff training, and a more comprehensive assessment and intervention plan concerning individual and environmental factors to support adults with intellectual disability in adaptively expressing their sexuality were indicated.

***Strengthened International Cooperation in Various Fields***

(国際協力の多様な展開)

**O-15-1** The "Love Without Frontiers" campaign- to ban landmines with international community

Lee Emma Lichia

Eden Social Welfare Foundation (Taiwan)

In 1997 The Eden Foundation became Taiwan's official representative of the International Campaign to Ban Landmines (ICBL) and has held annual fund raising events in Taiwan to promote the "Love Without Frontiers" campaign, raising the public awareness on mine related issues and the needs of disabled individuals worldwide. Through holding conferences and inviting foreign activists to come speak on the importance of banning the use, stockpiling, production and transport of landmines, Eden hopes to educate the Taiwan public and gather its support for this global movement and domestic laws which will wipe out landmines and ensure human security.

The Love Without Frontiers campaign also draws attention to the needs of disabled individuals and provides victim assistance to mine victims. Over the past 4 years through annual charity events, Eden Foundation has been able to raise enough funds to donate over 6,000 wheelchairs globally to mine victims and impoverished disabled individuals in developing countries such as Afghanistan, Kosovo, Russia, Mozambique, Jordan, Vietnam, Cambodia etc. The "Love Without Frontiers" campaign provides a method to convert the care and love of the Taiwanese people into physical aid for mine victims and disable people worldwide.



**O-15-3 Joy visual impairment center work communion**

Lee Emma Lichia

Eden Social Welfare Foundation (Taiwan)

Summary of Joy visual disabled center work communion

1. Spirit

“Love can reconcile obstacles”- Joy chorus world concert tour.

2. Purpose

A. Expressing God’s love, joy, life and peaceful gospel through the joyful singing of the visual disabled.

B. Try to understand other countries’ social welfare and learn their merits to improve the rights and interests of the disadvantaged minority in our country by the periodical world concert tour and the communication with the disabled agencies in the world.

C. Representing Taiwan government to greet compatriots living abroad in the places they live in.

3. Program

Hold the world tour interpretation every year and having the cultural and musical communication through the format of concert or symposium.

4. Achievement

A. Joy chorus has been to more than 30 countries in Asia and America in recent ten years.

B. During recent ten years, we learn the welfare and the rights and interests of the disabled from other western countries to promote the rights of the disadvantaged minority in our country.

***New Developments of Community Based Rehabilitation (CBRの新たな展開)***

**O-16-1 Community Based Rehabilitation Concepts, relevance, evidence**

VAN DEN HEUVEL WIN J.A.

INSTITUTE FOR REHABILITATION RESEARCH (Netherlands)

The paper analyses the meaning and potentials of Community Based Rehabilitation (CBR). WHO was one of the first organizations which developed the concept of CBR. The concept underlines the importance of accessibility of rehabilitation services close to where people live and the need for integration of people with disabilities. In western countries the meaning of rehabilitation is sometimes narrowed to a clinical concept and as a consequence CBR is seen as a solution for cost-effectiveness problems.

The concept of CBR is relevant for accessibility and equity and may support patients’ movement. Due to technological innovations the potentials of CBR are increasing strongly. At the same time it should be noted that evidence for CBR is scarce. Even there is a dispute about the criteria for evidence and validated instruments are lacking. A few studies however suggest that CBR is effective at least for some specific patients groups and it appears to be cost-effective.

## **O-16-2** Role of Family and Community in the Community Based Rehabilitation

ZAMAN SULTANA S, FERDAUS SHAMIM, SULTANA AFROZA  
FOUNDATION FOR THE DEVELOPMENTALLY DISABLED (Bangladesh)

The present research was a comparative study which investigated the role of family members and members of the community in the begins and at the end of several years in developing Community Based Rehabilitation (CBR) Programme in the rural areas to serve the disabled in Bangladesh. The main objective of the study was to find out how effective was our work in CBR programmes to change the attitude of families and the community towards the disabled. 30 family members (father, mother grandmother, sibling and other relatives) and 30 community members (local teachers, neighbours, friends and employers of the disabled client) were selected from Dhamrai, Savar, Narshingdi, Kishoregonj, Nabinagar and Faridpur CBR centres of rural Bangladesh and interviewed through three sets of questionnaires developed for parents, community members and employers. The questionnaires were scored on a four point scale. The result indicated significant difference between the responses of family members and community members of the CBR programmes which was just started with the ongoing CBR programmes for several years. The paper would further discuss the implication of serving disabled children in the rural areas of Bangladesh.

## **O-16-3** AMPUTEE REHABILITATION AND PROSTHETICS

THAPALIYA NAWA R.  
Social Upliftment Forum (Nepal)

In the present context many countries of the world are suffering from internal wars and terrorism, Nepal is also facing the maoists terror and turmoil since last eight years. Thousand of people have been disabled. According to govt. data there are 800 disables. People from villages are affected due to lack of education and poverty. No law has been enacted and the govt has not formulated any concrete policy and programme for those disables. In absence of such infrastructure the disable are forced to lead pathetic life as begger in the street. Such up rooted disables have every humanitarian rights to be rehalibitation and lead a dignified lifes. In the society for it they will have to be provided with free education , aids and applinces necessary skillful training . Such programme cannot be sustained by a poor country like Nepal. Our main obstacle is poverty. International association and organization will have to be mobilized for their participation. In this task different donor country and organization rehabilitation. If disabled has to be taken up as a matter of utmost importants. Citizen of the world will have to march a head unitedly for this vital task.

***People with Disabilities in Rural Area*** (農村の障害者)

**O-17-1** How ventilator-dependent ALS survive in the local area in Japan

Kobayashi Akiko

Japan ALS Association (Japan)

Amyotrophic Lateral Sclerosis (ALS) is a one of the severest progressive neuron disease that will need mechanical ventilation within 3 years after onset. This time, Fukui branch of Japan ALS association introduce how we help our members in local area.

**O-17-2** PEOPLE WITH DISABILITIES IN RURAL AREA

LAMICHHANE KAMAL, OJHA GANAPATI

NATIONAL SOCIETY OF DISABLED, NEPAL (Nepal)

A census survey conducted recently in Jutpani, Chitwan, reveals that 1.25 % of the total population of 13506 population is physically or mentally disabled. It was found that disabled persons' access to food, dress, sanitation, school, and transportation was significantly lower than the access by non-disabled persons. As a result of this, almost all of the disabled persons were more unhealthy (96%), illiterate (77%), unskilled (85%), less mobile (100%), and lower dream for future. It was also discovered that almost 60 percent of the parents perceived them as an unwanted gift given by the God because of the God being angry with them in their previous life. It was also recorded that neighbors harassed not only the disabled person, but also the house having him/her. An effort to mitigate this situation was almost non-existent except that an NGO had recently started some welfare activities for the families and disabled persons. Since the disabled persons were psychologically depressed, economically suppressed, socially unwanted and culturally harassed this study recommends that a pluralistic approach to development is necessary. This should include a series of integrated projects with focus on awareness raising, literacy, and income generation activities for the empowerment of the disabled persons.

Videos (ビデオ)

**V-1 AbilityAsia**

PERRY DEBRA A.

International Labour Office (ILO) (Thailand)

*AbilityAsia* that is designed to promote employment of people with disabilities by showing powerful images of them working productively and by giving voice to employers who praise their capabilities. Narrated by Michelle Cheung of CNBC, the video encourages employers to hire workers with disabilities by identifying specific benefits and begins to educate employers about methods of integrating workers with disabilities into mainstream workplaces. Further, through interviews with experts and representatives of employer groups focusing on disability - like the Business Advisory Council in Cambodia and the Employers' Disability Network in Sri Lanka - the message is clear. People with disabilities can make productive employees. Filmed in four Asian countries and areas (Thailand, Cambodia, Sri Lanka and Hong Kong), *AbilityAsia* illustrates how workers with disabilities can perform effectively in a variety of jobs and work settings. People with a various disabilities are represented. They are interviewed and shown working in diverse workplaces and jobs. A separate video in the Thai language, *AbilityThailand*, serves as a contribution the Kingdom's 2002 campaign to foster employment for workers with disabilities and will be shown as time allows. (English dubbing available.)

**V-2 To Seek a Joy of Working –Two Case Reports of Indies Work-Shop for Person with Autism**

Oho Mari, Hosokawa Shingo, Sato Hisao  
Kanagawa Institute of Technology (Japan)

It is very important working in the community for the persons with autism. Although there is the Employment Quota System and the Levy and Grant System for persons with disabilities in Japan, some of the people with autism can not use this system due to the specific reasons. Even if they have no chance being employed,. they can work successfully in the Indies Work-Shop. I would like to show you two cases reports of Indies Work-Shop recorded to the video by ASI (Autism Society of IBARAKI) which is one of the branch of ASJ (Autism Society of JAPAN).

<Case 1> One young man (age 31) are working in the computer print shop with his father. He has high functioning autism, been graduated from university and special school of computer. He could not have been certified as intellectual disability due to his school career.

<Case 2> Two young women (age 27) are making cakes with their mother. They are twins with severe autism. with no language communication skill. They have Intellectual Disability Certification Notebook, but no chance to be employed because of they can not speak at all.

**V-3 Special Education and Rehabilitation**

Banduge Sarath Kumarathilake

Islamic centre for the Physically Handicapped (Sri Lanka)

The Islamic Centre for the Physically Handicapped provides educational and vocational training to 250 disabled students from all ethnic groups within Sri Lanka. The students follow the same syllabus as normal schools in Sri Lanka, the only difference in their education is the deaf students are taught through sign language and the visually impaired students are taught through Braille. A new method of communication has recently been introduced to our centre from a training course some of our teachers attended in Malaysia; Cued speech. It combines the sounds of syllabus and specific hand movements to encourage natural speech among our hearing impaired students, and it is very beneficial to their development.

The students have the choice of 10 vocational sections. Once they have completed their course they are able to get jobs, with the help of the centre. Up to now 500 students have successfully completed their vocational courses and have good jobs and live self sufficiently in a society that regards disability as a burden, this enables them and us to prove our motto which is that disability is not inability. Our school is involved in various cultural and sporting activities which enhances the social development of our students.

**V-4 Local Rehabilitation Workshop in Low Income Countries**

Eide Arne Henning

SINTEF Unimed (Norway)

In low-income countries the supply of adapted technical aids by far exceeds the demand. Service delivery is often unsystematic, often non-existent and by and large dependent on local or international charity.

Funded first by UNDP and later the Norwegian Government, a model Local Rehabilitation Workshop (LOREWO) has been established and is under development in Bulawayo, Zimbabwe, and Oshakati, Namibia. Two well equipped small-scale workshops have been established and are run by local people with disabilities. The workshops supply a limited geographical area with wheelchairs and walking aids and offer maintenance and adaptation services. The workshops are integrated into the local network of services relevant for people with disabilities and is a driving force in the development of an efficient and economically viable service delivery system within a limited geographical area. Development of the services are supported by Norwegian technical experts as well as specialists within the fields of adaptation of technical devices and service delivery system development.

V-5

**The introduction about model of 'Korea type of the severely disabled' why try to live independently**

Cho Young-gil

Korea Differently Abled Federation (Korea, Rep.)

It is the focus 'Independent Living' what the people with disability lives his (or her) life with 'self-determination' as he (she) wants. The mind of Independent Living begins in America and then spreads all over the countries such as Japan, and now, in the progress of this mind, also in Korea, it is being received actively by Korean people with disability such as the severely people with disability. Or with the spread of this mind, in fact, there are the disabled who try to live independently and actively. Therefore, on the focus of 3 couples with the severely disability, their real life will be revealed through video by me. The 3 cases about which I will speak are following this: First, the model of completing their environment of 'a couple of the disabled who live with wheelchairs' in daily life. Second, the story about living of 'a couple of the disabled' who protect and bring up their children. Third, marriage and living of marriage of 'a couple of the disabled' who are non-disabled man and disabled woman.

**P-1 A Study of the Experiential Learning Program of Wheelchair Travels at Arakawa Plaza for Welfare Experience**

Nomura Midori, Yokoyama Katsuki, Suzuki Kentarou  
Tokyo Denki University (Japan)

The purpose of this study is to identify an appropriate learning program in a facility with welfare experience, for promoting the understanding of the situation faced by people with disabilities and a barrier-free environment. The Arakawa Plaza for Welfare Experience was launched by the Ministry of Land, Infrastructure, and Transport, at Adachi Ward, Tokyo in 1999 as the first facility on a dry riverbed in Japan, serving for the people to gain a welfare experience. The Plaza provides six stages including passages with a variety of width, rotating space, differences in height between passages, slopes with different gradient, a various types of passage surfacing, and pavements with curb-cut. We conducted a psychological evaluation of 200 items at each stage for 187 subjects (mainly university students), an evaluation of how they felt during they traveled by wheelchair, supported other person's wheelchair-travel, and were supported their wheelchair-travel by others. This analysis has clearly illustrated "a critical point of accessibility", a point where you can realize that accessibility in wheelchair-travel is affected by a change in physical condition. Consequently we have proposed a new learning program with 47 items, which makes it possible to accomplish more aims in learning but only with fewer trials.

**P-2 Disability Scenario, problems & Prospects.**

KHANAL GOVINDA, AHİKARI PRADEEP  
ASSOCIATION OF THE DISABLED SERVICE NEPAL (Nepal)

Accessibility condition is worst in Nepal. project/programs for persons with disability has been lunched at random only Neither the Governmental Agencies nor the Non -Governmental Agencies have a national levell planning and intervention scheme on disability. On the other hand , challenges emanating from disability is on the rise

One of the major challenges at the moment is to create a barrier-free environment for all persons with disabilities. Though, the voices in favor of barrier-free movement is feeble at the moment, sooner or later, pressures will be mounted for it In fact, very few persons with disabilities have realized the need for a barrier free movement, and the bulk if them remain pre-occupied with their own problems of subsistence and survival

Sensitization and advocacy in favor of it is also missing, and no policy maker, parliamentarians or the HMG authorities have ever realized the need for it A massive advocacy/sensitization campaign need to be initiated.

What may need to be done as priority is the Government and the Non-Government Agencies should work as collaborative partners in a spirit of mutuality The Government aline may not cope with the ever-rising problems of disability Building partnership for a common goal, working hand in hand, may deliver more effectively in this sector

## P-3 DISABILITY MOVEMENTS

### Humagain Raju

Social Upliftment Forum (Nepal)

The first movement of disabled persons in Nepal was started, in 1964, with aim to give the education for blind people. But until 1970 the disability programmes were limited only to provide the education and trainings for persons with blind but the real movement was started in 1981 When the UN declared the International Disabled year. After 5 years in 1985 off Associations of the disabled persons were established by blind people.

In 1991 a big demonstration organised by the blind people in front of prime minister office and they got 35 teachers cotas. After that movement the prime minister of Nepal signed international declaration regarding to disabilities.

But those commitments were only on the paper. So in 1996, almost off and for disability organisations came into jointly and organised a huge demonstration for the rights and interests of PWDs.

In the same year a group of disabled persons set on the hunger strike until the death and at the last moment prime minister agreed and signed to formulate the disability policy and programmes. But now those commitments it is negligencing to implement the rectified programmes. However the present need is again self help groups should organised more demonstrations to implement the rectified disability programmes and should change the attitude of society.

## P-4 韓国における自立生活運動の現状と課題 - 介助保障運動とアクセスビリティー運動を中心に -

### JEONG JONG HWA

Sahmyookyook University (Korea, Rep.)

本研究の目的は1960年代からアメリカを中心に発展した自立生活理念の韓国普及過程で発生している介助保障問題とアクセスビリティー運動を中心にその現状の考察から今後の方向を探ることを目的としている。特に、日本のこれまでの自立生活運動過程を通じて得られたノウハウを整理し、今後の運動に活用できるようにしたい。研究方法については文献研究とビデオ資料の分析、個人面接方法等をもって行った。研究結果は

第一に、制度要求の問題よりも障害当事者の自立生活問題意識を高めるためにピアカウンセリングやピアネットワークの結成が優先されるべきである。

第二に、現在の国民基礎生活法を改正し、重度障害者の介護手当ての支給を強く要求する。

第三に、障害者アクセスビリティーを保障するために集団闘争の方法よりも、各地域別行政交渉と地域別同一行動を全国的、組織的に行う必要がある。

最後に、自立生活の定着のためには日本のような運動過程における専門家排除の論理よりは専門家協力方法で統合的手段をとる必要がある。



**P-5** Handicaps Welfare Association - Leading the Independent Living Movement for People with Physical Disabilities in Singapore.

Banerjee Subrata

Handicaps Welfare Association (Singapore)

**Handicaps Welfare Association (HWA) was established in 1969 by a group of 23 people with physical disabilities. It has been working towards providing equality and independence to people with physical disabilities through advocacy, training, education, removal of societal and architectural barriers and enhancing self determination, equal opportunities and self respect.**

**HWA encourages the involvement of people with physical disabilities in every aspect of life. The mission and objectives of this association is guided by the following principles:**

- 1. Consumer Control:** It ensures that person with disabilities control the governance and operation of the organization.
- 2. Physical disability focused:** It choose to focus only on physical disability so that it could serve the needs of this population more effectively and efficiently.
- 3. Integration:** It promotes integration and full participation of people with physical disabilities in communities.

**This poster discussion will inform the conference participants the following approaches that HWA has taken to fulfill its mission and objectives:**

- **Create life long learning opportunities.**
- **Established professional services required by people with physical disabilities and their families such as rehabilitation, training, welfare, transportation etc.**
- **Create general disability and special need awareness to promote smooth transition to mainstream integration.**
- **Foster friendship and competitiveness through various sports, social activities and peer support programmes.**

**P-6** あけぼの寮における自立支援訓練への取り組み

Hamada Satomi

Hiroshima Prefecture Rehabilitation Center (Japan)

地域の中で自分らしく主体的に生活したいという指向と共に、家族の中で自分の位置付けを模索する入所者の方が増えつつあります。そうした中で、地域生活を目指す方を対象にした訓練コースの設定が必須となりました。現在実施している自立支援訓練は、個々の訓練プログラムを作成し、それに基づき既存の訓練と連携して、生活関連動作や社会生活技能動作等の習得訓練を行うと共に、ADL室・職員宿舎（一般住宅）を利用した模擬的自立生活体験訓練を実施しています。事例は少なく試行錯誤の状態ですが、進路を自己選択・自己決定できる機会を与え、地域生活を考える基盤となっています。

**P-7** **Morale Difference in Comparison Between Japan and Taiwan Staff of Facility for People with Developmental Disabilities**

Tagaya Masao

Kaznuma Sheltered Workshop (Japan)

In 2000, analysis of the daily life desire and personality of 900 staff of Taiwan and Japan is provided using Guilford Inventory. In despite of superiority of finance and/or community centered welfare program, the results show that Japanese staff is more frustrated and spiritless than staff of Taiwan. So we suggest that Japanese staff is losing the mission for disabled person's welfare in future perhaps from the influence of socio-economical motivation of this country. The finding illustrate we need to specify and encourage idea, something to live worthing living again.

**P-8** **育ちと暮らしを支える生涯ケアの実現をめざして**

Suenaga Katsuko, Matsuoka Yukie, Tsutamori Takeo  
Sendai Development Consultation Support Center (Japan)

平成 14 年 4 月、発達障害児者の専門的相談機関として仙台市発達相談支援センターを開設した。6 月 30 日現在で、相談総数は約 650 人となる。その内訳は乳幼児 42.7%、学齢児 40.7%、成人が 16.6%である。これまで 18 歳で児童相談所と障害者更生相談所とに分断されていたものを統合し、従来の相談に、地域療育等支援事業等の地域にアウトリーチする機能も加え、障害者のライフサイクルに対応し、「一貫した生涯ケア」の実現を目指し、支援していくことをコンセプトとした。そこで、センターの設置経過と期待される役割および今後の課題について報告する。

**P-9** **The necessity to develop and carry out Assertive Community Treatment program for severe psychiatric disorders in Japan**

Noguchi Hirofumi, Ito Junichiro, Nakamura Yukako, Tsuchiya Toru, Horiuchi Kentaro, Cho Naoko, Koishikawa Hiraki, Tsukada Kazumi  
National Institute of Mental Health (Japan)

**Objectives:** In order to investigate the needs of Assertive Community Treatment (ACT) program for the inpatients with severe psychiatric disorders in Japan, the patients medical records was examined. This study also aims to describe the availability of social resources and mental health care service delivery in community level.

**Methods:** 1) The medical records from 158 inpatients with psychiatric disorders in Kohnodai hospital, Chiba were examined. 2) Questionnaire was distributed to 30 mental health care organizations and social recovery program agencies. Also one on one interview with their director was conducted.

**Results:** More than half (53.8%) of subjects had severe psychiatric disorders, which showed no social responsibility, drug abuse behaviors, and delusion of suicide. (Nakamura, 2001)

We found that only 5 agencies (16.6%) provide community outreach services and 9 agencies (30.0%) provide linkage services.

**Conclusion:** This study revealed a need of ACT programs for severe psychiatric patients in Japan. The direct services including community outreach and linkage services were insufficient. Therefore, it is necessary to develop and carry out ACT programs in Japan and also availability of direct services needs to be increased.

**P-10** **地域におけるハートピアきつれ川の取り組み**

Hashimoto Masae

National Federation of Families with a Mentally Disabled Member in Japan Heart Pier  
Kituregawa (Japan)

ハートピアきつれ川は喜連川温泉を利用したホテルであり、温泉を利用する地域住民との交流が大きな柱となっている。ホテルの各サービス部門においては精神障害者を対象とした職業的な訓練が展開されている。このような授産施設とホテルとの連携による取り組みを地域とのかかわりを交え紹介する。

## **P-11** Educational Resource and Support Services for the Hearing Impaired

WONG PHYLLIS Y S

Caritas - Hong Kong (Hong Kong SAR, China)

An Educational Resource and Support Centre has been established in Caritas Magdalene School since May 2001 to provide community-based professional support services for hearing impaired students of special and mainstreamed schools, their family members and the staff concerned. Services provided are as follows:

1. Auditory Rehabilitation Support Service
  - 1.1 Individual / group therapy in auditory, speech and language learning
  - 1.2 Check-up and maintenance service for hearing aids
  - 1.3 Loan service of hearing aids
  - 1.4 Parent training, workshops, etc.
  - 1.5 Reference materials for auditory rehabilitation
2. Subject Remedial Service
  - 2.1 Remedial classes on Chinese language, English language and Mathematics for students mainstreamed in ordinary schools.
3. Educational Resource and Support Service
  - 3.1 Sharing sessions for staff and school teachers working with the hearing impaired students.
  - 3.2 Reference / resources for teaching
  - 3.3 Loan service on teaching resources
  - 3.4 School visits including in-class observation
4. Guidance and Support Service
  - 4.1 Case work service
  - 4.2 Case conferences with related professionals
  - 4.3 Family support
  - 4.4 Home visits
  - 4.5 Career and education advisory service
  - 4.6 Parent-child home-based guidance service
  - 4.7 Referral service
5. Outreach / Extended Service
  - 5.1 Visits to mainstreamed schools
  - 5.2 Staff development and training support on
    - Auditory, speech and language learning
    - Music education
    - Art and creative education
  - 5.3 Public education programmes

**P-12 Verb Prediction Methods for the Korean Language Disorders**

Min Hong-ki, Lee Eun-sil, Lee Eung-hyuk, Hong Seung-hong  
University of Incheon (Korea, Rep.)

The language disorders have difficulties in communication through the voice. So they have to be assisted by other devices. One of them is a sentence generation system which should be adaptable to AAC. It uses symbolizations, messages and message prediction techniques. In this paper, we suggested the method which should apply the verb prediction for language disorders and confirmed its usefulness. Verb prediction is the methods which suggest the verbs that persons frequently should use in one domain. The most useful verb is positioned at the top level in the pop-up menu. For the purpose, we used the neural network and simple Bayesian Classifier. Each vocabulary was represented as a feature-vector according to semantics. When the user pushes the symbol, the right vocabulary searches the position in the state space. And the subject and object are combined and the verbs are predicted. We could put the most frequently used verb on the top of the list. As a result, we could reduce the required time in the sentence generation comparing.

**P-13 Assistive Technology in Thailand - Planning and Implementation**

Parnes Penny H, Phantachat Wantanee, Cook Albert  
Queen's University (Canada)

In 1998 a collaborative project was undertaken involving several Thai agencies and several Canadian groups. The project was funded by the Canadian International Development Agency. The focus of the project was the use of assistive technology for persons with disabilities in Thailand. Phase 1 was completed in 2000 and a strategic plan resulted. The plan recognized several necessary components in order to implement a comprehensive program which makes optimal use of assistive technology. Several focal areas are currently being addressed in phase 2. They include: the development of a center of excellence and a delivery system, training of appropriate personnel, policy development and an ongoing research agenda. The model used to develop the plan for the specific environment in Thailand is seen to be useful for other countries looking at technology and its applications for persons with disabilities. This session will demonstrate the steps in plan development and the specific outcomes to date.

**P-14** “白杖を携行する” ことに関する中途視覚障害者の実情

**Takata Akiko, Sato Hisao**  
Japan College of Social Work (Japan)

目的と方法

白杖携行の実情把握を目的に、国立S病院ロービジョンクリニック患者会161名を対象にして郵送アンケート調査を実施した。(回収率57.8%)

結果

①回答者の51.1%が白杖を携行していなかった。(身障手帳1、2級の重度障害者の40.8%、歩行訓練士が白杖を必要と判断した者の33.3%) ②白杖携行には、当事者意識、歩行訓練、視力(いずれも $p < .001$ ) 身障手帳等級( $p < .01$ ) 年齢( $p < .05$ ) が有意に関連していた。③白杖不携行の中途視覚障害者は、白杖に対し「障害を開示する」「他者の視線を集める」等の抵抗感を持ち、白杖を携行することによって社会関係や自身の生き方が制約されると考えていた。

結論

白杖を必要とする中途視覚障害者の約3割が白杖を携行していなかった。白杖携行の選択には、視機能や歩行訓練とともに当事者意識が大きく影響していた。

**P-15** Intervention to enhance communication between caregivers and an aphasiac

**Booka Mineko, Booka Masayuki**  
Hiroshima Prefectural College of Health Sciences (research student) (Japan)

This research paper studied an aphasic man who lives in a nursing home and two caregivers who provide daily care for him. This paper will discuss the effects of a caregiver having appropriate communication skills to carry out their duties and to be a good conversation partner after training by a speech therapist.

The aphasic man and the caregivers had the sessions trying to catch 25 task words that the man tried to communicate. The scenes were recorded on video tape pre and post intervention. They also responded to a questionnaire about daily communication and quality of life.

The number of task words caught met the target after the caregivers had received training. It was noted that the caregivers developed some techniques to make the most of the man's residual communication ability. Better evaluations were also taken after the intervention? e.g. "Do you feel happy to talk with caregivers?"

It was found that training caregivers as conversation partners was very important for good conversations that go beyond simple Yes-No question patterns. Cooperating between caregivers and rehabilitation therapists is also important to provide a good quality of life for elderly people who need daily care.

## Author's Index

<b>A</b>			
AHIKARI, Pradeep	182	HEUMANN, Judith E.	46, 47
AHMED, S. M. Mayeen	161	HIGUCHI, Keiko	74, 76
AKATSUKA, Mitsuki	65, 67	HONG, Seung-hong	188
ALI, Ijazulla A	141	HORIUCHI, Kentaro	186
ARIYARATNE, Sri Vikum S.V	143, 148	HOSOKAWA, Shingo	179
ASAHI, Masaya	32, 33	HOWITSON, Dorothy-Anne	157
<b>B</b>		HUI, Raymond Wai Man	142
BANDUGE, Sarath Kumarathilake	180	HUMAGAIN, Raju	183
BANERJEE, Subrata	184	HUNG, Tak-fung, Anchor	158
BANG, Myongye	154	<b>I</b>	
BOOKA, Masayuki	189	IKEDA, Naoki	117, 119
BOOKA, Mineko	189	ILAGAN, Venus M	128, 129
BROHIER, William G	145	INUI, Kimiharu	150
<b>C</b>		ISHIKAWA, Akira	150
CARMAN, Tam	142	ISHIKURA, Yasunori	150
CHAN, Ka-Yee	170	ITO, Junichiro	186
CHAN, Monica Yuk Yee	154	<b>J</b>	
CHAN, Ophelia Chiu-ling	30, 31	JANG, Won-joo	151
CHENG, Man Chai	142	JEONG, Jong Hwa	163, 183
CHEUK, Hang Chi	142	JONSSON, Ture	26, 27
CHEUNG, Benny Wai-leung	130, 131	<b>K</b>	
CHEUNG, Kin-Fai	147	KAWAMURA, Hiroshi	40, 41
CHIANG, Ming-chin	159	KEMPPAINEN, Erkki	16, 17
CHO, Heung-seek	161	KHAN, Mantaka	148
CHO, Naoko	186	KHANAL, Govinda	182
CHO, Sae-hong	151	KIKUCHI, Makoto	42, 43
CHO, Sung-yeol	168	KIM, Jeong - ok	124, 126
CHO, Young-gil	181	KIM, Jong-ihn	168
CHONG, Cheng Harn	156	KISHIMOTO, Megumi	99, 101
CHUI, Rhonda Pui Sin	154	KOBAYASHI, Akiko	178
CHUNG, Wai Kin	154	KOBAYASHI, Shigeo	121, 123
COOK, Albert	188	KOISHIKAWA, Hiraki	186
CROOT, Elizabeth Jean	174	KONO, Adela Avila	146
<b>D</b>		KUSUNOKI, Toshio	109, 110
DENG, Pufang	6, 7	KWAN, Joseph	147
<b>E</b>		KWOK, Joseph	18, 19
EIDE, Arne Henning	180	KWOK, Kin Fun Joseph	173
ELIASSON, Folke	44, 45	<b>L</b>	
EMILY, Fung Wai Ying	142	LAGERWALL, Tomas R.	50, 51
<b>F</b>		LAI, Po Yi	158
FANG, Sin Yang Harry	2, 3	LAI, Tai Yiu	142
FERDAUS, Shamim	177	LAMICHHANE, Kamal	178
FLORES H, Victor Hugo	10, 11	LAU, Yuk Man	142
FOOTMAN, Robert Charles Law	36, 37	LEE, Dal-yob	167, 168
FRANCIS, Siva	163	LEE, David Wei	149
FUJITA, Tsutomu	143	LEE, Emma Lichia	149, 175, 176
FUKUSHIMA, Satoshi	134, 135	LEE, Eung-hyuk	188
FUNADA, Yukari	93, 95	LEE, Eun-sil	188
<b>H</b>		LEE, Koon-Hung	147
HAMADA, Satomi	184	LEE, Seung-jae	168
HAQUE, Md Shahidul	145	LEE, Seung-wook	168
HARTE, Carson	155	LEE, Sun-woo	167
HASHIMOTO, Masae	186	LEE, Wai Hong	154
		LEE, Ye-ja	171
		LIM, Kok Long	159
		LIMMANEE, Arunee	165

• LIN, Robert Chin-chuan	149
LINDQVIST, Bengt	14, 15
LINDSTRÖM, Jan-Ingvar	38, 39

#### M

MAK, Arthur F.T.	152
MAKIGUCHI, Ichiji	86, 87
MALINGA, Joshua T.	8, 9
MANSURI, Fatma	144, 171
MARZUKI, Ibrahim	153
MASSIE, Bert	144
MASSIE, Bert William	12, 13
MATSUOKA, Yukie	185
MATSUTOMO, Ryo	82, 84
MATSUYA, Katsuhiko	28, 29
MCKEY, Jason	34, 35
MD Zimli Yahya	153
MIHOSHI, Akihiro	63
MIN, Hong-ki	188
MIYAHARA, Chie	48, 49
MIYASAKA, Tomoya	150
MOK, Augustine Chiu Yu	170
MOK, Vincent Wai Sun	142, 154

#### N

NA, Woon-hwan	151
NAKAMURA, Yasuhide	160
NAKAMURA, Yukako	186
NARAYANA, Gedara Kamalawathie	172
NGAI, Ling Kam-har	170, 174
NGAI, Marian Mei Yuk	169
NOGUCHI, Hirofumi	186
NOMURA, Midori	182

#### O

OGAWA, Yoshimichi	142
OGURA, Takeo	132, 133
OH, Sae-chul	167
OHO, Mari	179
OJHA, Ganapati	178
OKUNO, Eiko	160
ONOUÉ, Koji	69, 72
OTANI, Tsutomu	115, 116

#### P

PANYANOUVONG, Soukiet	140
PARK, Jae-kook	167
PARNES, Penny H	188
PATHIRANA, Jayalath P.	169
PAUDEL, Sushila	172
PERRY, Debra A.	165, 179
PHANTACHAT, Wantanee	188

#### S

SAARNIO, Ilkka	151
SAEKI, Junichi	146
SAKAMOTO, Hideki	166
SATO, Hisao	20, 21, 179, 189, 179, 189
SATO, Tokutaro	136, 137
SAWAMURA, Seishi	111, 113

SEKI, Hiroyuki	52
SEYAMA, Noriko	103, 106
SHARIFIAN-Sani, Maryam	173
SIMOMURA, Yukio	97, 98
SIVILA, Chanhpheng	140
SOUVANTHALISITH, Somkhuanta	140
SUEDA, Osamu	59, 61
SUENAGA, Katsuko	185
SULTANA, Afroza	177
SUZUKI, Kentarou	182

#### T

TAGAYA, Masao	185
• TAI, Fu-chiao	140
TAKATA, Akiko	189
TAKEBATA, Hiroshi	164
TAKOUNPRAK, Singkham	140
TAM, Eric W.C.	152
TANAKA, Saori	156
• TENG, Tung-pin	149
THAPALIYA, Nawa R.	177
THOMAS, Maya	4, 5
TING, Amelia	174
TRAN, Tuan Ngoc	141
TSUCHIYA, Toru	186
TSUJI, Makoto	54, 57
TSUKADA, Kazumi	186
TSUTAMORI, Takeo	185
TULI, Uma	24, 25

#### U

UEDA, Satoshi	22, 23
URASHIMA, Mitsugu	150
USUI, Kumiko	88, 91

#### V

VAN, Den Heuvel Win J.A.	176
VERONICA, Ester L. Mendoza	162
VICTOR, Daniel	166

#### W

WATANABE, Masayuki	160
WONG, Fu Keung	164
WONG, King Shui Phyllis	155
WONG, Phyllis Y S	187
WONG, Pui Wah	154
WU, Wing-kuen	147

#### Y

YAGI, Saburo	78, 80
YAMASHITA, Maomi	52
YEUNG, Tak-wah	162
YOKOYAMA, Katsuki	182
YOSHIDA, Takefumi	150
YU, Mabel Siu-ling	175
YUEN, Philip	157
YUEN, Q'sa	170

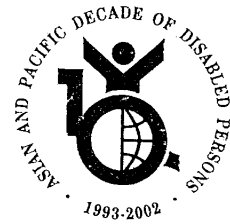
#### Z

ZAMAN, Sultana S	177
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# NGO PERSPECTIVES for Full Participation and Equality

## **Evaluation of Asian & Pacific Decade of Disabled Persons**

**1993-2002** (含 Taiwan)

(Oct. 2002)

**RNN Research Task Forces**

**RNN (Regional NGO Network for the Promotion of  
the Asian and Pacific Decade of Disabled Persons)**

## Forward

The Regional NGO Network to promote the Asian and Pacific Decade of Disabled Persons (RNN) is the first and a unique Network in the Asian and Pacific region with membership of both national and international organizations of/for people with disabilities, established in the beginning of the Decade. RNN promoted the Decade by various activities such as annual campaign in different countries in the region.

Now we are in the end year of the Decade. This is the most critical year for us to come up with concerted strategies to deal with challenges of the years 2003 and beyond.

Can we promote the Decade? What could we accomplish?

Could we influence the awareness of the society that disability is the very important social issue? Could we have positive results from awareness to action?

RNN set up the Research Task Force to evaluate the Decade. The 13 Thematic Task Forces correspond to the 12 policy areas of the Agenda for Action for the Decade plus "Women with Disabilities" based on NGO Country Reports and International NGO Reports. By this time, 5 Thematic Task Forces and 18 NGOs or individuals submitted a report on their country.

In the occasion of the major RNN events, the final RNN Campaign 2002 to mark the end year of the Decade in Osaka, we are very happy to present the RNN Research Task Forces as "NGO Perspectives for Full Participation and Equality: An Evaluation of the A/P Decade of Disabled Persons" This report will be also submitted to the ESCAP High-Level Intergovernmental Meeting on A/P Decade as a NGO input.

The Final Report will appear on the RNN website linked to the Decade homepage: <http://www.unescap.org/decade/> early next year. We see more Thematic TF Reports and Country reports there.

We deeply appreciate members of the Task Force who contribute to this report:

Australia: Bryan Woodford, ACROD Australia

Bangladesh: Shahidul Haque, Founder General Secretary, SARPV

East Timor: Klibur Aleizadus, TIMOR LORO SA'E (KATILOSA)

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Kiribati: Nancy Rollinson, VSO Physiotherapist, Tungaru Central Hospital  
Korea, Part 1: IL-Mook Cho (President, Korean Society for Rehabilitation of Persons  
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Korea, Part 2: Eden House in Korea  
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Papua New Guinea: Adrian Winnie, Rajesh Nanda, and Idah Dail  
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Sri Lanka: Kamala, Association of Women with Disabilities  
Taiwan: Eden Social Welfare Foundation  
Thailand: Narong Patibatsarakich  
Viet Nam: Duong Thi Van, Chairperson, Bright Future Group

We also thank for the enthusiastic work of Thematic TF Coordinators:

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Ms. Chalermsee Chantaratirn (Thailand)

Legislation: Mr. J.B. Munro (New Zealand)

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Self-help Organizations: Ms. Karen Ngai (HK)

Regional Cooperation Mr. Joseph Kwok (HK)

Girls and Women with Disability: Ms. Kuhu Das (India)

We would like to express our congratulations and appreciation to them all for their hard

work.

RNN did promote a result that is the decision at the General Assembly of UNESCAP to extend the Asian and Pacific Decade of Disabled Persons from 2003 to 2012 .We are gratified that regional efforts can continue in the coming decade.

Last but not least, our sincere appreciation should extend to the Mitsubishi Foundation, Government of Japan and UNESCAP for their strong support to our project.

October 23, 2002

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## Table of Contents

### Country NGO Reports

Australia .....	1
Bangladesh.....	12
East Timor.....	18
Fiji.....	24
Hong Kong SAR.....	32
India.....	35
Indonesia.....	44
Kiribati.....	48
Korea, Part 1.....	53
Korea, Part 2.....	78
Maldives.....	89
Mongolia.....	95
Nepal.....	106
Papua New Guinea.....	111
Singapore.....	122
Sri Lanka.....	126
Taiwan.....	132
Thailand.....	139
Viet Nam.....	147

### Thematic Task Forces Reports

National Coordination.....	150
Legislation.....	184
Public Awareness.....	229
Assistive Devices.....	240
Regional Cooperation.....	285

### Appendices

1 Targets for the Implementation of the Agenda for Action for the Asian and Pacific Decade of Disabled Persons ("107 Targets") .....	289
2 Guideline for RNN Country Report .....	299
3 Thematic Task Force Members.....	302

# Australia

## **PARTICIPATION OF PERSONS WITH DISABILITIES IN AUSTRALIA IN THE CONTEXT OF THE ASIAN AND PACIFIC DECADE OF DISABLED PERSONS, 1993-2002, AND BEYOND**

### **SUMMARY**

Significant progress has been made in improving the quality of life and equity of access for Australian people with disabilities and Australia's developments may serve as a model to other countries in the sub-region.

Pervasive social change throughout government and society continues in Australia for people with disabilities driven by population growth and increased mobility of the population, increased access to education, advances in transport and communications technology and the effects of globalization. This change is driven from an equality paradigm that has its roots in 1970's

The present paper provides a current and historical perspective on the development of people with disabilities in Australia. It addresses the progress made towards achievements in the policy areas of the Agenda for Action for the Asian and Pacific Decade of Disabled Persons, 1993-2002 and identifies barriers to the full participation and equality of people with disabilities in Australia.

# CONTENTS

Page

INTRODUCTION.....	
I    ASIAN AND PACIFIC DECADE OF DISABLED PERSONS, 1993-2002 .....	
A.    Background.....	
II.   SITUATION OF PERSONS WITH DISABILITIES IN AUSTRALIA .....	
III  PRELIMINARY REVIEW OF THE IMPLEMENTATION OF THE AGENDA FOR ACTION FOR THE ASIAN AND PACIFIC DECADE OF DISABLED PERSONS... ..	
A.    National coordination .....	
B.    Legislation.....	
C.    Information .....	
D.    Public awareness .....	
E.    Accessibility and communication .....	
F.    Education .....	
G.    Training and employment .....	
H.    Prevention of the causes of disability .....	
I.    Rehabilitation .....	
J.    Assistive devices .....	
j.    Self-help organizations .....	
L.    Regional cooperation .....	
IV.  BARRIERS TO THE FULL PARTICIPATION OF PERSONS WITH DISABILITIES .....	

## INTRODUCTION

- 1 The purpose of the present paper is to review the situation of people with disabilities in Australia within the context of progress made in the 12 key policy areas of the Agenda for Action for the Asian and Pacific Decade of Disabled Persons, 1993-2002. The theme and goal of the Decade is the promotion of the full participation and equality of people with disabilities in the Asian and Pacific region. The paper will address progress made towards achievements in the policy areas of the Agenda for Action and identify barriers to the full participation and equality of people with disabilities in Australia.
2. Significant progress is being made to improve the quality of life and equity of access for Australian people with disabilities and Australia's developments may serve as a model to other countries in the sub-region. Over the decade of Disabled Persons, in partnership with organizations of people with disabilities and other concerned agencies, the Australian

governments at all levels (Federal, State and Local) have been involved in the development of policy, legislation and service provision.

3. There is a need for continued commitment at all levels of Government for the pursuit of full participation and equality for people with disabilities.

## **I. ASIAN AND PACIFIC DECADE OF DISABLED PERSONS, 1993-2002**

### **A. Background**

4. The United Nations International Year of Disabled Persons (1981) marked the beginning of a decade in which serious attention was given to the issue of disability by the global community. The World Programme of Action concerning Disabled Persons, declared in 1982, was followed by the United Nations Decade of Disabled Persons, 1983-1992. The Commission, through its resolution 48/3 adopted in 1992, proclaimed the Asian and Pacific Decade of Disabled Persons, 1993-2002, with a view to giving fresh impetus to the implementation in the ESCAP region of the World Programme of Action concerning Disabled Persons beyond 1992. The Proclamation on the Full Participation and Equality of People with Disabilities in the Asian and Pacific Region was adopted at the Meeting to Launch the Asian and Pacific Decade of Disabled Persons, 1993-2002 held at Beijing in December 1992.
5. The Agenda for Action for the Asian and Pacific Decade of Disabled Persons, 1993-2002 endorsed at the forty-ninth session of the Commission in 1993, consists of the following 12 major policy categories: national coordination; legislation, information; public awareness; accessibility and communication; education, training and employment, prevention of causes of disability, rehabilitation, assistive devices, self-help organizations; and regional cooperation. Each of the policy categories contains a list of target areas of direct relevance to the development of policies in support of the full participation and equality of persons with disabilities in Asia and the Pacific.
6. At the first regional meeting to review the progress towards the achievement of Decade goals, held at Bangkok in June 1995, 73 targets for the implementation of the Agenda for Action were adopted. Further review meetings were held in 1997, and in 1999 107 strengthened targets were adopted. The Agenda for Action has become an effective policy tool for Governments in the ESCAP region to guide their policies, planning and implementation of programmes concerning persons with disabilities.
7. The Australian Decade of Disabled Persons will end in December 2002. The High-level Intergovernmental Meeting to Conclude the Asian and Pacific Decade of Disabled Persons will be held in Otsu City, Shiga Prefecture, Japan, from 25 to 28 October 2002, organized by ESCAP and hosted by the Government of Japan. The Meeting will review achievement of the goals of the Decade, and in particular the fulfillment of the 107 strengthened targets for the Agenda for Action, and will consider a framework for action beyond the Decade.

## **II. SITUATION OF PERSONS WITH DISABILITIES IN AUSTRALIA**



8. The total population of Australia is approximately 19 million of which 19% of the Australian population has a disability, that is over 3.6 million people. (Disability, Ageing and Carers Survey, 1998, Australian Bureau Statistics)
9. The family continues to be the mainstay of support to persons with disabilities. This is supported by data which indicate that the majority of persons with a disability who need help with one or more of their daily activities (1.7 million people), receive it from partners, relatives or friends. The extent of this 'family' social capital was a major impetus for the recognition from 1992 onwards of the need for support to 'carers'.
10. Outside the family support network, there are essentially two streams of support services – those provided within the mainstream service system (eg health, education) and specialist/specific services targeted to persons with a disability. There is an increasing focus on minimizing the overlaps or gaps arising from this dual approach to the support of persons with disabilities.
11. It is to be hoped that all three levels of Government in Australia continue their commitment to improve the quality of life of persons with a disability and equity of access to the pursuit of this lifestyle post the Decade; this report documents only some of the changes within Australia during the Decade, this is but a brief selection of some of the developments.

### **III. PRELIMINARY REVIEW OF THE IMPLEMENTATION OF THE AGENDA FOR ACTION FOR THE AUSTRALIAN DECADE OF DISABLED PERSONS**

#### **A. National coordination**

12. The enactment by the Federal Government of the Disability Services Act in 1986 set in train a long-term reform of funding for service delivery targeted to supporting persons with a disability and facilitating greater access to mainstream services.
13. This reform agenda resulted by 1991/2 in a two tier approach to co-ordination when all Australian State and Territory Governments enacted their own Disability Services Acts. State/Territory legislation enabled the signing of Commonwealth and State/Territory Agreements from 1991, aimed at delineating the roles of the Commonwealth and State/Territory Governments in relation to disability specific services.
14. Access by persons with a disability to mainstream services and agencies is being incrementally facilitated via the Federal Government's Attorney General's Department using National standards.
15. The National Disability Advisory Council supported by the Federal Government's Office of Disability advises the Federal government about disability issues. This Council annually chooses key topic areas on which it will focus. Since the late 1990's, most State/ Territory Governments have also created some form of Advisory Group with the role of advising the government on disability issues and service provision.
16. External to Government are a number of non-government organizations, predominately funded by the Federal Government, that serve as a 'peak body' representing particular

constituents. These groups advise and lobby the Federal Government on issues related to disability from their differing perspectives. For example, the Australian Council on the Rehabilitation of the Disabled (ACROD) focuses on issues from support agencies' perspective. Carers Association of Australia focuses on issues from carer's perspectives and Disability Australia focuses on the person with a disabilities' perspective. There have been successive attempts by the Federal Government since the 2000 to both rationalize the number of peak bodies and 'muzzle' anti-Government advocacy by peak bodies, but to date this has been unsuccessful.

## **B. Legislation**

17. Much of the ground breaking legislation that formalized the rights of access for persons with a disability was enacted prior to the Decade of Disability. By 1993, the Australian Government had:
  - enacted the Disability Services Act 1986. This was an enabling rather than prescriptive legislation that reformed the models and funding structures for disability support services.
  - enacted the Commonwealth Home and Community Care Act (1986)
  - enacted the Disability Discrimination Act, 1992 which required persons with a disability to be treated equitably and without unnecessary discrimination in a range of activities. To oversee this legislation the Human Rights and Equal and Opportunity Commission was established in 1992.
  - By the end of 1992 all State and Territory Governments had enacted their own Disability Services Act [eg The Disability Services Act, 1992 (Queensland) ]
  - Commonwealth/State Disability Agreements with all State/Territory Governments were in place by 1992
  - Commonwealth/State Health Agreement with all State/Territory Governments were in place by 1992
  - Privacy Act of 1988 extended to include all non-government organizations from December 2001.
  
- 18 During the Decade of Disability Australia adopted the United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities which encouraged the Commonwealth Government to launch its Commonwealth Disability Strategy (1994) This legislation provides a ten year planning framework (with a mid term review) for managing the Commonwealth's responsibilities under the Disability Discrimination Act (1992). The target area for equal access outlined in the framework address the 12 key policy areas outlined in the Agenda for Action for the Asian and Pacific Decade of Disabled Persons, 1993-2002.
  
- 19 Within the Decade, the National Competition Policy (NCP) was legislated in August 1999. The NCP fundamentally changed the landscape of policy and service provision at all levels within Australian Society. A tangible example is the ability of for-profit organizations to apply for government funding that previously was restricted to not-for-profit organizations. The advent of 'competition' between services and service sectors/industries is considered to be deleterious to any push by Federal Government for co-operative/partnership service provision.

20. The Federal Government's advisory body on disability issues, the National Disability Advisory Council in 1999/2000 nominated ensuring the delivery of commitments made under the Commonwealth/State Disability Agreement and the development of a high quality, nationally consistent approach to disability service provision as one of its key focus areas.
22. In July 2000, the Goods and Services Tax was implemented across Australia. All persons in receipt of a pension received a 4% increase to offset the anticipated rise in the cost of various goods and services. Anecdotal evidence from a range of pensioners suggests this 4% increase did little to offset the actual increases in costs of various goods and services.

### C. Information

23. Access to accurate and regularly updated information is vital for advocacy and for the purposes of the planning and implementation of services for people with disabilities. Information on the prevalence of disability in Australia is systematically gathered by the Australian Government via two major data gathering processes. These processes are undertaken by the Australian Bureau of Statistics (ABS) which is Australia's official statistical organization (legislated in 1975).
24. The ABS every five years conducts a census of the total Australian population. Census data are widely available in a variety of formats, usually within 2 years of collection. The last two years of the 5 year cycle tends to be focused on the questions for the forthcoming census. The most recent census data currently used for service planning are from the 1996 census. Data from the 2001 Census will soon be available.
25. Since 1988 the ABS has conducted a 5 yearly Survey of Disability, Ageing and Carers. Like the general population Census the data takes time to collate. The most current census data available are from the 1998 Survey.
26. Established and operates under the provisions of the *Australian Institute of Health and Welfare Act 1987*, the AIHW is within in the Health and Aged Care portfolio of the Federal Government. The Institute of Health and Welfare Act provides social trend analysis and information on a range of topics, including disability and ageing, to the Federal Government.

### D. Public awareness

27. Australians have numerous avenues by which public awareness-raising is achieved. The Federal Government has well developed mechanisms to disseminate nationally any changes to Federal Government legislation, policy and/or practice, including:
- \* media campaigns across television and newspapers
  - \* public seminars
  - \* publications eg Office of Disability of Disability News
  - \* websites (eg the Dpt Family and Community Service's website [www.facs.gov.au](http://www.facs.gov.au))
  - \* Theme years, weeks and days (eg International Year of the Volunteers, Disability Access Week, International Day of the Disabled)
  - \* National conferences (eg National Home and Community Care conference)

28. The most notable public awareness event during the Decade was the holding of the Paralympics in Sydney in 2000.
29. It should also be noted that key Federal Government information is often available in various formats (for example, Braille, audio tape, other languages, large print, hot lines and plain English) to ensure equity of access to information by all Australians.
30. The Federal Government's advisory body on disability issues, the National Disability Advisory Council in 1999/2000 also nominated increasing public awareness and understanding of the needs and abilities of people with disabilities and acceptance of their right to participate in their communities as one of its key priority areas.
31. External to government, public awareness campaigns are also undertaken by peak bodies, but due to funding restraints these are less frequent. The peak body that consistently engages in public awareness raising of key policy issues / trends is the Australian Council of Social Service (ACOSS) This organization collaborates with key non-government organizations to formulate an agreed community sector position on identified issues.

#### **E. Accessibility and communication**

32. Access to the built environment is an issue the Australian Government has approached through the introduction of National Standards. In 1997, a technical committee of the Australian Building Codes Board proposed a range of changes aimed at bringing the Building Codes of Australia (BCA) into line with the Disability Discrimination Act. A number of access related changes to the BCA came into effect in January 1999.
33. In June 1996 'in principle' agreement was given from the Australian Transport Council (ATC) to the Draft standards for accessible public transport. A draft Regulatory Impact Statement was released for public consultation in August 1998. In 1999 the ATC considered the draft standards in light of the findings of the final RIS. To date, the Federal Government has not enacted these standards via legislative change. Some State Governments (eg Queensland) have adopted the targets for accessibility outlined in the National Accessibility Standards, despite no legislative imperative.
34. National reciprocity of what had been until that time State based Taxi Subsidy Schemes was achieved in 2000.
35. In 2000, the Human Rights and Equal Opportunity Commission conducted an inquiry into wheelchair accessible taxi services across Australia. No findings are available at this time.
36. The Federal Government in 1999 instituted the Gold Medal Disability Access Strategy aimed at encouraging business in the four target areas of employment, premises, tourism and transport to improve access to goods and services for people with disabilities.
37. A discussion paper on issues related to access to Commonwealth Government information was released in February 1997. To date a working group is reviewing options for improving access to Commonwealth Government information and communication.

38. In 1995, the Federal Government implemented a nationwide initiative called "Networking the Nation" specifically targeted rural and remote communities access to computers and the Internet.
39. Since 1995 the Human Rights and Equal Opportunity Commission (HREOC) has undertaken a range of reviews. In 2000, HREOC inquired into ways to make movies more accessible for people who are deaf or hearing impaired. In July 2001 the trial of captioned movies in movie theatres in the central business districts of Sydney and Melbourne for 2 months was undertaken – the findings from this trial are not yet available.
40. The Federal Government via the Office of Disability makes available annually limited funding to support the participation of persons with a disability in national conferences.
41. In 2000, the Federal Government funded the establishment of 'Carelink' accessed by an 1800 phone number. Carelink is a national database of support services, both government and non-government including details on eligibility criteria.

#### **E. Education**

42. The Ministerial Council on Education, Employment, Training and Youth Affairs released a discussion paper on the development of disability standards in education in 1997. Arising from these standards, the National Centre for Education and Training Statistics was established in 2000. Its role is to provide timely and relevant data covering education and training issues and to co-ordinate the development and provision of national education and training statistics.
43. In 1999, the Department of Family and Community Services made administrative changes to its Special Needs Subsidy Scheme. This Scheme gives children with disabilities or developmental delay the opportunity to take part in mainstream activities such as child care.

#### **G. Training and employment**

44. Employment standards were released for public consultation in February 1998.
45. The Federal Government in 1989 instituted the Prime Minister's Employer of the Year Awards that encourages people with disabilities, their families, carers and disability organization to nominate local businesses which have provided excellent access for people with disabilities
46. In 1999, the Prime Minister's Employer of the Year Awards were enhanced in honour of the 2000 Sydney Olympics with the launch of the Gold Medal Disability Access Strategy. These awards are focused on extending recognition of access issues into key areas of business development. In 2000 the Prime Minister awarded the first Gold Medal Access Award.
47. In 2000 the Australian Government, made changes to its "The Australians Working Together Strategy" in an attempt to expand and improve the assistance available to Australians, including those with disabilities looking for work
48. In 1997, the Commonwealth Rehabilitation Service (CRS) was contracted by Centrelink to assist persons with a disability to access work via individual assessment and referral to the most appropriate competitive work center

49. In 1996 the Government commenced on a wide ranging reform of the Disability employment sector. Changes from a block grant funding model to an outcome based funding model are being trialed. A major review of Business Services (Sheltered Workshops) was undertaken in 1999/2000 and implementation of the recommendations is currently underway. A new Quality framework for employment services is also being implemented
50. Competition continues to be fostered, with the participation of for profit agencies continues to be encouraged..

#### **H. Prevention of the causes of disability**

51. The National Health and Medical Research Council (NHMRC) was legislated in 1992 (National Health and Medical Research Council Act, 1992) by the Federal Government. Through this organization research funding and development of advice is combined to achieve four statutory obligations – raise the standard of individual and public health throughout Australia; foster the development of consistent health standards between the various States and Territories; foster medical research and training and public health research and training throughout Australia; and foster consideration of ethical issues relating to health
52. In 1999, the Federal Government doubled the level of medical research funding available for the NHMRC to distribute.
53. In 2000, via the NHMRC, a new medical research award was established – the Burnet Award
54. Federal Government continues its funding commitment of the Australian Institute of Family Studies (legislated in 1980) This Institute aims to promote the identification and understanding of factors affecting marital and family stability in Australia – some studies have included the impact of disability within the family.
55. Australia continues, via the Health Insurance Commission, to provide funds aimed at the prevention of disability, the Pharmaceutical Benefit Scheme (PBS). Through being listed on the PBS many drugs required to either prevent disability or lessen the impact of impairments are affordable, especially to those persons on a Federal Government pension.
56. Australia also has a long established individual research foundations targeted to researching specific disabilities. These organizations are funded by government or philanthropic foundations (or a mix of funding), for example, Mental Health Research Institute.

#### **I. Rehabilitation**

57. Post World War 1, Australia has been active in the provision of rehabilitation services. At a national level the Commonwealth Rehabilitation Service supports people with developmental and acquired disabilities to find and retain work, although assistance with non-work, meaningful activity is also provided. At State Government level, there are additional State based rehabilitation services arising from a Workers' compensation.

58. The Federal Government in 2002 extended the range of support services it provides to the Veteran population via the Dpt of Veterans' Affairs, by funding similar services to those funded under its Home and Community Care Program. At this time Veterans from the Vietnam War were able to access these support services.

#### **J. Assistive devices**

59. Assistive devices are available on a restricted basis via the Home and Community Care Program which predominately funded by the Commonwealth it is administered at the State Government level. The devices included in this program are focused on daily living tasks (eg rails for toilets/showers).
60. Some State Governments also have a Medical Aids Scheme which provides a wider range of assistive devices including electric and manual wheelchairs, speech devices and incontinence aids.

#### **K. Self-help organizations**

61. Self-help organizations provide a means by which collective capacity-building can be undertaken and empowerment achieved, strengthening their power to advocate with governmental and other civil society agencies and their engagement in decision-making processes.
62. Within Australia there a two tier system of self help organizations – single disability groups or groups with a State and Federal structure
63. Single disability groups most often trace their origins to parent support groups eg Down's Syndrome. These groups secure funding through one-off grants from various sources, fundraising and in some cases recurrent funding usually from State Governments. Extensive volunteer labour characterize these groups.
64. State and Federal structure disability groups (eg Carers Associations, ACROD) are more formalized, most commonly with recurrently funded staff positions. At the state level these organizations mostly secure funding from the State Government in addition to membership fees At the Federal level, funding is mostly provided by the Federal Government via its Peak Bodies funding.
65. The complexity of these various groups that view themselves as a 'peak body' for some group of persons, is the catalyst for the push by the Federal Government in 2000 to 'rationalise' the peak bodies.

#### **L. Regional cooperation**

66. The Federal Department of Family and Community Services encourages and fosters relationships with other countries through such means as international visits, hosting delegations and study tours from other countries and participation in International forums
67. Australia's Delegation to the OECD has established the position of Minister-Counsellor (Social Policy). To enhance Australia's interaction with the OECD's Employment, Labour and Social Affairs Committee as well as with other directorates within the organization
- 68 ACROD in 2002 has resumed its support for the development of support services to persons with a disability in the Asia – Pacific region

#### **IV. BARRIERS TO THE FULL PARTICIPATION OF PERSONS WITH DISABILITIES**

69. The geography of Australia and its dispersed population in rural and remote Australia will always be a barrier to equity of service access and affordable service provision to persons with a disability resident in rural and remote Australia (compared with urban based citizens).
70. The ability of Governments at all levels to grapple with equity or access and appropriate service provision to an increasing number of persons with a disability from other cultures or ethnic backgrounds is questionable.
71. The disturbing and growing trend within the Federal and State Governments to limit the ability of funded non-government services being able to take 'anti-departmental' stances in the public media limits freedom of speech and reduces the ability of self-help organizations and peak bodies to advocate with governmental and other civil society agencies about unmet needs or emergent trends/issues.
72. The current Federal Government focus on output based funding and milestone based funding is a contributing factor to the increasing number of organizations that are financially unviable. The use of 'efficiency' dividend based funding formulae by many Federal Departments is another contributing factor, especially given the reality that increasingly funding dollars are spent on overheads beyond the control of the organization eg insurance costs are skyrocketing and union award conditions continue to escalate.
73. In the 2002/2003 Federal Budget there is a clear transfer of funding from disability programs to the Defence Department. This decision comes on top of 2 previous years of no growth funding to disability programs.
74. The current 'push' by the Federal Government encouraging organizations to chase funding from Corporate philanthropy /partnerships and the increased use of volunteers. This shifting of funding to sources that do not necessarily provide either ongoing or appropriate levels of funds to offset price increases, further challenges the viability of non-government service provision.
75. Little research is being done on the service needs of persons with a disability who are now ageing. This research should establish whether the traditional services provided to aged persons are appropriate or adequate for persons with a disability.



# Bangladesh

## SITUATION OF DISABLED PEOPLE OF BANGLADESH AS PER RNN GUIDELINE

September 25, 2002

### Preface

Bangladesh is a country of 113 million and if there 10% population is disabled, then 11 million disabled people are there. Great question mark is looming over,  
what the percentage of education among the disabled people is  
what the employment situation of the disabled people is  
what the facilities are in favor of the disabled people in this country  
if policy makers think about the disabled people while developing programs

Now in Bangladesh only for one disease named RICKETS 9% of the children in one region in the coastal-belt are going to be disabled and gradually it is increasing whole over the country. If only one disease creates 9% children disabled then what about the rest while there are several other disabling diseases of endemic nature. It demands an answer to all.

### Summary & Future Directions and basic Data of PwDs

[a] Please describe the following questions based on your evaluation of the decade

[a-1] Please cite and describe three most significant changes for the life of PwDs in your country over the A/P Decade.

- Few People with Disability have been aware about their role & rights.
- Media groups have started taking up good role to publish the news and stories about abilities of the PwDs.
- Policy makers have also become interested in this issue.

Please attach the documents and possible audio-visual materials.

- Attached video on Disability by Rickets.
- Attached audiocassettes on Bangla for the visual impairments.

[a-2] Please cite and describe the three most undeveloped issues concerning your PwDs compare with non-disabled people in your country

- Lack of Accessibility (mainly physical infrastructure) of the Persons with Disability in all spheres of their life;
- Lack of educational facility for the Persons with Disability;
- Lack of job opportunity for and positive social attitudes towards disabled persons.

[a-3] What are the three priority measures, which you want, your government takes for your PwDs?

- To ensure the accessibility of the person with disability in every sphere of their life;
- To ensure education of the Persons with Disability;
- To create job environment for the Person with Disability so that people can think positively about the PwDs.

[a-4] What are the three priority programs of regional co-operation for your PwDs ?

- Inter regional dialogue with Disability issue with different NGO/ Government department.
- Exchange program on disability issue within the region.
- Social charter of the Disabled people should be developed within the region for common understanding for all.

#### **[b] Basic Data**

[b-1] Please cite and describe the basic data of PwDs in your country:

- It is not possible from any government-source to cite but from NGO sector it is stated that 8.9% percent are the disabled people in our country.

##### **1. Number of PwDs with your classification and nature of the source and legal definition.**

It is estimated that total population of Kulkandi is 11802, male population is 6094 and female 5708. The male-female ratio is 1.07:1. The number of disabled persons is 1037 giving the percentage of disability to be 8.79. The male disabled people number 487 amounting the percentage of disability to be 7.99 for male population. The female disabled people number 550 and for female population the percentage of disability is 9.64.

Over the entire population of Kulkandi the maximum number of people comprise the group within age limit 6-10 years (numerically the figure is 2141, and as percentage of population 18.1). The percentage occurrence of disability within this group of population is 8.4 while they comprise 17.6% of the total disabled population. 45.3% people of the population are of age below 15 years. 6.3 is the percentage occurrence of disability within this below 15 years population and they represent 32.5% of all disabled population. 5.2% people of the entire population are of age of over 55 years. The disability prevalence rate in this group is 32.9%, comprising 19.5% of disabled population.

The prevalence of single disability that of visual is the highest, the percentage of prevalence is 24.2%. Other than single disability, multiple disability amounts 33.7%, and Leprosy only 0.2% in prevalence. According to the rate of prevalence other disabilities are in ascending order hearing (22.4%),

orthopedic (10.2%), speech (5.2), mental retardation (3.1%), mental illness (0.6%) and epilepsy (0.5%) respectively. Before the age of 5 years orthopedic disability is most prevalent (). And within the age of 15 years the prevalence of hearing (), visual () and orthopedic () disabilities are generally higher than other types of disabilities.

The prevalence of disability irrespective of gender rises with the increase of age after 35 years. But after the age of 20 years the prevalence rate is higher in females than in males. And the prevalence of disability among females is much higher for ages over 55 years than among males.

The distribution of disabled persons in Kulkandi is found to be among 882 families out of total families surveyed, 2453. The percentage of families having disabled member is found to be 35.95%. The average size of families having disabled persons and of all families of Kulkandi are respectively found to be 5.1 and 4.8 (and average family-size of families without any disabled member is 4.7). 67.5% of all families consist of 3-6 members.

Out of a total of 2,453 households, 1,661 households were found to have members with IDD. In absolute figures 3,291 people were detected to have IDD (goiter and palpable goiter), who comprises 27.9% of the population. Out of a total male population of 6094, 1084 males were found to have IDD, the percentage is 17.8. For the female population these figures are 5,708, 2,152, and 37.7% respectively. The highest prevalence of IDD for male and female is 272 (25.1%) and 482 (22.4%) within the age ranges of 8-14 years for males and 22-27 years for females as the table of distribution says.

It was found that 54.5% of the families with members affected by IDD have average monthly income of Tk. 1000 or below. It has also been found that 57.1% - 70.1% of the families belonging to each economic status group have IDD affected members.

Definition:

- It is any restriction or lack of ability (resulting from impairment) to perform an activity in the manner or within the range considered normal for a human being. This temporary or permanent, reversible or irreversible, and progressive or regressive excess or deficiency of customarily expected activity, performance and behaviour may arise as a direct consequence of impairment or as a response by an individual, particularly psychologically, to an impairment (physical, sensory or other).

## **2. primary finding and demographics concerning PwDs**

(type, cause of disability, gender, literacy level, education, employment and etc.)

### **Causes and influencing factors for occurrences of disability**

Recently one alarming cause of disability is RICKETS particularly in the coastal-belt, nearly 9%

children are going to be physically disabled due to RICKETS only.

To the question inquiring the age of on-set of disability, it is found that maximum disability (22.5%) occurred among children within 1 (one) year of birth. The second major disability occurrence (13.1%) is observed to happen after the age of 55 years. The cause of disability is found to be diseases in most cases (42.3%). Cumulatively birth-defect, diseases and malnutrition accounts for 66.4% occurrences of disability as the cause. Other than these, accident (14.7%), old age (8.1%), wrong treatment (1.4%), social unrest (0.2%), natural disaster like river-erosion (0.4%) were mentioned as the causes of disability. Here may be the time of occurrence of disability just after river-erosion were interlinked with river-erosion as the causing factor. Some straight answers were got significantly (8.9%)- the cause were mentioned as one unknown; why the disability occurred to their family member, the respondent expressed helplessness to identify that.

Irrespective of gender, the over-all occurrence of disability due to accident was found to be high within the age range of from 2nd year of birth to below 15 years. For male disabled the percentage out of the total male disabled is 33.9% and that for female is 26%.

It was observed that 15.4% of the disabled persons had their blood relatives with the same type of disability. Here 9.9% had relatives as parents, brothers/sisters or issues. The inheritance is more significant among males. For males and females the inheritance was observed as 17.7% and 13.5% respectively. It was found that hearing disabilities have maximum inheritance. While leprosy, epilepsy has no inheritance record, other disabilities have that in ascending order 17% (visual), 15.1% (speech), 10.1% (orthopaedic) and 0.6% (mental illness). It has been observed that parental inheritance of disability mostly occurred within the age of 15 years or in later years especially after 45 years.

It was found that though people were able to identify certain causes of disability but at the same time people liked to advocate that disability mainly was occurred due to God's will; 66.3% of the all respondent households (2453) answered in favour of this. Also some people (24.4%) argued that disability occurred mainly because of wrong doing. Besides, 2.4% of the respondents termed that disability as a curse for some previous sin of family-members of the particular disabled person. Interestingly 0.7% of the respondents said that disability is occurred as a mercy in disguise considering that the family might escaped some major mishap in future due to this disability. Apart from these, 5.7% of the respondents argued for some causing factors like diseases and malnutrition. Some 0.1% of the respondents declined to answer.

Here also it was assessed specifically by the family having disabled member/s (882) that disability mostly was happened because of poverty, unawareness and simultaneously lack of treatment (cumulatively the percentage of these responses is 91.7) in terms of their expressions like lack of access to available treatment and being unaware of the probable treatment. The last one was, as were ascribed, due to inability of the family in economic strength and also non-availability of proper

treatment at near vicinity. Some particular causes were also assessed here by the respondents (4.9%) like wrong treatment, birth defects, accident and some diseases and 3.4% respondents did not respond.

**[b-2]How many people in your country do you guess to be aware of the followings?**

1. A/P Decade of Disabled Persons 1993-2002:

[a. almost none b. less than 1 % **c. about 3 %** ].

Dose your government informed the nation about the decade? (**Yes**, No)

2. UN's Declaration of Disabled Persons 1975

[a. almost none b. less than 1 % , **c. about 0.02 %** ].

3. International Year of Disabled Persons 1981

[a. almost none b. less than 1 % **c. about 0.1 %** ].

4. UN's Decade of Disabled Persons 1983-1992

[a. almost none b. less than 1 % , **c. about 1.5 %** ].

**Basic Information concerning PwDs**

[a] Please inform **national organization of/for PwDs** in your county with name in English, address, phone& fax numbers, e-mail address and name of the contact person

- ABC ADD- Bangladesh
- BPKS BPF
- CDD CRP
- CSID IMPACT foundation
- SARPV-Bangladesh SWID Bangladesh
- Hi-Care

[b] Please cite and describe **well-known persons with disability** among your nation as a good model or leader of PwDs.

Khandaker Jahurul Alam-CSID

Abdus Sattar Dulal-BPKS

Mosharaf Hossain-ADD Bangladesh

Monsur Ahmed Chowdhury-IMPACT Foundation,

Tasnim Siddiq- WDD (Women with Disability and Development)

Tahmina Rahman- WDD (Women with Disability and Development) & Abilis Foundation

Lina Parveen Chowdhury-HKI

Ms. Mohua Paul-CRP

Abdus Salam-Hi Care

Saidul Haque Chunnu-BERDO

S. M. Mayeen Ahmed- SARPV

[c] Please introduce name of **the future leaders of PWDs** in your county with a contact address

S. M. Mayeen Ahmed, SARPV-Bangladesh

sarpv@bangla.net, sarpv2000@yahoo.com

[d] Please introduce **the foreign organizations** who are doing significant co-operation programs in the field of disability in your country with contact address

ACTION-AID	ADD
OXFAM INTERNATIONAL	SAVE THE CHILDREN SWEDEN
CORDAID	AEM-France
SHAHIDUL ASSOCIATION- France	ABILIS FOUNDATION- Finland
CBM-Germany	SKN-Netherlands
Okinawa Colony & Ashahi Shimbun of Japan	

[e] Please introduce those who are **the expert of disability policy, study and research** in your county with contact address.

Dr. Shirin Zaman Munir of BPF  
S. M. Mayeen Ahmed of SARPV  
Syed Tamjidur Rahman  
Dr. Sanchay Kumar Chanda

# East Timor

## COUNTRY REPORT

### EAST TIMOR'S PERSONS with DISABILITIES

September 2002

*Timor Loro Sa'e: The Sun Rises in East Timor...*

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#### *As a New Nation...*

For over 400 years, East Timor was under the Portuguese until 1975 when the Indonesians invaded the island and took over. In 1999, the Timorese staged the greatest upheaval ever and with the help of a few nations' forces, they united against the Indonesian militia that ruled them for almost 25 years. In August 1999, despite the prevalent violence and intimidation posed by the militia, 98% of the voting population of Timorese cast their ballots in an election witnessed by the world. East Timor gained its independence last May 20, 2002 and is now considered as the newest and youngest nation of the world.

The Sun Rises in East Timor... that's Timor Loro Sa'e. Now, East Timor enjoys its independence from any nation's rule but heavily faces the challenges of economic independence. With a population of a little over 780,000 persons, it may seem easy to manage it but as an infant, it's frail and still groping its way to standing on its own. The vast majority of the people now suffer from poverty and displacement, dilapidated buildings and infrastructures need to be reconstructed or replaced, and an economy to be built and boosted, these are but macro-strategic concerns that must be responded to immediately.

The United Nations (UN) has guided East Timor through different socio-political stages since its dark moments. Pursuant to Resolution 1272 (1999) of the UN Security Council, the United Nations Transition Administration in East Timor (UNTAET) was created in Oct. 25, 1999 and existed until January 2001. UNTAET was created to ensure stability and establishment of a transition government in East Timor. With the phase out of the UNTAET, came UN Mission of Support to East Timor (UNMISSET), which is the current team guiding the rebuilding and development of the country. For defense and security, UNMISSET has continued to maintain its peacekeeping forces (PKF) and the UN Civil Police (UNCivPol).

In addition, almost all bodies of the UN are represented in the country namely, among others: UNDP, UNICEF, ILO, UNIFEM, UNCHR, AND WHO. Other international development agencies present in the country are: World Bank, ADB, IMF, WFP, IFRC, JICA, AusAID, British Council, CIDA, USAID, OXFAM, the group of Save the Children, CARITAS, Handicapped International, IRC, Christian Children's Fund,

***Basic Statistics...***

East Timor is made up of 13 districts, namely: Dili, Manatuto, Aileu, Manufahi, Ermera, Bobonaru, Kova-Lima, Liquica, Ainaro, Baucau, Viqueque, Lautem, and Ambino (Oecusse). Dili is the hub of socio-economic and political activities; i.e., commerce and trade, education and the seat of government.

Key indicators have the following values/data as of 2002:

- Life expectancy 55-58 years
- Infant mortality rate 85/1000 live births
- Major causes of death tuberculosis and malaria
- Common illness lower respiratory track infection
- Adult literacy rate 51%
- Presence of primary of schools 788 before disturbance and 734 re-opened after violence  
163,000 pupils returned after the disturbance; each school operating 3 hours/day only; student to teacher ratio is 24:1
- Average household monthly income US\$ 20 with 75% of 400,000 workforce in agriculture
- National poverty line 75% as of November 2001; 90% of population have cash income of only US\$ 1/day
- Average household size 7
- Food insecurity 80% as of January 2002
- Shelter occupancy 30% of population have no shelter (yr 2000)
- Energy (electrification) 630,000 out of 780,000 live without electricity in their homes; only 10% of all villages in East Timor have power
- Presence of doctors 135 out of 160 registered doctors have left the country

The priority areas now as reported by a World Bank study early 2002, are as follows:

1. basic education for all
2. preventive health care and family planning
3. improvement of agricultural production
4. capacity-building of all sectors especially government
5. reconstruction particularly infrastructure

Poverty is prevalent. Joblessness or unemployment of many gives the biggest challenge now in the country. Within this context, it can be inferred that persons with disabilities (PWDs) are all the more impoverished, thus, almost helpless.



### ***Government Structure***

An elected independent party president, Pres. Xanana Gusmao, rules the Democratic Republic of East Timor. Prime Minister Alkatiri heads the parliament. The following are the key ministries:

1. Ministry of Education, Culture, Youth and Sports
2. Ministry of Health
3. Ministry of Planning and Finance
4. Ministry of Water and Public Works
5. Ministry of Communications and Transport
6. Ministry of Agriculture and Fisheries
7. Ministry of Internal Administration
8. Office of Labor and Solidarity
9. Ministry of Foreign Affairs

The unit for PWD concerns is under the Division for Social Services of the Office of Labour and Solidarity.

### ***United Nations Mission of Support for East Timor (UNMISSET)***

The UNMISSET has almost all the UN agencies and peacekeeping forces and civil police support of at least 10 countries. Aside from UN agencies, the embassies of these countries and international development and funding agencies are present in East Timor, particularly, located in Dili, the capital city of the country. The UN Hospital was recently turned over to the government. This is in addition to the country's National Hospital, which provides free services to its citizens.

## ***People With Disabilities in East Timor: A Situationer***

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The unit for people with disabilities in East Timor under the Office of Labour and solidarity has conducted a national workshop last July 16-17, 2002 in Dili, East Timor. This was attended by at least 100 PWDs and other related agencies, both government and nongovernment organizations (NGOs) working with PWDs.

In that workshop, the following major areas of concerns were discussed:

1. national policies, rights and public awareness on PWDs
2. health care for PWDs: community-based rehabilitation
3. training and leadership development of PWDs
4. education for PWDs
5. gender equality in PWD development

### ***Areas of Concerns***

The two-day workshop yielded expected results in social, economic, and political concerns. Poverty is the biggest challenge faced by the sector. The effects of the recent violence or armed conflict are still very fresh. The government is only starting to recover, build and construct a nation that is only 5 month old in independence from external rule.

The recent conflict displaced many families, caused death and physical deformities, economic dislocation, unrest and orphaned children. Majority of its people are just starting to recover from the ravage of war. Systems are just being established yet including information systems to include surveys about persons with disabilities and truly disabled people in East Timor. In the workshop, the closest estimate of the population of PWDs was still at 35,000. Actual figures could be more, as there has been no survey yet conducted after the Independence Day in May 2002. Roughly, the figures may be around 10-15% of the present population of 787,000 persons.

The New Constitution spells out EQUAL RIGHTS of ALL CITIZENS and 2 specific Sections 16 and 21 for PWDs, thus:

Section 16: No one should be discriminated on the grounds of physical and mental conditions...

Section 21: A disabled citizen shall enjoy same rights as other normal citizens... and the State shall promote and protect the rights of disabled persons...

The major causes of physical disabilities in the country are, among others, malnutrition, polio, accidents, leprosy and poor health. Reportedly, accidents from vehicular collisions are the major causes of physical disabilities among the youth and adults.

In the country, majority suffers from inadequate to lack of opportunities for basic education, health and other social welfare services, livelihood and employment. If ordinary citizens without disabilities are having a hard time looking for opportunities, it is more serious in the case of PWDs. Facilities and resources are very inadequate to meet all the needs of the poor that comprise more than 75% of the population.

Understandably, the government is prioritizing reconstruction of facilities and strengthening its organization, not much attention yet has been given to the PWD sector.

### ***Access facilities***

Buildings and other infrastructures in the country, in general, are not ready yet for PWDs. There are no access facilities such as ramps in almost all of the structures. It is very timely though that at this point in time while reconstruction and repairs of building are planned, these access point/facilities should already be advocated for inclusion.

### ***Social and Health Care Services***

The number of persons with disabilities is increasing, as there are more and more people who meet accidents each day because of vehicular collisions. There is no conscious effort yet in the country on educating and really training drivers as well as traffic facilities are not yet in place.

Being a new nation, resources even manpower are inadequate to meet the needs of the majority, PWDs included. There are no known special facilities yet for PWDs except those provided by NGOs like KATILOSA.

There are neither scholarship opportunities nor special educational accommodation for PWDs. Many children and youth aren't back to school yet after the conflict. Poverty is still the main reason and lack of teachers in almost all schools is a big problem. Salaries of teachers aren't enough to lure them to teach.

Most PWDs stay home idle and highly dependent on families and relatives. Education has been hampered, as families are still busy making a living. Most are still on a hand-to-mouth existence.

Expectedly, too, many more children will be born malnourished, as mothers aren't well aware of the effects of malnutrition. They couldn't be blamed though since, lack of economic development opportunities envelope the nation.

#### ***Government and Nongovernment Organizations for PWDs***

So far, there are only 3 major NGOs in the country officially known to have focused on PWDs, namely: KATILOSA, Ahisaun Foundation and Fuena Belan. Handicap International is present in the country. Other international networks with satellite offices in East Timor include Don Bosco

The government has a PWD unit under the Division of Social Services supervised by the Office of the Secretary of State for labor and Solidarity. Under the same Office, a Disability Working Group has been created and meets regularly. However, not much has been done yet in terms of policies, plan, programs and projects. The planned national survey of PWDs hasn't taken off the ground yet.

KATILOSA is known to be the most active NGO in the country for PWDs. It is sending athletes to the 8<sup>th</sup> World Paralympics and to other international gatherings. It is working closely now with the World Health Organization for its community-based rehabilitation project assisted by the Australian Mission. KATILOSA, too, has been given the opportunity to have an old building of the defunct department of labor to be repaired by the peacekeeping force. Soon, this building will serve as KATILOSA's office and a vocational and technical training venue for PWDs. It shall also serve as the gathering place of PWDs' major activities. A Memorandum of Agreement between the secretary of State for labor and Solidarity and KATILOSA for this purpose.

#### ***Measures suggested by PWDs***

The recommendations from the national workshop as well as from the results of the mini survey done by KLIBUR ALEIZADUS TIMOR LORO SA'E (KATILOSA) in the sub-district of Becora, Dili, are as follows:

#### ***Social Welfare and Health Care***

1. nutrition and food supplementation especially for children with disabilities
2. shelter provision
3. community-based rehabilitation
4. medical services
5. primary health care (e.g. maternal and child care, water and sanitation)

***Education***

6. scholarship opportunities
7. capacity building
8. formal schooling
9. construction of a center for PWD training
10. civic education

***Economic Development***

11. appropriate vocational and technical skills training for employment and livelihood
12. seed capital or funding for income-generating projects
13. other support mechanisms like marketing of PWD products

***Communication and Transportation***

14. accessibility facilities such as ramps in buildings, among others
15. publication or journal papers or medium of expression for PWDs

***Political Participation and Legal Services***

16. active involvement and participation in decision-making of the government and NGOs in matters affecting them
17. provision of legal and para-legal assistance to PWDs
18. strengthening the organizations of PWDs and coming up with a national council or association of PWDs in the country

The study conducted recently by the government through the Office of the Secretary of State for Labor and Solidarity in cooperation with the International Labor Organization pointed to the following measures:

1. creation of a National Council for Persons with Disabilities and its own Secretariat to act as a recommendatory body and arm of the government in all matters affecting PWDs
2. formulation and passage of laws and policies protecting and promoting the rights of PWDs
3. provision of funding and other resources to operationalize the proposed National Council which would have multisectoral membership (i.e., NGOs, PWD representatives, government and the business as well as international or national development agencies concerned with PWDs)

# FIJI

## RNN COUNTRY REPORT

[Attached#1]

ASIA AND PACIFIC DECADE OF DISABLED  
PERSONS 1993-2002

REVISED TARGETS: IMPLEMENTATION IN FIJI

***4- point assessment scale***

- 0- no or few measure has been taken
- 1- slightly implemented
- 2- fairly implemented
- 3- fully or nearly fully implemented

Overview of the Rating															
1. National coordination															
Target	1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11				
rating	3	3	2	0	0	0	1	1	1	0	1				
2. Legislation															
Target	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	2.10	2.11				
rating	0	0	0	2	0	0	1	0	0	1	0				
3. Information															
Target	3.1	3.2	3.3												
rating	1	1	0												
4. Public awareness															
Target	4.1	4.2	4.3	4.4	4.5	4.6	4.7	4.8							
rating	0	1	1	0	1	0	0	1							
5. Accessibility and communication															
Target	5.1	5.2	5.3	5.4	5.5	5.6	5.7	5.8	5.9	5.10	5.11				
rating	2	1	0	1	0	0	0	0	0	1	0				
6. Education															
Target	6.1	6.2	6.3	6.4	6.5	6.6	6.7	6.8	6.9	6.10	6.11	6.12	6.13	6.14	6.15
rating	1	2	1	2	2	1	2	1	0	1	1	2	1	1	1
7. Training and employment															
Target	7.1	7.2	7.3	7.4	7.5	7.6	7.7	7.8	7.9	7.10	7.11	7.12	7.13	7.14	
rating	1	1	0	0	0	0	0	0	1	0	1	0	0	0	
8. Prevention of causes of disability															
Target	8.1	8.2	8.3	8.4	8.5	8.6	8.7	8.8	8.9	8.10	8.11				
rating	1	0	1	0	0	1	0	2	1	0	0				
9. Rehabilitation															
Target	9.1	9.2	9.3	9.4	9.5	9.6	9.7	9.8	9.9						
rating	2	1	2	1	1	1	1	0	0						
10. Assistive devices															
Target	10.1	10.2	10.3	10.4	10.5	10.6	10.7								
rating	0	1	1	0	0	0	0								
11. Self-help organizations															
Target	11.1	11.2	11.3	11.4	11.5	11.6									
rating	3	3	2	1	2	2									
12. Regional cooperation															
Target	12.1														
rating	1														

**[Attached #2]**

**Summary & Future Directions and basic Data of PWDs in Fiji.**

[a-1) Cite and describe three most significant changes for the life of PWDs in Fiji over the A/P Decade.

- A. Greater participation of persons with disabilities in disability-related activities. During the Decade, it became apparent that persons with disabilities are becoming more visible in their participation and involvement in the management of disability organizations, seminars/workshops/meetings relating to disability and even open employment to some extent. Several single-disability organizations of persons with disabilities were also established during this period.
- B. Greater disability awareness among members of society. The Decade also saw better awareness of members of the public in disability issues largely due to the first reason given above. As persons with disabilities become more visible, this impacted the attitude, perception and behaviour of the Fiji society. Disability organizations too were actively involved in disability awareness raising programmes during the Decade.
- C. Strengthening of the disability movement in the country. As more persons with disabilities were mobilised through the various self-help organizations that were established in Fiji during the Decade, the disability movement became stronger and active. As a result, Fiji was able to provide valuable leadership and experience to other Pacific Island countries especially in this area.

[a-2] Cite and describe the three most undeveloped issues concerning PWDs compare with non-disabled people in Fiji.

- A. Unavailability of effective vocational training and employment opportunities. Even though Fiji provided sufficient educational opportunities for persons with disabilities in the country, vocational training and transition from school to employment or home did not get much attention or support as compared to opportunities for able-bodied persons. As a result, many persons with disabilities do not possess relevant vocational skills, fail to meet minimum entry requirements, under-qualified, become unemployed and stay idle at home.

- B Disability legislation and policy provisions. Fiji still does not have specific disability legislations or policies even though legislation is the second key objective in the Agenda for Action. Therefore, development, access and participation of persons with disabilities in Fiji have been slow since progress is largely dependent on people's good will, generosity and priority.
- C. Lack of priority, political will and commitment. The lack of progress of persons with disabilities in Fiji during the Decade can also be attributed to lack of political will, priority and commitment by the Government and private sector. Whilst non-governmental organizations are largely responsible for initiating and delivering disability services in Fiji, their contributions are not supplemented by Government programmes. Also, these NGOs are aid-dependent and charity-based which means the continuity or expansion of their services relies on availability of funds acquired from various sources and donors.

[a-3] Three priority measures to be taken up by Fiji Government for PWDs in the country.

- A Formulation and enactment of disability legislation and policy provisions targeting important areas like education, training/employment, housing, transportation, accessibility, human rights, etc.
- B. Increase in annual financial grants to disability NGOs to support service delivery to their different groups of disabled persons being targeted.
- C. Implementation of Affirmative Action programmes concerning persons with disabilities.

[a-4] Three priority programs of regional co-operation for PWDs in Fiji.

- a Provision of training programmes in disability-related fields like special education, leadership, management, empowerment, etc.
- b. Provision of funding assistance to support existing disability services or initiate new ones.
- c Technical assistance and Information sharing.

## **[b] Basic Data**



[b-1] Cite and describe the basic data of PWDs in Fiji.

The total population of persons with disabilities in Fiji is still not known today. As in many countries, Fiji uses multiple definitions and classification systems for disability. For example, The last Census, in 1996 included questions about disability but was not based on a specific definition of disability and was mired with methodological problems, which has resulted in a gross underestimation of disability incidence. The Fiji National Council for Disabled Persons Act (FNCDP) which came into force on 1 December 1994 is the main piece of legislation dealing exclusively with issues concerning persons with disabilities. It establishes the National Council as the main coordinating and policymaking body concerning disability matters and comprised of relevant Government Ministries as well as major disability NGOs including the national self-help organization of persons with disabilities. In the FNCDP Act, disabled individuals are defined as people who “as a result of physical, mental or sensory impairment are restricted or lacking in ability to perform an activity in the manner considered normal for human beings.” (Part 1, Article 2) No specific categories of disability are identified in the Act. Fiji has no national registration system for people with disabilities and therefore does not have an official classification system for collecting data. Nevertheless, these categories of disabilities are used widely by disability organizations and special education schools in the country without proper criteria or incidence figures: multiply handicapped, developmentally delayed, slow learners, physically disabled, hearing Impaired, intellectually handicapped, mentally retarded, blind and low vision. An initiative to undertake a national disability survey that is focused on identification rather than diagnostic is being discussed as a result of collaboration between Inclusion International Asia/Pacific Region and Fiji Disabled People’s Association. An interim working committee has been appointed and given the task of preparing survey forms, establishing contacts with target groups and identifying processes and strategies. Education for disabled persons are largely provided through the seventeen special schools currently existing mainly in urban centres of the country which are all established and managed by registered charitable organizations. Mainstream education is also practised by several special schools where students with disabilities are now placed in primary, secondary and tertiary schools. The Fiji Education For All National Policy includes provisions for children with disabilities as a result of interventions made by some disability agencies. Girls and women with disabilities enjoy similar access to education like their male counterparts. Hence, the literacy level of persons with disabilities in Fiji is relatively high due to exposure to educational opportunities particularly at primary level. However, Fiji does not have a special education policy or specific disability act as yet. There are provisions within the 1997 Constitution of the

Republic of Fiji which provide useful discriminatory clauses against persons with disabilities Also, the Social Justice Act of 2001 provided two specific affirmative action programmes for persons with disabilities in areas of education under the responsibility of the Ministry of Education as well as care and rehabilitation of disabled persons to be implemented by the Department of Social Welfare. Just recently, the 2003-2005 Strategic Development Plan of Fiji also promises to reflect some important measures to address disability matters at national level.

[b-2] People in Fiji estimated to be aware of the...

A/P Decade of Disabled Persons 1993-2002: less than 1%.

Does your government informed the nation about the decade? No.

UN's Declaration of Disabled Person in 1975: almost none.

International Year of Disabled Person in 1981: less than 1%.

UN's Decade of Disabled Persons 1983-1992: less than 1%.

**[Attached #3] Basic Information concerning PWDs in Fiji.**

[a] National organizations of/for PWDs:

ORGANISATION	CONTACT DETAILS	CONTACT PERSON
Fiji National Council for Disabled Persons	PO Box 16867, Suva, Fiji. Tel/Fax: (679) 3320055	Chairperson
Fiji Disabled Peoples Association	PO Box 15178, Suva, Fiji. Tel: (679) 3311203. Fax: (679) 3301161.	President
Counterstroke Fiji	PO Box 14323, Suva, Fiji. Tel: (679) 3305007 Fax: (679) 3301161	President
Spinal Injuries Association	PO Box 17417, Suva, Fiji. Tel: (679) 3307908 Fax: (679) 3301161	President
United Blind Persons of Fiji	PO Box 16015, Suva, Fiji. Tel: (679) 3300616 Fax: (679) 3301161	President

Fiji Cripple Children Society	PO Box 1152, Suva, Fiji. Tel: (679) 3312210 Fax: (679) 3313441	President
Fiji Society for the Blind	PO Box 521, Suva, Fiji. Tel: (679) 3382966 Fax: (679) 3387950	President
Fiji society for the Intellectually handicapped	PO Box 896, Suva, Fiji. Tel: (679) 3321375 Fax: (679)	President

[b] Well-known persons with disability in Fiji as good models or leaders of PWDs.

NAME	DISABILITY	OCCUPATION	CONTACT
Angeline Chand	Low Vision	Administrator	United Blind Persons of Fiji, Box 16015, Suva, Fiji.
Phillip M Filipo	Amputee	Principal Administration Officer	Public Service Commission, Berkley Crescent, Suva, Fiji.
Frederick Miller	Spinal Chord Injury	School Principal	Champagnat Institute, Box 5318, Raiwaqa, Suva, Fiji.
Sam Vilsoni	Amputee	Accountant	Telecom Fiji, Suva, Fiji.
Setareki Macanawai	Blind	School Principal	Fiji School for the Blind, Box 521, Suva, Fiji.

[c] Future leaders of PWDs in Fiji:

NAME	GENDER	DISABILITY	ADDRESS
Iosefo Verevou	Male	Upper limb amputee	Fiji Disabled People's Association, PO Box 15178, Suva, Fiji.
Asesela Waqaniolo	Male	Amputee	Same as above.
Sajen Sharma	Male	Spinal Chord Injury	Spinal Injury Association, PO Box 17417, Suva, Fiji.
Naomi Botenavanua	Female	Same as above	Same as above.
Lanieta Tuimabu	Female	Blind	United Blind Persons of Fiji, PO Box 16015, Suva, Fiji.
Cathy Bali	Female	Hearing Impaired	Fiji Disabled people's Association, PO Box 15178, Suva, Fiji.

[d] Foreign organizations doing significant co-operation programs in the field of disability in Fiji:

ORGANIZATION	ADDRESS
Japan International Cooperation Agency (JICA) Fiji Office.	JICA Fiji Office, Private Mail Bag, Suva, Fiji.
Disabled Peoples' International	Disabled Peoples' International-Asia/Pacific Region, 325 Bondstreet Rd., Muangthong Thani, Pakkred, Nonthaburi 11120 THAILAND Tel/Fax: 66-2984-1007, 66-2984-1008.
CBM International	South East Asia and Pacific Regional Office, Unit 604, Alabang Business Tower, 1216 Acacia Avenue, Madrigal Business Park, Alabang, Muntinlupa City, 1780 Philippines.
Vision Pacific Charitable Trust	PO Box 96151, Belmoral, Auckland, New Zealand.

[e] Expert of disability policy, study and research in Fiji:

NAME	JOB TITLE	ADDRESS
Frank Hilton	Retired Civil Servant	PO Box 1152, Suva, Fiji.
Joyce Heeraman	Lecturer	Department of Education, School of Humanities, University of the South Pacific, Suva, Fiji.
Mariselina Tabalailai	Education Officer	Special Education Unit, Ministry of Education, Quality House, Suva, Fiji.
Setareki Macanawai	Principal/Leader/Advocate.	Fiji Disabled People's Association, PO Box 15178, Suva, Fiji.

# Hong Kong SAR

October, 2002

## **Brief Country Report of Hong Kong on Work & Employment for People with Disabilities**

Hong Kong, a special Administrative Region of the People's Republic of China since 1997, has a population of 6,724,900 (Census 2001) and has 5% of the population who have disabilities ie. 340,000. The policy objective for employment and vocational rehabilitation is stipulated as follow:

“To meet the goals of full participation and equalization of opportunities in the context of employment and vocational rehabilitation, the objective is to ensure that people with a disability have an equal chance to participate in productive and gainful employment in the open market.” (Rehabilitation Program Plan 98/99-02/03)

Vocational rehabilitation services cater for people with physical disability (including visually & hearing impaired), people with intellectual disability (mental retardation), people with psychiatric disability and people with chronic illness. So a total of six categories of people with disability are served with work & employment programmes. The majority of service users are people with mental handicap and people with psychiatric disability.

The vocational rehabilitation services in Hong Kong includes vocational training, measures taken to facilitate open employment for people with a disability both in public and private sectors, supported employment and sheltered workshops provided for those who cannot cope with the demands of competitive job market.

Vocational training is provided through five Skills Centres of Vocational Training Council in which assessment and 1,000 full-time training places are offered for people with disabilities. Employees Retraining Scheme offered retraining courses to people with disabilities and 4,173 retrainees attended in 2001. For special employment services, the Selective Placement Division of the Labour Department provides placement for people with disabilities in open employment and promotes job opportunities in labour market. A Trial Placement Scheme with mentor scheme has been launched to attract employers to provide trials for applicants with a disability.

53 sheltered workshops are funded by Social Welfare Department with US\$35 million in 01/02 to provide work training for 7,527 people with disabilities and the job orders vary from simple assembly, lettershopping, sewing products, printing, making of souvenirs etc. to outdoor work such as car cleansing, indoor/outdoor cleansing work etc. A noticeable achievement is the changing nature of sheltered work. Due to the changing economy, assembly work has been decreased in the past decade, so new sources of work has been explored and developed, such as self-produced products which are one useful means to engage people with disabilities in daily work with end products to be seen. Outdoor cleansing work has become one of the popular service for sheltered workshops. With more market-driven emphasis in the services of sheltered workshops, there is a slight increase of the monthly income of sheltered workers to about US\$110 in spite of the depressed economy. 1,030 sheltered workers performed outdoor sub-contract work and earned US\$1.4 million in 01/02 and 1.3% of sheltered workers could be admitted to Supported Employment Service as upward mobility in 2001/02.

Supported employment service is funded by the Social Welfare Department with US\$4.8 million in 2001/02 to provide a kind of employment service for 1,870 people with disabilities, which enable them to work in an integrated open setting with necessary counseling and support services and to have access to all the usual benefits of having a job at market rates. Support services include liaison with employers, job match and placement, on-the-job training, supervision, guidance and counseling to the service users. The ultimate goal is to prepare people with disabilities to work in an open and competitive setting independently. The service is operated in the formats of individual placement, mobile crew, simulated business, enclave etc. Numerous simulated businesses have been set up by NGOs to provide real work situation for the training of people with disabilities, such as convenience stores, tuck shop, household ware shop, vegetable stalls, fruit stall, restaurants etc. The average monthly income of supported employment trainees is about US\$372 in 2001/02.

To further encourage more people with disabilities to obtain open employment in the community and became more self-reliance, the Social Welfare Department has implemented On-the-Job Training Program for People with Disabilities from 2001 for 3 years with a fund of US\$2.9 million to benefit 1,080 people with disabilities. NGOs are invited to operate the service to provide job-related training, counseling, job matching to the people with disabilities who are given an allowance for 3 months job attachment program, and encourage employers to offer or create a job trial with an allowance to the employer at a rate of 50% of the wage given to the participants or US\$385 whichever is the lower, for a maximum period of 3 months. The NGO provides no less than 6 months post-placement service to each participant.

The Marketing Consultancy Office of Social Welfare Department is set up permanently in the year 2001 in which a team of staff are delegated with responsibilities to introduce the marketing approach and business development strategies to the vocational rehabilitation service units for promoting the work abilities of people with disabilities and enhancing their employment opportunities. They form a strong alliance about 100 service units to offer varied competitive services of and products made by people with disabilities to big and small business organizations and governmental departments so as to source job contracts and job opportunities for sheltered workshop/supported employment service. The Marketing Consultancy Office is also tasked with promotion & publicity on abilities & capacities of people with disabilities.

In this financial year, the government is committed to provide a capital of US\$6.4 millions as seed money to promote the formation of small enterprises by non-governmental organizations (NGOs) to create job opportunities for people with disabilities. Under this service mode, the NGOs will enter into employer – employee relationship with the disabled. Initially 10 business projects have been selected to operate in 02/03 and undertake business initiatives such as competing for cleansing service contracts in the open market, providing meal boxes for schools, refreshment kiosks and retail shop as well as engaging in production of crafts etc. All these business ventures should operate on a self-financing basis.

In the past two years, the government and the NGOs have worked together in partnership in finding suitable work & employment for people with disabilities and the results, so far, are encouraging and the ultimate aim is to facilitate people with disabilities enter employment in open & competitive market of Hong Kong.

The network between public and private organizations for identification and creation of more job opportunities for people with disabilities has started to be strengthened. Besides introducing marketing development strategies and business-oriented training programs to the service providers, a Campaign on nominating “Caring Company” has started to encourage the private sector to cultivate corporate citizenship and strategic partnership with social service sector. The business firms have the commitment to serve the community in 2 of the 6 items which include employing vulnerable, volunteering, partnering, mentoring, donating, family friendly. Also the Social Welfare Department in cooperation with the NGOs is working for the establishment of a quality trademark for the products and services provided/produced by the people with disabilities, called “Support the Employment of People with Disabilities SEPD”. The trademark will be marketed locally so that the general public is aware of the abilities of the people with disabilities.

# India

October 4, 2002

## *Country Report on India*

### **Pre-independence Period:**

Efforts at rehabilitation of persons with disabilities are not new to India. Schools and crafts training centres for children and adults who were blind or deaf had been in existence in India long before India's independence.

### **Post-independence Period:**

When India got independence in 1947, and the development plans were prepared, rehabilitation was given due care. Concerned with increasing population and the need for development of education, medical facilities, communication networks and infrastructure for industries and agriculture, the allocation for rehabilitation was not high. However, the existing institutions were strengthened and supported and new ones established through Central and State Governments.

The institutions were mostly established and managed by NGOs, both from abroad and India. The Government gave very generous support in maintaining them. This support continued in a greater way soon after independence. Government of India established four National Centres to take care of the disabled people in a very specialised way.

1. National Institute for the Visually Handicapped, Dehra Dun.
2. National Institute for the Orthopaedically Handicapped, Calcutta.
3. National Institute for the Hearing Handicapped, Mumbai
4. National Institute for the Mentally Retarded, Secunderabad.

In addition, the Government of India established a production centre to manufacture world class orthotics and prosthesis, which were distributed through a network of centres established all over the country.

### **Decade of Disabled Persons:**

India, through Government and NGO representation, was an active participant in the UNESCAP meetings and deliberations regarding the Decade of Disabled Persons. Both Government of India and individuals representing NGOs participated in these deliberations. It was resolved to implement new ideas and directives. While great efforts were made in some areas, there were others, which lagged.

Government made special efforts in the area of education of children with disabilities, production of assistive devices, production and supply of orthotics, providing scholarships for education, encouraged integration of children with disabilities into mainstream schools and a number of other activities.

Schemes that the Government prepared and tried to implement met with various levels of success. While in some areas vast changes have been made, there are others, which lacked enthusiasm in implementation. The main reason for this deficiency is, while schemes were



well thought out, the people at the state / district / local levels, who were to implement them were lukewarm. It is mainly because sensitisation of the important government officials on the abilities and limitations of the persons with disabilities has not occurred to the needed level.

There are two important landmarks in the development of services for disabled people. While India made the census every ten years on the disability area, they have only been sample surveys on very limited area, which gave no idea of the magnitude of the problem in the whole country. Variations in development, communication etc.. made it impossible to extrapolate the survey done in one area to the whole country.

In February 2001, for the first time, India included details of disabilities in the survey taken and the field results are still not available to the public. Atleast the Government has the basic information, based on which it can plan development activities.

The second important milestone is passing of "THE PERSONS WITH DISABILITIES (EQUAL OPPORTUNITIES, PROTECTION OF RIGHTS AND FULL PARTICIPATION) ACT, 1995. This Act was looked by the persons with disabilities and organisations working for disabled as a major achievement. However, soon it was found that this needed to be modified and the Government of India was willing to modify it to suit to the needs. Although it was a milestone, the efforts at rehabilitation of persons with disabilities, there was a long way to go, mainly because the implementation of the provisions has never been fully committed. Even the Government on their part delayed the implementation and even now it is not being implemented.

There are two other developments in India. The DPI India, an association of persons with disabilities activated themselves. DRG (Disability Rights Group) assisted many persons with disabilities. They are very vocal in advocacy and forced the Government to make some decisions. Where the Government department dragged their feet, they went to Supreme Court, which directed the Government to implement some of the decisions.

Major decisions, which were brought forth by their advocacy is opening different levels of services for persons with disabilities, making public places etc.. somewhat accessible. The Supreme Court has always acted promptly in redressing the grievances of persons with disabilities. In spite of the Disability Act, even the new Government buildings are now built without accessibility and no action is taken by the Government.

For rehabilitation in different areas are to be successful, it must have the active collaboration between the Government and NOGs working for disabled persons. Any request on behalf of disabled persons is seen by the bureaucracy as a demand, which have to be suppressed. The day the Government looks at NGOs as their extension for providing services for disabled persons, the persons with disabilities in India will have a bright future.

India has compulsory and free education upto elementary level as provided by our Constitution. Free education at elementary level and avoidance of child labour have been stressed and promulgated by Government of India many times. The problems have not been sorted out in spite of the efforts by the Indian Government, ILO and NGOs. While in theory children with disabilities are eligible for education in open schools and for scholarships, in

effect, very low percentage of children with disabilities are integrated and among them only a few percentage get scholarships.

In the employment area, Government of India has recommended reservation of 3% for disabled persons. But because of the high levels of unemployment in the country, this is only recommended and cannot be implemented in practice. Even in Government departments this is not being implemented for want of "suitable vacancies". The Government has made special efforts in opening special employment exchanges for persons with disabilities, which provide some kind of basic short-term training, which in reality is only assessment and their achievement in placement is very tardy.

The Government took up the distribution of aids and appliances at a national level. We can commonly see wheelchairs and tricycles, even in rural roads, most of which have been given free by the Government. This made a sea change in the lives of persons with disabilities for transportation and this enabled them to get education, go for work and in general, improve their social contacts and quality of life.

It is noticed that while India has done quite well in legislation and certain other areas, it is yet to make headway in many others. This is mainly because of the high population and the need for the Government, Central and the States to concentrate on other issues, which they consider as priority,

It is not only children and adults with disabilities who suffer, it is also others. A good portion of the population is living below the poverty line. Only when the national situation improves the life of persons with disabilities will also improve. There is a lot more the Government can do and our Government should concentrate on these areas. To start with, strict enforcement of the Disability Act, which covers many vital areas including accessibility, education, vocational training and employment.

**Conclusion:**

We have a technologically highly developed manpower skilled in computers, space programme and proven ability to place satellites in space. But this is far beyond the reach of most persons with disabilities.

The vast majority of people involved in basic agriculture are mostly traditional low productivity levels. But even in this, persons with disabilities are not actively involved.

While development seems slow and limited, looking back there are vast improvements in the lives of a good number of persons with disabilities. But the need is not met. In the new millenium persons with disabilities look forward to a brighter future with a good co-operation between NGOs and the Government.

**Basic Information of our country concerning PWDs.**

a. The following are the national organisations for persons with disabilities in our country:

i) Ali Yavar Jung National Institute  
for the Hearing Handicapped,  
K.C. Marg,  
Bandra Reclamation,  
Bandra (W),  
Mumbai - 400 050.  
India.

Ph: 00 91 22 640 0215 / 640 0228 / 640 0176

Fax : 00 91 22 642 2638

Email: [director@giasbm01.vsnl.net.in](mailto:director@giasbm01.vsnl.net.in)

Contact Person: Mr. Arun Banik - Reader - HOD / MDD

ii) National Institute for the Visually Handicapped,  
116, Rajpur Road,  
Dehra Dun - 248 001.  
Uttar Pradesh,  
India.

Ph: 00 91 135 744491, 748147, 744578, 744979

Fax: 00 91 135 748147

Email: [nivh@vsnl.com](mailto:nivh@vsnl.com)

Contact Person : Dr. S.R. Shukla, Director.

iii) National Institute for the Mentally Handicapped,  
Manovikas Nagar PO  
Secunderabad - 500 009.  
India.

iv) National Institute for the Orthopaedically Handicapped,  
B.T. Road, Bob-Hooghly,  
Calcutta - 700 090.  
India.

d. Foreign organisations doing significant co-operation programs in the field of disability in our country:

i) Christoffel Blindenmission,  
South Asia Regional Office (South)  
No.4, 1<sup>st</sup> Cross, 2<sup>nd</sup> Stage, 1<sup>st</sup> Block,  
Raja Mahal Vilas Extension,  
Ashwath Nagar,  
Bangalore – 560 094.

Tel: 00 91 80 351 2851 / 2852

Fax: 00 91 80 351 2853

Email: [cbmsaros@blr.vsnl.net.in](mailto:cbmsaros@blr.vsnl.net.in)

Contact person : Mrs. Silvana Inselmann, Regional Representative /  
Mrs. Gunawathy Fernandez, Programme Manager

ii) Caritas India,  
CBCI Centre,  
1, Ashok Place,  
Goledakkana,  
New Delhi - 110 001.

Tel: 00 91 11 3363390 / 3732339

Fax : 011 371 5146

Email: [caritas\\_india@vsnl.com](mailto:caritas_india@vsnl.com)

Contact person: Fr. John Noronha, Executive Director

iii) MISEREOR  
Postfach 1450,  
D-52015,  
AACHEN,  
GERMANY

Tel: 00 49 241 44 2 - 0

Fax: 00 49 0 241 44 21 88

Email: [postmaster@misereor.de](mailto:postmaster@misereor.de)

Contact person: Dr. Josef Sayer, Executive Director.

107 TARGETS

TARGET	RANK	REMARKS
<b>1. National coordination</b>		
1 1	2	National Coordination Committee established But not functioning effectively
1 2	2	Committee established
1 3	3	Structures are there.
1 4	3	Action Plan has been developed
1 5	2	Well planned at National Level, but implementation needs improvement.
1 6	2	Well planned at National Level, but implementation needs improvement
1 7	3	Structures established.
1 8	2	This is being done, but not adequately and not followed with any urgency.
1 9	1	At present communication from the Government is not working well and there is no communication to the Government from the grassroots As a matter of fact, many govt officials regard any request or appeal from persons with disabilities or NGOs as something to be explained as to why it cannot be done
1 10	3	This is being done by the Government and with the cooperation of NGOs
1 1	2	National Census 2001 cover this area adequately But information is not made available to the public
<b>2. Legislation</b>		
2 1	2	The Law Commission and the Ministry are concerned on these issues.
2 2	1	Only slightly implemented Needs more intensive implementation
2 3	3	Law has been enacted
2 4	1	Some persons with disabilities are also given monthly allowances, as senior citizens This amount is far from enough to sustain a person
2 5	0	In spite of advocacy by persons with disabilities, no definite decision has been taken Regulations made regarding duty free import many years ago are no more valid and have not been reviewed
2 6	1	Some relief has been given from IT, but disabled persons are agitating that this be increased, but this has not been done  Yes Some incentives for employers have been given on paper
2 7	0	Absolutely no progress has been made in this area
2 8	0	Not being done No periodic review has been done for many years No response from Government on representation
2 9	3	Persons with disabilities can get assistance in the legal aid programme The Supreme Court is very responsive and active
2 10	0	Nationally there is no Ombudsman scheme even for all citizens Some states have enforced it, though not specifically for pwds
2 1	0	No measures seem to have been taken
<b>3. Information</b>		
3 1	0	No such structure has been established
3 2	3	Has been done satisfactorily
3 3	0	It is not clear whether the agenda for action by the national government of ESCAP There is no circulation of any information on both

<b>4. Public awareness</b>		
4 1	1	Some NGOs have started organising seminars to change people in the community. Individuals and organisations have also sensitised individual persons in the media to be effective amabassador of the right message, but the number is very small
4 2	2	This may be less effective in some of the states
4 3	0	There is no evidence that this is being so.
4 4	2	Not aware of action
4 5	0	Still a disabled person is stereotyped in films as someone to be made fun of or even treated as a fool.
4 6	1	Not aware of government doing this, but indivudial organisations have a system of collecting newspaper clippings
4 7	2	World Disabled Day is celebrated through activities in this area There is also national sports being conducted for pwds
4 8	1	Some efforts have been made.
<b>5. Accessibility and communication</b>		
5 1	0	Although law has been enacted to make public places accessible, this is not being implemented
5 2	0	In some parts of the cities, pavements have been made accessible by Kerb ramps Other than that very little has been done
5 3	0	Nothing of that sort exists
5 4	?	
5 5	0	No progress
5 6	1	At national level there is access to information, but this does not percolate into the field
5 7	0	No systematic effort being made
5 8	2	Different efforts at various levels are being done
5 9	1	Slightly implemented in national news reading Yet to reach hospitals, police departments and public service organisations
5 10	1	Limited availability in cities Tardy understanding of the need for sign language
5 1	0	It does not exist
<b>6. Education</b>		
6 1	1	Varies within the nation, but serious attempts are made to implement it
6 2	0	Very few children with disabilits are in school and mose of those in school do not get scholarships or financial support
6 3	0	Very little has been done except in special schools
6 4	1	Varies between states In some states done well
6 5	1	No data exists
6 6	2	Fairly implemented
6 7	2	Done well But too few children are in schools
6 8	1	Facilities are few
6 9	0	Except in very limited special schools, not being implemented at all
6 10	0	Provision of assisitive devices, including brailers is yet to be implemented
6 1	1	The idea is yet to permiate into the whole community
6 1	0	Needs wider implementation

6.1	0	Has not happened, although there is a special section under the Ministry of Education. The responsibility has been shelved to the Ministry of Social Justice and Empowerment (earlier called as Ministry of Social Welfare).
6.1	0	No appreciable progress.
6.2	0	Very poor
<b>7. Training and employment</b>		
7.1	1	While scholarships are being provided, only some reservations are made in the admissions
7.2	0	Almost nothing has been done, although there are very limited facilities for special vocational training for individual categories of persons with disabilities.
7.3	0	There are no national targets set or admitted to reach.
7.4	0	There are some scattered effort by individuals and NGOs.
7.5	1	At national level strong efforts have been made. This has not percolated to states at lower levels.
7.6	1	Very little has been done in this area. Facilities are few and are located in urban areas.
7.7	2	Recently the Government of India has implemented schemes. The results will be known only during the coming year.
7.8	1	The fund has been created, but it is not being utilized yet as it was meant to be.
7.9	1	Special employment exchanges in almost all the states have been created. But they have not been effective in placing people. It is difficult in a country, where there is unemployment even among persons, who outwardly do not have any serious disabilities.
7.10	1	Scholarships are provided. A limited number of organisations are provided financial support. Some pwds are also provided with scholarships to continue vocational training, but this is totally inadequate to their needs.
7.1	2	All employees, including pwds have the same rights. People once employed have the same rights and so pwds are also covered in this. They do not have any special rights.
7.1	0	No systematic effort has been made.
7.1	0	No such mechanism exist
7.1	0	Nothing exists
<b>8. Prevention of causes of disability</b>		
8.1	2	A strategic campaign is in place.
8.2	3	Implemented very well. Early detection of leprosy has helped in early intervention and cured. Polio is almost under control.
8.3	?	Three preventable causes of disability have not been indicated
8.4	?	Position not known
8.5	3	It is believed that India does not encourage use of such weapons.
8.6	1	Partially being implemented in different areas.
8.7	1	Most babies in the rural areas are born in their homes, where such facilities do not exist.
8.8	2	In urban areas it is fairly well implemented, whereas in rural areas very little exist.
8.9	2	Varies from state to state
8.10	0	Very little exist and that too only in selected urban centre
8.1	0	Except for provision of old age pension for a few sr. citizens, very little other activities are being done.
<b>9. Rehabilitation</b>		
9.1	1	Very few people have access for such occasion.
9.2	2	
9.3	2	Done well at national level. Implementation yet to improve at local levels.

94	1	There is no co-ordinated efforts, although individual organisations are doing very good work.
95	2	
96	2	Varies from state to state and even within the state
97	0	No such programme seems to exist
98	1	Some centres of higher learning are doing research under the Government supported programme. But this needs to be extended
99	1	For selected people pension is being provided, but only a very small percentage are eligible to benefit from it
<b>10. Assistive devices</b>		
10	3	This programme is done well to reach people even in rural areas but still there are many for whom such assistance is not available
10	0	Nothing like that exists
10	0	No change in the last few years Outdated procedure has to be replaced
10	3	Number of institutions of learning and other national institutions and centres have been provided financial support by Government of India to develop and improve assistive devices
11	3	National quality standards have been established and are under implementation
11	2	Government has provided facilities and have exempt from IT for research and development of such projects, but not many NGOs are involved in this yet.
11	3	Government of India, through national rehabilitation training centres and regional rehabilitation centres, has established centres in most of the districts with facilities for training in fitting of prosthesis and orthotics, except some areas The Centre covers the whole country
<b>11. Self-help organizations</b>		
11	2	Such services mostly developed, encouraged and sustained by NGOs exist at different levels In some states SHGs have stood for local elections and won
11	2	Most self-help groups for disabled persons are multi category groups and include women also Again the implementation varies from state to state
11	0	No organised effort in this area towards this target
11	2	A National effort to develop this area has been established, but the implementation is very tardy due to administrative reasons
12	1	Only some NGOs are involved in this activity and this needs to be extended and widened to cover more geographic areas
12	0	Most persons with disabilities belong to poor economic strata of society and it is an economic factor, which prevents them from independent living
<b>12. Regional cooperation</b>		
12		WORTH Trust, as a NGO has been involved in TCDC Programmes sponsored through ESCAP and ILO People involved in rehabilitation of persons with disabilities from Vietnam and Kenya had come to WORTH for short-term training Right now, Workability International, an international organisation working for the development of pwds, is considering to assist people from different countries in Africa and Asia to come to WORTH Trust for specialised training in the production of assistive devices, in managing Technical Training Centres for pwds and other chosen areas.



# Indonesia

## RNN Report of Indonesia

### Summary & Future Directions and basic Data of PWDs

**[a] Please describe the following questions based on your evaluation of the decade:**

[a-1] Please cite and describe three most significant changes for the life of PWDs in your country over the A/P Decade.

- a. Physical accessibility is included in the Ministry Act no. 468 / 1998. Accessibility issue has become a general issue in the community and government sector: Sebelas Maret University in Solo and Gajah Mada University have included accessibility as one of their subject in the universities.
- b. There are many groups of PWDs struggling for their rights, there are a lot disability organisations in Solo.
- c. Government and the community of Solo are starting to be aware of regulation for the rights of people with disability. Disability issue is starting to show not only as an individual issue anymore but also a social issue. People with disability realize that their condition is not caused by their disability only but also the community's negative point of view.

☆ Please attach the documents and possible audio-visual materials.

[a-2] Please cite and describe the three most undeveloped issues concerning your PWDs compare with non-disabled people in your country

- a. Independent Living
- b. Assistive Technology
- c. Women with disabilities

[a-3] What are the three priority measures, which you want, your government takes for your PWDs ?

- a. Changes in strategic system of services and policy dealing with disability followed by sanction

- b. Equality / Guarantee on the rights of people with disability
- b. Well-managed tax income for providing the physical and non-physical facilities, including services to support independent living for people with disabilities

[a-4] What are the three priority programs of regional co-operation for your PWDs ?

- 1.a. Independent living with accessibility (social, physical also with campaign) and assistive technology as support items in achieving it.
- b. Study Visit for disability organizations to learn rehabilitation concept, applicable methods, sharing ideas, etc.
- c. Strengthening the rights of people with disability including job fields, women issues, etc.

**[b] Basic Data**

[b-2] How many people in your country do you guess to be aware of the followings?

① A/P Decade of Disabled Persons 1993-2002:

b. less than 1 %

Does your government inform the nation about the decade? No

② UN's Declaration of Disabled Person in 1975

a. almost none

③ International Year of Disabled Person in 1981:

a. almost none

④ UN's Decade of Disabled Persons 1983-1992

a. almost none

**[Attached #3] Basic Information of your country concerning PWDs**

[a] Please inform national organization of/for PWDs in your country with name in English, address, phone & fax numbers, e-mail address and name of the contact person

## NATIONAL ORGANIZATION

1. YPAC for children and young teenagers' medical rehabilitation:  
Address : Jl. Slamet Riyadi, Solo  
Contact person : Mrs. Sarwono
2. RC (PRsBD) for medical rehabilitation  
Address: Jl. Tentara Pelajar, Jebres, Solo

## LOCAL NGOs / GRASSROOT ORGANIZATIONS

1. Talenta  
Address : Jl. Kutai 7 No. 28, Sumber, Solo  
Contact Person: Mr. Sapto and Ms. Risna

[b] Please cite and describe well-known persons with disability among your nation as a good model or leader of PWDs.

1. Ms. Risnawati Utami

Talenta (address like above).

Ms. Risna has two paralysed legs. She uses a pair of crutches to walk. She is a woman leader working in Talenta and has worked in the rehabilitation world for a few years. Talenta has been doing a lot of efforts in changing the physical accessibility in Solo.

2. Mr. Didi Tarsidi

E-mail Address: [tarsidi@telkom.net](mailto:tarsidi@telkom.net)

Mr. Didi is a lecturer at the IKIP Bandung. He is blind and acquires the computer and website very well. He is leaving for Norwegia early next year for a training on education for students with special needs.

[c] Please introduce name of the future leaders of PWDs in your country with a contact address

1. Galuh Sukmara

Matahariku (a group of people with concern for people with disability)

Ms. Galuh is a person with hearing impairment and was the 2<sup>nd</sup> Duskin Leadership Training participant in Japan. She has come back and with her group doing lots of efforts in helping people with hearing impairments.

2. Maman Sunarman

Mr. Maman has polio on both legs and walking without assistive devices. He is now leading a Self Help Group in Sukoharjo by giving advisory assistance to the members. At present, he is also working at Community Based Rehabilitation – Development and Training Center (CBR-DTC / PPRBM).

[d] Please introduce the foreign organizations who are doing significant co-operation programs in the field of disability in your country with contact address

1. VSO (Voluntary Services Organization) UK.

Contact person: Paul Joyce, Vivian Andika

Address: Jl. Terusan Hang Lekir I no. 14C, Simprug, Jakarta 12220

[e] Please introduce those who are the expert of disability policy, study and research in your country with contact address.

Mr. Setia Adi

Dria Manunggal

Perumahan SGPLB E-5

Jl. Wates Km 3

Yogyakarta 55182

# Kiribati

## RNN Kiribati Country Report

### **Kiribati in brief.**

Kiribati consists of 33 low atolls and is located in the central Pacific Ocean between with the population of approximately 80,000 and a total land area of 870 square kilometers. After the survey which was carried out in 1999 Te Toa Matoa (An association of Kiribati people with disabilities aged from 14 up) ended up with following figures.

Total population of Kiribati : males -	38,378	Females: 39,180
Total land area	870 square kilometers	
Population of persons with disabilities	2,466	
Number of visually disabled persons	694	
Number of persons with other physical disabilities	772.	

### **# 1 Evaluation on of A/P decade of the disabled.**

#### **National coordination.**

Assessment rate: 1

Te Toa Matoa is trying very hard to expose people with disabilities to the public by public shows, advertising their talents like singing and dancing and performing drama. Parents of children who are attending the Red Cross school also are seeking aids from the Kiribati Government and trying to push children with disabilities into the mainstream as well as seeking ways to train special teachers to teach them. The Kiribati Red cross is another figure who assisting Te Toa Matoa with their activities.

#### **Legislation**

Assessment rate:1

In Kiribati the office of People's lawyer is always free to the public, and people with disabilities are also welcome. Ministry of Environment and Social Development is also assisting persons with disabilities by giving advice but they are not always helpful. They only give us their sweet talk and sweet smile but they never work on our problems.

#### **Information**

Assessment rate:1

Te Toa Matoa did a survey on how many persons who disabled and they include outer islands. These records are kept with the red cross since we have no office to keep things. The physiotherapist and her team work with those who are hospitalized and they work with TeToa Matoa like , they tell them where to locate other persons who are just disables during the course of their adventure in life.

#### **Public Awareness**

Assessment rate: 2

Te TOA Matoa is the one who publicized their existence. This group arranged for public shows in the mwaneabas or meeting houses and they also take parts in other public issues eg Kiribati Library national day. The group link themselves with the Kiribati Weightlifting federation and

they function with them in their activities, like going to camps together and do shows with them. Te Toa matao also visit nearby outer islands and do shows there.

### **Accessibility and communication**

Assessment rate:0

It is very sad because no public transport ever considered this need. The only public transport in Kiribati is a bus., and bus owners are only keen to make profit, so those people with wheelchairs would never get anywhere. This applies to planes and ships. Those persons with disabilities are to be carried by their relatives if they are to go on the bus, plane and ship. At public places eg Bank office it is also very hard for PW to get through as there is no special service or arrangement for them.

Communication with the hearing impaired is very hard but those attending the red Cross school are lucky as they can communicate with the sign language.

### **Education**

Assessment rate: 1

The Red Cross school is struggling to operate. Since the red cross received no fund these days, the Parent association are running the school out of their own pockets and through their fund raisings and raffle tickets. The government is not so helpful in this issue but we will try to persuade them now and again.

### **Training and employment**

Assessment rate: 0

This is a very sad one because Te Toa Matao is trying to get the attention of government to offer a chance of employment but no response as been offered yet. This year we are happy because we know that we are included with the APDI.

### **Prevention of causes of disabilities**

Assessment rate: 2

Physiotherapist from the Ministry of Health and Family Planning is helping.

Also nurses at outer islands are distributing vitamins to infants and expectant mother are well looked after before their giving birth.

### **Assistive devices**

Assessment rate: 1

It very hard to buy a whhelchair for 300 dollars but the red Cross is selling those wheelchairs so no one from the Te Toa Matao has bought a wheelchair but we are lucky because one lady who used to be a Physiotherapist donated wheelchairs to the group, so almost most of the group has their own wheelchairs

And those who need crutches were also lucky to get crutches as well with their crutch tips which was donated by Fran Hutton e mail address [njhutton@hotmail.net.au](mailto:njhutton@hotmail.net.au)

### **Self Help Organizations**

Assessment rate: 3.

There are more than 20 self help organizations and they are all under the KANGO Kiribati Association of Non Government Association and Te Toa Matao is one of them. They work

towards capacity building and seeking aids through Project documents and held workshops towards the betterment of Kiribati.

### **Regional Coordination.**

Assessment rate: 1

Te Toa Matoi has met Rebecah McCullough from the Inclusion International in New Zealand on 23<sup>rd</sup> November 2001 but no feedback yet. In August this year Te Toa Matoi met a specialist adviser from NZAID Patti O'Neil and we discussed our needs and our dreams, just like what we discussed with Ms McCullough, maybe the feedback will come soon.

## **#2 Summary and future directions.**

### **Three most significant changes for PWD over the A/P decade:**

1

Establishment of Te Toa Matoi. Te Toa Matoi really means a strong giant. We compare ourselves with the strong will of a giant to encourage us to perform our tasks beyond our strength. People always comment on us as poor things but in our heart and mind we are strong as a giant. We can try everything with our strong minds.

2

School of children with disabilities. This school is functioning well because of the strong support from the Parent Association. This association supports teachers in their transport as they are responsible for the fuel of the transport and they help the school in their maintenance and stationeries..

3

The establishment of the Physiotherapy department at the Tungaru Central Hospital in 1997. This service is highly needed by those new victims of disability as well as those who had their limbs amputated ages ago.

### **Three most undeveloped issues concerning PWD**

1

The need for a multipurpose center for PWD as to have meetings, carry out their social activities.

2

A chance of employment

3

Provide a transport for their functions eg a truck or a bus.

### **Three priority areas for the government to consider.**

1

To offer a piece of land to Te Toa Matoi in order to build a multipurpose center.

2

Arrange ways to help PWD access to public places like office, bank, shopping centers and public transport.

3

Subsidized access to vocational training.

**Three priority areas to be considered by Regional cooperation.**

1

Sport : involve PWD to participate in the region competitions.

2

Involve TTM Te Toa Matoa in the training and workshops in the region

3

Fund their special activities like Radio broadcast where they organize speeches and issues about disability awareness.

**Awareness.**

1 A/P decade of disabled persons 1993-2002

Answer=a: almost none

2 UN's declaration of disabled persons in 1975

Answer= a: almost none

3 International year of disabled persons in 1981

Answer= a: almost none

4 UN's decade of disabled persons 1983-1992

Answer= a: almost none

**#3 Basic data of your country concerning PWDs.**

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Bikenibeu Tarawa, Kiribati

**Well known persons with disabilities.**

Teewata Rokete Amputee above the knee and using n artificial leg.

USP librarian, vice secretary, local adviser to the group and encouraging TTM to function to it potential.

Dr Baua Tebau, Working at the Tungaru Central Hospital, amputee above the knee using an artificial leg.

Tarewita Tauaa. Health Inspector , Working at Christmas Island. A strong member of TTM.

Future leader of PWDs.



Mr Tebakaro Aata, amputee from 2001.A Chairperson of TTM since last month. Phone number 28409

**Foreign Organizations.**

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# Korea

Regional NGO Network  
for the Promotion of the Asian and Pacific Decade of Disabled Persons, 1993-2002

## National NGO Report (1)

October, 2002

### I. Evaluation of Agenda for Action for the Asian and Pacific Decade of Disabled Persons

#### 1. National coordination

##### 1.1 Fairly implemented(2)

In 1996, the Welfare Policy Committee for Disabled Persons was established with the Prime Minister as the head of the committee. Granting the coordination of welfare policies for persons with disabilities to the committee, the committee has carried out a function of the national coordination committee since then. In 1997, the committee validated the First Five-Year Plan for Welfare Development for Disabled Persons(1998-2002) for coordinating welfare, employment, and education, and has promoted welfare for persons with disabilities. In 2000, the committee has changed its title to the Welfare Coordination Committee for Disabled Persons concurrently with the total amendment of Welfare of Disabled Persons Act, and had an opportunity to activate its function. However, the committee has not become as yet a representative body of persons with disabilities in decision makings of all level of local governments and disability-related ministries and agencies of central government. Also, the committee has not become a substantial representative body for allocating resources appropriately to them. Especially, the committee has limitation of its role as a comprehensive and coordinating body in that it has weak function to allocate appropriate budget, personnel, etc. for promoting welfare and rights of persons with disabilities.

##### 1.2 Slightly implemented(1)

The Welfare Coordination Committee for Disabled Persons is composed of the Prime Minister as the head of the committee, relevant Ministers as proper members, and representative persons from various disability-related organizations like the Former Welfare Policy Committee for Disabled Persons. However, it has not its executive board. Because the establishment of its executive board as its permanent one is subjects of discussion with relevant ministries in charge of administration and budget, the committee has not been supported financially and administratively.

##### 1.3 Few measure has been taken(0)

At the sub-national level, we have not established bodies in charge of the coordination and administration of grass-roots organizations and agencies. The establishment of the working group sub-committee participating

from various organizations and agencies concurrently with the establishment of the executive board should be examined and, consequently, the committee should seek its efficient coordination and execution.

#### 1.4 Fairly implemented(2)

As the national plan of action, welfare policies for persons with disabilities have developed through such primary national policies as "the Long-term Development Direction of Social Welfare toward 21st Century" and "Five-Year Plan for Social Security Development". However, it has limitation to execute national policies within the scope of governmental budget. Also, the Welfare Coordination Committee for Disabled Persons has the function of a national coordination committee, but doesn't have a standing specific structure to review and evaluate the execution of national policies during the national plan of action. However, the Ministry of Health and Welfare, the Ministry of Labor, the Ministry of Education and Human Resources Development, etc. have evaluated their own outcomes respectively, and Assistant Minister for the Social and Cultural Policy Coordination from the Office for Government Policy Coordination reviews and evaluates the policy achievements of each ministry comprehensively.

#### 1.5 Fairly implemented(2)

Recently, Korea has suffered economic crisis to the extent of receiving a relief fund from IMF, finally, overcome it, and takes a gradual turn into growth. Poverty alleviation programs have been carried out by the poverty measures of the government and various project of NGOs, and mainly, the government-initiated programs are executed through employment and income increase policies with continuous economic growth. Especially, the National Basic Livelihood Security Act as the poverty measure of the government was introduced, and it converts from the livelihood security system at the simple security level, to welfare policies to strengthen the responsibility of the government over low-income class. That is, it secures the basic living of absolute low-income class who need the protection of the government and focuses on realizing productive welfare by providing comprehensive independent self-reliant services.

#### 1.6 Slightly implemented(1)

There are supportive policies for low-class persons with disabilities. For promoting the employment of people with disabilities, the employment subsidies for disabled persons, etc. are executed, however, the participation of persons with disabilities is not necessarily specified as a criterion for the approval of funding for poverty of funding for poverty alleviation and other development programs and projects.

#### 1.7 Fairly implemented(2)

In order to meet gradual welfare needs of persons with disabilities and execute national policies effectively, the post in charge of welfare for them in the Ministry of Health and Welfare was expanded from division level to bureau level in 1997. Also, two provincial governments at the large-unit local level have their own post in charge of welfare for persons with disabilities. In addition, government offices expand social welfare officers and strengthen social welfare systems including welfare for persons with disabilities according to a yearly program.

#### 1.8 Fully implemented(3)

Paralympics following '88 Seoul Olympics was held successfully in 1988, and national plans to develop the

potentials of persons with disabilities and improve their abilities have been promoted, for example, FESPIC Games in Busan in 2002, the last year of the Asian and Pacific Decade of Disabled Persons(1993-2002). The National Sports Contest for People with Disabilities and various events of sports for them in Korea have been held since 1981. Abilympics helps competent technical engineers to raise their morale and employers to increase their will to hire persons with disabilities. As declaring the month of Disabled Persons(April) and the Month of Employment Promotion for Disabled Persons(September), various events have been held at that time. In order to improve cultural and recreational activities, The development and provision of such programs and services as sports events in community living, broadcasting with captions on TV, cultural and art programs for persons with disabilities, etc. have been expanded actively.

#### 1.9 Slightly implemented(1)

At the national level, cooperative systems with organizations of/for persons with disabilities have usually been building through communication channels between the government and NGOs and various committees including the Welfare Coordination Committee for Disabled Persons in consultation with NGOs. Still, at the international level, we have not developed effective communication channels.

#### 1.10 Fairly implemented(2)

In order to provide appropriate information with persons with disabilities, Braille services for persons with visual disabilities and sign language and captioning services for persons with hearing disabilities are provided. Also, various policies for persons with disabilities, such as welfare, employment, education, are provided through Internet websites. Various information on laws, such as Welfare of Disabled Persons Act, the Employment Promotion and Vocational Rehabilitation Act of Disabled Persons, etc. are compiled and distributed through the Internet, bulletin boards and handouts of NGOs, etc.

#### 1.11 Fairly implemented(2)

Information on services for persons with disabilities and disability-related organizations are provided through the Internet, and have been updated regularly by each website administrator. Recently, Korean Society for Rehabilitation of Persons with Disabilities has conducted information infrastructure building projects through distributing information-related equipments, such as computers, printers, and Internet lines to disability-related organizations, concurrently with providing computer education for their personnel. Also, the government provides information on relevant welfare policies and systems for persons with disabilities and updates it periodically. And we ensure responsible use of all personal data to protect the privacy rights of persons with disabilities, however, have not developed as yet comprehensive systems to provide rehabilitation information for their rehabilitation and independent living.

## 2. Legislation

### 2.1 Slightly implemented(1)

The Constitutional Court of Korea examines and identifies all substantive and procedural laws, such as those covering inheritance, marriage, and properties, as well as criminal and civil procedure codes and policy provisions on various subjects. However, persons with disabilities and their families have difficulties in filing constitutional appeals directly and its final decisions are not made promptly.

## 2.2 Fairly implemented(2)

The Constitution prescribes "equal opportunities of all persons in all the sectors" (Preamble), the principle of equality under the law(Article 11), and equal opportunities in education(Clause 1, Article 31), etc. However, it has some limitations because of the difficulty of budget arrangement for their actual enforcement.

## 2.3 Slightly implemented(1)

In 1997, the Accommodation Improvement Law for the Disabled, the Elderly, and Pregnant Women was established, and it was amended in 2000 for the purpose of eliminating discriminatory practices as well as architectural and communication barriers and taking positive actions for persons with disabilities. However, it has not guaranteed the permanent body to effectively execute the rights protection for persons with disabilities, including women with disabilities and persons with intellectual disabilities, when establishing its basic law.

## 2.4 Fairly implemented(2)

Disability allowance, medical and educational expenses, etc. are provided besides financial assistance and subsidies from the Welfare Law for Disabled Persons, established for stabilizing the living of poor and low-income persons with disabilities, and the National Basic Livelihood Security Act, established for their livelihood security. In future, those provision subject and amount will be gradually expanded. Also, caring allowance for children with disabilities and persons with severely disabilities are provided for low-income families and those amount is small.

## 2.5 Slightly implemented(1)

Custom duties on the import of vehicles, assistive devices, health and medical supplies are partially exempted, including all equipment and materials needed to improve the quality of life and, in particular, to facilitate the education, employment as well as sports, leisure and cultural pursuit, and daily living of persons with disabilities.

## 2.6 Slightly implemented(1)

For alleviating the economical burden of persons with disabilities, the enlargement of value-added tax exemption and medical insurance(medicaid) items in assistive devices is gradually expanded. However, the permanent body is not established as yet for periodical review of the list of items.

## 2.7 Fairly implemented(2)

Through the enactment of the Accommodation Improvement Law for the Disabled, the Elderly, and Pregnant Women and its amendment, it requires to promote health and safety in the workplace, in public places, in transport and in the home, as well as to set some safety standards for modes of conveyance, equipment, implements and other items of industrial, domestic and personal use with particular attention to the needs of users with disabilities.

## 2.8 Slightly implemented(1)

Special mechanism for periodical review of the list of items is not established for exemption from customs duty, however, relevant ministries for customs duty review on their own.

### 2.9 Slightly implemented(1)

There are some agencies to provide free legal aid services for all the people, however, few agencies to provide those services only for people with disabilities.

### 2.10 Few measure has been taken(0)

Implementation and enforcement mechanisms for basic laws for the protection of the rights of persons with disabilities are not established. Also, comprehensive systems are not made to notify rules and regulations for their effective implementation and enforcement.

### 2.11 Fully implemented(3)

Through laws relating to copyright and the total amendment of the Special Education Lwa(1994), the enactment of the Accommodation Improvement Law for the Disabled, the Elderly, and Pregnant Women(1997), the total amendment of the Welfare Law for Disabled Persons(1999), and the amendment of the Employment Promotion and Vocational Rehabilitation Act of Disabled Persons(2000), they are provided for the protection of rights for persons with disabilities to have access to educational, informational, and recreational materials and for the transcription, transference, translation, and reproduction of all such materials.

## **3. Information**

### 3.1 Fairly implemented(2)

The Korean government researched the actual condition of disabled persons in 1990, 1995, 2000 every five years, grasped basic needs, such as population number according to disability type, gender, age, economical situation, income and education level, and, consequently, secured policy materials. Disability related information is available within various ministries and organizations for persons with disabilities, but indexing of such information is needed, and database on regular research for the actual conditions of persons with disabilities should be constructed.

### 3.2 Fairly implemented(2)

The legal definitions of persons with disabilities are prepared, but common functional definitions of disabilities that facilitate region-wide comparisons are not developed as yet. National surveys on the actual conditions of persons with disabilities are conducted by the Korea Institute for Health and Social Welfare every five years.

### 3.3 Fairly implemented(2)

The Agenda for Action for the Asian and Pacific Decade of Disabled Persons and revised targets for implementation have been translated into Korean and distributed to disability-related agencies and organizations, but their publicization and disseminations to the public are not sufficient.

#### 4. Public awareness

##### 4.1 Fairly implemented(2)

In order to publicize the Asian and Pacific Decade of Disabled Persons, Korea hosted Campaign '97 and ESCAP Mid-Point Review Meeting. TV and radio programs for persons with disabilities contribute to improving public awareness and attitudes concerning them. Reports related to persons with disabilities from mass media are being monitored by organizations like the Council for 「Disabled-Person-First」 Campaign.

##### 4.2 Slightly implemented(1)

Programs and projects for children and youth by all education and training institutions, government agencies and NGOs are encouraged to include disabled children and youth by law, but facilities and specific accommodations for them are not provided yet.

##### 4.3 Few measure has been taken(0)

Disability experience and public awareness programs are conducted by NGOs, Contents dealing with the integration of disabled persons are not included in formal textbooks as yet.

##### 4.4 Fully implemented(3)

In 1997, the Ministry of Information and Communication published a commemorative postcard in order to publicize the Asian and Pacific Decade of Disabled Persons and to commemorate '97 Seoul International Conference on Disability.

##### 4.5 Slightly implemented(1)

Programs for persons with disabilities are broadcasted in TV and radio, but their portion is comparatively small. Depiction of negative as well as inaccurate images of persons with disabilities in performances, especially comedies, films, and cartoons are requested to correct by NGOs.

##### 4.6 Fairly implemented(2)

the Council for 「Disabled-Person-First」 Campaign provides a press clipping service to collect documentation on media efforts concerning the raising of public awareness and the improvement of attitudes towards persons with disabilities.

##### 4.7 Fairly implemented(2)

Performing arts appearing persons with disabilities as a central figure are constantly planned and presented, although they are not many. Sports activities by persons with disabilities are encouraged through various domestic and international sports contest like The National Sports Contest for Persons with Disabilities and Busan FESPIC Games.

##### 4.8 Few measure has been taken(0)

Programs dealing with disability issue are not included in the regular curricula for pre- and in-service training of public administration and technical personnel in all sectors. In future, such educational materials and programs should be developed.

## **5. Accessibility and communication**

### 5.1 Fairly implemented(2)

Through the enactment of the Accommodation Improvement Act for the Disabled, the Elderly, and Pregnant Women in 1997, the law requires facilities and equipment to be available for persons with disabilities in all new construction, renovation and expansion of buildings and facilities, but the scope of targeted facilities is narrow, and standards for facilities for persons with disabilities are not strictly applied.

### 5.2 Fairly implemented(2)

The law requires to eliminate the curb of pavement and to install curb ramps in order to make public facilities accessible. Also, it requires to stick to guidance signs of facilities for persons with disabilities in public places. Still, the establishment of guidance blocs or signal devices for persons with visual disabilities is not sufficient.

### 5.3 Fairly implemented(2)

In order to improve transportation services, newly arranged route buses are recommended to do guidance broadcasting for persons with visual disabilities and to install guidance signs for persons with hearing disabilities. Also, subways and railroad facilities are required to equip facilities for persons with disabilities, and resting places of highways and national roads are required to install facilities for them.

### 5.4 Slightly implemented(1)

Courses related to accessibility in the curricular for the training of architects, engineers, as well as urban and rural planners are not separately arranged. However, such discussion become active in universities and institutes.

### 5.5 Slightly implemented(1)

According to the enactment of the Accommodation Improvement Act for the Disabled, the Elderly, and Pregnant Women, the law requires to establish and modify facilities for persons with disabilities, but establishment standards, such as types, sizes, materials, etc. of facilities for persons with disabilities are not concrete, and specific managing ways to implement such regulations are obscure.

### 5.6 Slightly implemented(1)

Access-related networking in the Asia and Pacific region is active among relevant experts in ESCAP Meetings and RI Conferences, but relevant ministries and experts in Korea have not actively participated.

### 5.7 Slightly implemented(1)

Studies on layout of work places, designs of tools, equipment, machinery, instrument to make them more useable by persons with disabilities have been partially conducted.



5.8 Fairly implemented(2)

The certification management and training of sign language interpreters are executed by Korea Association of the Deaf, and standardizing sign language is in progress.

5.9 Slightly implemented(1)

Sign language services are provided through nation-wide sign language centers. However, the demand and supply of sign language interpreters in public services and places are not balanced.

5.10 Slightly implemented(1)

Reading materials in Braille, large print, computer disk, audio cassette and other suitable formats for people who have difficulty in reading regular print, and who need access to human readers and sign interpreters are partially available.

5.11 Slightly implemented(1)

Captioning and audio descriptions services are provided through a broadcast on a national network, but they are not universal as yet. The provision of relay services and the construction of service network are needed in order to communicate between persons with hearing and speech disabilities and non-disabled persons.

## **6. Education**

6.1 Fairly implemented(2)

The percentage of children with disabilities receiving special education gets a 4% increase in 2002, compared to that in 1992. The future task is to integrate educationally and socially students with disabilities receiving education currently in special classes and at special schools into regular education classes successfully.

6.2 Fairly implemented(2)

In the financial aspect, the special education fund per student with disability gets a 207% increase in 2002, compared to that in 1992. In the policy aspect, "The Long-term Development Plan for Special Education" was established in 1996 and have been implemented since then. The future tasks are to increase the number of special classes; to decrease the number of special schools; increase financial resources for inclusive education; and to operate model inclusive schools in each region.

6.3 Fairly implemented(2)

The rules and regulations for accommodations and facilities for people with disabilities were established and the specially designed desks and chairs for students with physical disabilities, hearing aids for students with hearing disabilities and canes for students with visual disabilities have been provided since 1992. The future task is to improve accommodations and facilities of regular schools for effectively integrating students with disabilities.

#### 6.4 Fairly implemented(2)

According to the Special Education Promotion Act amended in 1994, free special education has been provided for 3- to 5-year old children with disabilities and inclusive kindergartens have been operated to provide inclusive education. The future task is to expand inclusive education in regular kindergartens, especially for infants and children in rural areas.

#### 6.5 Slightly implemented(1)

The percentage of special classes in regular schools gets a 17% increase since 1992 and inclusive education have been improved gradually. The future task is to integrate students with disabilities receiving education at special schools into special classes and resource rooms to achieve successful integration in regular education classes gradually.

#### 6.6 Slightly implemented(1)

The number of pre-service special education programs has been increased and courses related to special education have been included gradually in the curriculums for pre-service programs and in-service programs for general education teachers. The future task is to have general education teachers to-be in pre-service programs take classes related special education as requirements for graduation.

#### 6.7 Fully implemented(3)

According to 6th(1993-1999) and 7th(2000 - ) revised national curriculums, education on science, mathematics, adaptation-skill training, pre-vocational and vocational training have been provided for students with disabilities. The future task is to provide individualized special education with high quality for each student with disability and to provide effective pre-vocational and vocational education which can be applied to real life situations of students with disabilities.

#### 6.8 Fully implemented(3)

According to 6th(1993-1999) and 7th(2000 - ) revised curriculums, effective instructional materials have been provided for students with disabilities, including students with mental retardation. The future task is to develop and provide individualized instructional materials for each child with disability.

#### 6.9 Fairly implemented(2)

The 6th(1993-1999) revised curriculum emphasized autonomous learning and the 7th(2000 - ) revised curriculum emphasized self-directed learning. The future task is to create an environment and to develop effective instructional strategies for autonomous learning and self-directed learning.

#### 6.10 Slightly implemented(1)

More and more para-professionals including assistant teachers have participated in educating students with disabilities gradually. The future task is to have assistant teachers provide inclusive education to students with disabilities effectively and productively.

#### 6.11 Slightly implemented(1)

The participation rate of family members in educating students with disabilities has been increased, but is still low. The future task is to have family members and community members participate in inclusive education effectively for students with disabilities.

6.12 Fairly implemented(2)

In-service training programs in inclusive education have been provided for school administrators and teachers. The future task is to expand those in-service training programs effectively for their understanding of and collaboration for inclusive education.

6.13 Fully implemented(3)

The Ministry of Education and Human Resources Development takes the first responsibility for educating students with disabilities.

6.14 Fairly implemented(2)

Even after 1994 the compulsory education for students with disabilities has been limited at elementary and middle school levels and free special education has been provided for 3- to 5-year old children and students at high school and people with disabilities in vocational training programs. The future task is to provide free special education for birth to 5-year old children and to improve transition services and vocational education.

6.15 Slightly implemented(1)

Even though there is no rules and regulations to guarantee legal rights of students with disabilities to transcribe, translate, reproduce, and use copyrighted materials, people with disabilities have been allowed to use those materials in many instances informally. The future task is to guarantee legal rights of students with disabilities to use copyrighted materials in the field of education, information, recreation, and so on.

## **7. Training and employment**

7.1 Fairly implemented(2)

The number of participants on vocational training assistant programs for persons with disabilities in public vocational training centers has increased since it was initiated by the Ministry of Labor in 1996. These integrated vocational training programs showed positive results with a lower drop-out percentage compared to other designated institutions, such as special schools, registered vocational training centers, and rehabilitation community centers.

7.2 Slightly implemented(1)

Korea Employment Promotion Agency for the Disabled has been conducting vocational development programs for training persons with disabilities as technical engineers and supporting training centers with training expenses and teachers allowances. In order to facilitate the vocational adjustment of people with disabilities, KEPAD has also been providing services for employers who hired them(facility loan, employment incentives, etc.) and services for persons with disabilities themselves(car purchase loan, starting

expenses of self-employment, etc.) through employment environment improvement programs.

#### 7.3 Slightly implemented(1)

According to the actual conditions of employment for persons with disabilities in December 2000, the employment rate is increasing by yearly. As for public companies, 65 of them have increased the number of employees with disabilities greatly. It shows that public awareness towards employment for persons with disabilities is improving in the whole society. Also, when employing government officials, government agencies are obliged to employ at least five percent of persons with disabilities. Accordingly, it appears to help increase the employment rate, but the national goal related to promotion for them is obscure.

#### 7.4 Few measure has been taken(0)

A cooperative body including representatives from public and private sectors, organizations of/for persons with disabilities, and other NGOs is not established yet. Korea Differently Abled Federation was established in 1999 as a cooperative body including representatives of organizations of/for persons with disabilities, but its efforts for information gathering and providing of training and employment for people with disabilities are not sufficient, and its revolutionary efforts of skill training are not yet made systematically.

#### 7.5 Slightly implemented(1)

Each ministry and NGOs has made such efforts as the introduction of ordering appointment system of products made by persons with disabilities, the provision of employment allocation subsidies, the organization of self-help organizations and Korean Differently Abled Women United, etc., in order to provide training and employment for persons with disabilities taken consideration into the gender equity. Since Korea Employment Promotion Agency for the Disabled was established in 1991, workers with disabilities has continuously increased until 1998. However, according to the report on the employment trends of persons with disabilities, it greatly shows the gender inequity in employment allocation(Male 3,661/Female 1,332) and employment(Male 2,161/Female 897).

#### 7.6 Fairly implemented(2)

In order to activate sheltered workshops, the government has included the ordering appointment system and expanded purchases of products made by persons with disabilities. Korea Employment Promotion Agency for the Disabled has provided a loan for starting expenses in order to increase self-employment for persons with disabilities. Also, for the employment of persons with disabilities, it has furnished companies a loan for work facilities, accommodations, purchase of commuting vehicles, managing expenses for employment. Supported employment has conducted in two ways, community rehabilitation centers under the Ministry of Health and Welfare and local offices under Korea Employment Promotion Agency for the Disabled. However, and has obtained good results. However, the establishment loan system of welfare factories for persons with disabilities to provide owners expenses necessary for the establishment and management of welfare factories was abolished, not showing the efficiency of the system in 2000.

#### 7.7 Slightly implemented(1)

Korea Employment Promotion Agency for the Disabled has provided the loan of self-reliance funds and starting business expenses for persons with disabilities. Through the employment promotion measures of low-income persons with disabilities in 1998, various projects have been carried out by permitting them the priority of stands and vending machines in public facilities, distributing the guide book of products made by

them, strengthening vocational rehabilitation facilities, etc. The Ministry of Labor has prepared plans for supporting vocational rehabilitation for them, providing employment services, implementing the employment quota by the central government and local governments, etc. and it has conducted various projects for training technical engineers with disabilities and employing unemployed persons with disabilities.

#### 7.8 Fairly implemented(2)

Seven joint markets of products made by persons with disabilities under the Ministry of Health and Welfare have established until 2001 throughout the country. According to the Five-Year Plan for Welfare Development for Disabled Persons(1998-2002), fifteen joint markets should be established altogether until the year 2002. In March 1993, as the regulations on the loan of employment promotion funds for disabled persons were revised, free support system was executed. It is on the increase as 2,300 million won has provided to 135 in total until 1999, and is expected to obtain substantial outcomes. Korea Association of the Welfare Center for the Disabled and Korea Association of the Welfare Institutes for the Disabled should attempt to develop various management techniques through the support of governmental budget.

#### 7.9 Slightly implemented(1)

Korea Employment Promotion Agency for the Disabled has established local offices, vocational evaluation centers, vocational training institutes for the disabled and supported the vocational allocation and self-employment of persons with disabilities. However, the employment of them is not sufficient, as there is imbalance between services in rural and urban areas. Through NGOs, the employment of persons with disabilities is promoted voluntarily, and the specific support to relevant NGOs and the encouragement for persons with disabilities should be made.

#### 7.10 Fairly implemented(2)

In order to promote the training and employment opportunities for persons with disabilities, Korea Employment Promotion Agency for the Disabled furnishes funds to employers free of charge, when they purchase and install worktables, equipments, assistive devices, etc. Also, it provides a loan of vocational stabilization funds to employers when persons with disabilities have worked for over two years at the same workplace. The support system for free vocational facilities, etc. is considerably effective. However, it needs to be improved first that vocational training and higher education for individuals with disabilities are not sufficient. Especially, the supportive programs of vocational training in the Ministry of Labor should promote integrated training through providing incentives to persons with disabilities. The those supportive systems for employers implies the elements of market intervention and should be implemented clearly and objectively so as not to make a bad use of them. The funds necessary for improving training and employment opportunities should be utilized, for its effectiveness, in the way to reflect the needs of persons with disabilities.

#### 7.11 Few measure has been taken(0)

In laws, policies, and collective agreement relating to employment, specific legislation and measures are not prepared except for injured persons with disabilities on worksites. Specific efforts to protect the rights of workers with disabilities should be made through the enactment of the Vocational Rehabilitation Act for Persons with Severely disabilities or existent relevant laws.

#### 7.12 Few measure has been taken(0)

The Welfare Coordination Committee for Disabled Persons has proposed the establishment and management of the rehabilitation research institute for persons with disabilities, but specific plans for that has not been made yet. Considering the development progress of the social welfare and special education of adjacent fields, the establishment of an independent rehabilitation institute is urgent.

#### 7.13 Slightly implemented(1)

In order to monitor and evaluate the effective enforcement of laws and policies on training and employment and the achievements of relevant Decade targets, NGOs, such as Korea Research Meeting for Asian and Pacific Decade of Disabled Persons and RI Korea organized by Korean Society for Rehabilitation of Persons with Disabilities, and the Welfare Coordination Committee for Disabled Persons partly take charge of those functions, but they have not effectively monitored and evaluated as yet. Also, although Korea Differently Abled Federation is composed of representatives of disability-related service providers, representatives of NGOs has not actively taken part in. In a situation where the government's support for self-help organizations is very limited, the effective monitoring and evaluation is difficult.

#### 7.14 Slightly implemented(1)

The collection and distribution of information on employment are partially performed by a portal site operated by Korean Society for Rehabilitation of Persons with Disabilities. Besides, information centers attached to community rehabilitation centers partly carry out those functions according to the National Plan of Improving the IT Industry. Also, the Ministry of Labor has a plan to build comprehensive computer network and large-unit employment information network and to establish vocational evaluation centers in future.

## 8. Prevention of causes of disability

### 8.1 Slightly implemented(2)

Maternal and child health programs are carried out through inherent metabolic abnormality, maternal and child health education, etc. as prevention measures of disability according to causes.

#### ※ Contents of prevention of disability causes

##### 1. Medical examination of pregnant women and infants

As for diagnosis period of pregnant women, the first diagnosis is made right after the registration and then the second diagnosis is made, if a close examination is needed

##### 2. A maternal and child health pocketbook is actively distributed.

##### 3. Inherent metabolic abnormality examination

Prevention programs for persons with intellectual disabilities were financed 3,800,000,000 Won in the year 2000. - They provide special management services with Infants who are diagnosed as phenolkaptonuria hypothyroidism in the families are unable to make a living.

##### 4. Because chronic diseases, drug use, drinking, smoking, etc. by pregnant women affect the growth and weight of infants, enlightenment campaigns through pamphlets and mass media are steadily conducted.

### 8.2 Fairly implemented(3)

As for leprosy, community health centers, clinics, and mobile medical teams for leprosy are doing activities for examination, registration, treatments. Since 1998, the headquarters of Korea Association for Leprosy Management have taken charge of leprosy registration as the central registration office. Leprosy occurrence rate have been decreasing yearly, from 27,628 in 1981 to 23,326 in 1991. Also, poliomyelitis occurrence is almost controlled because of active publicity and poliomyelitis vaccine distribution. Vitamin A deficiency and iodine deficiency, etc. are scarcely occurred.

### 8.3 Slightly implemented(2)

According to a recent survey by the Korea Institute for Health and Social Affairs, respondents by experts showed positive perspective that about 50 percent of the total respondents replied the inherent disabilities are preventable til 10 to 30% if maternal and child health programs which are executed in Korea at present are conducted effectively.

※ Inherent Disability Preventable Degrees (unit : person, %)

Category	Frequency	Percentage	Remark
0%(quite unpreventable)			
below 10%	0	0	
10~20%	6	18.2	
	8	24.2	
20~30%	8	24.2	
	2	6.1	
30~40%	3	9.1	
	6	18.2	
over 40%			
Total	33	100	

### 8.4 Fairly implemented(3)

Generally, as weapons including anti-personnel land mines are protected by military authorities, accidents caused by anti-personnel land mines scarcely occur. Korea Campaign to Ban Landmines was established in November 6, 1997, and it now plays active part in international campaigns in cooperation with International Campaign to Ban Landmines, International Federation of Red Cross, UNICEF, etc.

### 8.5 Slightly implemented(2)

The Geneva Convention prohibits only laser weapons designed for damaging eyesight obviously and causing total blindness, and recent developed laser weapons are so fatal that they can cause all the people nearby to lose their sight through reflected energy in all directions, when laser hits the target. In Korea, we take lots of interest in this campaign.

### 8.6 Slightly implemented(2)

Although the Industrial Safety and Health Act was revised in 1996, the effectiveness of its enforcement are not sufficient. Also, because safety and health regulations are sometimes overlapped, they can cause confusion when applying to standards. Consequently, international industrial safety and health standards should be unified and systematized to follow the trend of standardizing international industrial safety and health.

### 8.7 Slightly implemented(2)

The examination of inherent metabolic abnormality and the follow-up management of new-born babies with low weight are very important. The introduction of registration system for new-born babies with low weight and the construction of computerization system of personal health records for strengthening linkage between maternal and child health programs and school health programs are required and the appointment of managing mechanism is requested.

#### 8.8 Slightly implemented(2)

- (1) The Bureau of Disabled Persons' Welfare in the Ministry of Health and Welfare has distributed videotapes and leaflets on "disabilities occurring from pregnancy to bringing up an infant" in cooperation with the Community Chest of Korea and Seoul Community Rehabilitation Center to community rehabilitation centers, social welfare agencies, community health centers, companies hiring over 300 persons, schools, mass media, hospitals, etc. and promoted early service intervention for disability children.
- (2) As for already occurred disabilities, there are various diagnosing programs by NGOs so as not to become severe.

#### 8.9 Slightly implemented(2)

Personnel in charge of maternal and child health are not sufficient, and the insufficiency of education materials and opportunities for relevant personnel are matters of primary concern for prevention programs.

#### 8.10 Slightly implemented(2)

Mental illness is recently included in the disability category under the Welfare of Disabled Persons Act, and community mental health centers in community health centers are established to provide prevention, early detection, and intervention services for persons with mental illness.

#### 8.11 Slightly implemented(2)

The Bureau of Disabled Persons' Welfare in the Ministry of Health and Welfare are composed of two divisions, Disabled Person's Policy Division and Rehabilitation Support Division and the two divisions conduct policies budget compilation for disability prevention in cooperation with NGOs. Because elderly people with disabilities are rapidly increasing in number, various programs need to be developed, such as the introduction of allowances for them, the more establishment of community welfare center for them, and the development of various policies for improving their quality of life.

### **9. Rehabilitation(community-based rehabilitation, and health and social development)**

#### 9.1 Fully implemented(3)

Welfare(rehabilitation) service agencies for disabled persons are required to include representatives of disabled persons and their families in program planning and evaluation process as steering committee members twice a year; therefore, their opinions are reflected institutionally in decision-making process.

#### 9.2 Fully implemented(3)



Comprehensive strategies of CBR were primarily adopted as two development strategies; First, exemplary programs by the government-initiated model have been expanded nationwide through the health and welfare network as the service delivery system of the government; Second, community rehabilitation centers around the country have provided welfare services for persons with disabilities in their community in cooperation with local leaders and private professional groups as the private-initiated model.

#### 9.3 Fairly implemented(2)

General welfare programs for women with disabilities have been institutionalized to reflect their plans for implementation and enforcement as obligatory services which are evaluated quarterly and yearly through residential facilities, vocational rehabilitation facilities, group homes, etc. as well as community rehabilitation centers around the country.

#### 9.4 Fully implemented(3)

As part of strengthening coordinative efforts between the government and NGOs for the purpose of supporting CBR programs, the research group, which is composed of researchers in the Korea Institute for Health and Social Affairs, professors, and senior practitioners, has made yearly and phased plans and engaged in researches to include these plans concretely in program plans of private agencies as well as long-term plans of the government.

#### 9.5 Fairly implemented(2)

In order to professionally train personnel in health education related to welfare for persons with disabilities, especially, social development, the National Rehabilitation Center has opened and administers training courses for current personnel in private and public agencies for people with disabilities by position and field. Their lecturers are composed of professors and senior practitioners who are professionals in each area.

#### 9.6 Fairly implemented(2)

In order to assist CBR programs, the National Rehabilitation Center has conducted exemplary programs on the basis of the plan to include rehabilitation services in primary medical institutions at 16 health and welfare offices around the country through the support of the government according to local characteristics, class, living standard, etc. This plan will be expanded and systematized according to the type of program throughout the country in the near future.

#### 9.7 Fairly implemented(2)

Exchanging professional personnel between governments and NGOs, and sharing good practices with other countries have been conducted primarily through world congresses and regional conferences of Rehabilitation International, where research cases have been presented by the ten sub-committees and participated in by more than one expert in each sub-committee every year in Korea.

#### 9.8 Fairly implemented(2)

Practical researches and innovative approaches on disability and rehabilitation should be relatively activated. So far, financial resources for the research of each area have accounted for much of the research funds, primarily through proposals by private foundations, administrative and financial supports of the government,

such as research and development funds, etc. should be strengthened in the near future.

#### 9.9 Fairly implemented(2)

Social security measures for poor persons with disabilities are supported institutionally by ①public aid, ②social insurance, etc., but for the higher level of benefits and the variety of services, financial resources by the government should be strengthened and various social services related to quality of life should be activated through expanding funds by fundraising privately in the near future.

### 10. Assistive devices

#### 10.1 Slightly implemented(1)

Sustainable systems and procedures, including subsidy schemes, to ensure the production and distribution of assistive devices, as well as repair and maintenance services are not set up as yet.

#### 10.2 Slightly implemented(1)

Cooperation systems with department responsible for customs duty are not sufficient for the import of assistive devices, as well as components, materials and equipment for their production, repair and maintenance.

#### 10.3 Slightly implemented(1)

Actions to simplify customs clearance procedures to facilitate the import and export of assistive devices, as well as components, materials and equipment for their production, repair, and maintenance should be more taken

#### 10.4 Fairly implemented(2)

The Institute for Rehabilitation Technology was established, and research and development programs for research, innovation and improvements concerning indigenous assistive devices are conducted in some universities and agencies.

#### 10.5 Few measure has been taken(0)

The development of appropriate, sustainable local technology for providing quality standard assistive devices for people with disabilities should be made.

#### 10.6 Slightly implemented(1)

Researches and schemes to activate indigenous production, distribution and maintenance of assistive devices are not sufficient as yet.

#### 10.7 Slightly implemented(1)

The training of personnel on indigenous technology for assistive devices to improve services at sub-national levels are not sufficient as yet.

## 11. Self-help organizations

### 11.1 Fairly implemented(2)

Organizations of/for persons with disabilities according to the disability type have not completely formed yet, but those organizations according to the type and area such as six organizations for women and girls with disabilities, the Korean Association for the Mentally Retarded(twenty-seven branches), Group of HIV/AIDS positive people, etc. have been generally forming. Also, Korea Differently Abled Federation has been organized as a national self-help organization for persons with disabilities.

- Establishment of organization of/for persons with disabilities -

Ministry of Health and Welfare, 2000

Year	Before 1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Number	14	2	3	2	2	2	5	7	8	15

### 11.2 Slightly implemented(1)

Forming self-help organizations based in rural areas, cooperation and joint activities of NGOs are not sufficient, but self-help organizations based in urban areas are rapidly increasing (such as, Unemployed Persons with Disabilities United, Mobile Rights United for Persons with Disabilities, Research Institute of the Differently Abled Rights in Korea, Easy Access Act for Persons with Disabilities in Korea, Hanbeot Mobile Service Crew for Persons with Disabilities, etc ).

### 11.3 Few measure has been taken(0)

In 1999, the Welfare Coordination Committee for Disabled Persons under the Prime Minister, was organized; However reorganization of its structure and prestige is required in order to coordinate policies and programs of ministries, to evaluate accomplishments, and to be a body of communication between the government and NGOs, as was its original mission.

### 11.4 Slightly implemented(1)

Although the establishment and development of organizations of/for persons with disabilities based in rural areas was not sufficient, governmental support for those organization has been increasing in sixteen cities and provinces, since the introduction of the local self-government system.

- Budget support for Organizations of/for Persons with Disabilities  
from the Ministry Health and Welfare-

(Unit: million won, %)

Year	1992	1993	1994	1995	1996	1997	1998	1999	2000
Support amount	1,019	1,108	940	1,134	2,091	3,580	4,286	4,786	5,286
Budget compared to welfare for nwd(%)	2.5	2.4	1.7	1.8	2.8	3.6	4.2	4.3	3.8
increase and decrease	100	108	92	111	205	351	420	469	518

11.5 Few measure has been taken(0)

Training programs for persons with disabilities in the community are intermittent, and those programs satisfying both skill(productive aspect) and self-confidence(emotional aspect) are nonexistent and programs are not diverse, if any. Moreover, guidance and management for training teachers of organizations of/for persons with disabilities doesn't exist.

11.6 Few measure has been taken(0)

Rehabilitation-oriented programs are still pervasive, and the concept of independent living has only been introduced lately, but activities for its legislation and programs are not sufficient.

## 12. Regional cooperation

12.1 Fairly implemented(2)

In 1997, the UN ESCAP Meeting of Senior Officials was held in Seoul by the Korean Government to mark the mid-point of the Asian and Pacific Decade of Disabled Persons. The Song Contest in 1995, the RI Asia & Pacific Regional Conference and the Campaign '97 in 1997 was held by a NGO (Korean Society for Rehabilitation of Persons with Disabilities) in cooperation with RI and RNN. As another Asian and Pacific Decade of Disabled Persons is proclaimed for the continuous development of welfare for people with disabilities in the Asia and Pacific region, the Second Five-Year Plan for Welfare Development(2003-2007) by the Government and the Korean Decade of Persons with Disabilities(2003-2012) by NGOs will be set up along with their action plans according to the actual conditions of each country. The information and materials related to policies and programs on welfare for people with disabilities between GOs and NGOs in the Asia and Pacific region should be shared and exchanged more actively.

## 13. Women with Disabilities

As Women with Disabilities are not an independent area of Agenda for Action for the Asian and Pacific Decade of Disabled Persons and included in other 12 Agendas, its evaluation is very difficult. Therefore, evaluation has been made in 12 areas of Agenda for Action from the point of women with disabilities.

1. National Coordination - Few measure has been taken(0)

As for a national coordination committee in Agenda for Action, it is required to be a representative mechanism of non-governmental organizations including women with disabilities. The Welfare Coordination Committee for Disabled Persons, which functions as a national coordination committee, has three women among 13 members, but they are appointed not as representatives of organizations for women with disabilities but as other positions, and there is no one who represents women with disabilities.

2. Legislation - Slightly implemented(1)

The Agenda for Action requires to enact a basic law to eliminate the discrimination of all people with disabilities including women with disabilities and to establish bills for the purpose of improving the quality of their lives. And yet, bills related to disability and women recently began to refer to women with disabilities. Article 9, Clause 2 in the Welfare of Disabled Persons Act and Clause 3 in the Employment Promotion and Vocational Rehabilitation Act of Disabled Persons, Clause 11 in the Human Rights of Disabled Persons, Clause 8 in the Special Act for Sexual Violence, etc. refer to women with disabilities at the declaratory level and their enforcement ordinances are not prepared yet.

3. Information - Few measure has been taken(0)

According to a survey on the actual condition of disabled persons in 2000, it showed that women with disabilities had lower possession rate and information level compared to men with disabilities in the possession and use of information and telecommunication equipments by them; Facsimile(Male - 3.2%, Female - 1.5%) and Computer(Male - 14.4%, Female - 5.5%). Consequently, few efforts have been made for solving the digital divide of women with disabilities.

4. Public awareness - Slightly implemented(1)

In patriarchal society and culture, women with disabilities are most alienated the social weak as women and disabled persons living in the general environment with various discriminations and prejudices. Such problems of women with disabilities has become a social issue since the latter half of 1990's, and public awareness has partially made a change. Still, women with disabilities are the most discriminated class, and overall public awareness are not improved yet.

5. Accessibility and communication - Few measure has been taken(0)

In our society, accessibility and communication problems of persons with disabilities are not still settled, and women with disabilities are in the more vulnerable state.

6. Education - Few measure has been taken(0)

In the Agenda for Action, education is recommended to include girls and women with disabilities in all policies, plans, and programs. However, educational policies and programs in Korea are lacking in gender perspective and the special consideration of women with disabilities.

7. Training and employment - Slightly implemented(1)

In the Agenda for Action, gender equality in training and employment is recommended to pay special attention. Article 3 in the Employment Promotion and Vocational Rehabilitation Act of Disabled Persons states government and local governmental bodies should take measures to protect the rights of women with

disabilities, and employment subsidies can be provided to employers who hire women with disabilities within the limits of double minimum wages. Such employment incentives for women with disabilities are considered, those specific results is still early to measure.

8. Prevention of causes of disability - Few measure has been taken(0)

In the Agenda for Action, public education campaigns on preventable causes of disability along with gender sensitive demographic data are recommended. However, scientific management systems for the early detection and prevention of disabilities have not yet been not set up. Especially, when women with disabilities who have lower accessible rate are pregnant and give birth to a child, they have lots of difficulties, but support for them are not sufficient.

9. Rehabilitation services - Few measure has been taken(0)

In the Agenda for Action, it is recommended to integrate women with disabilities issues into mainstream programs for poverty alleviation, health, housing, transport, human resources development, labor, education, communications, culture, tourism, political activities, etc. Accordingly, women with disabilities should be always taken into consideration in comprehensive rehabilitation services, including medical health, vocational and social rehabilitation. However, our society has a poor understanding of this issue and, consequently, women with disabilities are marginalized from mainstream rehabilitation services.

10. Assistive devices - Few measure has been taken(0)

As women with disabilities are alienated in using assistive devices, such support should be expanded. Also, various assistive devices tailored for women with disabilities should be developed and constant in those uses.

11. Self-help organizations - Fairly implemented(2)

In the Agenda for Action, a national forum to include marginalized people with disabilities like women with disabilities is recommended to be established. Recently, such organizations for women with disabilities as Korea Differently Abled Women United, 'Common Feeling' of women with disabilities, etc. and special agencies like consultation offices for sexual violence against women with disabilities(12 Places) have been forming. Governmental support for self-help organizations is not sufficient.

12. Regional cooperation - Slightly implemented(1)

International cooperation has been sought in East Asia Women Forum, RI Conference, DPI Conference, etc. but a specific network have not been constructed as yet. Also, governmental support for this is not sufficient.

## **II. Summary and Future Directions and Basic Data of Persons with Disabilities in Korea**

1. Please describe the following questions based on your evaluation of the decade;

- (1) Please cite and describe three most significant changes for the life of people with disabilities in Korea over the A/P Decade.
- ① For people with severe disabilities(1-2 grade) and their families as the beneficiaries of disability allowance, children's educational expenses, etc. under the National Basic Livelihood Security Act have been supported. Registration and acquisition taxes have been exempted when purchasing cars by people with disabilities(1-3 grade).
  - ② Through expansion of disability categories from the year 2000, internal organ disabilities and mental disabilities, as well as the five established disabilities (physical disability, visual disability, hearing disability, speech disorder, mental retardation) have been included and the phased enlargement of disability categories has continued.
  - ③ Self-help organizations for people with disabilities, especially women with disabilities, have been organized. They are conducting advocacy for people with disabilities, peer counseling, empowerment programs, and cooperation between organizations.
- (2) Please cite and describe the three most undeveloped issues concerning people with disabilities compared with non-disabled people in Korea.
- ① Disability allowance should be realized immediately to guarantee stability in the livelihood of people with severe disabilities who are eligible for the basic livelihood security.
  - ② The physical environment obstructing the social participation and activities of people with disabilities, the negative public awareness toward them, and information access, communication and equal opportunities should be improved along with institutional support.
  - ③ Vocational training and employment opportunities should be focused on persons with the most severe disabilities, and integrated vocational training models should be recommended and given first priority.
- (3) What are three priority measures, which you want, your government takes for people with disabilities in Korea?
- ① The social security system for people with disabilities should be expanded through the establishment of new caring allowance for people with disabilities.
  - ② In order to minimize the occurrence of secondary disabilities, rapid transportation and treatment systems for accident patients should be set up and a general mechanism for disability prevention should be established.
  - ③ In order to make an accessible environment for everyone, pavement conditions for pedestrians should be adjusted, curbs of entrance of public buildings should be eliminated, and, therefore, a barrier-free society would be realized.
- (4) What are three priority programs of regional cooperation for people with disabilities?
- ① Through the host of RNN Campaign '97 and the participation of campaigns, NGOs have shared and exchanged information on welfare for people with disabilities in the Asia and Pacific regions.
  - ② As part of "Empowering people with disabilities by providing them with IT training" projects by Asia-Pacific Economic Cooperation(APEC), APEC IT Camp for Youth with Disabilities was held in Korea during August 27-30, 2002.
  - ③ In order to achieve the social participation of disabled persons and public awareness toward them through their sports activities, the Busan FESPIC Games will be held in Busan in October 2002

## 2. Basic Data of Persons with Disabilities

### (1) The Legal Definition of Persons with Disabilities

The legal definition of persons with disabilities by the Welfare of Disabled Persons Act

Chapter 1, Article 2 (Definition of Persons with Disabilities)

① Persons with disabilities refer to those who have considerable limitations in daily and social life for a long period because of their physical or mental disabilities.

② Persons with disabilities who are applied to this act, are those among persons with disabilities by clause 1 regulation and are applicable to the type and standard of disabilities by the Presidential ordinance.

1. Physical disabilities refer to disorders of major external physical functions, internal organs, etc.

2. Mental disabilities refer to disabilities causing by intellectual or mental disorders.

### (2) The Statistics and Major Survey Results of Persons with Disabilities

① The prevalence rate and number of persons with disabilities

(Unit: Person)

Classification	Total	Disabled Persons at Home	Disabled Persons in Institution	Registered Disabled Persons (As of June 30, 2002)
Disabled Persons Number	1,449,500	1,398,200	51,300	1,217,837
Prevalence Rate	3.09%(per 100 persons)			

② The prevalence rate and number by disability types

(Unit: %, Person)



Classification	Prevalence Rate(%)	Disabled Persons Number
Total	3.09	1,449,496
Physical Disability	1.35	605,127
Cerebral Palsy	0.52	223,246
Visual Disability	0.47	181,881
Hearing Disability	0.42	148,707
Speech Disability	0.44	26,871
Intellectual Disability	0.31	108,678
Developmental Disability	0.05	13,481
Mental Disability	0.17	71,797
Kidney Disability	0.06	25,284
Heart Disability	0.13	44,424

③ Disability causes (causes by disability types)

(Unit: %)

Classification	Physical Disability	Cerebral Palsy	Visual Disability	Hearing Disability	Speech Disability	Intellectual Disability	Kidney Disability	Heart Disability	Total
Inherent Causes	1.7	2.5	3.4	6.0	14.3	23.8	4.3	3.4	4.4
Causes during Delivery	0.6	4.1	1.1	1.4	10.5	12.2	0.0	0.8	2.3
Acquired Causes	96.3	91.6	92.2	84.7	61.4	44.8	93.6	95.8	89.4
Unknown	1.4	1.8	3.3	7.8	13.8	19.2	2.1	0.0	3.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

④ The actual conditions of persons with disability by gender and age

(Unit: Person)

Age \ Gender	Total	Male	Female
0 ~ 9	41,852	25,541	16,311
10 ~ 19	62,819	42,630	20,189
20 ~ 29	96,228	67,506	28,722
30 ~ 39	193,100	128,460	64,640
40 ~ 49	242,577	168,466	74,111
50 ~ 59	238,458	159,352	79,106
60 ~ 69	284,108	168,382	115,726
70 ~ 79	198,339	99,543	98,796
Over 80	92,013	30,550	61,463
Total	1,449,494(100.0)	890,430(61.4%)	559,064(38.6%)

⑤ The education of persons with disabilities (school attendance types)

(Unit: %)

General School	Special Class in General School	Special School
51.3%	13.2%	35.5%

\* School attendance types of children with disabilities under high school levels

⑥ Employment population and rate/unemployment rate of persons with disabilities by age range

(Unit: %, Person)

Classifica- tion	Population over Age 15	Population in Economical Activities			Population in Non- economical Activities	Economical Activities Participation Rate	Employ- ment Rate	Unemploy- ment Rate	Employ- ment Rate Compared with
		Total	Employ- ment	Unemploy- ment					
Age 15-19	30,137	7,203	3,243	3,960	22,934	23.90	45.02	54.98	10.76
20-29	88,941	54,471	30,889	23,582	34,470	61.24	56.71	43.29	34.73
30-39	183,863	131,913	94,839	37,074	51,950	71.75	71.90	28.10	51.58
40-49	233,501	173,624	128,376	45,248	59,877	74.36	73.94	26.06	54.98
50-59	231,927	138,434	100,194	38,240	93,493	59.69	72.38	27.62	43.20
Over 60+	563,117	131,009	98,188	32,821	432,108	23.3	74.9	25.1	17.4
Total	1,331,486	636,654	455,729	180,925	694,832	47.82	71.58	28.42	34.23

# **Korea**

**Regional NGO Network**

**for the Promotion of the Asian and Pacific Decade of Disabled Persons, 1993-2002**

## **National NGO Report (2)**

**September, 2002**

# The Significant Changes & Future Directions in Korea

## Part I: Achievements

### **1. National coordination**

1. In 1996, the Welfare Coordination Committee for Disabled Persons(the former Welfare Policy Committee for Disabled Persons) was established with the Prime Minister as the head of the committee and has discussed and validated the first Five-Year Plan for Welfare Development for Disabled Persons(1998-2002).
2. The general meetings were held in December, 2000 and April, 2002 in order to review the progress and problems of the Five-Year Plan and to promote it.
3. The committee has contributed to improve welfare for people with disabilities in Korea through proceeding comprehensive welfare policies for people with disabilities, such as welfare, employment, education for them, etc.

### **2. Legislation**

1. In order to achieve the social integration of people with disabilities through their full social participation and equality, the Charter for the Human Rights of Disabled Persons was established in 1998.
2. For people with severe disabilities(1-2 grade) and their families as the beneficiaries of the National Basic Livelihood Security Act, disability allowance, children's educational expenses, etc. have been supported, and registration and acquisition tax have been exempted when purchasing cars by people with disabilities(1-3 grade).
3. Various tax reductions, such as income tax deduction, etc. have been enlarged, employment subsidies have been given for employers who hired people with disabilities, and incentives, such as the enlargement of value-added tax exemption in technical aids, etc. have been provided.

### **3. Information**

1. In order to promote information use of people with disabilities, IT education programs for them have been providing. Since 1999, two billion won have been invested in IT education programs for people with disabilities. As a result, IT Education Centers were established in 123 institutions, such as community rehabilitation centers, organizations of/for people with disabilities and, thereby, IT education have been providing for a total of 60,000 people with disabilities.
2. Discount benefit for telecommunications use fees has been providing for people

with disabilities. To assist information use of them, fees for telephone, PC communications, and Internet use are discounted up to 30 to 50%. Although PC communications and Internet use have legal discount systems, private enterprises do it voluntarily.

3. In order that people with disabilities may access telecommunication products and services easily, "the recommendation guidelines for improving accessibility to information of people with disabilities, senior citizens, etc." were established to encourage government, local self-governing bodies, other public agencies, manufacturers, and service providers to adopt recommendations necessary for design, manufacture, and supply of telecommunication products and services.

#### **4. Public awareness**

1. The Campaign '97 for the Asian and Pacific Decade of Disabled Persons, 1993-2002 was held in 1997, and seminars for improving awareness towards people with disabilities in mass media have been being held since 2000.
2. The Disabled-Person-First-Campaign has been conducting through national and local broadcasting stations by governmental and non-governmental organizations since 1996, for the purpose of enhancing public awareness towards people with disabilities.
3. Disability-related programs have been televised through state-run and private broadcasting stations, and after monitoring disability-related reports in mass media, they have been requested to correct inappropriate expressions.

#### **5. Accessibility and communication**

##### (1) Accessibility

1. Through the enactment of the Accommodation Improvement Law for the Disabled, the Elderly, and Pregnant Women in 1997, the law requires facilities and equipment to be available for persons with disabilities in public buildings and institutions; and requests to eliminate mobile barriers in buildings.
2. According to a National Five-Year Plan for the Expansion of Accommodations (2002-2004) which established in 1999 to promote the social participation and welfare of the disabled, the elderly, etc., all buildings and institutions used by the public will be furnished with facilities and equipment available for disabled persons.
3. In order to improve transportation services for people with disabilities and achieve welfare transportation, various systems and services have been introduced and provided, for the purpose of improving public transportation accommodation for people with disabilities, increasing car-related support for their personal use, and providing door-to-door services for people with severe disabilities.

## (2) Communication

1. Public awareness towards universal service and universal design has been formed and spread.
2. The law on solving the digital divide and information accessibility has been enacted in 2000 and the Welfare Law for Disabled Persons has been amended in 1999, which was based on sign language services and broadcasting with caption.
3. Tax deduction of car for personal use of people with disabilities has been provided, and public transportation fees, such as airplanes, trains, etc. and communication service fees have been deducted.

## **6. Education**

1. Through the amendment of the Special Education Promotion Law in 1994, inclusive education opportunities for children and youth with disabilities has greatly been expanded.
2. Through the establishment of the long term comprehensive developmental plan of special education in 1997, teaching aids, assistive devices, and facilities for promoting the educational outcomes of children and youth with disabilities have been provided.
3. In order to increase the educational effects of children and youth with disabilities, teaching methods and materials have been used by revising the national curriculum for them in 1990 and 2000.

## **7. Training and employment**

1. The Ministry of Health and Welfare has been increasing vocational rehabilitation facilities from 70 registered sheltered workshops in 1981 to 162 registered institutes in 2000. These institutes include sheltered workshops, pre-vocational training centers, vocational evaluation centers and work activities centers, and provided services to 4,081 persons with disabilities in 1999. There were 128 sheltered workshops serving 2,713 persons with disabilities in 1995. In 2002 currently, there are four vocational evaluation centers across the nation.
2. The Ministry of Labor has been responsible for fulfilling the 2% quota system among companies which employ more than 300 employees. The public sector employs 3,591 persons with disabilities January 2000, recording an 1.33% employment rate approximately. The private sector employs 17,840 persons with disabilities December 1999, recording a 0.9% employment rate approximately. The Korea Employment Promotion Agency for the Disabled was established in 1992 by the law. This agency provided approximately 1,400 persons with diverse disabilities

with job placement services each month in 2001.

3. Government services were expanded to persons with psychiatric disabilities and other internal disabilities such as kidney failures, by revising the Employment Promotion and Vocational Rehabilitation Act of Persons with Disabilities in 1999.

#### **8. Prevention of causes of disabilities**

1. Periodical management before childbirth have been served for pregnant women.
2. Medical examinations for phenolkaptonuria and hypothyroidism have been made for new born babies.
3. Health education using mass media has been strengthened and education materials have been developed in order to decrease the factors of primary diseases.

#### **9. Rehabilitation services**

1. The law requires a disabled person and a representative of user families to be included in steering committee members of rehabilitation community centers since 1999, which is the institutional system to increase their substantial involvement in the entire process addressing disability-related problems services. And it also requires to be included and conducted as obligatory regulations in administrative regulations of 93 rehabilitation community centers and 211 residential facilities for people with disabilities, for the purpose of reflecting opinions of people with disabilities in their program planning and evaluation process.
2. In order to develop the models of comprehensive national strategy by the government and NGOs for the purpose of improving the quality of home-bound people with disabilities through assisting disability prevention, rehabilitation, and social services programs; (1) As the models initiated by the government, the medical rehabilitation model has been conducted by the National Rehabilitation Center through health and welfare offices and 16 institutes currently conduct it by an exemplary program; (2) As the models initiated by NGOs, services have been provided as outreach programs in community rehabilitation centers nationwide since 1985 and as community-based rehabilitation programs in 52 centers since 2001.
3. Extra evaluation items like welfare for women with disabilities has been included for the purpose of strengthening their assistance and evaluation since 1999 so as to effectively develop the social development programs of disability-related problems (poverty alleviation, education, labor, culture, human resources development, etc.) including problems with women and girls with disabilities.

#### **10. Assistive devices**

1. A Common ground for the development of high-functional assistive devices has been shaped by the government and the public.
2. Universal design related to function, structure, provision and participation has been introduced in the development of assistive devices.
3. The adjustment and supplementation of systems has been carried out to expand the distribution of assistive devices.

#### **11. Self-help organizations**

1. As a coordinating body representing organization on disability and rehabilitation in Korea, the Korea Differently Abled Federation was established in 1999 and has been playing a role in advocating people with disabilities and coordinating organizations on disability and rehabilitation.
2. Self-help organizations(Korea Kidney Association(1994) and Korea Differently Albed Women's United(2000)) have been organized. Especially, KDAWU has assisted programs to develop the potential leadership of women and girls with disabilities.
3. Organizations of/for people with disabilities is conducting peer counseling and empowerment programs, and the government is currently supporting these programs.

#### **12. Regional cooperation**

1. In 1997, the UN ESCAP Meeting of Senior Officials was held in Seoul by the Korean Government to mark the mid-point of Asian and Pacific Decade of Disabled Persons(1993-2002).
2. The Theme Song Contest in 1995, the RI Asia & Pacific Regional Conference and the Campaign '97 in 1997 were held by NGO (Korean Society for Rehabilitation of Persons with Disabilities) in cooperation with RI and RNN.
3. The Korean Government and NGOs have been actively participating in various meetings and conferences related to Asian and Pacific Decade of Disabled Persons.



## Part II: Priority activities necessary to fulfill

### 1. National coordination

1. In order to strengthen the linkage of policies for people with disabilities between ministries, sub-structure of the Welfare Policy Committee for Disabled Persons should be organized and administered.
2. Detailed administrative guidance of the committee and its sub-structure should be formulated.
3. The Second Five-Year Plan for Welfare Development(2003-2007) should be established.

### 2. Legislation

1. The disability allowance should be realized imminently to guarantee the stabilization of livelihood for people with severe disabilities eligible for the basic livelihood security.
2. In consultation with Ministry of Planning and Budget, the social security system for people with disabilities should be expanded through newly establishing caring allowance for people with disabilities.
3. Articles and clauses in law restricting the full participation and equality of people with disabilities and discriminating them should be abolished and amended.

### 3 Information

1. Compulsory regulations for observing accessibility to telecommunications should be established. Although people with disabilities are provided with accommodation in telecommunication products and service and web text through the establishment of "the recommendation guidelines for improving accessibility to telecommunications," these guidelines are just recommendations not to have substantial binding force. But advanced countries in America and Europe have regulations to require telecommunication products and service providers to follow accessibility. Therefore, we should enact law containing regulations to observe the minimum accessibility when telecommunication products and services provide.
2. Support for purchasing telecommunication devices should be expanded for low-income people with disabilities. There are many cases in need of telecommunication devices for people with disabilities to access to information. But these devices are so expensive that people with disabilities cannot purchase them easily. Therefore, to overcome this problem, the part of purchase price should be supported institutionally in case of their job hunting and social life.
3. For people with hearing disabilities, telecommunications relay service should be

provided. Communication opportunities among people are increased surprisingly through introduction of the telephone service, but people with disabilities become alienated from social participation with the difficulty of using it. Therefore, telecommunications relay service has been introduced and its operating expenses supported in advanced countries, such as America, U.K., Canada, etc., for purpose of making communications between the disabled and the non-disabled. Consequently, we should provide telecommunications relay service of voice telephone service in order to improve the social participation of people with disabilities.

#### 4. Public awareness

1. Mass media, such as newspapers, broadcastings, etc. should be monitored annually and prohibited to describe people with disabilities negatively, and thereby, public awareness towards people with disabilities and their human rights should be kept improving.
2. The Ministry of Education & Human Resources Development and all other related agencies should immediately delete contents and prejudiced items losing disabled persons' dignity in teaching materials and aids, etc. for educational use and include the contents of their integration in the mainstream community living.
3. Public awareness campaigns should be actively implemented through developing and implementing various media to improve the understanding of people with disabilities.

#### 5 Accessibility and communication

##### (1) Accessibility

1. Facilities for people with disabilities should be generalized, and guidelines for setting up elevators in subway stations, etc. should be established.
2. In order to make the living environment for all the people, pavement environment for pedestrians should be adjusted, curb of entrance at public building should be eliminated, and, therefore, barrier-free society should be realized.
3. Various facilities and equipment should be designed in universal design available for all the people, not disabled persons only, considering the characteristics of disabled persons.

##### (2) Communication

1. The basis for universal service should be strengthened, and sign language interpretation and Braille services in public services should be provided.
2. Broadcasting with caption should be expanded, the disabled persons' rights to

- participate in broadcasting should be ensured, and the Korean Broadcasting Commission should include a disabled person as the member of the commission.
3. The certificate system for sign language interpreters and Braille translators should be established.

#### 6. Education

1. Early intervention programs which are actively involved by the families of children with disabilities and their community should be introduced and expanded in both rural and urban areas.
2. Schools should introduce curricula for all children including children and youth with disabilities.
3. Schools should conduct appropriate transition education from secondary level to post-school, pre-vocational, tertiary education, and employment level.

#### 7 Training and employment

1. Vocational training and employment opportunities should be focused on persons with most severe disabilities.
2. Employment opportunities should be given to persons with disabilities who are seeking self-help activities for persons with similar disabilities, such as peer counseling and independent living services.
3. Integrated vocational training models should be recommended and given a first priority. Most of all, employment opportunities should be open or competitive employment oriented, not sheltered workshops.

#### 8 Prevention of causes of disabilities

1. The examination items of inherent metabolic abnormality should be expanded step by step, and expenses for bringing up children with inherent metabolic abnormality and taking their examinations should be prepared.
2. In order to minimize the occurrence of secondary disabilities, rapid transportation and treatment systems for accident patients should be set up and a general mechanism for disability prevention should be established.
3. Disability prevention should be included in educational curriculum of each school and approached nationally through active publicity of it using mass media.

## 9 Rehabilitation services

1. In order to realize the independent living of people with severe disabilities, independent living skill training programs should be introduced and expanded as an obligatory program in public and private rehabilitation institutes (community rehabilitation centers, residential and day-care facilities for people with disabilities, etc.) and their financial support both publicly and privately should be expanded.
2. In order to increase the provision capacity of rehabilitation services for people with disabilities at home, the facilities of day-care and group home services, etc for their community integration should be expanded, and training and placement programs for community workers in charge of providing sub-professional services should be strengthened and activated.
3. The physical environment obstructing the social participation and activities of people with disabilities, the wrong public awareness toward them, and information access, communication and equal opportunities (employment, education, etc.) should be improved along with institutional support.

## 10 Assistive devices

1. A specialized institute in charge of education and publicity for users of assistive devices should be established.
2. Government should play a leading role in training engineers and expanding research and development for improving the skills of assistive devices.
3. Related regulations should be established to reflect the opinions of assistive devices in their designing, planning, adjusting processes.

## 11 Self-help organizations

1. On the basis of finding out the actual condition of self-help organizations of people with disabilities, support for self-help organizations should be expanded and the social integration of people with disabilities should be promoted through constructing the linkage and cooperation system between organizations of/for people with disabilities.
2. In order to meet the needs of people with mental or developmental disabilities and promote their empowerment, various programs should be developed and conducted.
3. In order to operate organizations of/for people with disabilities effectively, develop and evaluate professional programs, and activate linkage between organizations of/people with disabilities, education opportunities should be increased and supported.

## 12 Regional cooperation

1. Another Asian and Pacific Decade of Disabled Persons should be proclaimed after the Decade and its action plan should be established for the continuous development of welfare for people with disabilities in the Asia and Pacific region.
2. After the Asian and Pacific Decade of Disabled Persons, 10 Year Plan for Welfare of People with Disabilities (such as the Korean Decade of Persons with Disabilities) should be set up according to the action conditions of each country.
3. The information and materials of policies and programs on welfare for people with disabilities between GOs and NGOs in the Asia and Pacific region should be shared and exchanged more actively.

# Maldives

## Country Status Report for the RNN Conference to be held in Japan, Osaka

### A. National disability statistics (prevalence of persons with disabilities).

It is difficult to state statistics regarding persons with disabilities in the Maldives, as an appropriate survey yet to be done. The information were collected in 1981 and in 2002. According to 2002 census we have a total of 4,728 persons (not an appropriate number) with disabilities in the country.

Common people would call a person with disability as “nukulhe dey meehun”, which means, “disabled person”. Although at Care Society and some of the government offices we use the term persons with special needs, few people in the community understand it. People with mental illness are commonly referred as “crazy people” even though they are also considered as PWDs by some of the people active in the area of disability.

Therefore, according to the limited information we have regarding the number of people with disabilities in the Maldives, we have;

Number	Disability	No of people
1	Hearing problems	1219
2	Walking problems	1049
3	Limbs problem	624
4	Sight Problems	1132
5	Talking problem	1112
6	Mental problem	1364
7	Not stated	932
	<b>Total</b>	<b>4728</b>

**Census 2002**

### B. Overall status of the life of PWDs in your country

#### **(B-1) What is the most urgent need of PWDs in your country?**

The most urgent need of PWDs in Maldives is lack of accessibility in the national education sector and lack of rehabilitation services for PWDs. Although education is wide spread across the country, the schools do not have a proper environment and resources for PWDS to get education accept for limited access for children in the capital island of Male’ where the government have special classes in Jamaludheen School. However, Care Society also provides special education services in Male’ which is so far limited to 40 children and young adults. We provide special education

with rehabilitation and other social integration programme with full participation of their families. Thus our programme is focused to children with severe disabilities.



Two children with CP getting skills development assistance

However, so far PWDs in the island communities of 200 are not being provided of such services. Therefore, it is our priority to start CBR programme in the islands. The first CBR workshop would be held in Addu Atolls in the first week of September 2002. This would be the beginning of series of workshops in the islands. We intend to empower the communities to take ownership of CBR activities in their respective island communities.

#### **How do you evaluate the situation of PWD participation of society?**

**(:) less than 5%**

Less than 5% of PWDs participate in the community. However we have no statistics to support this argument. The government has plans to survey nationally the needs of PWDs at the end of 2002 and hopefully we would able to give you a better of the status of PWDs in Maldives.

There are few persons with disabilities who participate in the social and economic development of their society. Often those few people are from affordable families who got their children send to institutions out side the country. Families who cannot afford to send their children abroad are deprived from physical and mental development opportunities and thus their participation in the society are very limited.

#### **(B-4) When do you expect your PWDS to get into the mainstreaming of society?**

Care Society has long term strategic plans and thus we hope that opportunities for education, rehabilitation, social integration and employment would be available in Male' and in the islands through institution and community based programme by the year 2010. Care Society would try to achieve this goal with the help of government institutions and NGOS and families of PWDS and other stakeholders of Care Society.

We are going to start CBR programme in one of the 19 atolls, Addu Atoll in September 2002 and we are optimistic that it would address all issues related to PWDS and their families. The success of the first workshop would be implemented in other parts of the country.

#### **C. Current priorities among disability policies and estimate budget for the PWDS**

**[C.1] Please write down five major achievements (and include year of achievement) of your government for Disabled Person from the inception of the**

**Decade in 1993 up to the present. If you wish to add more achievements, please add extra sheets**

***The first special needs education class was established at Jamaaludheen School for Hearing Impaired Children on 16<sup>th</sup> Feb 1985.***

During the past years this class has been improved very much. In the past foreigners have been playing key role in managing the class. However, they have already started to train local to educate the children in this class. The school also has announced recently finger alphabets for sign language. This could be the beginning of complete of sign language manual for the country.

***Another class was inaugurated in the same school for children with physical and mental disabilities on 18<sup>th</sup> Jan 1998.***

Considering the importance of this class the school has added new classes for children with physical and mental disabilities. However they need to train more people to develop means and resources to cater for the individual children's mental and physical status.

**Care Society was established to work for the rights of PWDS in the country on 8<sup>th</sup> November 1998.**

Care Society works for the rights of PWDS in the country. We play a major role in the advocacy and awareness campaign towards achieving a better environment for persons with disabilities. Our objectives have been to involve government, NGOs and families of people with disabilities in our campaign. Thus we need to work hard to acquire recourse both locally and internationally.



Inauguration Ceremony of the first disability awareness project implemented by Care Society

**Care Parents Forum was established by some parents of PWDS on 5 December 2000.**

Care Parents Forum is the only organization with parents of PWDs in the country. Their work has been to educate parents about disability and seek all possible opportunities to provide a better future for the children with disabilities.



Parents and Sp educators with children on a picnic trip to Villingli Island

**Care Development Centre was established for rehabilitation and provision of Special Education on the 1 Aug 2001.**

Care Development Centre is rehabilitation cum education centre for children and young adults with disabilities. We are the only NGO who started to train local in special education and thus create special educators who would help children with disabilities who do not get an opportunity to study in the mainstream education. We have so far trained 13 local in Advanced Certificate in Special Education out of which 11 are working at Care Development Centre and the other two in Jamaludheen School Special Class. We will be training another 13 local from the schools of the islands and Male who would help the school's management to cater for children with disabilities.





President Gayyoom opens the new building of Care Society and Care Development Centre

**Provision of Assistive devices for PWDS.**

The government provides assistance to acquire some devices to improve the life of PWDS in Maldives such as crutches, hearing aide, wheel chair etc.

**Provision Visual Impaired Allowance**

Government has been giving visual impaired allowance to all the people who are identified by Ministry of Women Affairs and Social Security.

They an allowance of Maldivian Rufiya 300 per month per person. Thus they have given in 2001 a total amount of Rufiya 50,100.

**[C-2]What were most influential news or incidents for your people with disability and nations as well in your country concerning disability during this Decade?**

I think, the birth of Care Society in 1998 was a very good reason for PWDS in the country. Since than we have seen considerable attitudinal changes both in the government and in the general public, towards people with disabilities. We have started to provide rehabilitation, training of PWDS in technical education and later vocational training, advocacy programmes to PWDS in the country. We are also going to start CBR this year. So PWDS and their families have hope.



Public Awareness Workshop on disability implemented by Care Society

**[C-3]How many people do you guess in your country aware the existence of this decade? [i. Almost "O" % ii less than 1 % iii others %]**

I think it is less than 1 percent. Although the ministries who were involved with the activities of the decade know about the campaign, not much was done to involve other government authorities and the general public. Hence, few people knew about the activities and its objectives.

**[C-4] How many people do you estimate know the UN's Declaration of Disabled Person of 1975?**

Less than 1% people know about the UN's Declaration of Disabled Person of 1975

**Do you have an official translation into your language of the above declaration?**

[I-yes,  ii -no]

II. No, we do not have a formal or informal translation of the UN's Declaration.

**D. The five top priority measure for PWDs for the next decade**

**[D-1] Please write down five priority measures or activities you wish your government will take for your people with disabilities for the next Asian and Pacific Decade of Disabled Person. Please add a sheet of paper if you wish to include more activities.**

There are many areas we need to take measures in order to create a better environment for PWDS in Maldives.

- Constitutional rights for education, rehabilitation, social integration and employment.
- Laws and rules which enhances the implementation of constitutional rights of PWDS
- A designated Department/ministry which has a responsibility to demand for the rights of PWDS.
- Create a system which looks at the procedure, responsibilities, and accountability of various government departments who are responsible for PWDS rights.
- Provide special medical and financial assistance for PWDS under a separate scheme which has different scrutinizing procedures to the existing one for all needy people.

**E. Needed areas for international cooperation**

**[E-1 Please write down three priority international cooperation programs you want to implement for the next decade in this region. Please add a sheet of paper if you wish to include more programs**

- We need the international community to help to train local special educators to provide opportunities for children with disabilities in the schools. Often the scenario is that children with severe disability does not attend schools and those who have mild disabilities such as learning cannot cope up with the other children and thus would have leave schools due to repeated failure.

Children getting motor and physical development exercises from staff of Care Development Centre.  
This is the first of its kind



- Training of locals in other special areas such as Occupational Therapy, Physiotherapy, speech therapy etc. These expertise are very important to develop effective and beneficial programmes for PWDS. In the Maldives we do not have an OT and we have only one PT and ST. Therefore due to lack of university education in the country and the specialty of these areas we need to people at least two in each area to be trained.
- In the Maldives we live in island communities of 200 and thus community based rehabilitation is a very important programme for us. This is a new area and concept for us. We need to train people in community development who would work in their respective communities to empower their people. We also need resources to meet the need of PWDS in our country such information, symbolic assistance to the groups who effectively work for the PWDS development in their respective island.
- We also need assistance on research projects to identify possible causes of disability in Maldives. Maldives is a unique island nation where natural resources are very limited and people's living style is very different. Our main source of food has been rice and tuna fish. We hardly eat much vegetables making our children malnutrition. Therefore, such studies could bring new idea and hopes to prevent further more cases of severe disabilities.

4) Any related materials with report such as books, news papers, pictures, Videos and other audiovisual materials are very welcomed. (RNN would like to display those at the conference in October)

Attached please find a list of materials, reports, newspaper, Videos etc, produced and developed by Care Society for the awareness campaign of disability.

**List of national NGOs working for PWDS are:**

Care Society,  
Care Parents Forum  
Maldives Association for the Handicapped

# Mongolia

## NGO report with the evaluation of the Asian-Pacific Decade activities

### A. National statistics

Mongolia is a large land-locked country with a total area of 1.56 million square km, but with a population of only 2.6 million people. About a third of the population lives in the capital city of Ulaanbaatar, another third in 21 towns or aimag (province) centers, and another third in isolated hamlets or as nomads moving from one place to another for a better pasture for their cattle. From 1921 to 1990 Mongolia achieved high levels of human development with no recorded poverty. Since 1990 poverty levels have risen to 36 % with real unemployment estimated at over 17 % (\*). Among them the most adversely affected are disabled.

There are several statistics, regarding the disability issue in Mongolia. According to the data from Ministry of Health and Social Welfare, there are around 115000 (4.8% of the total population) disabled people in Mongolia. From them, number of people with seeing difficulty is 10 100, 6 500 have hearing and speaking difficulties, 20 900 have mental disorders, 28 000 have impaired movement and number of people with other/multiple types of disabilities is around 42 000. Of 39 700 disabled people considered capable to work only 5 200 (13.1%) are actually employed. The unemployment rate of PWDs is therefore extremely high at 87%. 50% of people with disabilities live in poverty and 60% of them are women.

Another survey (Social Welfare Center) says, that 67 558 people with disabilities are registered to receive different kinds of social subsidies for disability and 44 800 people receive certain types of social allowance for disability. The number is supposed to be higher, considering poor medical and social services and lack of information in rural areas and countryside. Also, disabled children under 16 years old usually are not eligible to receive a subsidy.

According to the survey carried out within the CBR program, granted by AIFO, the Italian NGO and European Union (1992-2000) and involved 1 427 608 people (more than half of the total population) shows, that around 47 050 or 3.3 % of involved population is disabled. From them 24 % have visual problems, 15 % have speech/hearing difficulties, 15 % have impairment to movement, 6 % have convulsions,

- 900 000 people considered to be poor (National statistics, 2000)

4 % have mental illness, 10 % have intellectual disorder and remained 26 % have multiple types of disabilities. Out of these persons with disability, 13% are children below 5 years and 12 % are children of 6-15 years, while 75 % of disabled persons are adults.

There are over 34 000 school age disabled children. Only 36.8% of them have access to school education, either special or regular (\*).

## **B. Overviews of the life of PWDs in your country**

**B-1.** The disabled people in Mongolia are belonging to the poorest and most vulnerable group of the society. After transition to the market economy and budget cuts for health, social welfare and education services, all disabled people faced a huge variety of problems, having a very limited capacity for competency in a free market system. Due to the growing inflation rate, the social subsidy equal to 13 800 – 17 600 Tog (\*\*) in a month cannot cover even most essential needs, such as payment for the house rent, heating (\*\*\*) and food. An estimated 88 % of disabled people live in poverty, as compared to 36 % of the population as a whole. It is really difficult to describe all the difficulties and sufferings of the disabled people in our country, especially those who have severe moving problems and blindness. Most of them just pass day after the day, trying to survive with the small amount of money given as a social allowance. Very few existing laws and legislation practically are not implementing fully.

**B – 2.** Compulsory primary and secondary school education system have weakened since transition period, and the disabled children are forming a visible part of the school dropouts. Especially in a rural countryside the disabled child have a very limited access to the education. Depending of their physical and mental capacity disabled children very often not able to stay at the dormitory of the school during the training semesters (\*\*\*\*). Without having a basic educational background, they cannot study further to obtain a qualification, and therefore they stay unemployed. And, a big barrier occurs is that the college and university education is not free anymore. Very few special schools existing

\* According to the data of Ministry of Enlightenment, 1998

\*\* Cur. Equivalent as of August 1<sup>st</sup>, 2002: Cur unit – Tugrug (TUG), \$1.00=1101 TUG

\*\*\* Mongolia has only 100 frost-free days in a year

\*\*\*\* Due to the nomadic style of living of cattle-breeders, their children have to stay at the dormitories of schools during the training semesters.

for children with hearing /speaking disabilities and mental retardation. And these very few schools are located in the capital city of Ulaanbaatar. Just one of those schools offers classes for the blind children. Many families are even not aware of the possibility of special needs education for their disabled child, or if aware cannot afford all the expenses for stay in the city.

**B – 3** Of an estimated 39700 people capable of working, 87 % are unemployed. During the communist era governmental policy stressed the segregation of the disabled persons. “Sheltered” employment facilities exclusively for the disabled persons were established. Education and training were provided also separately. After the transition to the market economy this system proved its unsustainability. However no new comprehensive policies have yet been introduced. There is almost no opportunity for the disabled to receive a loan to run own business.

Barrier-free access to buildings, special environment for the disabled and vocational rehabilitation are the main concepts to be considered and developed. List of qualifications available to obtain for the disabled is short consisting mainly of traditional qualifications, and cannot satisfy present market needs. The Labor Law, amended in 1999 for the benefit of the disabled, is on its early stage of implementation (\*). Organizations, which employ disabled people, are not ready to provide all the necessary conditions for work (\*\*). The only existing Vocational Training Center at the National Rehabilitation Center provides some professional training, including classes for sewing, carpentry, carpet-waiving, newly opened classes for cosmetologists and hair-dressers (capacity 120 students per year).

**B – 4** Rehabilitation services are centralized at the capital city of Ulaanbaatar. Disabled people from rural areas often can't receive them at all due to the financial difficulties connected to transportation. Many of them cannot afford payment for the

\* Paragraph 111 of the amended Labor Law specifically targets the employment of the disabled. Institutions with more than 50 employees are required to have a workforce made up at least 3 % PWDs. Those who fail to meet this minimum standard must pay a tax in lieu of every PWD that should have been hired to reach the minimum.

\*\* According to the recent studies of the State Central Employment Office, there are 708 institutions in Mongolia with 50 or more employees, mainly state owned organizations. The budgets of state organizations do not provide for payment of this tax. As a result the enterprises are unable to pay the tax if/when is levied.

prosthetic-orthopedic appliances. One can use his prosthesis for 10 years without repair and replacement (\*). Lack of specialists such as physical and occupational therapists negatively affects further daily lives of the disabled.

**B – 5** NGOs have been active in Mongolia for less than 10 years. Nevertheless, today NGOs are an important part of the social and political structure of the country. NGOs very successfully complement government provision of social services to the vulnerable people of Mongolia. There are around 50 NGOs of/for the disabled registered with the Ministry of Justice. 35 of them have united and established the Central Council of Mongolian DPOs. From the most active NGOs are “Association to Protect the Rights of the Children with CP”, Blind Association of Mongolia located within state run Occupational Enterprise for the Blind, Mongolian Association of the Disabled Women, “Tegsh Duuren” with its long history of cooperation with AIFO, “Tahilt” Rehabilitation Center for the Traditional Medicine and “Saikhan Setgel” both sponsored by the Japanese Government. These few organizations have benefited a lot from the international cooperation, improved their managerial and communication skills, and did a lot of contribution to improve the living of the disabled of Mongolia. Most of the NGOs have no own office, and their corresponding address belongs to individuals. They are lacking of professional people, who can advise on advocacy, management, and develop international cooperation. Due to financial problems, for the majority of Mongolian NGOs, most of the work is done through the volunteers.

Many of the NGOs have no certain objectives and goals, which in turn creates difficulties to maintain united policy, to collaborate with the Government and international organizations. Most of the NGOs of/for the disabled are located in the capital city of Ulaanbaatar, and rarely reach countryside people. Some of the NGOs are working just for private interest, which bring strong negative influence on our disabled people.

NGOs of/for the disabled are located in the capital city of Ulaanbaatar, and rarely reach countryside people. Some of the NGOs are working just for private interest, which bring strong negative influence on our disabled people.

Concerning the management of donations, aids and loans, provided by the international organizations to improve lives of the disabled of Mongolia, often priority

\* According to the Social Welfare Law of Mongolia, the disabled person can receive the prosthetic-orthopedic aid free of charge only once during a lifetime

in implementation is given to the governmental organizations. As a result, they spend the given resources following political interest, presenting at the end accurate report of implementation.

### **C. Current priorities among disability policies and estimate budget for PWDs**

#### **C-1. Five major achievements of the Mongolian Government for Disabled Persons from the inception of the Decade in 1993 up to present.**

1. In accordance with the request of the Government of Mongolia to the WHO to provide support in improving measures for the disabled, WHO together with AIFO, Italian NGO have organized a joint site visit after what it was decided to start CBR program in Mongolia. Main project areas covered almost half of the country. Several specialists in rehabilitation field were trained abroad. These people in turn have organized CBR training for family doctors, feldshers, teachers, volunteers and social workers. Main activities of the project are training of medical and social workers, program on inclusive education, translation and publication of books and training manuals and income generation activities. The implementation of the program was evaluated as a rare unique situation for CBR programming. "Over the last decade the country has been able to identify and devote significant political will towards improving the situation of the disabled persons in some parts of Mongolia. However the lack of infrastructure, scattered nomadic population and severe climate were main obstacles for successful implementation of the project. At the same time difficulties of monitoring make it difficult to assess the real coverage in terms of access, acceptability and impact on the lives of disabled persons in rural areas." (\*)

2. In 1993 the Government of Mongolia provided an order to provide a 3 store building (which used to belong to the former Soviet Union military camp), part of the 5 store building and storage place for the disabled. With the help of the Government, the Embassy of USA in Mongolia agreed to donate 13,5 mln tugrugs for the connecting

\* A case study report of the CBR program in Mongolia, 2001

Manoj Sharma, Associate Professor, School of Health, Physical Education & Recreation, University of Nebraska at Omaha; Sunil Deepak, Chief, Medical Support Department, Associazione Italiana Amici di Raoul Follereau (AIFO)



those buildings to the central heating and electricity. Unfortunately, this project was not finished, and funds disappeared in the network of administration.

3. Approval of the National Program on Improving the Quality of Life of the Disabled persons in 1998 and action plan for 1998-2004 to implement the program

4. Approval of the Social Security Law for PWDs, 1997 where special conditions for the disabled were stated. As a result, there is an improvement of the governmental measures for the disabled.

5. The establishment of the National Rehabilitation Center for the Disabled in the city of Ulaanbaatar, 1999. The National Rehabilitation Center for the Disabled of Mongolia consists of Prosthetic Workshop, Department of Medical Rehabilitation and Vocational Training Center is the only one existing governmental organization, which provides rehabilitation on the national level for all the disabled people of Mongolia. Above-mentioned services are provided free of charge for the disabled, through the close connection with the health and social insurance. Disabled people became able to acquire a qualification at the Vocational Training Center if this organization. The establishment of center is significant in terms of the national commitment and political will to work for the cause of the PWDs.

6. Approval of the Amendment to the Labor Law of Mongolia and Government Regulation No.137 for the implementation of the program (please refer to the page 3)

7. The year of 2001 was declared by the Mongolian Government as an Year for the Support of the Disabled. Whole program of different activities was carried out during this year. Special emphasis was on raising the public awareness of the people regarding the disability issues.

#### **C – 2 The most influential news or incidents for the Mongolian people with disability and nations as well in Mongolia concerning disability during this decade**

1. For the first time in our history, the disabled people of Mongolia criticized current policy of the Government towards them, and established “Special Committee on Protecting the Rights of the Disabled People”. We organized a strike near the Statue of for the Memory of Repressed (the statue was built for the memory of the people, suffered and died during communist repression), and presented out declaration to the Parliament, Government and President of Mongolia. We consider this as an historical event. The Government of Mongolia, the President and Prime Minister of Mongolia

organized a meeting with the representatives of the disabled, and listened to our opinions. Our struggle continued almost for 4 months from June 18<sup>th</sup>, 1998 to October 3<sup>rd</sup>, 1998. Finally the Government of Mongolia understood, that they have to listen to us and consider our opinions. They saw, that our disabled people have improved their intellectual, social and political knowledge. And the disabled people of Mongolia saw, that they should and they can to protect their own rights.

2. With the help Mongolian famous poet T.Galsan, genuine composer N.Jantsannorov and popular singer Dashpeljee we have got our own Song, Flag and Emblem. We could make our voices to be heard, and our “intellectual property” to be seen. DPOs of the disabled have come to solidarity, and established a Central Council of DPOs. The Central Council serves as an umbrella organization for all DPOs of disabled people of Mongolia. As a result, we became able to represent the disabled people from all over the country, introduce the information about their current situation and faced problems directly to the Government, and keep a permanent relationship between the Government and DPOs. The Central Council became a main corresponding organization to receive support and encouragement from related organizations inside the country and abroad. The Central Council of DPOs established own branches all over the country, covering its 21 provinces. As a result, disabled people in countryside receive up-to-date and true information about current events and policies of the Government.

3. We almost finished the legislative basis for conducting the driver courses for the disabled people. Providing the equal opportunities for the disabled to acquire needed knowledge and qualification, we are aiming to implement the 48<sup>th</sup> Regulation of UN General Assembly.

4. In 1<sup>st</sup> of December, 2000 the representatives from Central Council of the Disabled asked the President of Mongolia N.Bagabandi to meet and to listen our opinions. In result, the year of 2001 was declared by the Mongolian Government as an Year for the Support of the Disabled. During this year, many activities involving different DPOs were carried out. Disabled people of Mongolia established own newspaper office, named “Humuun Zaya” (Human destiny). Disabled people, including those with visual and hearing disabilities organized a “Khatan Zorig-Enerehuu” (“Bravity and Humanity”) hiking tour, and traveled 240 km. The tour was designated to raise a public awareness about the existing social welfare services and laws for the disabled, and also to clean the environment. Also, the exhibition named “We can do it” was organized to

display hand and machine made goods, grafts and accessories, produced by the disabled people in cities and countryside. The disabled person was awarded by the State Award.

5. With the help of Japanese Government, the Asian Development Bank decided to provide fund equal to 1,0 mln. USD to improve the lives of the disabled. Unfortunately, this fund will be distributed for projects through the government and ministries. This fact leaves us in a wonder and worry.

6. The fact, that the Asian-Pacific decade for the Disabled is extended further, gives us a hope to reach grandiose success in the next decade and to correct mistakes we have done before.

**C- 3 How many people on our country aware of the existence of this decade?**

During the 2001, declared by Government of Mongolia as the Year for the Support of the Disabled, almost 100 % of the disabled people learnt about the existence of this decade, and also that this decade is going to finish soon. Before only 35-40 % were aware about this decade (mainly within governmental organizations).

**C – 4 How many people do you estimate know the UN`s Declaration of Disabled People of 1975?**

Mongolian DPOs carried out the propaganda of this declaration very insufficiently, so that almost 30 % of disabled people don't know at all, and only 10 % are aware about the declaration.

**C – 5 Do you have an official translation into your language of the above-mentioned declaration.**

The declaration was translated into Mongolian.

**D. The five top priority measures for PWDs for the next decade**

1. In order to involve all 9 city districts, 21 provinces with 331 soumons (\*) altogether, we are planning to organize a National Assembly of the disabled people of Mongolia. Representatives from all over the country, enthusiastic and trustworthy disabled people would come and join own ideas and opinions. We also would like to invite experienced people from other countries to attend the Assembly, and share their own ideas and experiences.

We are planning to organize this Assembly for 5 days and discuss following important issues:

\* Mongolia is administratively divided to 21 provinces which are divided to soumons (altogether 331 somouns)

- Discussion about existing governmental policy for the disabled, ways to improve it
- Discussion of ways to improve existing legislation for the benefit of the disabled. We would like to find out the way to push the government to improve and amend laws on social welfare, official taxation, and NGOs. There must be provided a special law, designated for the disabled only.
- Discussion about survey on disability, the way of doing it in our country
- Discussion regarding the organization and structure of disability related system, services and DPOs
- Working out the master plan for the next 10 years of action for the disabled
- Discuss the possibility to nominate the disabled people's representatives as full-time staff to work for the disabled in designated areas.

We need to have a comprehensive survey of the current disability situation in Mongolia. Existing surveys on disabilities are partially covering all the important topics, focusing more on one or another point, such as medical or social conditions. Regarding the survey, we are planning to divide 21 provinces of Mongolia into 5 regions, and carry out detailed survey on disability:

1. Rural region, center – Hovd province
2. Hangai region, center – Arkhangai province
3. Desert region, center – Dundgobi region
4. Steppe region, center – Dornod province
5. Central region, center – capital city of Ulaanbaatar

We think, that it is important to organize this event as much as possible independent from the Government in terms of financing (estimated budget for assembly is 85 000 USD; includes transportation, accommodation and living expenses for the participants).

The assembly would play a significant role in proposing amendments and improvements in existing Social Welfare laws and legislation.

2. There is no any person in the Government, whom we can trust and who would understand our sufferings, our living conditions and work for the benefit of disabled of Mongolia. Because of this, the existing laws for the disabled never implemented in the practice, or they just do not suit reality. To improve this situation, we need to establish own “Lobby group” in the Government. We are planning to select candidatures to the Parliament from the people who have special program plans towards the disabled, and struggle for the success of their election.

3. We need to strengthen Mongolian DPOs in terms of financial management, administration, advocacy capacity and communication skills, enrich the composition of staff by involving professional people. We need to provide international and domestic training for the staff and volunteers of the DPOs in order to broaden of their knowledge about disability, learn about the world level situation, successful experiences and lives of the disabled in other places. We need to increase public awareness among the disabled people about DPOs activities. We will work towards gaining recognition of necessity to improve lives of our disabled people in this hard for all of us time.

4. To improve vocational rehabilitation system for the disabled of Mongolia:

- To increase opportunities for the disabled to acquire a qualification, improve choice of qualifications available
- To make efficient the existing laws on labor of the disabled
- To provide comprehensive vocational training combined with vocational consultation, guidance, and exc.
- To establish system which promotes understanding of employers of the special needs of the disabled, and willingness to go towards meeting needed requirements

5. In order to raise public awareness, information outreach for the disabled, we need to strengthen financial and managerial capacity of the newspaper “Humuun zaya” (“Human destiny”) for the disabled, and to support its regular publication. This newspaper is designated to bring the voices of the disabled people to the government.

6. Improve lives of the blind

- To increase opportunities to acquire a qualification
- To provide a list of qualifications, which only blind people would be entitled to acquire
- Every year on 15<sup>th</sup> of October, the Day for the Support of the Blind to organize a public awareness programs, involving media too (organize press-conference)
- To introduce microprojects worked out by blind people to the international charity organizations of the disabled in other places.
- To develop cultural exchange between our and foreign similar organizations, to
- To carry out cultural and sport activities for the blind
- To establish a library for the blind with Braille printer, special scanner and computing systems, books on Braille

#### **E. Needed area for international cooperation**

Since democracy revolution of 1990 our country became more open to the international cooperation. This also refers to our NGOs of/for the disabled. At present very few such a NGOs could benefit from the international experience. Lack of trained staff and up-to-date information, lack of advocacy and communication skills were main barriers for the poor international cooperation. Nevertheless, membership of our state organization in Rehabilitation International, membership of our Blind Association in the World Association of the Blind and other memberships give us a hope for further development. We consider the international cooperation very important in the areas of the advocacy, legislation, Vocational Rehabilitation (employment of the disabled, credit/loan funds for disabled), Medical Rehabilitation (physical and occupational therapy, prosthetic-orthopedic aids) and international exchange.

# Nepal

## The implementation of the Agenda for Action for the Asian and Pacific Decade of Disabled Persons: Major achievements and priority areas for improvement

### PART I: Achievements

#### 1. National coordination

1. Formation of National Coordination Committee in 2000. It includes government line agencies, NGOs, Self-Help Organizations (SHOs) and Private sector.
2. National Coordination Committee has been playing advisory role to the Ministry of Children, Women and Social Welfare (MWCSW) for the policy formulation and National program planning
3. Executive committee was formulated including government sector NGOs SHOs, WWDs.

#### 2. Legislation

1. The committee was formed in 2000 for the amend the act Disabled Protection and Welfare act 1982 amend purpose is finalized and to the MWCSW and it has been dissemination purpose amend documents to the line ministry for the approval.
2. Children's Right (CR) act is also under process of amend 2000 includes provision for RC of Children With Disabilities CWDS.
3. Other legislation on has been included disabilities issues such as education, local development, etc.

#### 3. Information

1. National sample survey initiated by National Planning Commission (NPC) in 2000 the report has been not disposed.
2. Translate the agenda for action in to national language in 2001.

#### 4. Public awareness

1. (No)

#### 5. Accessibility and communication

1. Sing language was formulated in 1994
2. Up to 10 class stands Braille book are available found.

#### **6. Education**

1. Less then 2% Person With Disabilities (PWDs), CWDs are participating formal and informal education.
2. Around 4000 CWDs and participating in formal and informal getting education. Inclusive education has been standard initiated by Department of Education as a pilot project in 2 districting in 2001.

#### **7. Training and employment**

1. (No)

#### **8. Prevention of causes of disabilities**

- Program are going on vitamin A polio and leprosy
- The government has joint the international camping to ban land mines in 2001

#### **9. Rehabilitation services**

1. *MWCSW has been included national plan & budget in 2001*

#### **10. Assistive devices**

1. (No)

#### **11. Self-help organizations**

1. Established a nation forum of self-help changes as a National Federation of the Disabled-Nepal (NFD-Nepal) in 1993.
2. Diverse disability groups are working since 1991.
3. Development progress for training PWDs including WWDs, as trainees in leadership and management of SHOs since 1993.



4. Establish a national policy with the requisite resource allocations to support the development and information SHO of PWDs since 2001.
5. Mechanism under the direction of the national cording committee, which will increase consultation between self-help organizations of PWDs and diverse government ministry's covering the implement of agenda for action.

**12. Regional cooperation**

1. (No)
- 

**PART II: Priority activities necessary to fulfill the Agenda for Action  
by the conclusion of the Decade**

**1. National coordination**

1. NCC needs to be developing infrastructure and mechanism.
2. National Plan of action needs to be developing with a time frame monitoring & evaluation.
3. Need with adequate allocation budget.
4. Participation of SHOs & PWDs.

**2. Legislation**

1. To formulated specific committee which can review & recommend adjusting amend all laws and bylaws concerning disability issues.
2. Enactment of a basic law with on effective in built implementation and enforcement mechanism to protect the rights of PWDs
3. Review of laws relating to customs duties and amendment thereof, with a view of exemption

**3. Information**

1. To establish national information center with an accessible
2. Need authentic sample survey

**4. Public awareness**

1. To enhance the capacity of media (Government & Private sector) to increase and coverage the disability issues, train situation, actively etc.
2. Inclusion of disability issues in policies relating to information and the media

#### **5. Accessibility and communication**

1. Immediate incorporate of barriers free features as a standard acquirements in designs and plans for all new construction, renovation and expansion of build and facilities used by members of the public, including transport, education, facilities and housing schemes as well as three public pleases
2. Immediate inclusion of barrier free design in the curricula for the training of architects urban planners and engineers
3. Govt. need sing language to recognized and provide communication facilities such as Braille etc.

#### **6. Education**

1. Need appropriate policy program and plan according to socio-economic formal and nonformula education.
2. Inclusion disability issues educational and teaches training curriculum.

#### **7. Training and employment**

1. Inclusions and reservation in government line agency and NGOs vocational training center for PWDs
2. Reservation in employment need to be insure in by policy and practice
3. Need to be developing action plan and monitoring system.
4. Immediate action for provision about soft loans.

#### **8. Prevention of causes of disabilities**

1. In the context of Nepal major prevalent preventable causes of disability

#### **9. Rehabilitation services;**

1. Need to be national CBR strategy and enforcement of national CBR program
2. Including of both men & women with disability in CBR training

3. Provision of disability rehabilitation service in the Primary Health system
4. Inclusion of courses on disability & rehabilitation curriculum of health institutions

<b>10. Assistive devices</b>
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1. To established of national assistive devices as well as repair and maintain services to all PWDs as a free of cost
2. Exemption of customs and other duties on the import of assistive devices and simplification through preferential treatment of customs clearance procedures for the important and export of assistive devices as well as components, materials and equipment for their production repair and maintenance

<b>11. Self-help organizations</b>
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1. To participate line ministry's agency.

<b>12. Regional cooperation</b>
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1. (No)

# Papua New Guinea

## RNN COUNTRY REPORT CAMPAIGN 2002 OSAKA, JAPAN

### **[A] Evaluation of the progresses of the Decade in Papua New Guinea**

In Papua New Guinea, the country's progress in term of the "107 point Targets" regarding the "Agenda for Action" emphasizing on the equalization of opportunities: its inclusion of PWD in the Development Process, it can be seen that the country falls under the scale of 1: slightly implemented with regard to the 4-point assessment scale for several reasons.

The first and probably the most important is awareness. Because the able-bodied population in such a manner that once an individual is deemed as being disabled perceives PWD, there are certain things that the disabled individual may and may not be able to do. The individual then is presented with that negative attitude and therefore limits her/himself to an extent where the opportunities to further or improve her/his education, career, wellbeing and/or rehabilitation and counseling.

Next is that since Papua New Guinea is a third-world country, with a very small GNP and subsequently a lower standard of living, the majority of the population (60%) lives in rural areas and are subsistent farmers. This brings into mind other issues of illiteracy, poor infrastructure and accessibility for people living in rural areas to resources, information and facilities available in urban centers.

Lastly but not the least is that although the Public as well as the Private Sector Organization in Papua New Guinea do, to an extent, acknowledge the presence of PWDs and are willing to help, the biggest problem for these possible employers, is the technical know- as to how to facilitate a PWD in the workforce. Specifically as to how the working environment can be adapted to suit the needs of individual PWD. Currently there is less than 1% of PWDs in Papua New Guinea when compared with the general population of the country, who are employed in the Public and Private Sector. Those PWD who are either not in school or employed, are subsistent farmers (for those whose disabilities does not prevent them from doing so) or live under care of their immediate families and/or relatives. A very tiny percentage of other PWDs who do not come under the categories mentioned above are left to fend and care for themselves through other money-making activities.

### **[B] Summary & Future Directions and Basic Data of PWDs in Papua New Guinea**

[a-1] The National Assembly of People with Disabilities (NAPD) formed quite recently, following the Leadership Training Seminar for PWDs in Papua New Guinea last month (19<sup>th</sup>-22<sup>nd</sup> August, 2002) is of the opinion that up until then, the majority of PWDs through out the entire country were not aware of the fact that there was an Asia-Pacific Decade of Disabled Person from 1993-2002. The participants at the seminar were quite surprised to find out from Mr Sam Vilsoni, Mr Setaraki Macanawai from the DPI Oceania Regional Office in Fiji and Mr Topong Kulkhanchit from the DPI Asia-Pacific Regional Office in Thailand who were present to chair the proceeding of the seminar.

**[A] Evaluation of the progresses of the Asian and Pacific Decade for PWD's in PNG.**

Since its inception, people with disabilities in Papua New Guinea were not aware of an Asian and Pacific Decade of Disabled Person 1993-2002 . Whether the Government and/or the Non-Government Organization(s) knew about it is yet to be determined.

This raises a questionable and obvious issue of representation by persons other than people with disability. To our knowledge able-bodied persons whether representing the government and/or NGOs upon attending such meetings fail to inform organisations that are in direct contact with people disabilities groups such as National Disabled Sports.

Participants majority of whom are people with disabilities who attended the first Leadership Training Seminar for PWD's in Lae PNG from the 19<sup>th</sup> - 22<sup>nd</sup> August 02 were caught by surprised upon being informed by DPI representatives Mr. Topong Kulkhanchit, Mr. Sam Vilsoni and Mr. Setareki Macanawai of its existence.

However from what NADP has gathered through its survey, it must be pointed out that actual data concerning PWD's cannot be provided due no proper collection of census data during the 2001 National Census.

The data, which NADP refers to for this report, is, that obtained by the department of Health, through its National Health Plan 2001-2002. According to population of PNG of 5.2 million it is estimated that 10% is made up of people with disabilities. From that NADP uses the figures provided by a small survey carry out in one part of the country and rough estimated that there are 150 000 persons who are physically handicapped, 20 000 mentally handicapped and 100 000 who fall under the category of visual and hearing impaired.

We proposed to cover key areas and make our assessments as per the 4-point scale assessment from the 107 targets under the following:

- I) access to services, which covers health, education, training & employment.

- II) transport
- III) children with disabilities
- IV) women with disabilities.
- V) sports and recreation
- VI) independent living
- VII) public awareness
- VIII) legislation

I) **Access to services**

A. Health

Critical Issue:

Because of the country's challenging geographical features, access to Health services could be rated as 1: slightly implemented and is a consequence of the remoteness and poor road network which hinders PWD's from reaching this essential services. Although the Department of Health has hospitals, health centers and aid posts in all the 19 provinces throughout the country. There are also a handful of small private hospitals that have state of the art medical services but are only available to a small minority who can afford it. However, the only problem is the lack of specialized professionals, facilities especially for rehabilitation and the availability of medical equipment.

Targets:

As per the National Health Plan 2001-2010, the Department of Health is committed to:

1. improve the capacity of Public Hospitals and Health Centers to support rehabilitation service care to minimum standards by 2010;
2. establish community-based rehabilitation services by 2005.

B. Education

Critical Issue:

Access to education comes under the scale of 1: Slightly implemented through special education services in different part of the country. Part of the problem lies in the current economical hardship the country is experiencing. This has resulted in most educational institutions raising school fees to counteract their expenses and with most people being low income earners are facing the greatest difficulty of sending PWD's to school let alone care for them.

Targets:

NADP aims to carry out the task of establishing a form of financing network, which is one of its long-term goals once it generates enough funds to do so. It will aim to assist parents and/or children of PWD's by offering scholarships to them.

### C. Training & Employment

Critical Issue:

Access to training and employment for PWD's in Papua New Guinea is 0: none or few measures has been taken. This is a result of unaffordable tuition fees as above, lack of awareness and technical knowledge from possible educators and/or employers on how to assist PWD's especially those who are a specially challenged in a teaching and/or working environments. The other part of the problem, comes back to PWD's themselves in that they lack the professionalism expected by training and/or employment institutions when approaching them.

Targets:

NADP will aim to establish a volunteer position for a person regardless of disabilities or not, whose role would be to approach training and/or employment institution for the possibility of having few PWD's integrated in their institutions.

## II) Transportation

### A. Transport Modes

Critical Issue:

Access to transportation in terms of modified and/or specialized vehicles with equipment is very poor and would therefore rate Papua New Guinea as 0: none or few measures has been taken. For example, most part of PNG is reachable by air transport only but access to and from the aircraft from the airport lounges is very difficult and often enough, PWD's are subjected to embarrassing situations which is violates the dignity of a person with disability. The problem is two-fold; one is lack of financial means as a consequence of various reasons such as education and employment. The other and most importantly, is the oversight by the Government and/or NGO's to collect data concerning PWD's.

### B. Road Network

Critical Issue:

Finance, physical geography and weather are primary reasons as to why there is poor road network in Papua New Guinea. This therefore rates as 0: none or few measures have been taken. Poor road network makes accessibility by PWD's to services

mentioned above very difficult. Recent road constructions are seen accessible to wheelchair users.

Target:

NADP once it becomes a member of DPI will use its discretion and along with the support of DPI member countries will therefore seek to raise this issue to the Government so that in the next National Census, inclusion of questions pertaining to the data concerning PWD's in the census questionnaire should be included.

### III) Children with Disabilities

Critical Issue:

Access to essential services by children with disabilities and their families rates as 1: slightly implemented. This is because of the societies view on responsibilities due to the Melanesian culture and traditions as well as Christian values, which encourages the care and well being of children with disabilities. Children with disabilities under the age of 6 are properly cared for; the problem arises when they reach the age of schooling, which is after 6 years when their problems are similar to other PWD's.

Target:

NADP will seek to rise more awareness for the availability of special education centers and their resources which is available to parents of children with disabilities and also it will seek to address the lack of specialized teaching professionals in special education centers and resources and more importantly in teacher training colleges as a degree program.

### IV) Women with disabilities

Critical Issue:

With regard to women with disabilities in PNG, the rating would be 0: none or few measures have been taken. Women in general, are normally faced with the Melanesian culture and tradition, which is a male-dominated in many aspects of social and economical situations. Women especially if they are disabled, are faced with the grim reality that they may not be allowed the opportunity to receive some form of education. No education means any means of earning an income. Statistics from the 1990 Census showed that only 49% of women in the population were literate. This poses the question of what about the other 59%? One of the main reasons then and even now is that women regardless of disability or not, remain at home and are seen as helpers by their parents for activities such as gardening, child rearing and house work. For that matter also, women when compared with men are worse off in their accessibility to health services.



Target:

NADP will seek to enforce with regard to the clause for equal participation of women in its and DPI's constitution. The biggest problem would be how to challenge and change the century-old cultural mentality of men as to this issue.

#### **IV) Sports & Recreation**

Critical Issue:

In Papua New Guinea, sports and recreation for PWD's would rate as 2: fairly implemented. This is due to the fact that PNG has a National Disabled Sports Association, which is assisted by the PNG Sports Commission and Federation.

Prior to the establishment of various organization for PWD's, Disabled sports was probably the only avenue of bringing PWD's together and allowing them to meet and know each other and subsequently creating a sense of unity, exchange past and current information pertaining to PWD's and establishing life-long contacts within the country and at international sporting events such as the FESPIC games.

Target:

NADP will now seek to push for more Government input in terms of finance for travelling athletes with disabilities to compete in national and international events and also to host them. NADP will also seek to address the issue of lack of avenues for allowing special types of facilities for different groups of people with disabilities to compete in.

#### **V). Independent Living**

Critical issue:

The rating for PNG in terms of people with disabilities living independently would be to be rated as 2: fairly implemented. This is because of firstly culture and traditions and Christian beliefs which encourages strong family ties and responsibilities within the society and resulting in PWD's to be supported by them for their needs and wants. The other reason is that - there are establishment such as Cheshire Homes, Homes for the Disabled and etc... that caters for PWD's.

Target:

NADP will seek to address the issue of maintenance and installation of specially adaptive devices to assist PWD's especially those who are specially challenged. Also it will try to address the need for more homes in the community with access to all

types of PWD's and most importantly push to prevent poor management; the down fall and subsequently mistrust by PWD's living in homes for the disables.

#### **VI) Attitudinal Barriers**

Critical Issue:

The rating for attitudinal barriers facing PWD's in PNG would be rated as 2: fairly implemented. Melanesian culture and tradition and Christian beliefs encourages people to be helpful and charitable towards those less fortunate than themselves. The public however, tend to over-emphasize the quality of being helpful and charitable to an extent were they assume the role of being someone who PWD's must always depend on. This infuriates and makes a PWD to become very dependent thus preventing him/her to full participation.

Target:

NADP will push for the print and digital media to present a "in-your-face" approach to awareness to the general public as to issues concerning PWD's in PNG and also to co-ordinate and organize public awareness throughout the country.

#### **V) Legislation**

Critical Issue:

Currently there is no legislation in the PNG constitution that caters and covers areas concerning PWD's. However a drafted constitution is currently underway following 2 years of research prior to its drafting. This legislation will then be passed on to the ministerial department of Social Welfare and Development to be presented to the National Executive Council by the Minister.

Another problem with this legislation is that it was draft by persons other than PWD's and therefore presence a lot of problems of omission, addition or alteration should there be a need in the future for it if the proposed draft is endorsed by the NEC.

Target:

NADP will seek to assist NBDP to push the drafted constitution in whatever capacity it can to firstly establish a legislation for PWD's in PNG. It hopes to be the primary voice with the help of NBDP to add, amend and omit clauses it perceives in the current drafted legislation to make it more effective and fully covers all aspects concerning PWD's.

#### **[2] Summary & Future Directions/ Basic Data on PWD in PNG**

## **[A] Evaluation of the decade**

### **[A-1] Significant Change in this decade**

Through National Board for the disabled persons (NBDP), programmes at rural areas been implemented by its affiliated/registered member organization working for the people with disability. The most significant changes for the life of PWD in Papua New Guinea would have to be the establishment of the National Assembly for Disabled Persons (NADP).

The establishment of NADP and awaiting its acceptance to the DPI World Council as a member, it would most likely become pro-active as any other self-help organization to bring about the issues faced by PWD's in Papua New Guinea.

### **[A-2] & [A-3] Three most undeveloped issues concerning PWD's**

The three most undeveloped issues concerning PWD's in Papua New Guinea are as follows:

- a) Legislation
- b) Transportation
- c) Training and Employment

### **[A-4] Three priority programs of regional co-operation for PWD's**

The three priority programs are:

- a) Communication & Networking

This will focus on establishing an open dialogue between NADP and similar organization abroad on issues affecting the effective running of these organization and where possible offer advice. It will also allow an avenue whereby an exchange program can be set up to allow PWD's who have the potential to be future leaders of disability movements to gain the local experiences of host organizations.

- b) Technical Assistance

This aims to allow the setting up of positions within and from member organizations on volunteering and through training by PWD's to provide technical assistance and/or advice where an organization lacks or needs it.

- c) Monitoring by Independent International Organization of PWD's

Its establishment would greatly counteract mismanagement issues regarding self-help organizations within the country and therefore allow the management to be transparent and more accountable as the chances of cover-ups will not be there.

### [B] Basic Data

According to the National Health Plan 2000-2010, it is estimated that 10% out of the PNG population of 5.2 million with the ratio of 2 males to 1 female are disabled persons. Practically speaking the Government and NGO's cannot collect exact figures largely due to geographical remoteness and lack of resources. However, from a small survey carried out in just part of the country, it is seen to be around 150,000 persons identified as being physically handicapped. These includes amputees, congenital absence of body parts, congenital deformity, paralysis, polio, cerebral palsy etc. 20,000 are mentally handicapped and this includes certain areas of Cerebral Palsy, mentally retarded as or result physical, psychological and/or substance abuse, aging etc..

The last major group, is the visually and hearing impaired whether total or partial amount to around 100,000 persons.

The main causes of disabilities in Papua New Guinea are:

1. Trauma
2. Accident
3. Diabetic
4. Tribal warfare
5. Gunshot
6. Poor delivery technique/handling of child at birth.
7. No availability of sophisticated appliances in rural areas to prevent disability.

### [B] Questionnaire

How many people in PNG are aware of the following;

1. Question: Asian and Pacific Decade of Disabled Persons 1993-2002?  
Answer: [ a. almost NONE]  
Does the Government inform the nation about the decade? [NO]
2. Question: UN's Declaration of Disabled Persons in 1975?  
Answer: [ a. almost NONE]
3. Question: International Year of Disabled Persons in 1981?  
Answer: [ b. less than 1%]
4. Question: UN's Decade of Disabled Persons 1983-1992?  
Answer: [ a. almost NONE]

**[3] BASIC INFORMATION OF PNG CONCERNING PEOPLE WITH DISABILITIES**

**A) National Organizations for People with Disabilities in Papua New Guinea:**

1. National Assembly of Disabled Persons (NADP).  
P.O. Box 3373, LAE, PNG. Phone: 473 2159/ Fax: 472 3868  
Email: nops @online.net.pg  
Contact person: Mr. John D. Nebare

2. National Board for Disabled Persons (NBDP).  
P.O. Box 353, WAIGANI, NCD, PNG.  
Phone: 3254087, Fax: 3250133

**B) Well-known people with disabilities as Good Model/Leader of People with Disabilities.**

1. Ben Theodore (Blind)  
Divisional of Police Head Quarter  
P.O. Box 607, Kokopo, Rabaul

2. Idah Dail (Amputee)  
C/- NOPS  
P.O. Box 457, LAE, PNG . Phone: 473 2159/ Fax: 472 3868

3. Benedict Hipom (paraplegic)  
PNG Stationery  
P.O. Box 759, LAE, PNG. Phone: 472 2005/ Fax: 472 3412

4. Kelly. J. Walpu (Polio)  
Fr. Antoine's Service for People with Disabilities  
P.O. Box 35, AITAPE, West Sepik. PNG.  
Phone: +(675) 857 2107 or 857 2221/Fax: +(675) 857 2207

5. Kathy Ketepa (Bilateral amputee)  
C/- Notre Dame High School  
P.O. Box 164, Mt. Hagen, W.H.P, PNG.

6. Iwakie Tumala (polio)  
Protect Security  
P.O. Box 288, LAE, PNG. Phone: (675) 472 3999/Fax: (675) 472 3137

**C) Future Leaders of PWD's in PNG:**

1. Adrian Winnie (Cerebral Palsy)  
P.O. Box 3666, LAE, PNG. Phone: (675) 472 7423/Fax: (675) 472 5614  
Email: awin\_e@hotmail.com
2. Tony Kevi (Paraplegic)  
P.O. Box 85, Buka, North Solomon Province, PNG. Phone: (675) 973 9602
3. Susuve Maiva (polio)  
Portion 119, Murua Settlement  
P.O. Box 35, Kerema, Gulf Province, PNG
4. Rex Larry (Polio)  
C/- NOPS  
P.O. Box 457, LAE, PNG. Phone: (675) 473 2159/ Fax (675) 4723868
5. Anna Hitovea (Blind)  
P.O. Box 6075, BOROKO, NCD, PNG
6. Lemok Tiriong (Deaf)  
P.O.Box: 457, Lae  
Sheltered workshop, NOPS  
PNG

D) Foreign Organizations doing significant co-operation for PNGeans people with disabilities.

1. Callan Services for the Disabled Persons  
P.O. Box 542, Wewak, East Sepik, PNG. Phone: 856 1081

E) Introduce experts on Disability Policy Study and Research in Papua New Guinea.

1. Rajesh Nanda  
National Orthotic and Prosthetic Services.  
P.O. Box 457, LAE, PNG. Phone: (675) 4732159/Fax: (675) 4723868/  
Email: nops @online.net.pg

# Singapore

## **RNN COUNTRY REPORT** **AT THE OSAKA FORUM IN OCT 2002** *(amended on 2 Oct 02)*

### **SECTION A – TO EVALUATE THE PROGRESSES OF THE DECADE IN SINGAPORE** **BY HANDICAPS WELFARE ASSOCIATION**

Since the UN Decade of Disabled Persons was launched in April 1993, Singapore has come a long way and much progress has been made in many areas; in economic, social and technological advances. Such progress has also benefited the Singapore NGOs as well as people with disabilities as a whole.

As NGO, we could see that the Singapore Government has played a more proactive and supportive role in uplifting the lives of people with disabilities and helping to integrate them into mainstream society. The Singapore Council of Social Service took on a new name, i.e. National Council of Social Service” with a new vision and mission, all with the aid of developing the social service sector to greater height

The social service system in Singapore is based on a “many helping hands” approach with the government moving away from direct service to a more facilitating and enabling role. Today, help for the disadvantaged and distressed is met by civic –minded individuals and organisations. The range of services today is largely provided by the voluntary sector with greater resource allocation from the government than in the past. The social service sector today reaches not only the vulnerable and needy who continue to remain a priority, but increasingly to those in mainstream society.

There has been a concerted effort taken to involve numerous NGOs in Singapore to come together to network, share experiences, pool resources and work together for the common good of people with disabilities. Initiated by both the government and NGOs, more such sharing sessions and joint working relationship are held. Most importantly, feedback and evaluation of services/programmes provided were critically assessed and evaluated for further improvements.

The entry of other organisations in the social service sector such as the Community Development Councils has somewhat changed the social landscape. The CDCs and other ethnic self-help groups are fast spreading their influence.

Unlike some countries, Singapore does not have a legislation for people with disabilities. Nevertheless, governmental support and other measures to facilitate the growth of a vibrant community and voluntary sector have sparked significant improvements in various areas. ; be they accessibility, transportation, education, employment, etc. The Handicaps Welfare Association, for instance, was often called upon by building professionals and building developers to conduct survey of buildings on accessibility. Though the Association is not the approving body, its comments have a weightage. This

clearly reflect the importance which the governmental authorities have demonstrated in wanting to see Singapore developed into a truly accessible place.

Ten years ago, there were very few disabled people (especially those using wheelchairs) who dared to venture out on Singapore streets. This was because most of the roads, buildings, housing estates, places of interest, etc were inaccessible. But over the years, things have changed and today, the people with disabilities could commute from one place to another quite easily. This is not to say that every place in Singapore is accessible but at least, the disabled who use wheelchair could travel to many places. All new public housing estates are now accessible and a wheelchair user can commute without any assistance. The existing Mass Rapid Transit system will be fully accessible by year 2005. The Singapore Government has allocated over S\$80 million dollars to retrofit all existing train stations to make them accessible to people on wheelchairs by providing lifts, ramps, etc.

Disabled who could drive using special hand-controlled gadget, are given special incentives to own a vehicle of their own. They do not have to pay for additional registration fee and certificate of entitlement fees which could save them, about \$40 to \$50 thousand dollars. Such incentives have helped many disabled to acquire their own vehicles and thus solve their commuting problem. Many disabled people are now able to find jobs in the open market because of their enhanced mobility.

In the area of education, the Singapore Government has ensured that disabled students are not deprived of an education by building accessible schools all over the Republic. For instance, because of mobility problem, students residing in the eastern part of the island would have a school suitable for them in the vicinity. In the past, most schools were rather inaccessible and if there were, these are few and far. As a result, many disabled children have to forgo their education, especially if they belong to families in the lower income group. All these improvement in accessibility was largely due to the revisions of the "Code on Barrier-Free Accessibility in Buildings." in 1995 and again in 2002. The Handicaps Welfare Association has worked closely with the Building Control Authority and the Singapore Institute of Architects on the two revisions to the Code Book.

To encourage building professionals and developers to be more "accessibility-minded, the Handicaps Welfare Association and Singapore Institute of Architects have periodically organised formal events to recognise the best handicapped friendly buildings in Singapore. The publicity generated on the award helped to instill not only a greater awareness on the need for accessibility features but also provide role models for other building professionals/developers to emulate.

NGOs, such as HWA, have focused to empower people with disabilities with the essential skills and physical capabilities to contribute their part to the society. We provided bursaries and scholarships to deserving disabled people to pursue higher education. Those already employed are encouraged to pursue life-long learning in order to remain employable for life. Prizes were awarded to those who took up the challenges as an incentive and a model for others to emulate.

Our Association is now working with the National Council of Social Service to revise the Access booklet. The Access booklet provides details of buildings, places of interest, hotels, etc which are accessible to people with disabilities. It is especially useful to



foreign disabled tourists who may want to have instant information on accessible places in Singapore.

In Singapore, many new rehabilitation centres have sprung up all over the island over the past decade. Disabled people, including the frail elderly, are able to gain access to such centres located within a short distance from their residences. Such rehabilitation centres are operated and managed by government hospitals, VVOs and private organisations. The Handicaps Welfare Association provides rehabilitation services to its disabled members as well as the community at large and the fees are highly subsidized to make it affordable for all. We believe that someone with a disability should undergo periodic rehab service to improve or at least, maintain their bodily and limb movements. Ten years ago, there was a lack of rehab facilities in Singapore and many disabled are deprived of such services.

As Singapore advanced into the technological age, more and more NGOs are encouraging people with disabilities to use assistive devices in their activities of daily living as well as learning tools to improve their skills and employability. HWA has worked closely with the Infocomm Development Authority of Singapore, various polytechnics and institutions of higher learning, to open up infinite opportunities and empowerment to people with disabilities to the world of information technology. The rapid advances in technology has and will impact on information sharing and service delivery in social services.

#### **SECTION B – TO IDENTIFY THE ISSUES AND PROBLEMS OF SINGAPORE FOR THE FULL PARTICIPATION AND EQUALITY OF PEOPLE WITH DISABILITY**

B1. As a VVO serving people with physical disabilities, we would like to see the transportation system fully accessible to us. Though the train system is accessible, the public buses are not accessible. A disabled on wheelchair who alights at a train system would still have difficulty commuting to his home. Travelling by taxis is the next possible option but they are not only beyond the means of many disabled but also unreliable. Train and public buses operate on fixed schedule route at specific timing and are definitely a better choice.

B2. There is still some prejudice in Singapore with regard to the employment of people with disabilities. Employers tend to prefer non-disabled over disabled applicants, given everything being equal. Employers also are not prepared to provide special facilities for the disabled workers.

B3. There will be more educated disabled Singaporeans and this will mean some implications on social services. The services provided will have to be continuously upgraded to meet the needs for higher standards of professionalism. Increasingly, there will be public concern about the use of funds donated to social service. There are already signs of donor fatigue. There is therefore a need to build stronger funder-funded or donor-agency relationships.

B4. As an organisation run by the disabled themselves, the Handicaps Welfare Association has to look beyond its immediate leadership by bringing in new blood into the management committee. Otherwise, the progress of the Association may be impeded and services provided may stagnate or deteriorate.

## **SECTION C – BASIC INFORMATION OF SINGAPORE CONCERNING PWDs**

- (a) Handicaps Welfare Association  
16 Whampoa Drive, Singapore 327725  
Tel. (65) 62543006, Fax (65) 62537375  
E-mail: [HWA@HWA.org.sg](mailto:HWA@HWA.org.sg)  
Contact Person: Executive Director
- (b) National Council of Social Service  
NCSS Centre  
Ulu Pandan Community Building  
170 Ghim Moh Road, Singapore 279621  
Tel. 62102500, Fax 64681012  
Contact person: Chief Executive Officer
- (c) Singapore Association for the Deaf  
227 Mountbatten Road, Singapore 397998  
Tel; 73449284, Fax: 63457706  
Contact Person: Executive Director
- (d) Movement for the Intellectually Disabled of Singapore  
800 Margaret Drive, Singapore 149310  
Tel: 64795655, Fax: 64790706  
Contact Person: Executive Director
- (e) Singapore Assn of the Visually Handicapped  
47 Toa Payoh Rise, Singapore 298104  
Tel: 62514331, Fax 62537191  
Contact Person: Executive Director
- (f) Spastics Children's Assn of Singapore  
25 Gilstead Road, Singapore 309070  
Tel 62560831, Fax 62504177  
Contact Person: Executive Director

## **SECTION D – BASIC DATA**

- 1 Number of PWDs in Singapore – There has not been any survey conducted in the past decade on the number of PWDs in Singapore. We can only make an estimate based on likely percentage versus the total population of Singapore.
2. How many people in Singapore do you guess to be aware of the followings:
  - a) A/P Decade of Disabled Persons 93-2002: less than 1%
  - b) Does your government informed the nation about the decade: yes
  - c) UN's Declaration of Disabled Person in 1975: almost none
  - d) International year of Disabled Person in 1981: less than 1%
  - e) UN's decade of Disabled persons 1983-1992: less than 1%

# Sri Lanka

## RNN Country Report.

### **4-point assessment scale:**

- 0: no or few measures have been taken,
- 1: slightly implemented,
- 2: fairly implemented,
- 3: fully or nearly fully implemented.

### **Equalization of opportunities.**

Assessment level 1: slightly implemented.

The government has introduced a policy of in every workforce, 3% of the employees must be people with disabilities. Although all major companies have been made aware of this the policy is not enforced and as a result it is largely ignored.

The building of separate schools for children with special needs was stopped over 20 years ago. The Ministry of Education hopes to build special units into all schools so children with special needs can be integrated into mainstream education with the help of specially trained teachers (also underway). As yet accessibility to the majority of schools is restricted to those without mobility problems. This could be rectified fairly simply in most rural schools but may be more difficult in inner-city areas.

Transport is often difficult to and from schools for children with various disabilities. So far little has been done about this.

### **Inclusion of Disabled Persons in the Development Process.**

Assessment level 2: Fairly implemented.

A number of Income Generating Projects have been initiated and are being run by both the government and Non-Governmental Organizations. Within the next decade it is hoped that all schools are equipped and staff are properly trained to teach children with visual and hearing impairments along with non disabled children. Further progress is being made. Attempts are being made to include people with disabilities in mainstream vocational training centers.

## **Summary and Future Directions and Basic Data of People with Disabilities in Sri Lanka.**

### **a1 Three significant changes in the lives of People With Disabilities in Sri Lanka over the Asia and Pacific Decade of Disabled Persons are:**

Vocational Training and The Introduction of Income Generating Schemes by the Department of Social Services. These measures are attempting to give people with disabilities the means to support themselves. At the moment there are 5 institutions run by the government with 750 trainees at any one time although the projects are not yet market oriented. The Vocational Training Authority are in the process of developing a network of training centers at district level and in rural areas. In keeping with the concepts of 'equal participation and full participation' and of inclusion attempts being made to include people with disabilities in mainstream vocational training centers.

A policy of inclusion and recognition has now been introduced empowering people with disabilities further and local organizations have established firm links with international partner organizations.

### **a2. The three most undeveloped issues concerning people with disabilities compared with people without disabilities in Sri Lanka are:**

#### **Education.**

Children and young people with disabilities feel that they are discouraged from going to school. Those that do attend are often discriminated against by both teachers and their peers and as a result do not learn. Some teachers assume that people with disabilities are unable to learn so a self-fulfilling prophecy comes into operation as the children themselves come to believe that they cannot learn.

Under current guidelines, teachers' abilities are assessed on the basis of the academic results of their students. This tends to lead to a reluctance to take children with special needs into their classes, as they do not tend to receive high results, pulling down the overall figures. To counteract this it has been suggested that teachers should be rewarded for teaching children with special needs regardless of their academic results.

In the past an initiative to set up separate schools for children with special needs was in operation but this was terminated two decades ago in the hopes of introducing special units into mainstream schools and integrating all children.

A training scheme has been set up for teachers to work in these units but so far most of these trained go into mainstream schools and departments.

The discrimination, accessibility and transport factors lead to a high level of students dropping out of school before completing their education.

#### **Accessibility.**

The Government of Sri Lanka has no formal policy on accessibility to buildings for those who have mobility problems. Only three buildings in Colombo have been specifically designed to be wheelchair-friendly and only one of these has a lift. This is despite the fact that out of the disabled population 13.5% have mobility problems. The group most accepted and given the most help,

particularly in the workplace is the visually impaired (4.7% of the whole) although transport facilities are equally inaccessible to all people with disabilities. There are no signs indicating directions or places of interest available in Braille.

#### **Government Policies.**

In Sri Lanka there is no explicit national policy, either on disability or for the rehabilitation of those with disabilities. The public is not made aware of new policies put into operation and there is very little publication of information. Access to information is very limited to those with sight or hearing problems.

#### **a3. Three priority measures the government should take for people with disabilities are:**

Special Units for children with disabilities should be included in all schools and to work in these a greater number of teachers should be specially trained (ideally a ratio of 1:4 teachers: students). All teachers should receive training in sign language. Courses and curricula should be further updated and accessible to all.

The government should, with consultation with members of the disabled community, draw up and put into practice, a number of policies on increased access to public buildings for all people with disabilities.

Community Based Rehabilitation programmes is being developed both by the government, and a number of Non Governmental Organizations. Community responsibility is taken for these within the villages but unfortunately many Community Rehabilitation Committees fail due to inadequate attention being paid to the initial step of social mobilization.

#### **a4. Three priority programmes of regional co-operation for people with disabilities in Sri Lanka are:**

Fourteen small organizations in Sri Lanka have come together to form a Federation with the principal aim of lobbying the government for their rights and the rights of all disabled people.

Community Based Rehabilitation programmes brought into action rely heavily on the participation of all community members. The leaders of the organizations are working towards increasing positive attitudes and acceptance of individuals with disabilities within their own communities, before expanding to a wider area and circle of acceptance.

An objective shared by many communities is an increase in accessibility levels to public buildings and particularly to schools. While many improvements are being made to schoolchildren with disabilities, accessibility both to the schools and once inside to bathrooms, classrooms etc is often limited. Many mobility-impaired children also find difficulties in travelling to and from their schools.

## Part B Basic Data.

### B1

In Sri Lanka the Ministry of Social Services has used the data obtained from ongoing programmes and estimates that between 4 and 5% of the population as a whole have some kind of disability. The government has no official policy on disability and rehabilitation but sectional policies attempt to keep up with international developments.

Information gathered by Dr. Padmani Mendis on the prevalence of the different types of disabilities among children (looking at 193 children) has come up with the figures shown below. As no official data is available for the prevalence among the whole population these results can be generalized to give an estimate.

Type of Disability	No. of children	As % of group
Mobility	26	13.5
Hearing	26	13.5
Speech	15	7.8
Sight	9	4.7
Learning	13	6.7
Fits	9	4.7
Different Behaviour	14	7.2
Other Disabilities	24	12.4
2 disabilities	40	21.0
3 disabilities	9	4.7
More than 3 disabilities.	8	4.1
Total	193	100%

The causes of the disabilities in Sri Lanka are varied but conflict related disabilities seem disproportionately high. These come from landmines, attacks on border villages, fighting or being caught in the crossfire during fighting and, in areas such as Colombo, injuries from the explosions detonated by suicide bombers.

Further causes include problems at birth or prior to birth, especially among older women or those suffering from poor health or malnutrition combined with an overstretched Health Service. Poor health and malnutrition in children can cause disabilities as they get older.

Another factor is Polio although the government has now taken steps to eliminate the problem leading to a negligible number of (occurrence) Polio victims.

Studies have given the figures of disabilities between the genders, as 2.1% of the population as a whole are females with disabilities while 2.9% are males with disabilities.

The Ministry of Social Services conducted a study into the number of children with disabilities of

school going age and found that out of 6010 children in 76 Divisional Secretary Divisions over half (3015 children, 50.1% of the whole) do not go to school. The figures are even higher among pre-school children. Out of 1425 children with disabilities of pre-school age, 909 (63.7%) do not attend a pre-school. This could be due to poor attitudes of teachers and other pupils, poor access to, and a lack of transport to and from schools. Most specially trained teachers do not go on to work in the special units of schools.

No concrete information could be found studying literacy levels but among people with disabilities they tend to be lower than the norm due to a lower level of school attendance.

Steps are being taken to increase employment figures among people with disabilities including a circular instructing Public Enterprises and Departments to recruit people with disabilities as 3% of the total recruitment. A number of vocational training centers have been started and both the government and Provincial Councils offer self employment aid to persons with disabilities and donate wheel-chairs, hearing aids and spectacles etc to help people with disabilities engage in employment.

B2

No official surveys have been done into the levels of awareness of the following issues in Sri Lanka. All statistics are estimates gathered from extensive experience of working in the disabled community.

1. The proportion of people aware of the Asia and Pacific Decade of Disabled Persons 1993-2002 is estimated as only around 10% of the disabled community, almost none of the population as a whole. The government has not publicized information about the decade to the nation and within the disabled community only the most prominent people are aware of it.
2. A greater number of people are aware of the United Nations Declaration of Disabled Persons in 1975. The figure can be placed at around 10% of the population as a whole.
3. Around 50% of the population know about the International Year of Disabled Persons in 1981.
4. Only 8% of the population as a whole are aware of the United Nations Decade of Disabled Persons, 1983-1992.

### **Basic Information concerning People with Disabilities**

A national organization of people with disabilities is the Disability Organizations Joint Front who can be contacted at

16/1 Galle Road, Mount Lavinia, Sri Lanka.

Telephone (941) 730984

Email [dojf@diamind.lanka.net](mailto:dojf@diamind.lanka.net)

One future leader of People with Disabilities in Sri Lanka is Miss. Anoja Sandanayake, Treasurer at AKASA who can be found at:

Pahalagoma Road, Kongollewa, Talawa

Tel: 025 57586

E-mail [akasa7@slthet.lk](mailto:akasa7@slthet.lk)

One foreign Organization doing particular co-operation programmes in the field of disability in Sri Lanka is SHIA, a Swedish organization.

SHIA

16/1 Galle Road, Mount Lavinia, Sri Lanka.

Telephone 737341

Email [shia@sri.lanka.net](mailto:shia@sri.lanka.net)

An expert on disability policy, study and research is Dr. Padmani Mendis

17 Swarna Road, Colombo 6

Telephone 587853

Email [mendis@panlanka.net](mailto:mendis@panlanka.net)



# Taiwan

## RNN Country Report

### **I. To evaluate the progresses of the Decade in Taiwan by non-governmental organizations (NGOs)**

One of the government's key policies is to combine the non-governmental resources with NGOs. This is also the momentum to completely implement and spread the welfare system. NGOs (especially the welfare organizations for people with disabled) all participate in the decisions.

#### **Contributions:**

1. Enactment of Disabled Citizen Welfare Law in 1980 and the amendment of the Physically and Mentally Disabled Citizen Protection Law in 1997.
2. Welfare organizations gaining in number from 67 in 1993 to more than 200 in 2002.
3. Assistance to training staff; home and community services; reinforcement of community caring system; providing families with support.
4. Inspection on accessibility of barrier-free facilities.
5. Protection for education rights.
6. Vocational training.
7. Subsidies to 547 welfare organizations and all kinds of recreational activities.

### **II. To identify the issues and problems in Taiwan for the Full Participation and Equality of NGOs and GOs**

The following are the problems encountered:

1. Lack of public accessibility of barrier-free facilities; imbalanced construction of accessibility of barrier-free facilities routes between urban and the rural area.
2. Employers' low acceptance to disabled citizens (specifically those who have difficulties listening and speaking).
3. Lack of handicapped-aid equipment service so made the insufficient opportunities and rights for the people with disabled. For instance, physically disabled citizens are equipped with wheelchairs or automatic wheelchairs, however, because of the lack of accessible public transportation facilities, incomplete accessible routes in the cities, and lack of promotion to newly invented handicapped-aid equipment device, they face more difficulties participating in civil life and searching for a job, leading to unemployment.

### **III. Proposing future action plan for the regional cooperation as post-Decade Actions of both NGOs and GOs**

The Post- decade action plan can be planned within the Asia-Pacific region by the following:

1. Predicting the average age of mentally disabled people and studying the aging problems they are facing.
2. Establishing an Internet database: this can enable the disabled to effectively keep up with the latest information about the import and use of handicapped- aid equipment devise.
3. Reinforce the study of the ways to deal with the occurrence of disabilities.
4. Exchanging experience on building accessible environments (including transportation, accessible households and handicapped- aid equipment service) and promoting further cooperation.
5. Encouraging disabled people's social participation (interaction among international welfare groups with PWD).
6. Encouraging disabled people to live independently (including career guidance, evaluation of career consultation and stability of employment).

**[A] Evaluate the Decade by the “107 Targets” of the “Agenda for Action” with a 4-point assessment scale.**

- 1 In order to assist disabled citizens, we have set up “Principles for physically and mentally disabled citizen's career transition service” and “Principles for physically and mentally disabled citizens' handicapped- aid equipment service,” and amended regulations concerning disabled citizens' equal participation opportunities, for example, less-restricted qualifications to examinations, amendment of architecture regulations.

Therefore, we have self-evaluated that our assessment scale is on Grading: between 1 and 2.

**[B] Describing the summary & future directions and Basic Data**

**(a-1) . The three most significant changes for the life of PWDs in our country over the A/P decade**

- (1) Law protects disabled citizens' rights and they live with dignity and happiness.
- (2) Disable citizens' right to receive education (special education) has expanded from the age of three. We have established an early-stage informing system and provide early treatment service for retarded children.
- (3) Vast increase in employment for disabled citizens.

**(a-2) The three most undeveloped issues concerning our PWDs compare with non-disabled people in our country**

- (1) Reinforce the accessible facilities for people with disabled
- (2) Enhance varieties of employment for disabled citizens; finding more careers that suit disabled citizens' needs to be worked on.
- (3) Civil participation for the disabled should be created more.

**(a-3) The three priority measures which we consider should be improved upon or reinforced by the government**

- (1) Improving the environment
- (2) Increasing the education level
- (3) Creating working opportunities

**(a-4) The three priority programs of regional cooperation for our PWDs**

- (1) Exchanging experience on building accessible environments (including transportation, accessible households and handicapped- aid equipment devise) and promoting further cooperation
- (2) Encouraging disabled people's civil participation (interaction between international welfare groups for PWD)
- (3) Encouraging disabled people to live independently (including career guidance, evaluation of career consultation and stability of employment).

**B. Basic data**

**(b-1). Describe disabled citizens' overall conditions in accordance with types of disability, sex, education, employment rates and illiteracy rates.**

**1. Sex:**

Respectively  
the  
Statistics,  
Interior in

Year	1993	2001
Male	166,307 (64.2%)	448,724 (59.5%)
Female	92,590 (35.8%)	305,360 (40.5%)
Total (people)	263,557	754,084

according to  
Department of  
Ministry of the  
1995 and 2002.

**2. Education and illiteracy rates:**

Year	1993	2000
Over age of 6, illiterate or uneducated	29.1%	23.7%
Elementary school	27.1%	31.5%
Junior high school	18.3%	16.0%
Senior high school or vocational school	14.7%	16.2%
University	8.9%	7.7%

Respectively according to the Department of Statistics, Ministry of the Interior in 1995 and 2001.

### 3. Employment rates

Year	1993	2001
Employment rate	26.3%	19.05%
Unemployment rate	5%	5.04%
Non-labor population	68.7%	75.91%

#### (b-2)The public awareness

##### 1. A/P Decade of Disabled Persons 1993-2002

###### c. Approximately 25% \*

\*The approximate percentage is including the effect of the book of “The welfare of the disabled and family & social work”, published by Wu-Nan Press, Taipei, Taiwan, January 1998, P.470-472

##### Does your government inform the nation about the decade?

###### a. Yes

##### 2. UN’s Declaration of Disabled Person in 1975?

###### c. Approximately 60%\*

\*The approximate percentage is including the effect of the publication of ‘The RI declaration’, ‘The Equal Opportunity of the disability’ and ‘The World Programme of Asian’ were published by the Department of Social Affairs, Ministry of the Interior, 1987

##### 3. International Year of Disabled Person in 1981?

###### c. Approximately 80%\*

1. Because of the publication of stamps as well as governmental and non-governmental promotion.
2. In order to respond to the UN’s call for international disabled people’s day starting from December 3rd 1992, each year there are a series of celebration activities arranged by the government and non-governmental business. For example, the theme of 2002’s activity is to pursue the goal of “equal opportunity and full participation”

##### 4. UN’s Decade of Disabled Persons 1983-1992?

###### C. Approximately 60% \*

\*The approximate percentage is including the effects:

1. The book of ‘The welfare of the disabled and family & social work’, published by Wu-Nan Press, Taipei, Taiwan, January 1998 , P.683-684
2. The publication of ‘The RI declaration’, ‘The Equal Opportunity of the disability’ and ‘The World Programme of Asian’ were published by the Department of Social Affairs, Ministry of

[C] Information provision

● Information of national NGOs for PWDs in Taiwan

Taiwan Disability Group List	電話
Eden Social Welfare Foundation	8862 2230-7715
Syin-Lu Social Welfare Foundation	8862 2592-9778
Children hearing Foundation	8862 2827-4500
Taiwan Creation Social Welfare Foundation	8862 2396-7777
The NWL Foundation for the Hearing Impaired	N/A
Taiwan Foundation for autistic Children's and Adults in Taiwan	8862 2832-5286
Cultural and Education Foundation for the Blind	8862 2738-3303
Chinese Cultural and Education for the Blind Association	8862 2738-3303
Chinese Deaf Association	8864 729-7760
Taiwan Disability-Free Environment Promotional Association	8867 2411-100
Chinese Disability-Free Environment Tech Development Association	8862 2629-3332
Autism Society of Taiwan	8862 2592-6928
Chinese Blind for Numerology Research Association	8863 524-2394
Taiwan New Bo Do arts Association	8862 2558-1081
Chinese Imperforate Anus Association	886- 937332617
Chinese Development early children Association	8863 857-4362
Chinese Disability Association	8867 763-9380
Chinese Navigator Association	8862 2935-1516
Disability-Free Environment Cultural and Education Foundation	N/A
Chinese Blinder Association	N/A
Chinese Learning Disability Association	8864 350-5899
Chinese Taipei Sport Organization for the Disabled	8864 2597-4352
Chinese Disability entrmanet Association	8862 2383-2999
Chinese Disability Occupation Skill Association	8862 2736-2536
Taiwan Epilepsy Association	N/A
Chinese blind social welfare Association	8862 2599-1234
Chinese Thereof Social Welfare Association	N/A
Parent- Subnormal of Federation	8862 2701-7271

Federation the Spinal Cord Injured	8862 2250-1968
Chinese Deaf-and-Dumb resource Association	8864 874-3702
Chinese Disability Service Association	8862 2389-0910
International Very Special Art Association of Taiwan Federation	8862 2522-3152
Chinese Kidney Association	8863 319-6024
Chinese Hone-En Disability Association	8862 2761-9107
Chinese Disability Public Independence Social Welfare Association	8862 2747-1225
Chinese Blind Federation	8862 2522-1599
Chinese Cripple Disability Federation	8864 776- 0430
Taiwan Muscular Dystrophy Association	8867 380-0566
Chinese Amputee Teenager counseling Association	8862 2389-4832
Chinese blind Arc-Chiropractic Promotion Association	8862 2542-2055
Chinese Recondition Disability Association	8862 27363633
Taiwan Ontogenesis in Perfect a Foundation	8862 2522-4036
Chinese Disability Self-Improve of Association	8864 529-6739
Chinese Non-Faunal and Recover Association	8862 2873-9929
Chinese Woo-yen Association	8862 2708-5595
Chinese Eu-Ming blind Association	8867 373-1587
Chinese Sheng- huan Association	8864 531-2684

- **Describing the well-known persons / the future leaders of PWDs among Taiwan as a good model or leader of PWDs**

#### **1. Ms Shu-chen Wu**

Ms Wu is the first lady of the Republic of China. She regularly takes part in charity and even contributes to diplomacy. She loves life, values human rights, and is both the model and the leader of disabled citizens.

#### **2. Ms Liu Hsia**

Ms. Liu established the Eden Social Welfare Foundation in order to take care of children with growth defects, rebuild the confidence of those who became handicapped at middle age and providing services for disabled senior citizens. She was concerned about the people who are in need of help, so she set up 43 service points in 15 counties in Taiwan. By establishing the branch foundation overseas, she further introduced her experience to both Penang and Kuala Lumpur in Malaysia and actively participated in international welfare services and conferences. She also donated wheelchairs to Afghanistan, Cambodia, Mozambique, Jordan, and Vietnam etc where people became handicapped from landmines. Ms. Liu is the model of a brave woman who respects human rights and enjoys life.

- **Introducing the foreign organizations who are doing significant cooperation programs in the field of disability in Taiwan**

1 There are a series of activities held by the government and private businesses for the purpose

of celebrating the UN's international disabled people's day on December 3rd each year.

2. The New Zealand Guide Dog Training Center assists with promotion and training of guide dogs.
3. We generated a "human resource interchange plan" with the Japan Interchange Association.
4. The Eden Social Welfare Foundation as the formal member of the International Campaign to Ban Landmine (ICBL) to promote the campaign to ban landmine in Taiwan
5. The Dandelion Foundation hosted an Asia-Pacific international music festival in 1991.

● **Introducing experts of disability policy, study and research in Taiwan**

**1. Professor Guo-yu Wang**

Graduate Institute of Social Welfare, National Chung Cheng University

Contact address: No 160, Min-Hsiung Village, Chia-yi County, Taiwan, R.O.C.

**2. Professor Yue-ching Chou**

Graduate Institute of Social Work, Soochow University

Contact Address: No 70 Linshi St. Taipei, Taiwan

**3. Professor Yu-wei Wan**

Graduate Institute of Social Work, Tzu Chi University

Contact Address: No 701, Chung Yan Road, Sec 3, Hualien, Taiwan

# Thailand

## Country Report of Thailand The Implementation of the Agenda Action

### Disability statistics

Although a number of statistical studies and surveys of people with disabilities had been conducted in the past, the classification of disability adopted in these exercises is limited and also tended to be medically oriented. Hence, it remains questionable whether the samples collected represent the real overall picture of disabled people in Thailand.

In 1991, together with the Ministry of Public Health, the National Statistical Office conducted another survey of people with disabilities in the country. In this survey, there were two classifications for disability, one as a medical condition and the other as a social one.

The first classified disability for treatment and rehabilitation purposes, while the second perceived disability as physical and psychological abnormalities that may be a burden or problem for society.

The survey reported that there were about 1.1 million people with disabilities in Thailand, or around 1.8 per cent of the then total population of 57 million. Out of this figure, 1.1 per cent were male and 0.7 per cent were female.

In terms of distribution, the survey showed that the majority of people with disabilities, some 38.6 per cent, resided in the northeast followed by the north, with 23.5 per cent. As these regions are considered to be the two poorest areas in Thailand, it is assumed that there is a certain correlation between poverty and disability.

In addition, it was observed that there were fewer people with disabilities in the municipal or urban areas than in the non-municipal or rural areas. In the municipal areas, there were 1.2 per cent of people with disabilities compared with 2 per cent in the rural areas.



On the various types of disability, the survey ranked the following starting with the most common:

- a. Mobility impairment at 19.6 per cent;
- b. Hearing impairment at 13.2 per cent;
- c. Intellectual impairment at 10 per cent;
- d. Speech impairment at 5.4 per cent;
- e. Visual impairment at 1.9 per cent.

In terms of age groups, most people with disabilities were aged 60 and above, followed by teenagers and adolescents, with most of their conditions assumed to be resulting from traffic accidents. In addition, the survey found that 64.9 per cent or 713,000 people with disabilities were of working age.

#### National Coordination

The 1991 Rehabilitation of Disabled Persons Act stated that Thailand should set up a National Committee for the Rehabilitation of Disabled Persons to be headed by the Minister of Labour and Social Welfare.

A National Committee for Rehabilitation of Disabled Persons has been established with representation at the policy making level, concerned ministries, NGOs and persons with disabilities are members of this committee.

The Provincial Committee for the Rehabilitation of Disabled Persons was set up in every province in 1999. The provincial committee is required to have four persons with disabilities as a member of promoting the disability issues in each provinces to achieve the objectives in national, regional and international levels.

The Eight National Economic and Social Development Plan (1997 – 2001) is the first national development plan to incorporate specific strategies for developing persons with disabilities. In addition, under the plan, the private sector is encouraged to provide occupational rehabilitation for person with disabilities.

## **Legislation**

The first Thai law specifically dealing with persons with disabilities is the Rehabilitation for Disabled Persons Act BE. 2534 (1991), this landmark Act was the result of a co-operative effort involving the government, the private sector, academic, and organizations of persons with disabilities and served as a starting point for persons with disabilities in their quest for greater participation and equality.

Under the Act, people with disabilities have rights to the following services: medical, educational and occupational rehabilitation, job placement and community support. However, disabled persons who wish to receive such services have to register.

The Workmen's Compensation Act. enacted in 1994, this Act provides protection for employees disabled at work so that they receive compensation for medical expenses, prosthetic devices and equipment, and physical and mental rehabilitation. In addition, under this Act, special occupational rehabilitation is also provided at the Industrial Rehabilitation Centre in Bangpoon, Pathum Thani Province. The act also promotes the issue of better safety and health at work places.

The Declaration on the Rights of Thailand Persons with Disabilities approved and signed by His Excellency the former Prime Minister of Thailand, on 3 December 1998, on the occasion of the 50<sup>th</sup> Anniversary of the Universal Declaration of Human Rights, this Declaration is a pledge made by the people of Thailand to persons with disabilities and is today used as a reference in the provision of services for the disabled.

The new constitution of Thailand 1997, Provided clearly that "state should prepare the accessibility and other welfare for PWD. And also provided that discrimination against race, religious, gender and physically condition can not be done"

The New reformation of Education Law 1999 provided that "state should manage free basic education for 12 years, and special expenses in educational media, services, accessibility and other welfare for disabled students. This was proclaaaimed as the Ministerial Regulation this year.

## **Public awareness**

The Committee for Rehabilitation of Disabled Persons support NGOs and self – help organizations of disabled persons in arranging the parent and family education programmes aimed at sensitizing parents and other family members to the needs of disabled members, their right to a full and meaningful life, and their right of equal access to mainstream sutoral programmes.

Many organizations both government and non-government recognized the right of PWD and has more acceptable. The Civil Official Committee gave the scholarship for PWD to study aboard, the Thai International Airline reduce 50 % the price of domestic flight to PWD. The Sport Authority of Thailand will organize the Sport for PWD immediately follow the National Sport Contest of non-disabled person. Etc.

### **Accessibility**

The Government of Thailand is well aware of the difficulties faced by people with disabilities when travelling to schools, workplaces or for social activities.

The announcement of a Ministerial Regulation on Accessibility for Persons with Disabilities on 3 December 1999, the International Day of Disabled Persons. This regulation stipulates that all public facilities, including building, transportation and other services must be made accessible for persons with disabilities.

In addition, the Committee for the Rehabilitation of Disabled Persons and self-help organizations of disabled persons are advocating together to ensure the access of disabled persons to the public transportation systems to be built in Thailand.

The other ministerial Regulation of the Law Control of Building Construction is in the process to include the accessibility of PWD in it.

Bangkok Metropolitan Autonomous start modify many road and footpath including some new park to be access. JICA office, ESCAP, and FAO office has modified the building to be access by PWD. Some television program has an interpreter of sign language at the corner of the screen for the deaf can access the news.

## Education

According to the Act, people with disabilities are entitled to receive an education from pre-school to university levels.

In Thailand, the school system for disabled persons are divided into special schools for disabled persons (most are boarding schools) with a curriculum similar to general mainstream schools; mainstream schools where people with disabilities have the right to participate at all levels, up to tertiary level; and the non-formal education system in which there is no age limit on participants and whose classes can be initiated by volunteers.

Moreover, there are also classes in hospital for children with disabilities in chronic conditions. The country has also set up the following special education schools:

- a. Thirteen for children with hearing disabilities,
- b. Eight for blind and low-vision children,
- c. Eight for children with intellectual disabilities,
- d. Two for children with physical disabilities,
- e. Six for children with hearing disabilities and intellectual disabilities –separated into different special classes,
- f. Five for children with visual disabilities, hearing disabilities and intellectual disabilities – separated into special classes,
- g. Ten special classes in hospitals or residential homes or foundation,

In 1999, the Government proclaimed to be the “Year of Education for Persons with Disabilities”. As part of the country’s national policy, signs reading “Any disabled person who wishes to go to school, can do so,” have been posted in front of every school in the country.

## Training and Employment

To better prepare persons with disabilities for employment, special vocational training has been provided. The first vocational rehabilitation centre for persons with disabilities was established in 1968, with eight centres now in operation. Operated by the Department of Public Welfare, Ministry of Labour and Social Welfare, these centres can cater for 800 persons with disabilities annually. They provide training in various occupations, self-management, and social skills. Those who have not attended school before are also provided with general education from teachers from non-formal education centres in the area.

Persons with disabilities have the right to apply for work without discrimination. This policy is one that has been approved by Cabinet, who has required all government agencies and enterprises to take in persons with disabilities to work to ensure equality.

In 1994, the Ministry of Labour and Social Welfare also issued a ministerial regulation on employment of persons with disabilities, in accordance with the Rehabilitation for Persons with Disabilities Act B.E. 2534 (1991): This regulation requires an enterprise with over 200 employees to hire one person with disabilities who has the ability to work in any position per every 200 employees.

Any business not wishing to do so will have to make an annual financial contribution to the Fund for the Rehabilitation for Persons with Disabilities. Meanwhile, employers hiring persons with disabilities can deduct double the actual cost of hiring for tax purposes. Under this scheme, there are at the moment, 5,968 persons with disabilities employed in businesses throughout the country.

Employers themselves are now more understanding and more ready to provide support for persons with disabilities. To provide further encouragement to such practices, each year on 3 December, the International Day of Disabled Persons, businesses employing persons with disabilities are presented with a plaque by the Prime Minister in recognition of their contribution. This practice started in 1997.

In case persons with disabilities do not wish to work in business enterprises or government agencies, they can apply for long-term interest-free loans with the Rehabilitation for Persons with Disabilities Fund so they can start their own self-employment projects. This fund was established in accordance with the Rehabilitation for Persons with Disabilities Act B.E. 2534 (1991), with the objective of providing loans for persons with disabilities and to support various related agencies. The Government has allocated a budget of 25 million baht for its establishment in 1993 and has allocated a budget of 20-30 million baht for the Fund every year since. In addition to this, the fund also earns interest from donations and contributions from businesses. So far the fund has extended 16,137 loans worth a total of 313,000,000 baht to persons with disabilities to start their own agricultural or commercial projects.

The government have announced the year 2002 to be the “Year of Occupational Promotion for Persons with Disabilities”. As persons with disabilities now enjoying a higher standard of living than

ever before, with increased access to medical and rehabilitation services, public facilities and education, they are now also better equipped to work.

### **Prevention of the causes of disability and rehabilitation services**

The Ministry of Public Health has set up 13 kinds of medical rehabilitation services for people with disabilities. These services include diagnostic laboratory examination and other types of special examination, counselling, medicine, surgery, medical rehabilitation and nursing care, physical therapy, occupational therapy, behavioural therapy, psychotherapy, social services and therapy, speech, audio, hearing and communication therapies, and use of equipment or support machines.

The Ministry's policies and plans also focus on the prevention of disabilities. Its preventive programmes include family guidance for married couples about self-care, provision of information about diseases that cause disabilities and vaccination for babies.

There are also various campaigns to promote the use of safety belts in vehicles and the use of helmets by motorcyclists, to suggest the safe use of some toxic chemicals such as pesticides, and safe industrial practices, such as the use of sound protection equipment or light protection masks.

### **Self-help organizations**

Slept-Help Organization to do the function as advocacy or to be the human right organization can be count one year after IYDP. Before that, there are some organizations, but it is not at national level and their functions seemed to be social function or welfare function. The same as traditional organizations did. The new concept of self-help organization, or organization OF PWD, compare with organization FOR PWD which interested in welfare but not in human right, has start exactly in 1983 when the coalition of every single disability join hand together to establish The Council of Disabled People or DPI Thailand. This occurred 2 year after the end of UN Decade for Disabled Persons. The prominent task is to work with the government organization to pass the Law for Rehabilitation of PWD that is implemented in full scale in the Asia Pacific Decade of Disabled Persons. In the A/P Decade, the strengthening of organization of PWD was promoted by both PWD themselves and government support. The Department of Public Welfare has the Rehabilitation Fund to support the seminar of leadership training which make the self-help organization in the provincial strong. We can say that nearly every province has the self-help organization of PWD.

### Regional cooperation

Regarding future effort at the international level, Thailand also plans to expand the close co-operative ties in this field it already enjoys with regional countries, which is in line with the recent proclamation of the ESCAP Decade of Greater Mekong Subregion Development Co-operation, 2000-2009.

The Thai and Japanese Governments are also working together to establish Asian and Pacific Development Centre on Disability in Thailand. This Centre will act as an information centre for persons with disabilities and agencies concerned as well as a regional co-operation centre for the Asia-Pacific region. In addition to holding regional training programs, seminars, and conference for persons with disabilities and other people concerned, the Center will help develop technology that is more suitable for the lifestyle of persons with disabilities in the Asia-Pacific region.

# Viet Nam

## Summary & Future Directions and basic Data of PWDs in Viet Nam

### [a] Evaluation of the Decade:

#### **[a-1] Three most significant changes for the life of PWDs in Vietnam over the A/P Decade.**

. Social awareness and disabled peoples' thoughts on disability have changed. After ten years of the decade, people are aware that if vulnerable groups of people with disabilities are supported and provided with good conditions, PWDs can integrate into community.

Things introduced at the 9th Campaign to promote the A/P Decade on disabled persons held from 10 to 15 December 2001 in Hanoi, Viet Nam is an obvious demonstration of social integration of PWDs.

. Thanks to dissemination and international cooperation on disability, many policies on disability by the State have been issued, such as Ordinance on Disabled Persons, Decrees and Decisions on disability.

The establishment of the National Coordinating Council on Disability (NCCD) in early 2001 is the State's attention towards the disabled in Viet Nam.

. People with disabilities themselves have been aware of their situation and tried their best to overcome difficulties caused by disability as well as other obstructions to join in activities on education, employment, sport and other social activities. People with disabilities are very much interested in activities of the Viet Nam Sport Association for Disabled People and self-help groups. Many disabled persons have won gold medals in sport and cultural tournaments.

#### **[a-2] Three most undeveloped issues concerning PWDs compared with non-disabled people in Vietnam**



- . Though people with disabilities have been facilitated with employment, however there still remain many difficulties for people with disabilities to be recruited.
- . Living standard of people with disabilities, especially those who are living in mountainous and remote areas with low GDP.
- . Dissemination on disability is not comprehensively spread, just delivered in urban and town areas. Orthopedic devices for disabled people are insufficient in isolated areas.

**[a-3] What are the three priority measures, which you want, VN government takes for Vietnamese PWDs ?**

- . Employment and the establishment of production, business and service facilities of PWDs
- . PWDs' accessibility to public works.
- . Guidance for PWDs to establish and operate self-help groups or clubs of PWDs.
- . Awareness raising and education on disability.

**[a-4] What are the three priority programs of regional co-operation for your PWDs ?**

- . Rehabilitation, leadership, barrier free and skill... training for PWD in regional cooperation (e.g. Rehabilitation Training Center in some countries)
- . Experience and information exchanges between organisations of/for disabled people (e.g. Campaign, IT competition, et.,)
- . CBR program

**[b] Basic Data**

**[b-1] Please cite and describe the basic data of PWDs in your country:**

Number of PWDs in Vietnam is about 5.000.000 persons.

Disabled persons by definition of this Ordinance, irrespective of the causes of the disability, are defective of one or many parts of the body or functions which are shown in different forms of disability, and which reduce the capability of activity and causes many difficulties to work, life and studies.

**[b-2]How many people in your country do you guess to be aware of the followings?**

① A/P Decade of Disabled Persons 1993-2002:

[a. almost none b. less than % , **c. about 65 %** ].

Dose your government informed the nation about the decade? Yes

② UN's Declaration of Disabled Person in 1975

[a. almost none b. less than 1 % , **c. about 10 %** ].

③ International Year of Disabled Person in 1981:

[a. almost none b. less than 1 % , **c. about 30 %** ].

④ UN's Decade of Disabled Persons 1983-1992

[a. almost none b. less than 1 % , **c. about 30 %** ].

# **Task force on National Coordination**

**ASIAN & PACIFIC DECADE OF DISABLED PERSONS, 1993-2002**

**TASK FORCE REPORT ON  
EVALUATION OF “NATIONAL COORDINATION” AGENDA FOR  
ACTION FOR THE ASIAN & PACIFIC DECADE OF DISABLED  
PERSONS, 1993-2002**

**18 September 2002**

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**Regional NGO Network for the Asian & Pacific Decade of Disabled Persons, 1993-2002**

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With thanks.

Ahsan Habib  
Task Force Coordinator  
&  
Chalermsee Chantaratim  
Task Force Co-coordinator

**TASK FORCE REPORT ON EVALUATION OF “NATIONAL COORDINATION”  
AGENDA FOR ACTION FOR THE ASIAN & PACIFIC DECADE OF DISABLED  
PERSONS, 1993-2002**

**FINAL REPORT**

**SUMMARY**

The Asian and Pacific Decade of Disabled Persons, 1993-2002 will conclude in 2002. The theme and goal of the Decade is the promotion of the full participation and equality of people with disabilities in the Asian and Pacific region.

Forty-one member and associate member countries of the Asian and Pacific region have signed the Proclamation on the Full Participation and Equality of People with Disabilities in the Asian and Pacific region.

The Task Force on “National Coordination” issue conducted this evaluation for the Regional NGO Network. It used the ‘Terms of Reference’ set by the RNN Research Coordinator as the basis of the current evaluation. A questionnaire was prepared based on the targets of National Coordination for this evaluation. These questionnaires were sent to the Task Forces in the Asian and Pacific countries. Task Force Members worked on collection of data in Japan, Hong Kong China, Thailand, and Bangladesh. The Task Force Coordinator on National Coordination issue based in Bangladesh collated data from the filled in questionnaires for analysis.

The Task Force Coordinator on National Coordination issue also used other related documents of the ESCAP regional review for this evaluation.

The evaluation on National Coordination issue conducted by the RNN National Coordination Task Forces for the Asian & Pacific Decade of Disabled Persons, 1993-2002 indicated that all states signing the Proclamation of the Decade Agenda had made some remarkable achievements at the initial level in each component of the target of implementation of National Coordination issue. These included development of structures of National Coordination Committee (NCC) at the national, sub-national levels, or adaptation of NCC to previously established structures to coordinate functions on rehabilitation of disabled persons, development of executive committees by involving a greater number of GO, NGO and organizations of disabled persons, development of policies relating poverty alleviation schemes for disabled persons, and development of database for gathering information on programs, services and provisions for disabled persons.

Areas of major concern include the statutory authority of NCC, the perspective of Governments toward functioning of NCC as an autonomous body, representation of disabled community, lack of adequate data on services and programs, and coordinated efforts to promotion of positive images of disabled persons involving the community.

## **INTRODUCTION**

The purpose of this evaluation is to review the implementation of National Coordination issues for the Agenda for Action for the Asian and Pacific Decade of Disabled Persons (1993-2002). This evaluation has been conducted based on the light of the theme and goal of the Decade, which is the Promotion of the Full Participation and Equality of people with disabilities in the Asian and Pacific region. This evaluation has reviewed the progress made towards achievements in the policy area of National Coordination Agenda for Action, level of implementation, problems encountered in the process of implementation, as well as plan of action for the future.

The aim of the National Coordination will be achieved when the multi-sectoral participation will be ensured at the coordination bodies including the executive structures in the central and sub-national levels. The present participation of community of disabled suggests that states should recognize the right of disabled people to equally participate in the national and sub-national levels. Inclusion of disabled in the decision-making will positively affect their lives. The development of policy, legislation and service provision must be established in full partnership with people with disabilities, their organizations, other concerned agencies and civil society.

## **ASIAN AND PACIFIC DECADE OF DISABLED PERSONS, 1993-2002**

### **Background**

The Agenda for Action for the Asian and Pacific Decade of Disabled Persons, 1993-2002 (hereinafter referred to as the Decade Agenda) consists of 12 major policy categories. National Coordination is one of these. Through these years, this Agendum of the Decade has become an effective policy tool for governments in the ESCAP region to guide policy-making, planning and implementation of programs concerning people with disabilities.

The Decade will end in December 2002. A High-level intergovernmental Meeting to Conclude the Asian and Pacific Decade of Disabled Persons will be organized by ESCAP from 25 to 28 October 2002, hosted by the Government of Japan and the Shiga Prefecture Government at Otsu City, Shiga, Japan. The Resolution 58/4, adopted at the fifty-eighth Commission session proclaimed the extension of the Asian and Pacific Decade of Disabled Persons, 1993-2002, for another decade, 2003-2012.

## **THE EVALUATION PROCESS**

### **TERMS OF REFERENCE**

As it was decided at the General Meeting at Hanoi that the Task Force activities to review the Asian and Pacific Decade of Disabled Persons will be started. Following the RNN organized 13 Task Forces corresponding to the 12 policy areas of the Agenda for Action for the Asian and Pacific Decade including "Women with Disabilities" as a new Agenda for Action for the Decade 1993-2002.

The mission of the Task Forces is to make a RNN Task Force Report for the following:

- (1) To evaluate the progresses of the Decade in each RNN country / area by NGOs;
- (2) To identify the issues and problems of each country / area and Asian and Pacific region for the Full Participation and Equality of People with Disability; and,
- (3) To propose a future Action Plan for the regional cooperation as Post-Decade Actions of both NGOs and GOs.

It was also stated that the Task Force Report would be submitted to the End-Year Campaign in 2002 in Osaka (Osaka Forum), Japan on October 21-23. Also through an NGO input, the report will be presented to the ESCAP High Level Intergovernmental Meeting on Asian and Pacific Decade on October 25-28 in Shiga, Japan.

Therefore, the RNN secretariat asked the National Member of RNN to nominate their Task Force Members, who will prepare country report and evaluations and cooperate with other TFs members for regional review. Those interested in participating in TFs were therefore requested to join as an organization as this research is conducted by RNN.

Accordingly in the area of National Coordination Ms. Siriporn Chinaporntham, who later nominated Ms. Charlernsee Chantaratim as the Co-Coordinator since Mr. Ahsan Habib was nominated as the Coordinator of the Task Force on National Coordination Issue for the Asian & Pacific region. Following Task Force Committees were formed in Hong Kong China, Thailand, Japan, and previously formed TF in Bangladesh. These TFs included the GO and NGO including self-help organizations and organization of women with disabilities.

This current evaluation has been undertaken to incorporate the missions of the Task Forces as spelled out by the secretariat of the Regional NGO Network in the Asian & Pacific Region.

Again in compliance with the arrangements mentioned by the RNN, this report on evaluation of "National Coordination" issue has been prepared.

## **METHODOLOGY**

Following a guideline from the Research Coordinator Mr. Hisao Sato of the RNN secretariat some resource persons from RI, II, and WBA was contacted in Thailand, Hong Kong, and Japan and Task Forces on National Coordination were formed in those countries. Task Force Reports on Coordination were made from Hong Kong, Thailand and Japan. These Task Forces followed the Terms of Reference of the RNN Research Coordinator and kept close contact with the TF Coordinator in Bangladesh. These Task Forces included GO, NGO working with the Disabled, self-help organizations of the disabled and organization of women with disabilities. These RNN country reports were received at the Coordinators office in Bangladesh. The Coordinator and one researcher, who was also a TF member collated, and analyzed all data to prepare the final report.

Task Force Members in the above mentioned countries were sent a questionnaire on National Coordination issue developed following the targets of the Agendum of “National Coordination” for the Asian and Pacific Decade of Disabled Persons, 1993-2002 and missions of the RNN TF for the evaluation. The questionnaire included a rating against each activity under the Agendum of National Coordination of the target, narrative statement against each rating, problem / issues of the implementation of the target activity, and suggestions for the future action plan. The questionnaire was developed upon the Agenda for Action on 11 targets of the National Coordination. Further the targets were set to evaluate on a four-point scale as following:

- 0 = no or few measures have been taken;
- 1 = slightly implemented;
- 2 = fairly implemented; and
- 3 = fully or nearly fully implemented.

In this method, narrative descriptions were asked from the responding organizations against each target activity area along with the rating of level of implementation of the Targets of the Agenda for National Coordination, with anticipation that this would be helpful to form a common understanding among the Task Force Members for this specific study.

These questionnaires were decided to be administered through physical interviews (if possible) and by postage, email and fax. For the other Asian and Pacific countries not being covered by TF National Coordination, were included in the analysis by content analysis of some documents received at the Coordinator’s office in Bangladesh. The documents included the Preliminary Draft of the Report on the Asian & Pacific Decade of Disabled Persons 1993-2002.

The results of this evaluation were collated to provide a general picture according to each of the target activity for the Agenda on National Coordination concerned. Documents received from the RNN Research Coordination were used and suggestions and ideas were shared with the Task Force Members involved in this evaluation.

The Data collated were analyzed and prepared for report following the Preliminary Draft of the Regional Review Paper on the Evaluation of Achievements of the Asian and Pacific Decade of Disabled Persons at the Coordinator’s office at CRP, Savar, Dhaka, Bangladesh.

#### **LIMITATIONS OF THE STUDY**

Due to time constraint not all concerned ministries and departments, as well as NGOs, and organizations of people with disabilities and women with disabilities could not be feasible for interviews with the questionnaire, and also the responding organizations did not find enough time for physical data collection. Information were collected by postage either email, fax etc. This affected adequate data collection for the evaluation.

The questionnaire for this evaluation was developed in English language, which may have limited the expressions of responding people/organizations.



The narrative section was limited to 25 words for ease of analysis within the deadline, which also may have limited the expressions of detailed reasons against the ratings generated for each activity of the target area.

No information was received of the following countries who are signatories to the Proclamation including Democratic People's Republic of Korea, Macao China, Republic of Korea, Brunei Darussalam, Lao People's Democratic Republic, Bhutan, Maldives, Kyrgyzstan, Australia, Guam, Tonga, and Vanuatu.

No information on National Coordination was received from the following non-signatory states including Afghanistan, Azerbaijan, Georgia, Kazakhstan, Tajikistan, Turkmenistan, American Samoa, French Polynesia, Marshall Islands, Nauru, New Caledonia, Niue, Northern Mariana Islands, and Tuvalu.

Inadequate data on disability statistics and the implementation of the components of National Coordination issue limited the analytical abilities of the Task Force Coordinator.

## **FINDINGS**

The following countries i.e. Bangladesh, Hong Kong China, Thailand, Nepal and Japan submitted their Task Force report on National Coordination to the coordinator. Information from Research Coordinator was received from the following countries regarding status on National Coordination, which was also used for analysis to prepare this report. These countries include China, Mongolia, Cambodia, Indonesia, Malaysia, Myanmar, Philippines, Singapore, Vietnam, India, Iran (Islamic Republic of), Pakistan, Sri Lanka, Turkey (not a signatory to the Proclamation), Armenia, Russian Federation (not a signatory to the Proclamation), Uzbekistan, Cook Islands, Fiji, Kiribati, Micronesia (Federal States of), New Zealand, Palau, Papua New Guinea (not a signatory to this Proclamation), Samoa, and Solomon Islands.

The findings of the evaluation on National Coordination have been given following the targets as spelled in the APDDP 1993-2002.

**REVIEW OF THE IMPLEMENTATION OF THE AGENDA FOR ACTION FOR THE ASIAN AND PACIFIC DECADE OF DISABLED PERSONS 1993 - 2002**

**National Coordination**

Target Component for Implementation	Average Response (Asterisk)			Description
	0	1	2	
a. Establish and strengthen a NCC			*	<p><b>Target 1.1</b></p> <p>To Establish and strengthen a national coordination committee (NCC) on disability concerns with an appropriate mechanism to ensure its accountability to the legislature or head of government to promote a multi-sectoral approach to the implementation of the Agenda for Action for the Asia and Pacific Decade of Disabled Persons, 1993-2002, and with representation at the policy making level of all state/provincial and district government agencies, substantial representation in non-government organizations (NGOs), including self-help organizations of disabled persons, parents' organizations of people with intellectual disabilities and women with disabilities, as well as with adequate allocation of resources.</p> <p>Among the states signing the proclamation, NCC structures are available in Japan, Mongolia, Indonesia, Malaysia, Philippines, Vietnam, Bangladesh, India, Iran (Islamic Republic of), Pakistan, Sri Lanka, Turkey, Cook Islands, Fiji, Nepal Hong Kong China, Thailand and New Zealand. In Thailand, the National Committee for Rehabilitation of Disabled Persons has been established upon the 1991 Rehabilitation of Disabled Persons Act, with representation of GO ministries, NGOs and persons with disabilities. In Bangladesh NCC has been established under legislation 'Disability Welfare Act (DWA) 2001' in November 2001 as a statutory body and the previously established structure of 1993 has been strengthened following the DWA, and in India Central Coordination Committee was established following PwD Act (1995). The National Coordination Council on Disability of Vietnam (NCCD) established in 2001 with GO, Expert committee, association of disabled people. Some states have only included GO including Japan, Mongolia, Indonesia, Malaysia, Japan, and Turkey. Japan has involved GO ministries, which is implemented by the Headquarters for Promoting the Welfare of Disabled Persons in the cabinet including all other ministries. The Disabled Persons Fundamental Law was amended in 1993 and the participation of PwD in the NCC became a legal requirement. But in January 2001 the NCC itself was abolished and disappeared by the amendment of the Law following the Government's downsizing policy. Since then only a Government Disability Committee (GDC) exists. In Turkey Prime Ministry Department of the Affairs of Disabled was established in 1997 under the Act 571, responsibility is also shared by Department of Affairs of Disabled People. New Zealand in 1999 established the position of Minister</p>

<p>for Disability Issues with responsibility for representing the interests of people with disabilities and for providing leadership and strategic advice within Government on disability issues. Along with GO, NGOs are included in case of China which is chaired by a leader of the State Council, or, have developed a previously established structure by revising ToR and adding more representation of disabled people and community representatives to be able to function like NCC, as in Hong Kong China. These NCCs are claimed to be fully functioning as a coordination body. Iran (Islamic Republic of) established Disabled Council Committee involving State Welfare organizations and NGOs.</p>				
<p>Some states have developed such structures including specialized committees / working groups, GO, NGO, PwD and their families which work as consultants, as in Cambodia. Some states have in the recent years developed NCC with representation of GO, NGOs including SHOs, PwD, into the NCC as in Bangladesh, Nepal, Thailand and Sri Lanka, Cook Islands. In addition Bangladesh has included some WwDs in it. Again some countries are working forward to develop a NCC. In some states, as in Singapore the National Council of Social Services (NCSS) serve as an apex body for the consultation and cooperative efforts of NGOs working with disabilities. A much similar consultative National Committee for Rehabilitation of Disabled Persons has been established in Thailand with representation at the policy making level. The National Coordination Committee in Nepal has been playing advisory role to the MWCSW for the policy formulation and National program planning.</p>				
<p>However, in the available NCC structures, for some states NCCs are advisory in nature, as in Malaysia. Some of these have not attained the statutory authority.</p>				
<p>In Pakistan Action Committee at national level has been convened. Reasons of not adequate strengthening of NCC include sometimes a biased approach of representation of GO, NGO, and SHO, for example, nomination on the basis of individuals, rather than nomination from disabled community.</p>				
<p>Again reasons of not becoming able to develop a NCC for some countries include basic infrastructure development for the war stricken economies. Again in the case of states in the crisis relating 'home' affairs, for example, Indonesia stated that it has been on the process of development of an NCC but still not been able to develop an effective structure due to some unfavorable condition of multi-dimensional crisis.</p>				
<p>Government's policy is another reason for not strengthening the NCC. In Japan the NCC was abolished and was replaced by a Government Disability Committee, which does not represent NGOs, NGOs of and for PwDs, and invited to speak at the adhoc meetings.</p>				

<p><b>b.</b> Representation of government ministries / departments, and government agencies in NCC</p>	<p>*</p>	<p>The following states have included as many as necessary ministries/departments/agencies as in Hong Kong China, Japan, Mongolia, Vietnam, Bangladesh, Iran (Islamic Republic of) while as stated in some states relevant ministries are not represented in the NCC. Further in some other states' social welfare/development as in Iran (Islamic Republic of), and labor ministries are stated as representing in the NCC.</p> <p>In Vietnam comprehensive ministries including Ministry of Labor, Invalids and Social Affairs, Ministry of Construction, Ministry of Health, Ministry of Transport and Communication, Ministry of Culture and Information, Ministry of Education and Training are included. In Bangladesh and Sri Lanka the lead ministry is the Ministry of Social Welfare, the line ministries intervene in the areas of health, education in these states, accessibility and legislation totaling 16 ministries in Bangladesh's case. However, representation has been made legal and 50% of all district level committee formation have been completed and the rest are on the process of formation, yet many district level government agencies are not actively participating in the policy making level. In Fiji Ministry of Women, Social Welfare and Poverty Alleviation ministry is responsible under the 1994 FNCDP Act including 6 advisory committees on health, education, housing, transport and environment, vocational training and employment, sports and recreation and legislation / policy. In Thailand, the National Committee for Rehabilitation of Disabled Persons represents relevant ministries. In Japan GDC consists of high rank officials from various ministries, but has no representation from NGOs. During the AP Decade the policy autonomy and financial responsibility of local government have increased. But it still does not contain an effective mechanism for local government representation in national disability policy.</p>
<p><b>c.</b> Representation of NGOs, including self-help organizations of disabled persons, parents' organizations of people with intellectual disabilities and women with disabilities in</p>	<p>*</p>	<p>The following states have cited that these represent NGOs, including SHOs of disabled people, parents' organization of people with disabilities and organizations of women with disabilities in the NCC including China, Hong Kong China and Bangladesh. Key executive positions and headquarters are held by CDPF. In Hong Kong China RAC, which shares some of the features of a NCC, appoints members by the Government on individual basis rather than their representation of the disabled community.</p> <p>Substantial NGOs, SHOs, and WwDs were represented in Vietnam, while some states stated that NGOs were not adequately representing all types of disabled people as in Nepal NCC was not represented by self-help groups, parents' organizations of disabled persons in the case of Thailand. In Bangladesh, there are representations of NGOs including self-help organizations, but not all parents' group of disabilities and organizations of women with disabilities are appropriately represented in the policy making level. There is no organization of women with disabilities in Thailand. In Japan, since there is no permanent NCC, most ministries as an almost ordinary policy</p>

NCC				development process assure NGOs including Self Help Organizations a chance to express an opinion. Not many women with disabilities attend at meetings convened by the GDC or ministries. Some states have included PwDs as consultants in all committees and working groups as in Cambodia and in Thailand NGOs, PwDs, representatives from disabled associations have much the same role. In Japan NGOs of and for PwDs are invited to speak at ad hoc meeting convened by GDC.
d. Adequate allocation of resources for NCC	*			Only few states have stated that the NCCs have a regular resource allocated, as in Thailand, Bangladesh, and Sri Lanka. In Bangladesh the National Foundation for the Development of the Disabled Persons was initiated with a considerable financial contribution from the Government through the Ministry of Social Welfare to support disabled people and organizations working for them, interest from investment of which is being used for development of disabled persons which is evaluated as inadequate. In Hong Kong China RAC has influence on Government decision of allocation of resources for disability programs. In Sri Lanka funds namely Fund of the National Council and Visually Handicapped Trust are established. Although in all cases resources are marked as inadequate, as in the case of Japan since it has only a few secretarial staff with small funding. In many states, social welfare ministry allocates the resources.
<b>Issues / problems faced in the Implementation of Decade Agenda</b>				Following the target of the Decade, states signing the proclamation have developed NCCs in such forms, which varied from one state to another. Often the NCC structures have reflected the style of governance in those countries – from bureaucrat focused to Grass roots people focused. States signing the proclamation have in many ways failed to conform to the basic requirements of an NCC – in establishment and in the process of strengthening. Coordination committees in many ways have stressed the controlling rather than facilitating mechanisms. A further strengthening of state and district level committees is required through balanced representation of Government ministries, NGOs representing disability programs, Disabled People's Organizations such as Self-help groups of disabled people, parents' organizations of disabled people, and women with disabilities, which is currently lacking in the features of NCCs developed by many states. The experiences of NGOs working for and NGOs of disabled people show that representation of these organizations in NCC is often involuntary meaning their representation is chosen by Government and not representative of the disabled community. Hence, the members of the NCC do not represent the total community of the disabled. NCC being a consultative body to Government in many states does not have the authority to function as autonomous body. Adequate budget to multisectoral participants are often not available for proper functioning of NCC.

**Future plan of action**

In the next decade agenda for action, states who have established the NCC and those who are working forward to establish it should follow a uniform structure of NCC. A common methodology need to be shared in the states for ensuring appropriate representation of GO ministries, departments, and agencies along with NGOs providing services for disabled people, self-help organizations of disabled people and organizations of women with disabilities with a time frame. The states must work forward to ensure that adequate resources are allocated to the sectors participating in the formation and functioning of the structure.

**Target 1.2**

To establish and strengthen an executive committee with appropriate representation from state/provincial governments, ministries and government agencies, NGOs including self-help organizations of people with disabilities, parents' organizations of people with intellectual disabilities and women with disabilities, to ensure timely follow up and monitoring of the implementation of the NCC decisions, and to facilitate its functioning.

Target Component for Implementation	Average Response (Asterisk)			Description
	0	1	2	
a. Establish and strengthen an executive committee			*	Available data suggests that the following states have established executive committee, as in Hong Kong China, Philippines, Thailand, Bangladesh, India, Iran (Islamic Republic of), Sri Lanka, Turkey, Russian Federation, and Nepal. In Hong Kong China an executive structure to coordinate matters pertaining to people with disabilities with the Commissioner of Rehabilitation office under the auspices of the Government's Health, Welfare and Food Bureau. In Thailand, the Provincial Committee for the Rehabilitation of Disabled Persons was set up in every province in 1999. Currently coordination committees are established in all region of the Russian Federation. In Bangladesh the Government founded the National Foundation for the Development of the Disabled Persons in 2001. According to DWA the foundation is the secretariat of the executive committee of the NCC. In India the Central Executive Committee was set up following PwD Act (1995). It comprises of states level coordination committees in most states. In Sri Lanka sub-committees are established under the National Council. In Nepal Executive committee was formulated including government sector, NGOs, SHOs, and WWDs. For some countries, review of the executive committee is ongoing at the present, meaning further strengthening of the committee in the future. Still in some states an executive committee is absent, such as Japan has no executive committee for GDC. A part of the GDC works as a secretariat. GDC does not produce substantial policy rather coordinates among ministries. The strengthening of the executive committee included

				comprehensive inclusion of state government, ministries/government agencies as a modification to the previously established structure for some countries.
<b>b.</b> Representation of government ministries and agencies	*			<p>The following states have stated that they have established representations of provincial governments in the executive committees, as in Philippines, Bangladesh. In Turkey GO, NGOs, and other grass roots organizations are involved. In Bangladesh representations of GO ministries and departments at the executive committee has been included. However there is a notion among service providers that some relevant ministries are left out, for example the Ministry of Information. However, some other states have stated that only few provincial governments have been included in the committee, while others are still not included.</p> <p>The following states have provided some information about representation of organizations of disabled people, for example self-help groups are represented in the executive committees including Bangladesh, Thailand, Japan and Turkey. However, parents' organizations and organizations of women with disabilities are not appropriately represented in the executive committee.</p> <p>Few states have ensured representation of NGOs including organizations of disabled people in the executive committee, stating the secretariat being placed at disabled people's council.</p> <p>In Thailand, representation of four people with disabilities in the provincial committee is a must. However, in many executive committees disabled are represented as a chosen individual, rather than for representation of the disabled community, while in some other executive committees there is no representation of disabled community. In Turkey along GO and NGO, employee and employers' unions, and universities are included as committee members.</p>
<b>c.</b> Representation of self-help organizations, parents' organizations, and organizations of women with disabilities	*			<p>The following states have provided some information about representation of organizations of disabled people in the executive committees including Bangladesh, Singapore, Sri Lanka, and Turkey.</p> <p>Few states have cited regular reviews conducted every one or two years including Turkey.</p> <p>Many countries have stated that regular meetings of the NCC takes place which is evaluated as effective measures for monitoring of the implementation of NCC decisions including Bangladesh.</p> <p>In Singapore NCSS spearheads a number of task forces and committees to review various areas relating to disability. Also Ministry of Community Development and Sports (MCDS) and NCSS formed an internal review committee to undertake joint review of disability policies and services.</p> <p>In Sri Lanka National Secretariat for Persons with Disabilities coordinate and monitor the programs and activities under the guidance of the National Council and the Ministry of Social Welfare.</p> <p>In Turkey the Council is the second consultant reference and is coordinated by Department for Affairs of Disabled and head once in two years.</p> <p>Still in some states monitoring functions of NCC is very weak, as in Japan. In some states</p>
<b>d.</b> Timely follow up and monitoring of the implementation of the NCC decisions	*			<p>The following states have provided some information about representation of organizations of disabled people in the executive committees including Bangladesh, Singapore, Sri Lanka, and Turkey.</p> <p>Few states have cited regular reviews conducted every one or two years including Turkey.</p> <p>Many countries have stated that regular meetings of the NCC takes place which is evaluated as effective measures for monitoring of the implementation of NCC decisions including Bangladesh.</p> <p>In Singapore NCSS spearheads a number of task forces and committees to review various areas relating to disability. Also Ministry of Community Development and Sports (MCDS) and NCSS formed an internal review committee to undertake joint review of disability policies and services.</p> <p>In Sri Lanka National Secretariat for Persons with Disabilities coordinate and monitor the programs and activities under the guidance of the National Council and the Ministry of Social Welfare.</p> <p>In Turkey the Council is the second consultant reference and is coordinated by Department for Affairs of Disabled and head once in two years.</p> <p>Still in some states monitoring functions of NCC is very weak, as in Japan. In some states</p>

				information of executive committee are not available. In Turkey it is stated that the Department of the Affairs of Disabled monitor developments in institutions providing services for disabled people.
<b>Issues / problems faced in the Implementation of Decade Agenda</b>				
The existing executive committees have not covered the whole geographical region of a state. In many states the executive committees were central based, which barely excluded / not appropriately represented the provincial / district level organizations from different sectors as members of the executive committee.				
Since the executive committees of the NCC are not appropriately representing multi-sectoral approach in the policy making process the issues of timely follow up and monitoring of the implementation of the NCC decisions are always questionable.				
Due to lack of a uniform method of representation of members in the executive committee the decision taken up by this committee is not always accepted by all sectors.				
<b>Future plan of action</b>				
A uniform method of participation of multi-sector needs to be taken up among the states to ensure participation of GO, NGO, and disabled people's organizations, and women with disabilities to conform when structuring the coordination and executive committees, and these must be confirmed by all states already established the coordination and states preparing for establishment of these structures.				

### Target 1.3

To establish coordination and executive structures at the sub-national level with adequate means of participation by grass roots groups and bodies.				
Target Component for Implementation	Average Response (Asterisk)			Description
	0	1	2	
a. Establish coordination and executive structures at the sub-national level		*		
				Data was available for some states on coordination structures at the sub-national level suggests that, they have become able to establish the structures at these levels with participation of SHOs being represented by disabled people's council, as in China, and Philippines, coordinating bodies are set up at provincial, autonomous regional and municipality level and sub-provincial level. In Bangladesh committees at the district level have been set up headed by the respective deputy commissioner, although many district level committees are in the process of formation. India has established sub-national committees as per targets. The other states have expanded the sub-national structure in the territories, not being able to cover the whole geographical areas. In Fiji, nine District Disabled Persons' Committees has been established. Government represented NCC structures founded in the cities, districts, and provinces as in Mongolia. In Japan the Disabled Persons Fundamental Law requires all prefectural governments to establish a Prefectural Coordinating Committee (PCC) on disability policies and programs and all municipal



					governments to endeavor to establish a Municipal Coordinating Committee (MCC). Today all prefectural government and only few municipal governments have these committees. Several NGO representatives are usually regular members in PCCs and MCCs but not necessarily representing grass roots level organizations.
b. Means of participation of grass roots groups and bodies		*			In Philippines all coordination and executive structures at regional, provincial, municipal and city levels represent disability sectors Means of participation in the sub-national committees for the grass roots groups and bodies are varied. In most cases, issue of government notification is all the effort to the district/sub-national levels. In Bangladesh district level committees are comprised of representatives of government departments and NGOs working with the disability issues, who are responsible for identification, registration of people with disabilities and taking initiatives for coordination of disability interventions at district levels. In many states government are encouraging NGOs to take necessary steps to include representation of grass roots groups and bodies in the sub-national committees, especially the states preparing to develop NCC and other structures. In Fiji FNCDP are involved in all national planning including health, education, national forums for children. This is also a member of Task Force on Women.
<b>Issues / problems faced in the Implementation of Decade Agenda</b>					
Often in many states issue of a notification to government departments to establish a co-ordination and executive structures is all what is achieved. Lack of appropriate information or guidelines about formation of coordination and executive committees, also a lack of uniform means of participation fail to ensure full participation for multi-sectoral input in these committees.					
<b>Future plan of action</b>					
A stronger form of communication should be established between the local and central administration through which the necessary information and guidelines relating the mechanisms of establishment of and strengthening of coordination committee and executive structures will be fed in. The coordination and executive structures will be established and strengthened following a uniform method of participation to ensure full participation of multi-sectoral input in these structures emphasizing on inclusion of organizations of disabled persons and women with disabilities.					

**Target 1.4**

To Formulate a national plan of action and incorporation in national development plans with a time frame and an inbuilt mechanism for monitoring and evaluation, as well as adequate multi-sect oral allocation of resources for implementation of the Agenda for Action and specifically, the targets for national action contained in the present document.

Target Component for Implementation	Average Response (Asterisk)			Description
	0	1	2	
a. Formulation of national plan of action			*	Responses on national plan of action were available from the following states including China, Hong Kong China, Philippines, Bangladesh, Uzbekistan, Japan, and New Zealand. Many states have termed the national plan of action as national rehabilitation plan, as in Thailand, which has been formed by a National Committee for Rehabilitation. The following states have informed that they have developed national plan of action including China, Hong Kong China, Philippines, Singapore, Thailand, Bangladesh, Japan and Uzbekistan. In Japan, the national government established the New Long Term Policy Program for Persons with Disabilities 1993-2002, which was supplemented by Disability Plan 1996-2002 with mere numeric targets. In Bangladesh the national plan of action had been designed in 1996 in the light of national policy for People with Disabilities. A revised plan of action is in process to accommodate the negative experience of its failure to meet the decade targets in the past following the DWA 2001. The Internal Review Committee comprising of MCDS and NCSS have helped to develop a long term plan for 2002-2007. New Zealand launched Disability Strategy in 2001 which presents a long term plan for changing New Zealand into an inclusive society and provides a framework for the development of Government policies. In Hong Kong China Government's Health, Welfare and Food Bureau developed a plan in 1998 through regular reviewing of the Rehabilitation Program Plan. In Uzbekistan State Disabled People Rehabilitation Program 1996-2000 was adopted in 1995, in 1999 State Program of Action to strengthen the role of women in the family, also in the same year Social Maintenance Program 2000-2005 for one-legged elderly, Pensioners and Disabled Persons was taken. Some states have stated that they are on the way forward to develop appropriate policies to help implement national development activities, Sri Lanka for example.
b. Incorporation of national plan of action to national		*		Only a few states have incorporated the national plan of action into the national development plan, and have included it in the 5-year development plans, as in China which has also fulfilled two five year national work plan of action for disabled persons, and for 2001-2005 work is ongoing as per plan. Philippines have included disability sector in Medium Term Development Plan of country.

development plan				<p>In Thailand, the Eight National Economic and Social Development Plan 1997-2001 has incorporated specific strategies relating disability. In Hong Kong China Government has included development of disability programs in the annual policy address and financial budget. However in recent year new initiative were taken with less reference to the Rehabilitation Program Plan. In Japan the New Long Term Policy Program for Persons with Disabilities and Disability Plan 1996-2002 was approved including the Ministry of Finance.</p> <p>Some states including the national plan of action in to the national development plan and are working forward to develop a long-term development plan in the near future. In Bangladesh a national plan of action is yet to be incorporated within the national development plan, however, increasing efforts are taken to include disability groups in the national poverty reduction strategies.</p>
c. Monitoring and Evaluation		*		<p>Few countries have stated that they are regularly reviewing the national plan of action on a yearly/two-yearly basis as in Hong Kong China, which focuses on policy and financial budget.</p> <p>In Bangladesh, a revised plan of action is in process of revision under the guidance of the newly formed national coordination committee, particularly focusing on the achievements made in line with the targets of the Decade Agenda.</p> <p>In many states monitoring and evaluation is a weak area; in Thailand a National Committee for Rehabilitation of Disabled Persons reviews and the office of the Committee serves part of the function, again as in Japan there is no inbuilt mechanism for monitoring. The GDC disclosed a report of evaluation of the plans in 2002. However it was merely a report on the development of types and amount of government services.</p>
d. Multi-sectoral allocation of resources		*		<p>Still in many countries the allocation of resources for the national plan of action is provided mainly from the social welfare ministry/public welfare as in the case of Bangladesh and Thailand or involving labor ministry. In Bangladesh only the Social Welfare department is allocating resources, the other ministries are not involved in the process of resource allocation so Agenda for action could be implemented as expected. Many states stated that they are currently on the process of reviewing the involvement of different ministries in line with allocation of resources meeting the national plan of action.</p> <p>In New Zealand Government reforms over 1993-95 during which service funding was transferred to health sector and Disability Support Services framework was established. In Hong Kong China different Government's bureaus and departments have allocated portion of their budget, which is not so much adequate as per expectation of rehabilitation committee. In Japan budgets have been allocated to government and NGO service agencies, although the amount was not adequate. However it has stated that the Planning Ministry was involved to consider financial aspects.</p>

<b>Issues / problems faced in the Implementation of Decade Agenda</b>
In many states the targeted formulation of a national plan of action to ensure full participation and equalization of opportunities for disabled has not been taken. Some states have developed a national plan of action, however some other have developed a plan which include some of the area of rehabilitation, while the rest have not developed any plan of action as such. There is no unique feature of national action plan shared among countries.
There is no inbuilt mechanism for monitoring. Some states have stated that reviews are undertaken on regular basis. The targets of national action plan or national development plan are often numeric, which fails to show any actual change in life conditions of PwDs.
In many states the allocation of budget is very inadequate. In most states, Governments do not allocate any resources for organizations working for or with disabled or by disabled.
<b>Future plan of action</b>
States should develop a national action plan focusing on qualitative development of disabled people, and incorporate the action plan into the national development plan by including multi-sectors, in which the monitoring mechanisms will be specified with adequate allocation of resources.

#### Target 1.5

To identify and prioritize, within the national plan of action, means of promoting the participation of poor persons with disabilities in all poverty alleviation programs, including urban and rural development programs and projects implemented within the country.				
Target Component for Implementation	Average Response (Asterisk)			Description
	0	1	2	
a. Means of promoting participation of poor persons with disabilities in poverty alleviation programs within the national plan of action		*		
<p>In many states the improving of living standard of disabled persons are deemed as responsibility of social welfare ministry solely.</p> <p>Few states have stated that social security schemes are available for disabled people from the social welfare ministry.</p> <p>The following states have identified and prioritized some specific programs for disabled people. In Hong Kong China a few programs have been developed to help promote the employment of people with disabilities. Thailand has focused on employment generation for unemployed, in which disabled people are said to have equal right to participate. Businesses are encouraged to employ disabled people, or they have to subscribe to the government fund for disabled people. PwDs can apply for any assistance to the office of the Committee including the provincial.</p> <p>In some other countries governments have issued notification to NGOs working in the field of poverty alleviation to prioritize disabled poor in the program. In Bangladesh, the revised national plan of action which is under review gives greater emphasis on promoting the participation of poor persons with disabilities in all poverty alleviation programs including urban and rural initiatives.</p>				

				<p>However still there is no specific means through which participation of poor persons with disabilities in the development programs could be promoted.</p> <p>In some countries participation is facilitated through consultant bodies, for example, in Turkey executive committee members are responsible for determining the priority for application and selecting the projects prepared or have been prepared by Department for Affairs of Disabled. In some states national registry system have either stated or being continued from the past, which is now used to identify disabled people. Registration given to disabled people assures their participation in the available programs.</p> <p>In Japan there are estimated 100,000 persons with disabilities who are not qualified to disability pensions due to various system problems in the social insurance, and historical reasons. No concrete action has been taken to solve this social problem.</p>
<p><b>Issues / problems faced in the Implementation of Decade Agenda</b></p>				
<p>In many states a few special fund are reserved for disabled people to support them, for example, the social schemes or employment scheme, which may support them with self-employment. Until now, some states have taken up some measures to help identify disabled people, but all the disabled are yet to be covered. Some states have emphasized inclusion of disabled people in the development projects, but prioritization is still an action far away from achievement. Some NGOs have started specific programs for disabled people, or some of them have included disabled people as members of their development projects, especially poverty alleviation, where Governments have little input.</p>				
<p><b>Future plan of action</b></p>				
<p>In the next Decade agenda the states must take up innovative measures to promote participation of disabled people in all poverty alleviation programs including rural and urban development programs and projects within the country, and these needs to be prioritized within the national plan of action.</p>				

**Target 1.6**

To specify the participation of persons with disabilities as a criterion for the approval of funding for poverty alleviation and other development programs and projects.

Target Component for Implementation	Average Response (Asterisk)			Description
	0	1	2	
a. Participation of persons with disabilities specified as a criterion for approval of funding for poverty alleviation and development programs		*		
<p>Still in many states development of disabled people are observed as sole responsibility of social welfare ministry. However, in some states ministry of labor has been included. Although many countries have been optimistic to mainstream development of disabled persons, very few states have identified them as number one priority in the development programs. In Thailand, PwDs can apply for long-term interest free loans with the Rehabilitation for PwD fund, having this fund established in accordance with the Rehabilitation Act. Government of Thailand has allocated a budget of 20-30 million baht for the Fund every year. In Bangladesh recently national and private banks have been instructed through an administrative order, for creating a provision for micro-credit schemes for eligible people with disabilities. A quite number of NGOs have initiated inclusion of disabled people in their micro-credit groups for income generation. However participation of persons with disabilities has not yet been specified as a criterion and incorporated by all poverty alleviating agencies/organizations. The other development programs are far away from the target of inclusion of disabled people within their programs.</p> <p>In Japan a poor person with disabilities can apply for the public assistance. There is provision of additional benefits for them in the public assistance system. Persons starting an enterprise are eligible to apply for soft loan.</p>				
<p><b>Issues / problems faced in the Implementation of Decade Agenda</b></p> <p>In some states, due to international pressure Governments are urging NGOs to take up some programs for disabled people, or include disabled people in their existing development programs. However, little measures have been taken by Governments to help disabled people participate in these programs. Little measures have been taken where participation of disabled people have been specified as a mandatory requirement for any funding in the existing poverty alleviation programs.</p>				
<p><b>Future plan of action</b></p> <p>In the next Decade agenda the states must make commitments to bring the issue of participation of persons with disabilities as a mandatory criterion for any approval of funding in the poverty alleviation and other development programs and projects.</p>				

**Target 1.7**

To strengthen the coordination and executive structures with adequate resources and infrastructure to enable them to function effectively as permanent statutory bodies.

Target Component for Implementation	Average Response (Asterisk)			Description
	0	1	2	
a. Strengthen the coordination and executive structures as permanent statutory bodies			*	Only a few states have full-fledged coordination and executive structure with the power of a permanent statutory body to function and carry out the defined responsibility of the agency, as in Bangladesh and in Hong Kong China where RAC and the Commissioner for Rehabilitation Office, and in Thailand the National Committee for Rehabilitation and the officer of the Committee are permanent establishments. On 7 March 2002 Ministry of Social Welfare activated some resources for strengthening the coordination and executive structures. Hong Kong China coordination committees still has the advisory or consultative status. There is still lack of proper representation of NGOs including disabled people in NCCs as in Japan, a NCC with GO and NGO representation was established in 1993 by the Law, but abolished in 2001 by the amendment of the Law, and now have only the GDC represented by only government ministries.
b. Adequate allocation of resources		*		In Bangladesh the Ministry of Finance has been requested by the Ministry of Social Welfare for further financial allocation for coordination and executive structures, which has been allocated and activated. There is some infrastructure for the existing coordination and executive structures, which is however not adequate. Almost all states have expressed that allocation of resources in the national coordination and executive structures were inadequate. Some states have stated that the allocated resources do not reflect the expectations or need of disabled people.
<b>Issues / problems faced in the Implementation of Decade Agenda</b>				
Some countries have developed legislation for development of disabled persons and have enacted the NCC as a permanent statutory body, on the other hand, in some states the NCCs have been abolished by amendment of existing laws and replaced the NCCs with some committees, which only represents the Governments. Therefore Government approach toward establishment and strengthening NCC idea varies in AP region. In some countries NCC functions like a consultative body, where disabled community are not represented, in some other countries where NCC is still a consultative body but disabled community are encouraged to participate in it.				

<b>Future plan of action</b>	
In the next Decade strengthening of NCC will obviously mean that all Government will need to make a uniform NCC conforming to some basic criteria for a NCC as a structure with statutory authority to represent the disabled community.	

		<b>Target 1.8</b>			<b>Description</b>
<b>Target Component for Implementation</b>	<b>Average Response (Asterisk)</b>	<b>Average Response</b>			
		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
i. education	*				In many states the education of disabled children has started to give a special priority. In most states, disabled children are still educated in special schools. In Pakistan, National Task Force on disabilities has been developed to streamline special education. A Five year Plan for program formulation / implementation has been taken up by the Planning Commission in consultation with the Provincial Government. However, in most countries, number of special schools is very inadequate than the actual need for school age disabled children. In Bangladesh steps have been taken to facilitate NGOs operating education programs to include PwDs. Teachers and related people have also been trained although in a limited scale. The Ministry of Education (Directorate of Primary Education) have undertaken studies with the objective of formulating national policies and action plans for the inclusion of disabled learners in the primary education set up. In Hong Kong China some ordinary schools still have hesitation in admittance of pupils with disabilities. However, in Thailand PwDs have the right to participate both in special school and mainstream schools, including technical schools. Special schools have similar curriculum to mainstream schools. Moreover, there are also classes in hospital for children with disabilities in chronic conditions. National regulations have been devised in some countries for equalization of education opportunities.
ii. training	*				Some states have stated that they have training for disabled people in varied trade. Only few countries have stated that they have developed eight vocational training centers for disabled people, as in Thailand which is operated by the Department of Public Welfare and in Bangladesh. However, in some states technical institutions are not always willing to admit students who have disabilities, as in the case of Hong Kong China. In Sri Lanka Ministry of Social Welfare and Department of Social Services provide assistance to the voluntary organizations are vocational training centers in the provision of training for art, dance, drama for handicapped children. However in most states



iii. employment	*	*			<p>responding the facilities available for disabled people are observed as scanty as requirement.</p> <p>Few countries are working forward to ensure promotion of disabled people in the employment sector. In 1994 the Ministry of labor and Social Welfare issued ministerial regulation that an enterprise with over 200 employees must hire one PwD eligible to work in any position. However the situation is very rare in the South Asian countries. Only in Sri Lanka a social security scheme has been launched for the benefit of self-employed and unemployed sector including the persons with disabilities.</p> <p>Only a few countries have initiated quota employment for disabled persons, as in Bangladesh. The general attitude toward disabled people is still prevailing as in Hong Kong China employers in both the public and private sectors have much reservation toward job seekers with disabilities.</p> <p>Many countries however still possess the restriction and reservation in job opportunities for disabled people as in Hong Kong China, although quota system has been initiated or efforts of equalization have been emphasized in documents, as in Bangladesh.</p>
iv. sports		*			<p>Many countries have involved disabled people in the national level sports. In some countries national sports activities are collaborated between Ministry of Social Welfare and Ministry of Sports as in the case of Sri Lanka. In Bangladesh district level sports have included some events for disabled people. Also a National Sports Federation has been formed to facilitate furtherance of sports activities for people with disabilities. In some states disabled people have participated in paralympics and abilympics including Sri Lanka. These disabled people have earned glory for many states. In some states GO &amp; NGO focus on sports involvement in Paralympics and international events, as in the case of Pakistan. In Hong Kong China athletes with disabilities have made remarkable achievements in the international events in the past decade. However, facilities for promotion of sports remain with lack of adequate allocation of resources and training facilities to include other disabled people. These facilities are often centralized/urban area based. In some countries sports of disabled people at national levels are conducted by NGOs, mainly federations or associations of disabled persons with the Department of Social Services as in the case of Sri Lanka, however in most cases by the government, as in the case of Pakistan.</p>
v. arts and cultural activities		*			<p>Although all states have stated that disabled people are encouraged to participate in arts and cultural activities, little examples have been cited in this regard. Often the promotion of disabled people in the area of arts and cultural activities are individual effort, an example has been cited of disabled person's becoming a popular singer in the national media, as in Hong Kong China.</p> <p>In some countries social welfare and culture affairs ministry assist disabled people. In these countries these activities are run through CBR organizations. For example in Bangladesh the</p>

				<p>Ministry of Social Welfare in association with the NGOs organizes regular cultural events in its observance of different days in the country. Many NGOs independently organize cultural and sports events for people with disabilities. These are however very limited, particularly to city areas.</p> <p>In many states, promotion of community life and participation in community festivities are managed by grass roots organizations, often rarely and in special cases, of disabled people. Participation of women in these festivities is marginal. Only recently community integration programs are looking at Cultural participation by SHOs.</p> <p>In Hong Kong China Public education programs relating to disability are organized regularly by rehabilitation organizations and district councils at the community level. In Thailand public education programs relating to disability are organized regularly by rehabilitation organizations and the office of the Provincial Committee.</p> <p>In Bangladesh 350 PwDs were included as election observers during the latest general election.</p>
vi. community life and community festivities	*			
vii. observance of national and international days of disabled persons		*		<p>In many states national and international days of disability has been observed in befitting manner including Bangladesh, Thailand. In Bangladesh the first Wednesday of April has been declared and observed as the National Day for the Disabled Persons since 1999. Public education programs through seminars and workshops on national and international days of disability have involved GO, NGOs including self-help groups. Since 1993 Hong Kong China celebrates the International Day of Disabled Persons annually. Mongolia has celebrated the 2001 as the "Year of Promotion of the Disabled". Inter-agency committees including PwDs celebrate Philippine National Disability Prevention and Rehabilitation Week. These are in most cases coordinated by social welfare department in which NGOs and SHOs representative join.</p> <p>Only few states have responded on media opportunities for disabled people. In Bangladesh in the recent years media has played an important role by focusing on needs, and rights of disabled people. In some countries these disabled people who have received exposure to media through individual effort, as in Hong Kong China.</p>
viii. media opportunities	*			

<b>Issues / problems faced in the Implementation of Decade Agenda</b>	
<p>Not all states have been successful to take up means to promote positive images of disabled people in the areas of education, training, employment, sports, arts and cultural activities through use of national and international days of disabled persons, community festivities and media opportunities. Promotional programs still remains as a "special day" program in many states. Still disabled people are not entitled to be enrolled in general schools, vocational training / technical training programs, recruitment of government and non-government jobs etc. A Quota system have been taken up by some Governments, however, these quota are not implemented in action.</p> <p>Some NGOs have taken community based programs to assist disabled people participate in social and economic activities. These programs are often not coordinated among services providers. Advocacy programs run by these organizations are still to become a mainstream rights based programs for the actual promotion of positive images of disabled people.</p>	
<b>Future plan of action</b>	
<p>In the next Decade agenda there will be required a coordinated systems of promoting disabled people in the areas of education, training, employment, sports, arts and cultural activities among GO, NGO, and organizations of disabled persons with a specific plan of action with appropriate mechanisms of monitoring achievements of programs with adequate involvement of community based programs with services providers and disabled people.</p>	

<b>Target 1.9</b>				
<b>Target Component for Implementation</b>	<b>Average Response (Asterisk)</b>			<b>Description</b>
	<b>0</b>	<b>1</b>	<b>2</b>	
a. Establish effective communication channels at national and community levels to ensure effective information flow		*		
<p>To establish effective communication channels among all concerned with disability matters, at national and community levels, to ensure information flow effective problem solving as well as multi-sectoral consultation, especially with self-help groups and NGOs serving disabled people.</p> <p>Only few states have stated that they have such communications channels expanding to all corners of the state. In Hong Kong China the Joint Council for Physically Disabled and Hong Kong Council of Social Service work closely with Government and facilitates communication between GO departments and NGO. In Thailand the communication channel has been established through a National Committee and the National Council on Social Welfare of Thailand including self-help organizations.</p> <p>In majority of the states experiencing a network in the center, as in the case of Japan securing communication with the relevant administrative organs, loosening toward the periphery.</p> <p>In the peripheral areas, the self-help groups and NGOs have communication channels among themselves.</p>				

<p>b. Involvement of self-help organizations and NGOs serving disabled people</p>	<p>*</p>		<p>In majority states, the NGOs and self-help organizations are not adequately represented at all levels – national, provincial, sub-national etc. Therefore, in most states communication channels could not successfully used for timely consultation and effective problem solving practice.</p> <p>In Hong Kong China networking among self-help disability groups and rehabilitation NGOs at the community level are undertaken by the district offices of Government's Social Welfare Department.</p> <p>In Thailand some sort of networking of self help disability groups and rehabilitation NGOs at the community level exists which is undertaken by the Provincial Committee. In Bangladesh NFOWD had formed a bridge between GO and NGO in developing and updating national policy and legislation by involving GO, NGOs in the national and executive committee. Some grassroots NGO networks are coordinating GO and NGO interventions. Increasing efforts are being taken to bring community levels within the communication channels to ensure effective information flow. In addition information is accumulated and disseminated using print and electronic media, namely through CSID as one of them. Only few states have been able to develop electronic link among the self-help groups to the central level.</p>
<p><b>Issues / problems faced in the Implementation of Decade Agenda</b></p> <p>Communication channels regarding disability at the national and community level is still very weak. Since the NCCs are quite weak in structure, many relevant GO ministries/departments/agencies are not included, also the disabled people's organizations. This is restricting effective information flow among all levels – national, sub-national coordination and executive committees. In fact, this lack does not provide any opportunity for timely consultation, or problem solving opportunities.</p>			
<p><b>Future plan of action</b></p> <p>In the next Decade agenda special attention needs to be given to establish a channel of communication among different levels, which is quick and involves all parties.</p>			

**Target 1.10**

To ensure that information on all programs, services and provisions for people with disabilities, including all legislation and amendments pertaining to equalization of opportunities for people with disabilities, is adequately compiled, disseminated, and publicized in accessible formats and languages suited to the literacy levels of persons with disabilities and their families.

Target Component for Implementation	Average Response (Asterisk)			Description
	0	1	2	
a. information on all programs, services and provisions pertaining to equalization of opportunities are compiled, disseminated and publicized in accessible formats and languages to persons with disabilities and their families		*		<p>A few states have compiled, disseminated and publicized information pertaining to service and equalization in both local languages and Braille copies, or in bold letters to disabled people and their families through the self-help group of disabled people in the community. In Bangladesh, the national disability policy has been published with a detailed narration and explanation and widely circulated to disabled people. Some workshops and seminars have been organized at national and district levels to publicize available services for disabled people.</p> <p>In Thailand the Committee, NGOs and self help organizations have distributed the information on legislation, services to disabled people and their families. Workshops and Seminars have been organized to publicize available services for disabled people. Braille copies are distributed and radio programs are transmitted to families with visually impaired members.</p> <p>In Turkey the Department for Affairs of Disabled People supports municipalities and non-governmental organizations to prepare information about disabilities for visual and written media, prepare publications, and in preparation of educational films. For some states availability of Braille copies became an issue regarding this.</p> <p>In many cases Government departments have failed to disseminate Braille copies and simplified versions of their publications available for people with visual impairments and mental handicap, as in the case of Hong Kong China.</p>
<b>Issues / problems faced in the Implementation of Decade Agenda</b>				
States are very much lagging behind in spreading information to grass roots people with disabilities and their families regarding programs, services, legislations since these documents are seldom compiled, disseminated and publicized in such formats and languages which are accessible by disabled people and their families.				
<b>Future plan of action</b>				
All states must give extra priority on development and spreading of information regarding programs, services and provisions using appropriate media to compile, disseminate, and publicize in accessible formats and languages to disabled people and their families through community based programs and involvement of self-help organizations of disabled people.				

**Target 1.11**

To set up appropriate mechanisms to obtain accurate data and regular updates on disability groups, as well as information about their family and life situations, including case studies, and such other information that will encourage informed conclusions about disabled people's access to services and progress towards equalization of opportunities for people with disabilities, for the purpose of policy formulation, as well as to ensure responsible use of all personal data to protect the privacy rights of persons with disabilities.				
Target Component for Implementation	Average Response (Asterisk)			Description
	0	1	2	
a. Mechanisms are set up to obtain accurate data and regular updates on disability groups as well as information about their family and life situations		*		
b. Data encouraged informed conclusions about access to services and towards equalization of opportunities		*		

In comparably technologically developed states such as Japan, China, Hong Kong China and Thailand have some websites for disabled people, which are shared by disabled people. In another states in the region, the central registry system for rehabilitation set up under the Government's Health, Welfare and Food Bureau in Hong Kong China, however the disability data are recognized as under-reported. Also in Thailand a Central Registry for Rehabilitation set up is available under the Ministry of Labor and Social Welfare, the office of the Committee for Rehabilitation of Disabled Persons. The office has set up the directory of organizations working with disabled, which is also the practice in Bangladesh where a directory of organizations working in the field of disability has been developed, which has been updated twice, and recently initiatives have been taken to update the directory annually. This provides adequate and updated information on national resources and service availability. In some countries the central database is absent with the government where the NGOs have developed databases on services for disabled people. Some of these databases are shared throughout the country, as in Bangladesh. In Turkey the Department for Affairs of Disabled conducts research about disabled people, collect statistical data, and construct databases on disabled people. In Bangladesh, the last census (2001) has for the first time incorporated in the national census tools. In many countries databases are used for special purposes, for identification of poor disabled people or unemployed for training or jobs. In Thailand the office of the Committee has collected studies and problems of disabled people to use as a reference for development of national plan. In Bangladesh, some research has been undertaken to focus on situation of disabled people, prevalence of disability and gave policy directions which are being used as reference for development of national policies and plans. Disparity among data is major issues among the service providers, which hinders the informed use of data on disabled people. Moreover, there have been fewer researches and studies, as in the case of Hong Kong China. However, all states responding to this target area have noted that the available data are used to the

c. Data used for policy formulation	*		<p>extent.</p> <p>Databases are used for policy formulation varied among states depending on quality of data. In Hong Kong China The Personal Data (Privacy) Ordinance was newly introduced and has been properly observed. In one state it has been stated that the database was very much used when developing disability policy for the state.</p>
d. Data on private information protected privacy rights of disabled people	*		<p>In Hong Kong China relevant data have been used together with overseas prevalence rates, in projection of the population of various disability groups during the Rehabilitation Program Plan. In Thailand, it has been stated that the data privacy protection regulation has been passed which ensures preservation of privacy rights of disabled people.</p> <p>In other states, nothing has been stated how privacy rights are protected for disabled people.</p>
<b>Issues / problems faced in the Implementation of Decade Agenda</b>			
<p>Little efforts have been taken in this area, meaning some databases have been developed by some networking organizations. These databases are shared among their members, thus excluding other service providers. These networks often include information about programs and services. Detail information is not available in these network databases.</p>			
<p>These databases do not include case studies, and such information that encourages informed conclusion about access of disabled people in services. These databases could not be useful for policy formulation.</p>			
<p>Preservation of privacy rights of disabled people becomes obviously questionable if properly implemented, when it is evident that not all states have developed any law to protect the rights of data for disabled people. Only few states have legislation in this area.</p>			
<b>Future plan of action</b>			
<p>The existing databases need to be linked with each other, and should be accessible by everyone who would like to be helped with. There needs to be a coordination of management of these networked databases. Some features, which are currently absent in these databases needs to be included as following the target of the Decade agenda.</p>			

## **EMERGING ISSUES**

There were emerging concerns about the lack of social security, and the need for poverty reduction strategies to improve the situation for people with disabilities. Some governments reported that their initiatives had been limited by the high cost of dealing with the aftermath of war, economic downturns and political unrest.

In the Solomon Islands, any progress in the national coordination was affected by ethnic unrest and lack of government support over a 10 year period. In the result, no action had been taken since signing to the Proclamation.

Some countries still represent only GO organs and administrative bodies as Coordination structure as in Japan and Mongolia. However it is interesting that some of the Government of these states have started to coordinate the activities of NGO for the disabled. The mechanisms of coordination of these structures should incorporate 'facilitating' approach toward these NGOs so that representation is encouraged from different levels.

At the tail of the decade, some countries have stated that they have not made any progress like Solomon Islands, and some countries are discussing members of coordination structures and considering disabled people. Measures need to be taken to ensure balanced representation.

Some achievements made by some governments are really unique, as in Thailand. They have enacted the Workmen's Compensation Act in 1994 to provide protection for employees disabled at work so that they receive compensation for medical expenses, prosthetic devices and equipment, and physical and mental rehabilitation. Special occupational rehabilitation also provided at the Industrial Rehabilitation Center in Bangpooon, Pathum Thani Province. The act also promotes the issue of better safety and health at work places.

## **CONCLUSION**

This report has been prepared on the basis of the states upon which relevant data on National Coordination was available. In many cases the task force team did not have adequate relevant information on a large number of states, for example, in the case of Indonesia the available information stated as "Indonesian community tries hard to solve out the problems and to fulfill the 12 programs of APDDP". In some cases to the point information was not available, as in the case of Malaysia stating "Malaysia's commitment at improving the quality of life among its disabled population was further ensured through the signing of the Proclamation on Full Participation and Equality of People with Disability in the Asia and Pacific Region on May 16, 1994. In addition, through the signing of the Convention on the Rights of Children, which covers all Malaysian children, children with disabilities are ensured and assured of their rights to the full participation of both economic and social development". In the case of Nepal it is stated that "good coordination between planning, monitoring and implementing agency" can not be interpreted for what specific target this information refers to. Therefore the report has only been able to summarize the performance of "National Coordination" activities in the member countries of the Asian & Pacific region in accordance to the Decade Agenda.



It is understood from the findings and the results that in most cases that in many areas the states are behind the targets on the Agenda for Action for the Asian & Pacific Decade of Disabled Persons 1993-2002, it is quite evident from the findings that there is a positive influence of the targets on the activities carried out in each country on National Coordination. This can be interpreted as an indication of the direct effect of the ESCAP declared decade on many states. Many states in this region have very uneven strengths in economy and therefore bear a lot of limitations in the field of development on disability. However, it was also observed that there is a positive movement from the government and non-government sectors in the areas of disability interventions and development. In 2001 the Interagency Coordinating Team was allocated some fund by the National Congress to hold one day Convention on Disability, which was attended by more than 400 individuals and family members of people with disabilities. It brought to light on disability issues within social justice issues for the poor, elderly population, and those who are dispossessed that this nation has long for years. Cook Islands position for “the move to produce a national disability policy ... on the part of the government, the appointment of a Disability Officer within the Ministry of Internal Affairs in August 2000” is certainly a very encouraging momentum. In Armenia no National Coordination Council for Disabled has been established, however Ministry of Social Security (Department on Issues of Adults and Handicapped) and Social League of NGOs deal with issues of the handicapped. In Kiribati, there is no national coordination on disability however Social Welfare services are delivered through Ministry of Environment and Social Development since late 1990s. Likewise Russian Federation guarantees equal opportunities in realization of civil, economic, political and other rights and freedom guaranteed by the Constitution of the Russian Federation. Standard Rules of Maintenance of Equal Opportunities for Disabled Persons accepted by Russia places serious moral and political obligations on the states in maintaining quality of life and equality of the disabled persons. Some problems of disabled people were solved within the program of “Social Support of Disabled Persons” # 59, January 16<sup>th</sup>, 1995 which was completed in 1999. In Micronesia (Federal States of) has taken more adorable steps as preparation of developing NCC, by creating an office within the levels of government to coordinate programs and services for disabled person, by recognizing NGOs and their inputs into State Implementation Plan for people with disabilities, and by creating National Advisory Council to advice the Executive Director of Special Education program on the issues related to people with disabilities. Papua New Guinea wishes to revive the committees established back in 1998, Samoa wants it not functioning National Council revive as well. Samoan Government has adopted policy for special needs education and is implementing actively through establishment of Special Needs Education Council. This state is also implementing policy on construction works of public buildings with provisions for disabled. These are all positive signs toward development for the equalization and full participation of disabled people. These states sees a brighter future and in the next decade we will take challenges to establish full-fledge NCCs to function in all these countries that have not been able to develop it yet.

This is positive to learn as Myanmar “preparing for formation of national committee on people with disabilities”, which reminds us many of the targets have not yet been made and we need to consider a specific future plan for action for the next decade.

Progress had been uneven with some areas still requiring critical attention. While assessing the data for analysis it has been realized that in most states the impetus of the initiatives of developing a National Coordination Council, and an executive committee have been taken from the middle of the decade. About half decade is gone, but strengthening the NCC to become and effective statutory

body still remains to be achieved. Government commitment and approach to multi-sector involvement, increasing participation of disabled people, involvement of NGOs and organizations of disabled people needs to be taken seriously in practice.

When recognizing some significant achievements in many of the policy areas of the Agenda for Action, it is necessary to guard against complacency. Lack of data prevents us from knowing what percentage of our regional population of people with disabilities has had their lives impacted and their opportunities extended by the activities of the Asian and Pacific Decade of Disabled Persons, but it is clear that further action is needed to achieve full participation and equality. The establishment of national database is essential to provide accurate information on people with disabilities and their situations, without which it is difficult to plan appropriate services and to monitor progress towards the achievement of full participation and equality.

Commitment by the Governments of the region, with full sub-regional and regional cooperation, is needed to ensure that the equal rights of all people with disabilities, including the right to participate in development and decision-making are achieved in our Asian and Pacific communities by 2012.

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**ABBREVIATIONS**

AP=Asian & the Pacific  
APDDP= Asian & Pacific Decade of Disabled Persons  
CDPF= China Disabled Persons Federation.  
Decade Agenda= Agenda for Action for the Asian & Pacific Decade of Disabled Persons, 1993-2002  
DPO=Disabled People’s Organization  
DWA= Disability Welfare Act  
ESCAP=Economic and Social Commission for the Asian & the Pacific  
FNCDP= Fiji National Council of Disabled Persons  
GDC= Government Disability Committee  
GO= Government  
II=Inclusion International  
MCDS= Ministry of Community Development and Sports  
MWCSW= Ministry of Children, Women and Social Welfare  
NCC= National Coordination Council  
NCC=National Coordination Committee  
NCCD= National Coordination Council on Disability of Vietnam  
NCSS= National Council of Social Services  
NFOWD= National Foundation of Organizations Working for the Disabled  
NGO=Non-Government Organization  
RAC = Rehabilitation Advisory Committee  
RI=Rehabilitation International  
RNN= Regional NGO Network  
SHO=Self-help Organization  
TF= Task Force  
ToR=Terms of Reference  
WBA= World Blind Association  
WwD= Women with Disabilities

## **Task force on Legislation**

The Task Force Coordinator for “Legislation”, JB Munro, New Zealand, with his colleague Graham McKinstry collected information on legislation concerning persons with disabilities in AP region. This energetic work covered 14 Pacific countries and 25 Asian countries.

In this RNN Report we re-arranged the information from country by country one to topic to topic one to make comparison easier. However, provably due to characteristics of the original data sources, categories (topics) of the information are different between Pacific and Asia, and therefore this report has two parts: part 1 on Pacific and Part 2 on Asia.

We deeply appreciate the historical work JB Munro and Graham McKinstry had done and hope more information would be added by many resources persons in the RNN network on the top of this data-base. This information will be used to improve legislation concerning persons with disabilities in this region. We also thank Mari Oho, Japan, for her work to re-arrange the data sent from New Zealand.

Hisao Sato, RNN Research Coordinator

**Part 1**

<p><b><u>NAME OF COUNTRY</u></b></p>	<p><b>2.1 To establish a suitable mechanism to examine and identify all substantive and procedural laws, such as those covering inheritance, marriage and properties, as well as criminal and civil procedure codes and policy provisions on various subjects.</b></p> <p><b>Score ( 0&gt;4)</b></p> <p><b>Status of action towards target fulfilment by year 2002, and explanatory notes on status.</b></p>
<p><b>AUSTRALIA</b></p>	<p><b>Score ( 0&gt;4) : 4</b></p> <p>Australian Commonwealth law has adopted all major UN conventions on human rights, including rights of children and persons with disabilities. It has a sophisticated legal text system so that legal information is readily accessible.</p> <p>Australian states all have guardianship laws in respect of persons who are unable to manage property or welfare. Claims may be made against estates for reasonable provision for persons who were dependent upon the testator.</p> <p>There is no impediment to marriage for persons with a disability.</p> <p>There is a presumption of sanity until the contrary is proved, and criminal responsibility cannot be imparted to persons unable to understand the nature and quality of acts or omissions.</p> <p>Australian states all have offences to engage in sexual relations with a person with an intellectual disability.</p>
<p><b>COOK ISLANDS</b></p>	<p><b>Score ( 0&gt;4) : 2</b></p> <p>The Cook Islands has a system of consolidating statutes. The last consolidation was in 1994 with law to May 1994, and with annual legislation published after that date.</p> <p><u>Estates and Inheritance.</u> NZ Law applies.</p> <p><u>Marriage.</u> There s no impediment to marriage for persons with a disability.</p> <p><u>Criminal Codes.</u> <u>There is a presumption of sanity until proved otherwise. No person may be convicted if he was labouring under natural imbecility or disease of the mind to such an extent to render him incapable of understanding the nature and quality of t</u></p> <p>There is an offence of having sexual intercourse with a woman or a girl who is an idiot or imbecile.</p>
<p><b>FEDERATED STATES OF MICRONESIA.</b></p>	<p><b>Score ( 0&gt;4) :</b></p> <p>The laws of FSM have all been codified.</p> <p>Criminal Codes..</p>

	<p>There is a defence to an allegation if the Court upon competent medical advice or other evidence decides that the accused was so insane that he did not know the nature and quality of his act. Similarly a person is not responsible for criminal conduct if h</p> <p>It is a crime to deprive persons of their civil rights.</p> <p>There is an offence of aggravated sexual assault where the victim was mentally or physically incapable of resisting.</p>
<b>MARSHALL SLANDS</b>	<p><b>Score ( 0&gt;4) : 2</b></p> <p>The law of the constituent territories of the Marshall Islands was developed into a Code in 1975, and that Code was last revised to 1988. (Laws after 1990 not held at USP)</p> <p><u>Estates and Inheritance.</u> There is no prohibition to any person with a disability from inheriting an equal share of property.</p> <p><u>Marriage.</u> There is no impediment to marriage for any person with a disability.</p> <p><u>Property.</u> A provision for the appointment of a guardian for persons unable to manage their property or welfare exists under Title 25 of the Code.</p> <p><u>Criminal Codes.</u> There is a potential finding of insanity if a person was unable to know the quality and nature of his action.</p>
<b>NAURU</b>	<p><b>Score ( 0&gt;4) : 3</b></p> <p>Nauru has a system of reprinting statutes, the last consolidation being to 1999.</p> <p><u>Estates and Inheritance.</u> Under the Succession, Probate and Administration Act 1976, if <u>intestacy occurs, there is equal division between children. There is a power to appoint a Curator to administer intestate estates. There is no provision for making a cl</u></p> <p><u>Marriage.</u> There is no impediment to marriage for persons with a disability.</p> <p><u>Criminal Codes.</u> There is a presumption of sanity unless proved otherwise. A person cannot be tried if " he is in a state of mental disease or natural mental infirmity as to deprive him of the capacity to understand what he is doing, or the capacity to con</p> <p>There is an offence of having unlawful carnal knowledge of a woman or girl, knowing her to be an idiot or imbecile.</p> <p>There is a duty to provide the necessaries of life.</p>
<b>NIUE</b>	<p><b>Score ( 0&gt;4) : 3</b></p> <p>In 1990, Victoria University, Wellington, completed the first full consolidation of the laws of Niue. The last material available at USP was dated 1997. The main legislation remains the NZ Niue Act.</p> <p><u>Estates and Inheritance.</u> Intestate Succession determined by custom or under NZ Administration Act.</p> <p><u>Marriage.</u> There is no impediment to marriage for a person with a disability.</p> <p><u>Property.</u> Trustees for Niueans, Section 500 et seq.</p>

	<p>Applies to any Niuean who is entitled to any interest in "any property, (other than an interest in Niuean land)". The jurisdiction is invested in the Land Court. It applies to any person under disability", being a minor, or of unsound mind, subject to any</p> <p>If an order is made, it must state the nature of the disability or minority. The Court may define or limit the powers of the trustee/s, and the property must remain in trust.</p> <p><u>Criminal Codes.</u></p> <p>Section 238 Common Law defences to Criminal Charges." All rules and principles of the common law which render any circumstances a justification or excuse for any action, or defence to any charge remain in force..."</p> <p>Part XXVI Persons of Unsound Mind.</p> <p>Section 600 A "Medical Officer" may make application to the High Court for an order committing any person to medical custody on the grounds that the person is of unsound mind. Requires certificates of Director of Health or 2 Medical Officers that the pers</p> <p>Section 616 Any person charged with an offence in the High Court found to be of unsound mind so that he cannot understand the nature of proceedings shall not be tried but maybe detained at the Governor Generals pleasure. See also Section 620, a finding of</p> <p>A person who has charge of another who is unable to provide himself with the necessaries of life and care for himself by reason of age, sickness, insanity or any other cause is required to provide necessaries of life, and may be charged with omitting to p</p> <p>It is an offence to have sexual relations with any woman or girl who is an idiot or imbecile.</p>
<p><b>PAPUA NEW GUINEA</b></p>	<p><b>Score ( 0&gt;4) : 2</b></p> <p><u>Criminal Code.</u> There is a presumption of soundness of mind. There cannot be criminal responsibility if at the time of he offence, the person was in such a state of mental disease or natural mental infirmity as to deprive him of the capacity to understand</p> <p>There is an offence if a person, knowing a woman or girl to be an idiot or imbecile has or attempts to have unlawful carnal knowledge of her.</p> <p>There is a duty to provide the necessaries of life to a person who is unable by reason of age sickness, or unsoundness of mind to provide for themselves.</p>
<p><b>SAMOA</b></p> <p><b>[Statutory Reprints from 1978 to 1996 states law to 1/1/97. Older reprint series must be consulted for period prior to 1978.</b></p>	<p><b>Score ( 0&gt;4) : 3</b></p> <p>Samoa has a system of reprinting statutes, with the last consolidation being to 1997. Samoa has are separate acts for the main topics referred to above, all of which acts follow New Zealand legislation in abbreviated form</p> <p><u>Estates and Inheritance.</u> Under the Administration Act 1975 Part IV, an application for further and better provision can be made by widow/er, parent, child or grandchild where "insufficient provision" for them has been made</p> <p><u>Marriage.</u> There is no impediment to marriage for persons with a disability.</p>



<p>USP holds these reprints plus 1 volume for 1998 (in which there is nothing of relevance). USP also has obtained legislation till 2001 but this was not available as it was away to be scanned into the database. However this most probably will not be available for a month or more (from 21 /5).]</p>	<p><u>Property.</u> There is provision for statutory management of property for persons who are "mentally defective".</p> <p><u>Criminal codes.</u></p> <p>Criminal Ordinance 1961.</p> <p>Matters of justification in relation to any offence. The provision follows the UK McNaghten Rules.</p> <p>Section 13 Insanity. There is a presumption of sanity until the contrary is proved. There can be no conviction for an act or omission committed by anyone "while labouring under natural imbecility or disease of the mind to such an extent as to render him i</p> <p>There is also a provision in the Mental Health Ordinance 1961, section 11, which says that an insane person is not to be tried, if a person is of unsound mind so that he cannot understand the nature of proceedings. Such a person may be detained at pleasur</p> <p>There is an offence to have sexual intercourse with a woman or a girl who is an idiot or an imbecile if it is known or there is good reason to believe that the victim is an idiot or imbecile.</p> <p>Section 77 of the Criminal Ordinance imposes a duty to provide the necessaries of life on a person who has charge of another who "is unable by reason of age, sickness, insanity or any other cause" to care for themselves.</p>
<p><b>THE SOLOMON ISLANDS</b></p>	<p>Score ( 0&gt;4) : 3</p> <p>The Solomon Islands has a system of consolidating and reprinting statutes. The last consolidation was published in 1998, with law stated to the end of 1996. There are post-consolidation volumes.</p> <p><u>Estates and Administration.</u> The Wills, Probate and Administration Act provides that where a person leaves a Will "without making therein adequate provision for the proper maintenance and support of his spouse or children, the Court may in its discretion.</p> <p><u>Marriage.</u> There is no impediment to marriage for persons with a disability. _</p> <p><u>Property.</u> Under the Mental Treatment Act, the High Court may make orders for the guardianship and management of the estate of persons of an unsound mind or in a mental hospital.</p> <p><u>Criminal Codes.</u> Under the Criminal Procedure Code, the Court may make an enquiry if it appears an accused is of unsound mind so as is incapable of making his defence. There is a presumption of sanity until proved otherwise. It is a defence if a person u</p> <p>There is a duty to provide necessaries of life to a person unable to care for themselves by reason of age, sickness, unsoundness of mind..."</p>
<p><b>THE FIJI ISLANDS</b></p>	<p>Score ( 0&gt;4) : 3</p> <p>Fiji has a system of reprinting its statutes, but the last main consolidation was in 1985. A general index was produced in 1999.</p>

	<p><u>Estates and Inheritance.</u> Applicants for further and better provision out of an estate include, parent, son or daughter " who by reason of some mental or physical disability is incapable of maintaining himself." The Court may order that reasonable provisio</p> <p><u>Marriage.</u> There is no impediment to marriage for a person with a disability.</p> <p><u>Property.</u> The Public Trustee may be appointed to have the management and care of the property of every person of unsound mind.</p> <p><u>Criminal Codes.</u> There is a presumption of sanity until proved otherwise. A person is not responsible for criminal acts or omissions if by reason of any disease affecting his mind, he is incapable of understanding what he is doing or of knowing that he oug</p> <p>There is an offence of having unlawful carnal knowledge of any female person suffering from severe subnormality.</p>
<b>TOKELAU</b>	<p><b>Score ( 0&gt;4) : 2</b></p> <p>Prior to 1996 the primary source of law was the NZ Tokelau Act 1948, until independence. In 1997, a compilation of laws applicable in Tokelau was completed. However, the main sources of law for Tokelau remain the custom of Tokelau, some of which has been</p> <p>A considerable number of Acts of New Zealand remain in force.</p> <p>No written "European style "legislation applicable to disability has yet been enacted by Tokelau. Tokelau has adopted the same UN Conventions as New Zealand.</p>
<b>TONGA</b>	<p><b>Score ( 0&gt;4) : 3</b></p> <p>Tonga has a system of reprinting its statutes, last consolidated in 1988, with single volumes issued after that.</p> <p><u>Estates and Inheritance.</u> Tonga retains a system of succession to hereditary estates and titles, through the line from eldest male, but persons of unsound mind may not succeed. There is a system of inheritance on intestacy.</p> <p><u>Marriage.</u> There is no impediment to marriage for persons with a disability, except possibly in relation to marriage to a person in line of succession to the monarchy.</p> <p><u>Property.</u> Tonga has a Land Act, under which, in theory, all males are entitled to two allotments of land, and all are hereditary.</p> <p><u>Criminal codes.</u> Under the Supreme Court Rules, there is a right to a person of unsound mind, or who is incapable of managing his own affairs to sue or defend through a person entrusted to manage his property.</p> <p>There is an exemption from criminal responsibility for acts or omissions if a person was insane in that he was suffering from such a state of mental disease as to deprive him of capacity to understand the physical quality and nature of the act or omission</p> <p>The definition of rape includes a definition that the offender was aware that the victim was "feeble minded, insane, or was an idiot or an imbecile as to be incapable of giving or refusing consent". Note that this offence is defined as rape, whereas in al</p>

TUVALU	<p>Score ( 0&gt;4) : 2</p> <p><u>Estates and Inheritance.</u> Not known.</p> <p><u>Marriage.</u> There is no impediment to marriage for persons with a disability.</p> <p><u>Criminal Codes.</u> There is a presumption of sanity unless proved otherwise. There is no criminal responsibility for act or omission for any person if he is through any disease affecting his mind incapable of understanding what he is doing or knowing that he</p> <p>There is an offence to have sexual intercourse with any female idiot or imbecile woman or girl.</p> <p>There is a duty to provide the necessaries of life.</p>
VANUATU	<p>Score ( 0&gt;4) : 2</p> <p>Vanuatu has a system of reprinting its statutes, with the last revised edition being till June 1988. It is difficult to ascertain clearly the current state of law, as some law which applied before the Constitution date remains in force.</p> <p><u>Estates and Inheritance.</u> Probate or authority to administer estate cannot be issued until the Court is satisfied that adequate provision has been made for the maintenance of the spouse and children under 18. Wills Act Section 13(2).</p> <p><u>Marriage.</u> There is no impediment to marriage for persons with a disability.</p> <p><u>Criminal Codes.</u> there is a presumption of sanity unless proved otherwise. The Court may order a medical report to determine whether a person, by reason of insanity or other mental disorder is unfit to plead or stand trial. If so, the Court may place the p</p>

<p><u>NAME OF COUNTRY</u></p>	<p><b>2.2 To amend substantive and procedural laws to include enabling provisions which would provide equal legal protection to persons with disabilities, including women with disabilities, and people with intellectual disabilities, repeal provisions that restrict their full participation and equalisation of opportunities, or which are discriminatory.</b></p> <p>Score ( 0&gt;4)</p> <p>Status of action towards target fulfilment by year 2002, and explanatory notes on status.</p>
AUSTRALIA	Score ( 0>4) : 4

	<p>Australia has adopted all major UN Conventions on human rights, including rights of children, persons with disabilities and prevention of discrimination against women (CEDAW). Australia has a major Commonwealth statute, the Disability Discrimination Act 1992, which expressly prohibits discrimination on the grounds of disability, directly, indirectly or by harassment. The definitions employed are wide, and include disabilities with physical, systemic, or genetic origins. In the Commonwealth legislation, there is nothing which can be regarded as discriminatory, but duties imposed are community duties, so that for example, individuals as employers may be exempt from provisions which cast direct financial responsibility on them. The Disability Services Act 1986 has objectives to assist persons with a disability to take their place in the community, to achieve maximum potential and integration. The Act does not prescribe how this is to be done but relates to the provision of funding to assist towards these objectives.</p>
<b>COOK ISLANDS</b>	<p><b>Score ( 0&gt;4) : 3</b></p> <p>The Constitution of the Cook Islands has a section on Fundamental Human Rights and Freedoms. Although there is no specific mention of the rights of persons with disabilities, or no prohibition of discrimination on the grounds of disability, all individuals have a right of equality before the law and a right of protection by the law. In 1998, an Electoral Act was passed which provides that “persons of unsound mind” are not eligible to vote.</p> <p><u>Education.</u> There is a compulsory requirement to attend school between the ages of 5 and 15, unless a child is receiving adequate education in another manner or is no longer benefiting from attendance at school. All children attending school are entitled to “medical and dental inspection, and treatment without cost.”</p> <p>Under the Entry, Residence and Departure Act, it is unlawful for any person who, in the opinion of the Director of Health, is mentally defective to enter the country.</p> <p>After consultation with the Cook Islands, NZ ratified the UN Convention on Elimination of all Forms of Discrimination against Women (1981) in 1985, and therefore the Convention is adopted by the Cook Islands.</p>
<b>FEDERATED STATES OF MICRONESIA.</b>	<p><b>Score ( 0&gt;4) :</b></p> <p>Education. There is compulsory education up to the age of 14, including for children with disability. There is a requirement to establish the ongoing identification, diagnosis, certification and education of children with disabilities. These include children having mental retardation, hearing impairments, speech or language impairments, visual impairments, serious emotional disturbance, orthopaedic impairments, autism, traumatic brain injury, and specific learning disabilities.</p> <p>Health needs are to be assessed on criteria including needs of low income persons, racial and ethnic minorities, women, handicapped persons and the elderly.</p>

	<p>There is a prohibition against immigration of persons with serious mental irresponsibility, having been judged insane or incompetent, or having been treated for serious mental or neurological disorders.</p>
<b>MARSHALL ISLANDS</b>	<p><b>Score ( 0&gt;4) : 2</b></p> <p>The Constitution (Section 12) provides for equal protection and freedom from discrimination. It does not refer directly to persons with a disability.</p> <p>Under Section 15 of the Constitution, the Government recognises the right of the people to health care, education and legal services and the obligation to take every step reasonable and necessary to provide these services.</p> <p>No permit or visa for immigration is available for a person of unsound mind or who is mentally defective, or irresponsible or an incompetent or a chronic alcoholic.</p>
<b>NAURU</b>	<p><b>Score ( 0&gt;4) : 3</b></p> <p>The Constitution declares Nauru to be an independent Republic. It declares that every person in Nauru is entitled to fundamental rights, including respect for his private and family life. There is no specific prohibition against discrimination on the grounds of disability.</p> <p><u>Education.</u> There is a Compulsory Education Ordinance, requiring compulsory education for all Nauruan children between the ages of 6 to 16 (or 6-15 if they have European parents). There are no specific provisions for education of children with a disability.</p> <p><u>Immigration.</u> New Immigration legislation was passed in 1999, with a later commencement date. A copy was not available.</p> <p>The Electoral Ordinance of 1965 states that persons of unsound mind are not entitled to vote.</p>
<b>NIUE</b>	<p><b>Score ( 0&gt;4) : 2</b></p> <p>After consultation with Niue, NZ ratified the UN Convention on Elimination of all Forms of Discrimination against Women (1981) in 1985, and therefore the Convention is adopted by Niue.</p> <p>S 23 A. (1) Duty of Director of Health to provide such medical and surgical services as maybe reasonably required and reasonably practicable</p> <p>(2) Niueans are eligible for free medical and surgical treatment, aid and assistance provided by any medical officer employed by Public Service.</p> <p>Section 61 requires the Cabinet to make provision for health welfare and other social services.</p> <p>This section also requires the Cabinet to establish and maintain public schools, and make other provisions to provide educational opportunities.</p> <p>No specific mention of persons with an intellectual disability in any provisions searched.</p>
<b>PAPUA NEW</b>	<p><b>Score ( 0&gt;4) :</b></p>

<b>GUINEA</b>	No information available.
<b>SAMOA</b>	<p>Score ( 0&gt;4) : 2</p> <p>The Constitution declares Samoa to be a free and sovereign independent state.</p> <p>Section 15 provides:</p> <p>“(1) All persons are equal before the law and entitled to equal protection under the law.”</p> <p>There can be no laws to subject disability or restriction on anyone, but a disability as such is not a ground of discrimination. (S 15(2)).</p> <p>“(3) Nothing shall: -</p> <p>(b) prevent the making of any provision for the protection or advancement of women or children or of any socially or educationally retarded class of persons.</p> <p>The Constitution as to composition of Parliament does not restrict qualification. The only statutory restriction found was in the Alienation of Customary Land Act 1966 which says that some customary land for agricultural or pastoral use may not be leased to a person who does not have matai status. Under the Samoan Status Act 1963, eligibility for matai status is confined to Samoans.</p> <p>Samoa has a Ministry of Women's Affairs Act 1990, which encourages promotion and co-ordination of women's affairs, particularly with reference to primary health care, village and district sanitation, childcare, and training for women with promotion of home economics.</p> <p><u>Education.</u> The Education Ordinance 1959. There is compulsory education for all children from age 5 to age 14. The Village Authority is required to ensure that children are enrolled unless exempted on grounds that the child is "unable to attend school regularly or is unable to be educated by reason of physical or mental handicap." Under Section 18, "The Director may provide such means as he thinks fit to satisfy himself that every child of school age who is suffering from disability of body or mind of such magnitude as to require special education and is receiving tuition privately is receiving efficient and suitable education".</p> <p>The Director may require enrolment in a special school which is "a school which specialises in the provision of education for children suffering from any physical or mental handicap", or in a special class " which is intended to provide tuition for children who for any reason require special attention or assistance in their education".</p> <p>The Immigration Act 1966 relates to persons who are not Samoan citizens or permanent residents. The Act specifies classes of prohibited immigrants, not subject to discretionary entry. Under Section 10(e) "Any person certified by the Director General of Health or any medical officer authorised by him to be an idiot or insane" is automatically prohibited entry.</p>
<b>THE SOLOMON</b>	Score ( 0>4) : 2

<b>ISLANDS</b>	<p>The Constitution states that no law shall make any provision that is discriminatory, either of itself or in its effect. Discrimination is defined to mean "affording different treatment to different persons attributable wholly or mainly to their respective descriptions by race, place of origin,, political opinions colour, creed or sex, and suffers a disability because of these factors. There is no direct ground of discrimination relating to physical, mental or intellectual disability, but there is a qualification that a law that may appear discriminatory will not be considered as such if it is for "the advancement of the more disadvantaged members of the community".</p> <p>The Education Act establishes an Education Board, and system for registration of schools. The age of entry into schools is 6 up to 9, but there does not appear to be a provision making education compulsory. There is nothing in the education law about provision for pupils with a disability, or establishment of special schools or services for pupils with a disability.</p> <p>The Immigration Act contains a prohibition against a person if a Government Medical Officer certifies that the person is suffering from a mental disorder, or is a mental defective and that his presence in the Solomon Islands would be a danger to the community. A person can be naturalised as a citizen if he "is of full age and capacity"</p>
<b>THE FIJI ISLANDS</b>	<p>Score ( 0&gt;4) : 3</p> <p>Fiji passed a Human Rights Commission Act in 1999.</p> <p>Fiji has enacted the Fiji National Council of Disabled Persons Act 1994, with advisory committees for health, education, legal matters, housing transport and environment, vocational training and employment and sports and recreation.</p> <p><u>Education.</u> The Education Act has a general principle that children should be educated in accordance with the wishes of their parents. There is compulsory education to an age specified by Ministerial Order.</p> <p>Persons certified to be suffering from mental disorder or to be a mental defective are prohibited immigrants if their presence in Fiji would be a danger to the community.</p>
<b>TOKELAU</b>	
<b>TONGA</b>	<p>Score ( 0&gt;4) : 2</p> <p>The Constitution of 1875 provides: -</p> <p>" There shall be but one law for Tonga, for chiefs and commoners, for non-Tongans and Tongans. No laws shall be enacted for one class and not another class but the law shall be the same for all the people of the land".</p> <p>There is almost universal suffrage but persons who are insane or an imbecile are not entitled to vote.</p> <p>The Immigration Act (CAP 62) has prohibited classes of immigrants including any person who is certified to be suffering from mental disorder or is a mental defective, and that his presence in the Kingdom would be a danger to the community.</p>

	<p>The Education Act (Cap 86), under Section 52 requires compulsory education between the ages of 6 and 13 inclusive for everyone living within 2 miles of a school unless other arrangements are made or the child is prevented from attending school by sickness or any other avoidable cause. There is nothing in the Act about education for children with disabilities, although the possibility of classifying schools for pupils and types of education does exist.</p> <p>Some traditional land laws requires inheritance along hereditary lines, eg all to eldest son, subject to life interest to widow.</p>
<b>TUVALU</b>	<p><b>Score ( 0&gt;4) : 2</b></p> <p>The Constitution guarantees freedom from discrimination. Disability is not specifically mentioned as a ground for discrimination.</p> <p>Local Councils have a function to provide compulsory education for children between the ages of 5 and 15.</p>
<b>VANUATU</b>	<p><b>Score ( 0&gt;4) : 2</b></p> <p>The Constitution created Vanuatu as a sovereign democratic state. It establishes basic human rights without specific reference to persons with a disability.</p> <p>Vanuatu has encountered some conflicts between provisions in its Constitution, particularly in relation to customary land rights. In one case, the Court decided that, although Article 5 guaranteed equal rights for women, customary land must prevail to determine ownership of land, but customary rights were to be disregarded if their effect was discriminatory.</p> <p>However, in the case in question the outcome was that the right to income from land was granted, rather than ownership of land.</p>

<b><u>NAME OF COUNTRY</u></b>	<p><b>2.3 To enact a basic law with an effective in-built implementation and enforcement mechanism to protect the rights of persons with disabilities, including women with disabilities and people with intellectual disabilities, to promote affirmative action in their favour and to eliminate discriminatory practices as well as architectural and communication barriers.</b></p> <p><b>Score ( 0&gt;4)</b></p> <p><b>Status of action towards target fulfilment by year 2002, and explanatory notes on status.</b></p>
<b>AUSTRALIA</b>	<p><b>Score ( 0&gt;4) : 4</b></p>



	<p>Australia has adopted all major UN Conventions on human rights, including the rights of children, persons with disabilities, and prevention of discrimination against women, and has its own major Commonwealth statute expressly prohibiting discrimination against persons with a disability. It has a Disability Services Act to provide a basis for funding to assist persons with a disability to take their place in an integrated society. It has legislation allowing tenants with a disability to alter premises to make them accessible ( but also protecting the individual owners of those properties from financial exposure). The right to education may not be denied to persons with a disability unless the educational authority suffers unjustifiable hardship in providing particular services. It is unlawful to discriminate in employment against a person on the grounds that they have a disability. Rights of access to public places, to transport, and to communication are protected by equal opportunity legislation, unless there is an unjustifiable hardship cast on individuals.</p>
<b>COOK ISLANDS</b>	<p><b>Score ( 0&gt;4) : 2.</b></p> <p>The Ministry of Health Act1996 establishes a Ministry, with prescribed functions, including “to foster the preservation of health and life among the people of the Cook Islands, recognising that the physical and social environment is an important determinant of health....”. There is no specific mention of disability.</p> <p>The Building Controls and Standards Act 1991 sets up a Building Controller and permits system, but says nothing in relation to access for persons with a disability.</p>
<b>FEDERATED STATES OF MICRONESIA.</b>	<p><b>Score ( 0&gt;4) :</b></p>
<b>MARSHALL ISLANDS</b>	<p><b>Score ( 0&gt;4) : 1</b></p> <p>The Planning and Zoning requirements do not specifically refer to access for persons with a disability.</p>
<b>NAURU</b>	<p><b>Score ( 0&gt;4) : 2</b></p> <p><u>Health.</u> There are no specific health provisions relating to persons with a disability, and the Public Health statute does not deal with access to buildings for persons with a disability.</p> <p>The 1963 Mentally Disordered Persons Ordinance applies to a person, who, owing to his mental condition is incapable of managing himself and requires oversight, care or control for his own good or in the public interest. A Court, with the assistance of two medical practitioners may commit a person or a person found not guilty of an offence by reason of unsoundness of mind. The Court may order administration of the property of a person of unsound mind.</p>
<b>NIUE</b>	<p><b>Score ( 0&gt;4) :</b></p> <p>No provisions found.</p>

<b>PAPUA NEW GUINEA</b>	<p><b>Score ( 0&gt;4) :</b></p> <p><b>No information available.</b></p>
<b>SAMOA</b>	<p><b>Score ( 0&gt;4) : 2</b></p> <p>The Health Ordinance 1959 sets out requirements for buildings, both residential and commercial, to allow them to be occupied. The main concerns are availability of water and sanitation. There is no provision to ensure access for persons with a disability.</p> <p>There is a Housing Corporation Act 1990, which sets out functions to provide mortgage funding for residential housing. It does not contain any provision for persons with a disability, or for financial assistance for aids such as ramps, fencing etc.</p> <p>The Mental Health Ordinance 1961 makes provision for persons who are mentally defective without any distinction between mental disorder and intellectual disability. However, the definition is wide: - "Mentally defective person means a person who, owing to his mental condition, requires oversight, care or control of himself or his property for his own good or in the public interest."</p> <p>For such persons, a Court may order medical custody on application accompanied by 2 medical reports. The duration may be up to 6 months "in his own interests, or for safety of other persons." An order is renewable.</p> <p>Under Part III of this Ordinance, the Registrar of the Court must advise the Public Trustee of the making of an order. Thereafter, the Public Trustee or a committee appointed has the custody and administration of the patient's estate.</p> <p>Under section 25, the Court can, on the petition of the Public Trustee or anyone else "order an inquisition to be held as to whether any person alleged to be mentally defective is mentally defective and incapable of managing his affairs" If so, a committee or the Public Trustee can be appointed.</p>
<b>THE SOLOMON ISLANDS</b>	<p><b>Score ( 0&gt;4) : 3</b></p> <p>The Environmental Health Act contains a Part relating to building and housing, but it does not refer to access for persons with a disability.</p> <p>The Ministry of Health is charged with providing primary health care services, and the Minister must provide hospitals for persons attending for treatment for illness. Illness is defined to include psychiatric illness, or mental retardation or injury or disability requiring services or treatment. Psychiatric illness is separately defined to be in relation to a person suffering from a mental disorder.</p> <p>There are no specific provisions relating to disabilities, but the definitions quoted recognise a difference between a mental disorder and other disabilities.</p> <p>However, the Mental Treatment act 1970 makes provision for persons suffering from mental disorder or mental defect. This act makes provision for voluntary patients, temporary treatment, or reception on Court order.</p>

<b>THE FIJI ISLANDS</b>	<p><b>Score ( 0&gt;4) : 2</b></p> <p>The National Council for Disabled Persons Act 1994 promotes affirmative action for persons with a disability.</p> <p>The Public Hospitals and Dispensaries Act sets out categories of persons entitled to free medical treatment but does not refer specifically to persons with a disability.</p> <p>The Public Health Act does not refer specifically to persons with a disability, and although regulations under this Act deal with requirements for buildings, there is nothing in relation to access for persons with a disability.</p> <p>The Mental Treatment Act makes provision for establishment of a mental hospital and treatment of persons of unsound mind or who are a danger to themselves.</p>
<b>TOKELAU</b>	
<b>TONGA</b>	<p><b>Score ( 0&gt;4) : 3</b></p> <p>Tonga has a Medical Services Act (CAP 76). Section 9 provides " The primary object of the public medical service and of every hospital and dispensary is to provide accommodation and medical and surgical aid for all Tongan subjects without individual payment.'</p> <p>Tonga has a Public Health Act (CAP 74) but there is no specific mention of access or other matters in relation to persons with a disability. There are Building regulations but these too have no mention of access for persons with a disability.</p> <p>Tonga has a Mental Health Act 1992 (which replaced the Lunatics Detention Act). This Act has two definitions which appear to recognise a distinction between mental disorder and intellectual disability. Mental disorder "means any mental illness, arrested or incomplete development of the mind, psychopathic disorder and any other disorder or disability of the mind". Mental handicap " means a state of arrested or incomplete development of the mind which can render a person incapable of independent living." The Medical Advisory Committee includes a representative of the Red Cross with special concern for mentally handicapped persons and a senior teacher with experience in the education of mentally handicapped pupils.</p>
<b>TUVALU</b>	<p><b>Score ( 0&gt;4) : 1</b></p> <p>Local Councils have authority over the erection of buildings, but there is no specific mention of access for persons with a disability.</p>
<b>VANUATU</b>	<p><b>Score ( 0&gt;4) : 1</b></p> <p>No specific post constitution education laws were found.</p> <p>There are no statutes requiring access to buildings and public places for persons with a disability.</p>

	The Immigration Act prohibits immigration for a person suffering from a mental disorder, and that his presence in Vanuatu would be a danger to the community.
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<b><u>NAME O</u></b> <b><u>COUNTRY</u></b>	<b>2.4 To introduce a national scheme of social security measures covering financial assistance and subsidies for persons with extensive disabilities and their families living in poverty, as well as primary breadwinners who become disabled and have no other means of income support for their dependants.</b> <b>Score ( 0&gt;4)</b> <b>Status of action towards target fulfilment by year 2002, and explanatory notes on status.</b>
<b>AUSTRALIA</b>	<b>Score ( 0&gt;4): 4</b> Australia has an extensive social security system providing financial and other assistance to persons with disabilities on individual and class bases. It has workers compensation provisions.
<b>COOK ISLANDS</b>	<b>Score ( 0&gt;4): 2</b> There are no generic social security provisions. There is the 1966 Aged Destitute and Infirm Persons Relief Act, which makes provision for a pension for persons over 65. There is a statutory Committee to make provision for assistance for persons who are unable to support themselves permanently. There is a benefit for all children up to age 10.
<b>FEDERATED STATES OF MICRONESIA.</b>	<b>Score ( 0&gt;4) :</b> There is a government insurance scheme giving disability benefits to insured persons if disabled for more than 3 months, and also for surviving children and spouse. These provisions only cover a disability acquired by an employed person.
<b>MARSHALL ISLANDS</b>	<b>Score ( 0&gt;4): 1</b> The Social Security provisions require compulsory contributions to a fund by both employers and employees. Persons who are insured are entitled to a disability insurance benefit. If an insured person dies, the surviving spouse and children are entitled to a benefit.
<b>NAURU</b>	<b>Score ( 0&gt;4): 2</b> Nauru has Social Services Ordinances, which provide for an Invalids Pension the qualification for which is an 85% incapacity for work, or blindness. There are means and income tests. There is also a widow's benefit, a sickness benefit for those temporarily incapacitated by sickness or accident, and a Child Endowment scheme for children who are ill or infirm.
<b>NIUE</b>	<b>Score ( 0&gt;4): 2</b>

	<p>Section 61 requires provision of health and education services. It also requires the Cabinet to establish and maintain such other institutions and services and to make other provision as it considers necessary to provide a reasonable standard of living for Niue and to secure their economic social and cultural welfare.</p> <p>The Pensions and Benefits Act provides for benefits for those over 60. It also allows Niueans who are destitute or infirm to apply for a benefit.</p> <p>The Child Allowance Act 1995 creates an allowance for children up to 18 if remaining at school or to the same age for a disabled or disadvantaged child not at school.</p>
<b>PAPUA NEW GUINEA</b>	<p><b>Score ( 0&gt;4): 2</b></p> <p>The Child Welfare Act Chapter 276. Sections 13,14, 15, provide an allowance for widow, wife, deserted wife, divorcee, single woman or father incapacitated through mental or bodily infirmity, to care for destitute children up to 16.</p> <p>Section 21 et seq provides for establishment of homes for mentally defective children "whose cases call for segregation and special treatment". Mental deficiency is defined as a condition of arrested or incomplete development or degeneration of mind from whatsoever cause arising".</p>
<b>SAMOA</b>	<p><b>Score ( 0&gt;4): 2</b></p> <p>There are no social security provisions.</p> <p>The Labour and Employment Act 1972 requires safety provisions in workplaces for electricity and machinery.</p> <p>There is an Accident Compensation Act 1989. The Board appointed under this Act has a duty to promote safety and to prevent motor vehicle, work related and other accidents, personal injury by accident and occupational diseases. The Act provides for compensation for economic loss for the period of incapacity following a work accident or occupational disease, and lump sum compensation for permanent injury or impairment. If death occurs, there is compensation for dependents for up to four years. Compensation is available for non-workers for transport accidents or death by accident.</p> <p>Civil liability for accidents is also retained for negligence or breach of statutory duty, or other fault. A claim may be made under the Act or civilly or both, provided civil damages refund statutory compensation.</p>
<b>THE SOLOMON ISLANDS</b>	<p><b>Score ( 0&gt;4): 2</b></p> <p>There is no social security Act.</p> <p>Employment law includes provision for maternity leave.</p> <p>There is a Safety at Work Act, where an employer has a duty "to ensure as far as it is reasonably practicable, the health and safety at work of all his employees".</p>

	The Solomon Islands have a statutory scheme for compensation for employees injured at work, whereby an employer must pay compensation for personal injury by accident in the course of employment, or earnings related compensation for total or partial incapacity, or compensation upon death. These provisions include provision for compensation following occupational diseases.
<b>THE FIJI ISLANDS</b>	Score ( 0>4): 3  Fiji has a statutory scheme for compensation for employees injured at work.
<b>TOKELAU</b>	
<b>TONGA</b>	Score ( 0>4): 1  There are no specific social security laws. Government employees may pay into a scheme and under the Retirement Fund Act 1992,there are benefits for total and permanent disability.
<b>TUVALU</b>	Score ( 0>4): <b>Not known</b>
<b>VANUATU</b>	Score ( 0>4): 1  No specific post constitution social security laws were found.  There is a Mental Hospital Act for reception and detention of persons of unsound mind who are a danger to themselves or others or are wandering at large or not receiving proper care and attention. Detention must be on evidence and examination by a Medical Officer, and is subject to weekly review. A person who is charged but found to be of unsound mind may also be ordered to be confined.

<b><u>NAME OF COUNTRY</u></b>	<b>2.5 To review laws relating to customs duties and introduce amendments to provide exemptions from customs duties on the import of vehicles, assistive devices, health and medical supplies, including all equipment and materials needed to improve the quality of life, and in particular, to facilitate the education, employment as well as sports, leisure and cultural pursuit and daily living of people with disabilities, including women with disabilities.</b>
<b>AUSTRALIA</b>	Australia has social security, health services and disability service provisions which address these matters on a different basis so that the same objectives are achieved. Some exemptions from GST exist, so that this additional taxation does not impact on persons with a disability.
<b>COOK ISLANDS</b>	Not checked.
<b>FEDERATED STATES OF MICRONESIA.</b>	Not checked.

<b>MARSHALL ISLANDS</b>	Not checked.
<b>NAURU</b>	Not checked.
<b>NIUE</b>	Not checked.
<b>PAPUA NEW GUINEA</b>	Not checked.
<b>SAMOA</b>	Not checked.
<b>THE SOLOMON ISLANDS</b>	Not checked.
<b>THE FIJI ISLANDS</b>	Not checked.
<b>TOKELAU</b>	
<b>TONGA</b>	Not Checked.
<b>TUVALU</b>	Not checked.
<b>VANUATU</b>	Not checked.

<b><u>NAME OF COUNTRY</u></b>	<b>2.6 To review laws pertaining to taxation to provide tax benefits to persons with disabilities and incentives to employers of disabled persons, and manufacturers of indigenous assistive devices, including exemption from excise duties for such products and establish an in-built mechanism for periodic review of the list of items.</b>
<b>AUSTRALIA</b>	Not checked.
<b>COOK ISLANDS</b>	Not checked.
<b>FEDERATED STATES OF MICRONESIA.</b>	Not checked.
<b>MARSHALL ISLANDS</b>	Not checked.
<b>NAURU</b>	Not checked.
<b>NIUE</b>	Not checked.
<b>PAPUA NEW GUINEA</b>	Not checked.
<b>SAMOA</b>	Not checked.

<b>THE SOLOMON ISLANDS</b>	Not checked.
<b>THE FIJI ISLANDS</b>	Not checked.
<b>TOKELAU</b>	
<b>TONGA</b>	Not Checked.
<b>TUVALU</b>	Not checked.
<b>VANUATU</b>	Not checked.

<b><u>NAME OF COUNTRY</u></b>	<p><b>2.7 To enact and/or amend laws and regulations, including traffic and industrial/labour laws, for promoting health and safety in the workplace, in public places, in transport and in the home, as well as set safety standards for modes of conveyance, equipment, implements and other items of industrial, domestic and personal use, with particular attention to the needs of users with disabilities.</b></p> <p>Score ( 0&gt;4)</p> <p>Status of action towards target fulfilment by year 2002, and explanatory notes on status.</p>
<b>AUSTRALIA</b>	<p>Score ( 0&gt;4): 4</p> <p>Australia has an extensive system of health and safety provisions.</p>
<b>COOK ISLANDS</b>	<p>Score ( 0&gt;4): 1</p> <p>There is a Workers Compensation Ordinance 1964, under which employers have a liability for compensation in case of death or incapacity arising from accidents at work or occupational disease.</p>
<b>FEDERATED STATES OF MICRONESIA.</b>	<p>Score ( 0&gt;4) :</p>
<b>MARSHALL ISLANDS</b>	<p>Score ( 0&gt;4): 0</p> <p>No provisions sighted.</p>
<b>NAURU</b>	<p>Score ( 0&gt;4): 2</p> <p>Nauru has a statutory scheme for compensation for employees injured at work. Compensation is payable in respect of physical or mental injury or disease arising out of employment.</p>
<b>NIUE</b>	<p>Score (0&gt;4):</p> <p>No provisions found</p>



<b>PAPUA NEW GUINEA</b>	Score (0>4): 2 Papua New Guinea has a Workers Compensation scheme for employees injured at work. Chapter 179.
<b>SAMOA</b>	Score (0>4): 2 Both the Labour and Employment Act 1972 and the Accident Compensation Act 1989 promote health and safety standards in the workplace and generally.
<b>THE SOLOMON ISLANDS</b>	Score (0>4): 3 The Solomon Islands have a statutory scheme for compensation for employees injured at work, and to provide for health and safety at work.
<b>THE FIJI ISLANDS</b>	Score (0>4): 3 Fiji has a statutory scheme of compensation for employees injured at work. It includes coverage for occupational disease or death. The 1996 Health and Safety at Work Act creates a duty on employers to maintain plant and systems that are safe and without risk to health, and workers have a duty to take reasonable care not to create risk and use equipment as instructed.
<b>TOKELAU</b>	
<b>TONGA</b>	Score (0>4): 0 There are no specific laws in these categories.
<b>TUVALU</b>	Score (0>4): Not known.
<b>VANUATU</b>	Score (0>4): 2 Employers have a duty to provide safe working conditions and to rectify dangerous and insanitary premises. There is a Health and Safety at Work Act.

<u>NAME OF COUNTRY</u>	<b>2.8 To establish a mechanism for periodic review of the list of items for exemption from customs duty.</b>
<b>AUSTRALIA</b>	Not applicable.
<b>COOK ISLANDS</b>	Not checked.
<b>FEDERATED STATES OF MICRONESIA.</b>	Not checked.
<b>MARSHALL ISLANDS</b>	Not checked.
<b>NAURU</b>	Not checked.

NIUE	Not checked.
PAPUA NEW GUINEA	Not checked.
SAMOA	Not checked.
THE SOLOMON ISLANDS	Not Checked
THE FIJI ISLANDS	Not checked
TOKELAU	
TONGA	Not Checked.
TUVALU	Not checked.
VANUATU	Not checked.

<b>NAME OF COUNTRY</b>	<b>2.9 To provide for the coverage of people with disabilities in existing free legal aid service, or develop a free legal aid service for people with disabilities.</b> Score ( 0>4) Status of action towards target fulfilment by year 2002, and explanatory notes on status.
AUSTRALIA	Score ( 0>4): 4 A means tested legal aid system operates for the benefit of all persons including persons with a disability.
COOK ISLANDS	Score ( 0>4): 0 There is no provision for legal aid for anyone.
FEDERATED STATES OF MICRONESIA.	Score ( 0>4) :
MARSHALL ISLANDS	Score ( 0>4): 3 There is a Legal Aid Office, whose duties are to furnish, to the extent of its ability legal services to any citizen who it finds unable to afford legal services, and to represent persons accused of crime before the Court if so ordered by the Court.
NAURU	Score ( 0>4): 2 Nauru has a system of "pleaders", set up by the Legal Practitioners Act. These are trained lay persons, not fully qualified lawyers, who are available to assist.
NIUE	Score ( 0>4): 2 Niue appointed a Public Defender from 1976.
PAPUA NEW	Score ( 0>4): 2

<b>GUINEA</b>	The Office of the Public Solicitor was established in 1975.
<b>SAMOA</b>	Score ( 0>4): 0 There is no scheme of free legal aid for anyone recorded up to 1997.
<b>THE SOLOMON ISLANDS</b>	Score ( 0>4): 3 The Solomon Islands have an Office of the Public Solicitor. The duties include provision of legal aid to persons in need, or at the direction of the High Court, or subject to means testing.
<b>THE FIJI ISLANDS</b>	Score ( 0>4): 3 Fiji has a 1996 Legal Aid Act. The Legal Aid Commission is required (subject to the resources available) to provide legal assistance to impoverished persons. Private practitioners, Commission employees or duty solicitors can deliver the service. The service may be free, or a contribution may be required.
<b>TOKELAU</b>	
<b>TONGA</b>	Score ( 0>4): 0 There are no specific laws in this category.
<b>TUVALU</b>	Score ( 0>4): 2 Office of the Peoples Lawyer established in 1985.
<b>VANUATU</b>	Score ( 0>4): 2 Vanuatu has an Office of the Public Solicitor, established under Article 54 of the 1980 Constitution.

<b><u>NAME OF COUNTRY</u></b>	<b>2.10 To establish implementation and enforcement (such as ombudsmen) mechanisms for basic laws for the protection of the rights of people with disabilities and notify such rules and regulations for their effective implementation and enforcement.</b> Score ( 0>4) <b>Status of action towards target fulfilment by year 2002, and explanatory notes on status.</b>
<b>AUSTRALIA</b>	Score ( 0>4): 4 Australia has a full range of remedial processes if discrimination occurs, including recourse to a Equal Opportunities Board ad A Human Rights and Equal Opportunity Commission.
<b>COOK ISLANDS</b>	Score ( 0>4): 3 The Cook Islands has its own legislation, the Cooks Ombudsmans Act 1984. Actions or inactions by governmental bodies may be reviewed by an Ombudsman, who has power to make recommendations as to remedial action. The decision as to whether a review should occur is discretionary. The jurisdiction includes review of improperly discriminatory action.

<b>FEDERATED STATES OF MICRONESIA.</b>	Score ( 0>4) :
<b>MARSHALL ISLANDS</b>	Score ( 0>4): 0 No provision was found.
<b>NAURU</b>	Score ( 0>4): 0 No process found.
<b>NIUE</b>	Score ( 0>4): No provisions found.
<b>PAPUA NEW GUINEA</b>	Score ( 0>4):
<b>SAMOA</b>	Score ( 0>4): 3 Samoa has its Komesina o Sulufaiga ( Ombudsman)Act 1988. Actions or inaction of governmental bodies are subject to review at discretion of Ombudsman who may make recommendations for corrective action. Jurisdiction includes review of improperly discriminatory conduct. There is no enforcement power.
<b>THE SOLOMON ISLANDS</b>	Score ( 0>4): 3 The Solomon Islands have provision for an Ombudsman in its Constitution, Chapter IX The actions or inaction of governmental bodies may be reviewed at the discretion of the Ombudsman who may make recommendations for corrective action. The jurisdiction includes reviews of actions which are manifestly unreasonable. Further operative provisions exist.
<b>THE FIJI ISLANDS</b>	Score ( 0>4): 3 The Fiji Islands has an Ombudsman set up in its Constitution Chapter 11 Pt 2 Actions or inaction of Governmental bodies are subject to review at discretion of Ombudsman, who may make recommendations for corrective action. The jurisdiction includes review of improperly discriminatory action. There is an additional Ombudsman Act 1998.
<b>TOKELAU</b>	
<b>TONGA</b>	Score ( 0>4): 0 There are no specific laws in this category
<b>TUVALU</b>	Score ( 0>4): 1 The Constitution gives a right to apply to the High Court to enforce the Bill of Rights.
<b>VANUATU</b>	Score ( 0>4): 3 Vanuatu has an Ombudsman established under its Constitution, Chapter 9 Part 2. Actions or inaction of Governmental bodies may be reviewed at the discretion of the Ombudsman, who may make recommendations for corrective action. The jurisdiction includes improperly discriminatory conduct.

<b><u>NAME OF COUNTRY</u></b>	<b>2.11 To amend laws relating to copyright and make provision for the protection of the rights of persons with disabilities to have access to educational, informational and recreational materials and for the transcription, transference, translation and reproduction of all such materials.</b>
<b>AUSTRALIA</b>	Not checked.
<b>COOK ISLANDS</b>	Not checked.
<b>FEDERATED STATES OF MICRONESIA.</b>	Not checked.
<b>MARSHALL ISLANDS</b>	Not checked.
<b>NAURU</b>	Not checked.
<b>NIUE</b>	Not checked.
<b>PAPUA NEW GUINEA</b>	No information available.
<b>SAMOA</b>	Not checked.
<b>THE SOLOMON ISLANDS</b>	Not Checked.
<b>THE FIJI ISLANDS</b>	Not checked.
<b>TOKELAU</b>	
<b>TONGA</b>	Not Checked.
<b>TUVALU</b>	Not checked.
<b>VANUATU</b>	Not checked.

## Part 2

<b>COUNTRY</b>	<b>1. Does your country have a Constitution, Bill of Rights or statute guaranteeing equality of human rights for all persons?</b>
<b>ARMENIA</b>	<p>Article 4 of the Constitution states : " The State guarantees the protection of human rights and freedoms based on the Constitution and the laws, in accordance with the principles and norms of international law."</p> <p>Article 15 states : - " Citizens, regardless of national origin, race, sex, language, creed, political or other persuasion, social origin, wealth or other status, are entitled to all the rights and freedoms and subject to the duties determined by the Constitution and the laws."</p> <p>Article 16 sets out : - " All are equal before the law, and shall be given equal protection of the law without discrimination."</p>
<b>AZERBAIJAN</b>	<p>Article 25 of the Constitution provides:- " Right to Equality. Every person shall be equal before the law and the Court. Men and women shall have equal rights and freedoms irrespective of race, nationality, religion, sex, origin, property status, social position, convictions, political party, trade union organisation and social unity affiliation. Limitations or recognition of Rights and Freedoms because of race, nationality, social status, language, origin, convictions and religion shall be prohibited."</p>
<b>BANGLADESH</b>	<p>The Constitution has a number of relevant human rights provisions Part I Article11 states " The Republic shall be a democracy in which fundamental human rights and freedoms and the respect for the dignity and worth of the human person shall be guaranteed." Article 15 "Provision of Basic Necessities". It shall be the fundamental responsibility of the State ...to secure for its citizens:- (a) the provision of the basic necessities of life, including food, clothing, shelter, education and medical care... (d) the right to social security, that is to say to public assistance in case of undeserved want arising from unemployment, illness or disablement, or suffered by widows or orphans or in old age, or in other such cases." Part III deals with fundamental rights and states:- 27. All citizens are equal before the law and are entitled to equal protection of the law. 28. The State shall not discriminate against any citizen on grounds only of religion, race caste sex, or place of birth."</p>
<b>CAMBODIA</b>	<p>The 1993 Constitution guarantees Human Rights. Article 31 provides " The Kingdom of Cambodia shall recognise and respect human rights as stipulated in the United Nations Charter, the Universal Declaration of Human Rights, the covenants and conventions related to human rights, womens' and childrens' rights." " Every Khmer citizen shall be equal before the law enjoying the same rights, freedom and fulfilling the same obligations regardless of race, colour, sex, language, religious belief, political tendency, birth origin, social status wealth or other status."</p>
<b>PEOPLE'S REPUBLIC OF CHINA.</b>	<p>Article 33 of the Constitution states " All citizens of the People's republic of China are equal before the law."</p>
<b>GEORGIA</b>	<p>Article 14 of the Constitution provides: - "Everyone is born free and equal before the law, irrespective of race, skin colour, language, sex, religion, political and other opinion, national ethnic and social origin, property and title of nobility, place of residence."</p>

<b>INDIA</b>	<p>Article 14 of the Constitution provides :-" The State shall not deny to any person equality before the law or equal protection of the law within the territory of India."</p> <p>Article 15 states:-" The State shall not discriminate against any citizen on grounds only of religion, race, caste, sex, place of birth or any of them."</p> <p>Article 16 (1) says " There shall be equality of opportunity for all citizens in matters relating to employment or appointment to any office under the State.'</p>
<b>JAPAN</b>	<p>Article 11 of the 1946 Constitution states that "The people shall not be prevented from enjoying any of the fundamental human rights."</p> <p>Article 13 states that all persons shall be respected as individuals.</p>
<b>KAZAKHSTAN</b>	<p>Article 12 of the Constitution states: -</p> <p>(1) Human Rights and freedoms in the Republic of Kazakhstan shall be recognised and guaranteed in accordance with this Constitution.</p> <p>Article 14.</p> <p>(1). Every one shall be equal before the law and the court.</p> <p>(2). No-one shall be subject to any discrimination for reasons of origin, social, property status, occupation, sex, race, nationality, language, attitude towards religion, convictions, place of residence or any other circumstances."</p>
<b>KYRGYSTAN</b>	<p>Article 15 of the Constitution includes: -</p> <p>(2). Every person shall enjoy the basic human rights and freedom since birth.</p> <p>(3). All persons in the Kyrgystan Republic shall be equal before the law and the Court.</p> <p>No one may be exposed to any discrimination, infringement of rights, and freedoms on the motives of origin, sex, race, nationality, language, creed, political and religious convictions or by any other public or personal conditions or circumstances.</p>
<b>LAO PEOPLES DEMOCRATIC REPUBLIC</b>	<p>Article 22 of the Constitution states " Lao citizens, irrespective of their sex, social status, education, faith and ethnic groups are all equal before the law."</p>
<b>MALAYSIA</b> <i>No legislation available on line.</i>	<p>Part II Article 8 of the Constitution states: -</p> <p>(1). All persons are equal before the law, and entitled to equal protection of the law.</p> <p>(2). Except as expressly authorised by this Constitution, there shall be no discrimination against citizens on the ground only of religion, race, descent, place of birth in any law relating to the acquisition, holding or disposition of property or the establishing or carrying on of any trade , business, profession, vacation or employment."</p>
<b>MONGOLIA</b>	<p>Article 14 of the Constitution states:-</p> <p>"14(1) All persons lawfully residing within Mongolia are equal before the law and the Court.</p> <p>(2) No person shall be discriminated against on the basis of ethnic origin, language, race, sex, social origin and status, property, occupation and post, religion, opinion or education."</p>
<b>THE KINGDOM OF NEPAL.</b>	<p>Article 11 of the Constitution states:-</p> <p>11(1) All citizens shall be equal before the law. No persons shall be denied the equal protection of the law." It also provides that the State shall not discriminate against any person on the grounds of religion, race, sex, caste, tribe, or ideological conviction, allowing that special provision may be made for the protection and advancement of the interests of women, children, the aged or those who are physically or mentally incapacitated.</p>
<b>PDR KOREA</b>	
<b>PAKISTAN</b>	<p><b>The Constitution of 1973 is officially in abeyance, but by the Provisional Constitution Order No.1 1999 requires the Government to act as nearly as may be in accordance with the Constitution.</b></p> <p>Article 4 of the 1973 Constitution states:-"To enjoy the protection of law and to be treated in accordance with law is the inalienable right of every citizen..."</p> <p>Article 25 provides: -</p> <p>25(1). All citizens are equal before the law and entitled to equal protection of the law.</p>

	(2). There shall be no discrimination on the grounds of sex alone. (3). Nothing in this Article shall prevent the State from making any special provision for the protection of women and children."
<b>The PHILIPPINES</b>	The 1987 Constitution states that the State values the dignity of every human person, and guarantees full respect for human rights.
<b>SOUTH KOREA</b>	The Constitution provides: - Article 10. " All citizens shall be assured of human dignity and work and have the right to pursue happiness. It shall be the duty of the State to confirm and guarantee the fundamental and inviolable human rights of individuals." Article 11. " All citizens shall be equal before the law, and there shall be no discrimination in political economic, social or cultural life on account of sex, religion or social status."
<b>TAJIKISTAN</b>	Article 17 of the Constitution states: - " All are equal before the law and the courts. The State guarantees the rights and freedoms of every person regardless of nationality, race, sex, language, religious beliefs, political persuasion, social status, knowledge and property. Men and women have the same rights.
<b>THAILAND</b>	There are a number of Constitutional provisions that guarantee equal human rights. Chapter 1 Section 4 provides " The human dignity, right and liberty of the people shall be protected." Section 5 provides the Thai people, irrespective of their origins, sexes or religion shall enjoy equal protection under the Constitution.
<b>THE MALDIVES</b>	The Constitution states in Article 13 :-" Maldavian citizens are equal before and under the law, and are entitled to the equal protection of the law."
<b>THE REPUBLIC OF CHINA ( TAIWAN )</b>	Article 7 of the Constitution states " All citizens of the Republic of China, irrespective of sex, religion, ethnic origin, class or party affiliation shall be equal before the law."
<b>TURKEY</b>	The Constitution states in Article 10:- " All individuals are equal without discrimination before the law, irrespective of language, race, colour, sex, political opinion, philosophical belief, religion and sect, or any such consideration."
<b>TURKMENISTAN</b>	Article 17 of the Constitution states: -" Turkmenistan guarantees the equality of the rights and freedoms of its citizens and likewise, the equality of citizens before the law regardless of nationality, ethnic origin, property holdings, official status, place of residence, language religious preference, political convictions or party political membership."
<b>VIETNAM</b>	Article 52 of the Constitution states that all citizens are equal before the law.

<b>COUNTRY</b>	<b>1. Does your country have a Constitution, Bill of Rights or statute guaranteeing equality of human rights for all persons? Do any such provisions specifically guarantee equality for persons with a disability of any kind?</b>
<b>ARMENIA</b>	No.
<b>AZERBAIJAN</b>	No.
<b>BANGLADESH</b>	The right to social security arising from disablement is guaranteed.
<b>CAMBODIA</b>	
<b>PEOPLE'S REPUBLIC OF CHINA.</b>	No.
<b>GEORGIA</b>	No.
<b>INDIA</b>	No.



JAPAN	No. Article 14 of the Constitution provides "All of the people shall be equal under the law and there shall be no discrimination in political, economic or social relations because of race creed, sex, social status or family origin." There is no specific mention of disability.
KAZAKHSTAN	No.
KYRGYSTAN	No.
LAO PEOPLES DEMOCRATIC REPUBLIC	No.
MALAYSIA	
MONGOLIA	No.
THE KINGDOM OF NEPAL.	No.
PDR KOREA	
NORTH KOREA	
PAKISTAN	No.
The PHILIPPINES	Yes. Article XIII, Section 13 of the Constitution provides " The State shall establish a special agency for disabled persons for their rehabilitation, self development, and self reliance and their integration into the mainstream of society."
SOUTH KOREA	No.
TAJIKISTAN	No.
THAILAND	Yes. Section 30 provides "Unjust discrimination against a person on the grounds of the difference in origin race, language, sex, age, physical or health condition, personal status, economic or social standing, religious belief, education or constitutionally political views shall not be permitted.
THE MALDIVES	
THE REPUBLIC OF CHINA ( TAIWAN )	No.
TURKEY	No.
TURKMENISTAN	No.
VIETNAM	

<b>COUNTRY</b>	<b>1. Does your country have a Constitution, Bill of Rights or statute guaranteeing equality of human rights for all persons?</b> Is there any person or body to whom complaints can be made if equality does not occur?
ARMENIA	-
AZERBAIJAN	-
BANGLADESH	The Constitution gives a right to make application to the High Court for breach of fundamental rights.
CAMBODIA	-
PEOPLE'S REPUBLIC OF CHINA.	-
GEORGIA	

<b>INDIA</b>	The National Human Rights Commission was established in 1993. There are also Commissioners for Persons with Disabilities who have power to investigate complaints with reference to persons with disabilities relating to deprivation of rights and failure to implement the law.
<b>JAPAN</b>	-
<b>KAZAKHSTAN</b>	There is a Republican Committee of Human Rights which " considers appeals addressed to the Head of State related to rights and freedoms of a man and a citizen."
<b>KYRGYSTAN</b>	-
<b>LAO PEOPLES DEMOCRATIC REPUBLIC</b>	-
<b>MALAYSIA</b>	-
<b>MONGOLIA</b>	The Constitutional Court exercises "supreme supervision over the implementation of the Constitution, making judgement on the violation of its provisions, and resolving constitutional disputes. It shall be the guarantee for the strict observance of the Constitution."
<b>THE KINGDOM OF NEPAL.</b>	Under Article 97, the Constitution appoints a Commission for Investigation of Abuse of Authority to investigate improper conduct or corruption by a person holding any public office, and to recommend any necessary action.
<b>PDR KOREA</b>	-
<b>PAKISTAN</b>	Pakistan legislation makes provision for a Human Rights Commission and an Ombudsman.
<b>The PHILIPPINES</b>	Yes. Article XIII Section 17 of the Constitution creates a Commission on Human Rights to investigate of its own volition or upon complaint all forms of human rights violations. Under the Ombudsman Act, there is power for an Ombudsman to investigate complaints against officers or employees of the Government for illegal unjust or improper acts.
<b>SOUTH KOREA</b>	There is an Administrative Appeals Commission to protect citizens from any infringement of their rights, and unreasonable acts of administrative agencies.
<b>TAJIKISTAN</b>	-
<b>THAILAND</b>	There is a National Human Rights Commission, established under the 1999 Act. The duties of the Commission include the promotion of Human Rights principles. The Commission may receive petitions from complainants, examine and report on violations and propose remedial measures, for which enforcement procedures exist.
<b>THE MALDIVES</b>	-
<b>THE REPUBLIC OF CHINA ( TAIWAN )</b>	-
<b>TURKEY</b>	-
<b>TURKMENISTAN</b>	-
<b>VIETNAM</b>	-

<b>COUNTRY</b>	<b>2. Please identify any other laws that provide legal protection for persons with a disability.</b>
<b>ARMENIA</b>	-
<b>AZERBAIJAN</b>	-
<b>BANGLADESH</b>	-

<b>CAMBODIA</b>	-
<b>PEOPLE'S REPUBLIC OF CHINA.</b>	-
<b>GEORGIA</b>	There is a 1995 Act Concerning the Social Protection of Disabled Persons .[Translation not available.]
<b>INDIA</b>	<p>In 1995, India passed The Persons With Disabilities ( Equal Opportunities, Protection of Rights and Full Participation ) Act, with the stated aim of implementing the Proclamation on the Full Participation and Equality of People With Disabilities in the Asia and Pacific Region.</p> <p>The Act appoints a Central Co-ordinating Committee to act as a national focal point on disability matters, and to evolve policy for persons with a disability.</p> <p>The duties under the Act include:-</p> <ul style="list-style-type: none"> <li>- taking measures to prevent the occurrence of disabilities;</li> <li>- to provide children with disabilities free and compulsory education until 18;</li> <li>- to promote integration in education;</li> <li>- to train specialist teachers for children with disabilities;</li> <li>- to make training schemes available for employment;</li> <li>- to reserve employment opportunities for persons with a disability;</li> <li>- to provide incentives to employ persons with a disability;</li> <li>- for the Government and local authorities to provide aids and appliances;</li> <li>- for preferential allotment of land for housing or businesses for persons with a disability and other specific disability related uses;</li> <li>- to provide institutions for severely disabled persons.</li> </ul> <p>The Act appoints a Chief Commissioner for Persons with a Disability, with Commissioners in each state, to monitor the expenditure of Government funding and to safeguard the rights of and facilities for persons with a disability.</p>
<b>JAPAN</b>	-
<b>KAZAKHSTAN</b>	-
<b>KYRGYSTAN</b>	-
<b>LAO PEOPLES DEMOCRATIC REPUBLIC</b>	-
<b>MALAYSIA</b>	-
<b>MONGOLIA</b>	-
<b>THE KINGDOM OF NEPAL.</b>	-
<b>PDR KOREA</b>	-
<b>NORTH KOREA</b>	-
<b>PAKISTAN</b>	
<b>The PHILIPPINES</b>	<p>Article V Section 2 of the Constitution provides that the Congress shall design a procedure for the disabled and illiterates to vote without the assistance of other persons.</p> <p><b>Magna Carta For Disabled Persons.</b></p> <p>This is an extensive Act dealing with matters for persons with a disability.</p> <p>The policy of the Act is that persons with a disability are part of society, and have the same rights as all others. The Government is committed to promotion of rehabilitation, and removal of all prejudicial barriers, in social, cultural, economic environmental and attitudinal areas.</p>

	<p>Title II Chapter I relates to employment. Persons with a disability are not to be denied access to opportunities for work. There is a requirement for some Government Departments to have persons with a disability as 5% of their employees. There are incentives to employers to employ persons with a disability.</p> <p>Chapter II relates to education. The State is to ensure that disabled persons are provided with access to quality education. Discrimination in relation to education is made unlawful, and some financial assistance is made for persons with a disability. A Special Education system is established.</p> <p>Chapter II makes provision for prevention recognition, early diagnosis and early recognition of disabilities. Rehabilitation Centres are to be established in provincial hospitals.</p> <p>Chapter IV makes provision for auxiliary services for example for prostheses, family care services, alternative care schemes, and for pre-school and day care services.</p> <p>Chapter V provides assistance in the telecommunications area, with assistance for special telephones and some postal concessions.</p> <p>Chapter VI requires barrier free access to public and private buildings and funding towards provision in all Government buildings. It promotes mobility for persons with a disability and assistance in various ways with transport.</p> <p>Chapter VII relates to political and civil rights and assistance for persons with a disability to vote.</p> <p>Title III of the Magna Carta contains prohibitions against discrimination against persons with a disability, including in employment, use of transport and accommodation and services such as banks and places of entertainment.</p> <p>There is also provision for enforcement. The Secretary of Justice may investigate alleged violations of the rights of persons with a disability. There are penalties for breaches and equitable relief, such as damages available through the Courts.</p>
<b>SOUTH KOREA</b>	-
<b>TAJIKISTAN</b>	-
<b>THAILAND</b>	-
<b>THE MALDIVES</b>	-
<b>THE REPUBLIC OF CHINA ( TAIWAN )</b>	-
<b>TURKEY</b>	-
<b>TURKMENISTAN</b>	--
<b>VIETNAM</b>	Vietnam has an Ordinance on Disabled persons (1998), plus published procedures for implementation.

<b>COUNTRY</b>	<b>2. Please identify any other laws that provide legal protection for persons with a disability.</b>
	<b>Are people with a disability allowed to own property of any kind?</b>
<b>ARMENIA</b>	The Constitution states in Article 8 :- " The right to property is recognised and protected in the Republic of Armenia. The owner of property may dispose of, use and manage the property in his discretion."
<b>AZERBAIJAN</b>	-
<b>BANGLADESH</b>	-
<b>CAMBODIA</b>	-
<b>PEOPLE'S REPUBLIC OF CHINA.</b>	Article 13 of the Constitution sets out:- "The state protects the right of citizens to own lawfully earned income, savings, houses and other lawful property.

	The state protects according to law the right of citizens to inherit private property."
<b>GEORGIA</b>	-
<b>INDIA</b>	-
<b>JAPAN</b>	-
<b>KAZAKHSTAN</b>	Article 26(2) states that property, including the right of inheritance, shall be guaranteed by law.
<b>KYRGYSTAN</b>	-
<b>LAO PEOPLES DEMOCRATIC REPUBLIC</b>	-
<b>MALAYSIA</b>	-
<b>MONGOLIA</b>	Article 5 of the Constitution states " The State recognises all forms of both public and private property and shall protect the rights of the owner by law."
<b>THE KINGDOM OF NEPAL.</b>	All citizens shall, subject to the existing laws, have the right to acquire, own, sell or otherwise dispose of property.
<b>PDR KOREA</b>	Article 24 of the Constitution states : " The State shall protect private property and guarantee its legal inheritance."
<b>NORTH KOREA</b>	-
<b>PAKISTAN</b>	-
<b>The PHILIPPINES</b>	-
<b>SOUTH KOREA</b>	-
<b>TAJIKISTAN</b>	Article 32 states: - "Every person has the right to ownership and inheritance."
<b>THAILAND</b>	-
<b>THE MALDIVES</b>	The Constitution states that all citizens have the right to acquire hold and dispose of property in accordance with law.
<b>THE REPUBLIC OF CHINA ( TAIWAN )</b>	All persons have the right to own and inherit property.
<b>TURKEY</b>	-
<b>TURKMENISTAN</b>	-
<b>VIETNAM</b>	-

<b>COUNTRY</b>	<b>2. Please identify any other laws that provide legal protection for persons with a disability.</b> <b>Inheritance law.</b> <b>Is there any provision which allows a person with a disability to make a claim for an inheritance if they have been ignored or treated differently to others? Is there anything which prevents a person with a disability receiving an equal benefit with their siblings?</b>
<b>ARMENIA</b>	-
<b>AZERBAIJAN</b>	-
<b>BANGLADESH</b>	-
<b>CAMBODIA</b>	-

PEOPLE'S REPUBLIC OF CHINA.	The 1985 Law of Succession does not prevent persons with a disability from inheriting property in equal shares with siblings. The Act also provides that at the time of distribution of an estate under statutory succession law, "due consideration shall be given to successors who are unable to work and have special financial difficulties."
GEORGIA	-
INDIA	-
JAPAN	-
KAZAKHSTAN	-
KYRGYSTAN	-
LAO PEOPLES DEMOCRATIC REPUBLIC	-
MALAYSIA	-
MONGOLIA	-
THE KINGDOM OF NEPAL.	-
PDR KOREA	-
NORTH KOREA	-
PAKISTAN	-
The PHILIPPINES	-
SOUTH KOREA	-
TAJIKISTAN	-
THAILAND	-
THE MALDIVES	-
THE REPUBLIC OF CHINA ( TAIWAN )	-
TURKEY	-
TURKMENISTAN	-
VIETNAM	The Ordinance on Inheritance 2001 provides for equal rights for persons to bequeath and inherit property. There is an automatic right of succession to defined portions of an estate to parent/s, surviving spouse, or mature children incapable of work or in poverty.

<b>COUNTRY</b>	<b>2. Please identify any other laws that provide legal protection for persons with a disability.</b>
	<b>Family Law.</b> <b>May people with a disability marry, have a family and look after their children?</b>
ARMENIA	-
AZERBAIJAN	-
BANGLADESH	-
CAMBODIA	-
PEOPLE'S REPUBLIC OF CHINA.	-
GEORGIA	-

INDIA	-
JAPAN	Article 24 (2) of the Constitution provides " With regard to choice of spouse, property rights, inheritance, choice of domicile, divorce and other matters pertaining to marriage and the family , laws shall be enacted from the standpoint of individual dignity and the essential equality of the sexes." Japan also has a "Basic Law for a Gender Equal Society" 78/1999.
KAZAKHSTAN	-
KYRGYSTAN	-
LAO PEOPLES DEMOCRATIC REPUBLIC	-
MALAYSIA	-
MONGOLIA	-
THE KINGDOM OF NEPAL.	-
PDR KOREA	-
NORTH KOREA	-
PAKISTAN	-
The PHILIPPINES	-
SOUTH KOREA	-
TAJIKISTAN	-
THAILAND	-
THE MALDIVES	-
THE REPUBLIC OF CHINA ( TAIWAN )	-
TURKEY	-
TURKMENISTAN	-
VIETNAM	-

<u>COUNTRY</u>	<b>2. Please identify any other laws that provide legal protection for persons with a disability. Education.</b>
ARMENIA	Article 35 provides :- " Every citizen is entitled to education. Education shall be free of charge in state secondary educational institutions."
AZERBAIJAN	Article 42 of the Constitution states: - Right to Education. Every person shall have the right to get an education. The State shall guarantee the right to get compulsory secondary education free."
BANGLADESH	The Constitution provides in Article 17:- " The State shall adopt effective measures for the purpose of:- (a) establishing a uniform, mass-orientated and universal system of education, and extending free and compulsory education to all children to such stage as may be determined by law."

	The Primary Education Act 1990 states that the Government is to prescribe conditions of compulsory education unless there is "justifiable reason" why a child should not attend. One of the justifiable reasons stated is "the decision of a primary education officer that it is not desirable to enter a child in a primary education institution on account of its being mentally retarded."
<b>CAMBODIA</b>	Article 65 of the Constitution states " The State shall protect and upgrade citizens' rights to quality education at all levels and shall take necessary steps for quality education to reach all students."  Article 66 states " The State shall establish a comprehensive and standardised education system throughout the country that shall guarantee the principles of educational freedom and equality to ensure that all citizens have an equal opportunity to earn a living."  Article 68 provides " The State shall provide primary and secondary education to all citizens in public schools."
<b>PEOPLE'S REPUBLIC OF CHINA.</b>	Article 19 of the Constitution provides:-" The state establishes and administers schools of various types, universalises compulsory primary education, and promotes secondary, vocational and higher education, as well as pre-school education."  Article 46. "Citizens of the People's Republic of China have the right as well as the duty to receive education."
<b>GEORGIA</b>	Article 35 of the Constitution states: - (1). Everyone shall have the right to education, to free choice of its form. (3). The State shall ensure pre-school education. The primary education shall be mandatory. The State shall provide primary education on its charge.
<b>INDIA</b>	Article 45 of the Constitution states:- " The State shall endeavour to provide, within a period of ten years from the commencement of this Constitution [viz 1960] for free and compulsory education for all children until they complete the age of 14 years."
<b>JAPAN</b>	The Fundamental aw of Education 1947 provides in Article 3 " The people shall be given equal opportunity of receiving education according to their ability and they shall not be subject to educational discrimination on account of race, creed, sex, social status, economic position or family origin". There is no specific statement about education for Persons with a disability.  Article 4 provides that there shall be compulsory education for 9 years.
<b>KAZAKHSTAN</b>	Article 30 of the Constitution states: - (1) The citizens shall be guaranteed free secondary education in state educational establishments Secondary education shall be obligatory. (4) The State shall set uniform compulsory standards in education.
<b>KYRGYSTAN</b>	Article 32 of the Constitution provides: - (1) Every citizen of the Kyrgystan Republic shall have the right to education. (2) General secondary education shall be compulsory and free of charge, and everyone shall be entitled to receive it in the state educational institutions. (3) The State will provide for the accessibility of vocational, special secondary and higher education for every person in accordance with individual aptitude.
<b>LAO PEOPLES DEMOCRATIC REPUBLIC</b>	Article 25 of the Constitution provides " Lao citizens have the right to receive education."
<b>MALAYSIA</b>	-
<b>MONGOLIA</b>	Article 16(7) "Right to Education. The State shall provide basic general education free of charge."
<b>THE KINGDOM OF NEPAL.</b>	State Policy in the Constitution provides that the State shall make the necessary arrangements to safeguard the rights and interests of children and shall ensure they are not exploited, and shall make gradual arrangements for free education.
<b>PDR KOREA</b>	The Constitution states: -



<b>NORTH KOREA</b>	<p>Article 44. The State shall give precedence to public education and training of cadres for the nation, and combine general education with technological education and education with productive labour.</p> <p>Article 45. The State shall develop universal compulsory 11 year education which includes a compulsory one-year pre-school education at high level in accordance with the trend of modern science and technology and the practical requirements of socialist construction.</p> <p>Article 47. The State shall provide education to all pupils and students free of charge and grant allowances to students of universities and colleges.</p> <p>Article 49. The State shall maintain all children of pre-school age in creches and kindergartens at State and public expense.</p>
<b>PAKISTAN</b>	Article 37 of the 1973 Constitution provides that the State shall remove illiteracy and provide for compulsory secondary education within a minimum possible period.
<b>The PHILIPPINES</b>	<p>Article XIV of the Constitution makes education compulsory and free to elementary and high school level. The State also undertakes to provide adult students, the disabled and out of school youth with training in civics, vocational efficiency and other skills.</p> <p>The Governance of Basic Education Act 2001 does not specifically make provision for persons with a disability.</p> <p>The Early Childhood Care and Development Act applies to children up to the age of 6. Under Section 3 Objective (h) is " To establish an efficient system for early identification, prevention, referral and intervention for developmental disorders and disabilities in early childhood."</p>
<b>SOUTH KOREA</b>	<p>Article 31(1) of the Constitution states " All citizens shall have an equal right to receive an education corresponding to their abilities.</p> <p>Article 31(3). Compulsory education shall be free of charge.</p>
<b>TAJIKISTAN</b>	Article 41 of the Constitution states: - "Every person has the right to education. The basic general education is compulsory. The State guarantees access to free general, vocational, and, according to abilities on competition, general, specialised and higher education in state educational establishments . Other forms of acquiring education are defined by law."
<b>THAILAND</b>	<p>The National Education Act 1999 provides that all individuals have equal rights and opportunities to receive basic education for 12 years. This applies specifically for children with a disability</p> <p>Chapter 2 of the Act states 'Persons with physical, mental, intellectual, emotional, social, communication and learning deficiencies; those with physical disabilities; or the cripples; or those unable to support themselves; or those destitute or disadvantaged; shall have the right to have basic education specially provided.</p> <p>Education for the disabled shall be provided free of charge at birth or at first diagnosis. These persons shall have the right to access the facilities, media, services, and other forms of education aid in conformity with the criteria and procedures stipulated in the Ministerial regulations."</p>
<b>THE MALDIVES</b>	-
<b>THE REPUBLIC OF CHINA ( TAIWAN )</b>	<p>Article 21 of the Constitution states "The people shall have the right to receive elementary education."</p> <p>Article 159 provides " All citizens shall have an equal opportunity to receive education".</p> <p>Article 160 (1) says " All children of school age from 6 -12 years shall receive free elementary education. Those from poor families shall be supported with books from the Government."</p>
<b>TURKEY</b>	<p>Article 42 of the Constitution sets out:-</p> <p>" No one shall be deprived of the right to learning and education.</p> <p>Primary education is compulsory for all citizens of both sexes, and is free of charge in state schools."</p>
<b>TURKMENISTAN</b>	Article 35 of the Constitution states: - " Every citizen has a right to education. Elementary and high school education are mandatory, and everyone has the right to receive such education free of charge in governmental educational institutions."

<b>VIETNAM</b>	<p>Article 36 of the Constitution provides " The State undertakes the overall management of the national system of education with regard to the objectives, contents, plans, the standards required of teachers, the regulations governing examinations and competitions, and the system of diplomas and certificates.</p> <p>The State shall ensure the harmonious development of the educational system: preschool education, general education: vocational training: college and post -graduate education, it shall enforce the generality of primary education, eliminate illiteracy: it shall develop various educational institutions: State run schools, people run schools and others."</p> <p>Article 59 provides " Primary education is compulsory and free of charge. The State and society shall create the necessary conditions for handicapped children to acquire general knowledge and appropriate job training."</p>
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<b>COUNTRY</b>	<b>3. Positive laws.</b>
	<b>Are there laws or safety standards to eliminate dangers in the community? Are there programmes to assist persons with a disability in any way, such as with transport costs?</b>
ARMENIA	-
AZERBAIJAN	-
BANGLADESH	-
CAMBODIA	A Draft Law for persons with a Disability is being undertaken.
PEOPLE'S REPUBLIC OF CHINA.	-
GEORGIA	-
INDIA	-
JAPAN	-
KAZAKHSTAN	-
KYRGYSTAN	-
LAO PEOPLES DEMOCRATIC REPUBLIC	-
MALAYSIA	-
MONGOLIA	-
THE KINGDOM OF NEPAL.	-
PDR KOREA	-
NORTH KOREA	-
PAKISTAN	-
The PHILIPPINES	-
SOUTH KOREA	-
TAJIKISTAN	-
THAILAND	-
THE MALDIVES	-
THE REPUBLIC OF CHINA (TAIWAN)	-

<b>TURKEY</b>	-
<b>TURKMENISTAN</b>	-
<b>VIETNAM</b>	-

<b>COUNTRY</b>	<b>4.Social security, health, insurance, funding.</b>
	<b>Is there a system of social security where persons with a disability receive financial or other assistance to help with the effects of disability. Do they receive assistance regularly, or only when a particular hardship can be shown?</b>
<b>ARMENIA</b>	Article 33 of the Constitution says: - "Every citizen is entitled to social security in old age, disability, sickness, loss of income earner, unemployment and other cases prescribed by law."
<b>AZERBAIJAN</b>	Article 38 of the Constitution sets out: - Right To Social Security. Every person shall have the right to Social Security. It shall be the obligation of family members in the first place to render assistance to those persons in their family who need it. Every person shall have the right to Social Security in old age, sickness as stipulated by law, disability, when losing work ability or the breadwinner of the family, when unemployed and in other cases prescribed by law."
<b>BANGLADESH</b>	-
<b>CAMBODIA</b>	Article 74 of the Constitution states " The State shall assist the disabled and the families of combatants who sacrificed their lives for the nation." Article 75 provides " The State shall establish a social security system for workers and employees."
<b>PEOPLE'S REPUBLIC OF CHINA.</b>	Article 45 of the Constitution states:- " Citizens of the People's Republic of China have the right to material assistance from the state and society when they are old, ill or disabled. The state develops social insurance, social relief and medical and health services that are required for citizens to enjoy this right. The state and society help make arrangements for the work, livelihood and education of the blind, deaf-mutes and other handicapped citizens."
<b>GEORGIA</b>	-
<b>INDIA</b>	Article 41 of the Constitution states:-" The State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education, and to public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeserved want." The Social Security legislation requires the Government to provide rehabilitation services and to provide an unemployment benefit for long term unemployed persons with a disability.
<b>JAPAN</b>	-
<b>KAZAKHSTAN</b>	Article 28 states that a citizen shall be guaranteed a minimum wage and pension and guaranteed social security in old age, in case of disease, disability or loss of a breadwinner and other legal grounds.
<b>KYRGYSTAN</b>	Article 27 of the Constitution says: - Social maintenance at the expense of the Government in old age, in sickness, and in the event of complete or partial disability or the loss of the main provider shall be guaranteed by the Kyrgystan Republic.
<b>LAO PEOPLES DEMOCRATIC REPUBLIC</b>	Article 26 of the Constitution states " Lao citizens have the right to work and engage in occupations which are not against the law. Working people have the right to rest, to receive medical treatment in times of ailment, to receive assistance in case of incapacity and disability, in old age and other cases prescribed by law."
<b>MALAYSIA</b>	-

<b>MONGOLIA</b>	Article 16(5) gives the right "to material and financial assistance in old age, disability, childbirth and childcare, and other circumstances as provided by law."
<b>THE KINGDOM OF NEPAL.</b>	A State policy in the Constitution requires the State to pursue such policies in matters of health, education, and social security of orphans, helpless women, the aged, disabled and incapacitated persons, as will ensure their protection and welfare.
<b>PDR KOREA</b>	Article 72 of the Constitution sets out: -
<b>NORTH KOREA</b>	"Citizens are entitled to free medical care, and all persons who are no longer able to work because of old age, illness or a physical disability, the old and the children who have no means of support are all entitled to material assistance." Article 76. " Revolutionary fighters, the families of revolutionary and patriotic martyrs, the families of soldiers of the People's Army, and disabled enjoy the special protection of the State and society."
<b>PAKISTAN</b>	Article 38 of the 1973 Constitution provides that the State shall "Provide the basic necessities of life , such as food, clothing, housing, education and medical relief, for all such citizens, irrespective of sex, caste, creed or race, as are permanently or temporarily unable to earn their livelihood on account of infirmity, sickness, or unemployment."
<b>The PHILIPPINES</b>	There is a Social Reform and Poverty Alleviation Act which is aimed at creating minimum basic needs for families including provision for housing, food, health, water, income and public safety. There is no specific mention of persons with a disability.
<b>SOUTH KOREA</b>	Article 34 of the Constitution says: - (2) The State shall have the duty to endeavor to promote social security and welfare. (5) Citizens who are incapable of earning a livelihood due to physical disability, disease , old age or other reasons shall be protected by the State under conditions prescribed in the Act.
<b>TAJIKISTAN</b>	Article 39 of the Constitution states: -" Every person is guaranteed social security in old age, in the event of sickness and disability, loss of ability to work, or loss of a guardian or other instances prescribed by law."
<b>THAILAND</b>	-
<b>THE MALDIVES</b>	-
<b>THE REPUBLIC OF CHINA ( TAIWAN )</b>	Article 155 of the Constitution states " The State shall establish a system of social insurance to promote social welfare. To the aged and physically disabled, who are unable to make a living, and to the victims of extraordinary calamities, the State shall provide appropriate assistance and relief."
<b>TURKEY</b>	Article 60 of the Constitution states that everyone has the right to social security. Article 61 provides that "The State shall protect the widows and orphans of those killed in war or in the line of duty, together with the disabled and war veterans, and ensure that they enjoy a decent standard of living. The State shall take measures to protect the disabled and secure their integration into community life."
<b>TURKMENISTAN</b>	Article 34 of the Constitution states: -" Citizens have the right to social services if they are elderly, sick, disabled, unable to work have lost their provider or are unemployed."
<b>VIETNAM</b>	Article 67 of the Constitution provides that old people, infirm people and orphans without support shall receive state assistance.

<b>COUNTRY</b>	<b>4.Social security, health, insurance, funding.</b>
	<b>Does the health ( or welfare) system provide aids and equipment ( E.g. wheelchairs, crutches, hearing aids, glasses, lifting equipment, special beds etc) ?</b>
<b>ARMENIA</b>	-

<b>AZERBAIJAN</b>	-
<b>BANGLADESH</b>	-
<b>CAMBODIA</b>	-
<b>PEOPLE'S REPUBLIC OF CHINA.</b>	-
<b>GEORGIA</b>	-
<b>INDIA</b>	-
<b>JAPAN</b>	-
<b>KAZAKHSTAN</b>	-
<b>KYRGYSTAN</b>	-
<b>LAO PEOPLES DEMOCRATIC REPUBLIC</b>	-
<b>MALAYSIA</b>	-
<b>MONGOLIA</b>	-
<b>THE KINGDOM OF NEPAL.</b>	-
<b>PDR KOREA</b>	-
<b>NORTH KOREA</b>	-
<b>PAKISTAN</b>	-
<b>The PHILIPPINES</b>	-
<b>SOUTH KOREA</b>	-
<b>TAJIKISTAN</b>	-
<b>THAILAND</b>	The Constitution provides that the disabled or handicapped shall have the right to receive public conveniences and other aids from the State as prescribed by law.  Current published policy is to provide assistance and support for the participatory development of the poor, the disabled, the handicapped, and the underprivileged to enable them to enjoy a good quality of life and look after themselves.  Health policy is to promote universal health insurance and a capped cost for medical treatment.
<b>THE MALDIVES</b>	-
<b>THE REPUBLIC OF CHINA ( TAIWAN )</b>	-
<b>TURKEY</b>	-
<b>TURKMENISTAN</b>	-
<b>VIETNAM</b>	-

<b>COUNTRY</b>	<b>4. Social security, health, insurance, funding.</b>
	<b>Is there any system for persons who becomes disabled as a result of an injury to receive financial or other assistance? Does the system operate only when the injury happened at work?</b>
<b>ARMENIA</b>	-
<b>AZERBAIJAN</b>	-

BANGLADESH	-
CAMBODIA	-
PEOPLE'S REPUBLIC OF CHINA.	-
GEORGIA	-
INDIA	-
JAPAN	-
KAZAKHSTAN	-
KYRGYSTAN	-
LAO PEOPLES DEMOCRATIC REPUBLIC	-
MALAYSIA	-
MONGOLIA	-
THE KINGDOM OF NEPAL.	-
PDR KOREA	-
NORTH KOREA	-
PAKISTAN	-
The PHILIPPINES	-
SOUTH KOREA	-
TAJKISTAN	-
THAILAND	In 1994 Workers Compensation Act was passed to compensate persons becoming disabled through work, with provision of treatment rehabilitation and equipment if needed.
THE MALDIVES	-
THE REPUBLIC OF CHINA ( TAIWAN )	-
TURKEY	-
TURKMENISTAN	-
VIETNAM	-

<u>COUNTRY</u>	<b>5. Does your country provide customs or excise or taxation relief, or subsidies or benefits for persons with a disability or to assist them.</b>
ARMENIA	-
AZERBAIJAN	-
BANGLADESH	-
CAMBODIA	-
PEOPLE'S REPUBLIC OF CHINA.	-
GEORGIA	-

INDIA	-
JAPAN	-
KAZAKHSTAN	-
KYRGYSTAN	-
LAO PEOPLES DEMOCRATIC REPUBLIC	-
MALAYSIA	-
MONGOLIA	-
THE KINGDOM OF NEPAL.	-
PDR KOREA	-
NORTH KOREA	-
PAKISTAN	-
The PHILIPPINES	-
SOUTH KOREA	-
TAJIKISTAN	-
THAILAND	-
THE MALDIVES	-
THE REPUBLIC OF CHINA ( TAIWAN )	-
TURKEY	-
TURKMENISTAN	-
VIETNAM	-

<u>COUNTRY</u>	<b>6. Is there a system to provide legal assistance to persons with a disability who cannot afford to pay for it? Do persons with a disability have to make a contribution towards the cost if they cannot pay in full?</b>
ARMENIA	Article 40 of the Constitution sets out: - " Everyone is entitled to receive legal assistance. Legal assistance may be provided free of charge in cases prescribed for by law."
AZERBAIJAN	Article 61 of the Constitution says : - Right to Get Legal Help. Every person shall have the right to get qualitative legal assistance. In cases specified by law, legal help will be rendered free at the expense of the State."
BANGLADESH	-
CAMBODIA	-
PEOPLE'S REPUBLIC OF CHINA.	-
GEORGIA	-

<b>INDIA</b>	Article 39A of the Constitution provides :-" The State shall secure that the operation of the legal system promotes justice, on a basis of equal opportunity, and shall in particular, provide free legal aid, by suitable legislation or schemes, or in any other way, to ensure that opportunities for securing justice are not denied to any citizen by reason of economic or any other disability."
<b>JAPAN</b>	-
<b>KAZAKHSTAN</b>	Article 13(3) Everyone shall have the right to qualified legal assistance. In cases stipulated by law, legal assistance shall be provided free of charge.
<b>KYRGYSTAN</b>	Article 40 of the Constitution states that every citizen in the Kyrgystan Republic will be provided with the qualified legal assistance and protection of rights and freedoms guaranteed by the Constitution.
<b>LAO PEOPLES DEMOCRATIC REPUBLIC</b>	-
<b>MALAYSIA</b>	-
<b>MONGOLIA</b>	-
<b>THE KINGDOM OF NEPAL.</b>	A State Policy set out in the Constitution says the State shall, in order to secure justice for all, pursue a policy of providing free legal aid to indigent persons for their legal representation in keeping with the principle of the Rule of Law.
<b>PDR KOREA</b>	-
<b>NORTH KOREA</b>	-
<b>PAKISTAN</b>	-
<b>The PHILIPPINES</b>	-
<b>SOUTH KOREA</b>	-
<b>TAJIKISTAN</b>	-
<b>THAILAND</b>	-
<b>THE MALDIVES</b>	-
<b>THE REPUBLIC OF CHINA ( TAIWAN )</b>	-
<b>TURKEY</b>	-
<b>TURKMENISTAN</b>	-
<b>VIETNAM</b>	-

<b>COUNTRY</b>	<b>7. Are there any laws or practices which need revision to update them?</b>
<b>ARMENIA</b>	-
<b>AZERBAIJAN</b>	-
<b>BANGLADESH</b>	-
<b>CAMBODIA</b>	-
<b>PEOPLE'S REPUBLIC OF CHINA.</b>	-
<b>GEORGIA</b>	-
<b>INDIA</b>	-



<b>JAPAN</b>	The Immigration Control and Refugee Recognition Act contains prohibitions against entry into Japan by any person who is mentally defective.
<b>KAZAKHSTAN</b>	-
<b>KYRGYSTAN</b>	-
<b>LAO PEOPLES DEMOCRATIC REPUBLIC</b>	-
<b>MALAYSIA</b>	-
<b>MONGOLIA</b>	-
<b>THE KINGDOM OF NEPAL.</b>	-
<b>PDR KOREA</b>	-
<b>NORTH KOREA</b>	-
<b>PAKISTAN</b>	-
<b>The PHILIPPINES</b>	-
<b>SOUTH KOREA</b>	-
<b>TAJIKISTAN</b>	-
<b>THAILAND</b>	-
<b>THE MALDIVES</b>	-
<b>THE REPUBLIC OF CHINA ( TAIWAN )</b>	-
<b>TURKEY</b>	-
<b>TURKMENISTAN</b>	-
<b>VIETNAM</b>	-

# **Task force on Public Awareness**

## **ESCAP Decade Agenda for Action**

### **RNN Report on Public Awareness**

**Report developed by RNN Task Force Public Awareness**  
**Coordinator: Noman Khan (Bangladesh)**

#### **1.0 Introduction**

RNN had taken the initiative to assess the progress of the different member countries with regards to the targets of the ESCAP Decade agenda for action 1993 ~ 2002. As a step of this initiative RNN had established 13 Task Forces to review the Decade achievements and shortfalls. It corresponds to 12 policy areas of the Agenda for Action of the AP Decade with an additional area on "women and girls with disabilities". 'Public Awareness' is among these Task Forces. These reports developed by the NGO representatives will provide input to the ESCAP High-Level Intergovernmental Meeting at Japan in October 2002.

The major objectives of this initiatives:

- Evaluate the progresses of the decade in each RNN member country / areas by NGOs.
- Identify issues and problems of each country/areas and Asian Pacific Regions for full participation and equality of people with disabilities.
- Propose a future action plan for the regional cooperation as Post Decade Action of NGOs and GOs.

The targets of Agenda for Action under Public Awareness as stated in the Agenda document are:

1. To undertake immediate action to ensure that the national and provincial print and electronic mass media, including the private sector and the folk media, feature issues related to the Decade through regular and accurate coverage that improves public awareness and attitudes concerning people with disabilities.
2. To undertake phased action to encourage all education and training institutions, government agencies and NGOs that implement programs and projects for children and youth to identify and provide means of ensuring that disabled children and youth are included in activities designed for all children and young persons.
3. To encourage immediate action by ministries of education and all other relevant agencies to initiate a review of all educational and functional literacy materials, in different formats, in use in each country and area, with a view to excluding content that is derogatory towards persons with disabilities, and with a view to including illustrations and references that support the inclusion of persons with disabilities in mainstream community life.
4. To encourage immediate action to ensure the issuance of first-day covers and commemorative stamps promoting the full participation and equality of persons with disabilities in the Asian and Pacific region
5. To advocate the inclusion of disability issues in information and media policies and program, as well as the provision of appropriate time and space for disability concerns, and the prohibition of the depiction of negative and inaccurate images of persons with disabilities in performances, especially comedies, films and cartoons.
6. To encourage government agencies and NGOs to establish a press clipping service to comment documentation on media efforts concerning the raising of public awareness and the improvement of attitudes towards persons with disabilities.

7. To promote, at regional, national and sub-national levels, all cultural activities (including art and the performing arts) and sports by people with disabilities, as part of public awareness campaigns to highlight the abilities and aspirations of persons with disabilities
8. To develop and include disability as a mainstream development issue in the curricula for pre and in service training of public administration and technical personnel in all sectors, in order to facilitate multisectoral collaboration on disability issues, and to promote the inclusion of persons with disabilities in all mainstream development activities

### **1.1 Methodology and process for development of report**

Initiatives were taken by the Public Awareness task force to collect information from all RNN member countries in accordance to the RNN guidelines. Efforts were taken to collect information from the RNN members of the concerned countries. Besides this other sources of information, including the Internet, was considered in the information assimilation process. The task force used the following methods and tools for information collection:

- Based on the guidelines as provided by RNN, an information collection tool was designed. The tool covered all the targets under public awareness. For easier reporting each of the targets was broken down on specific issues of the broader targets.
- The tool was circulated to all concerned RNN members along with other possible sources of information of each relevant countries.
- Available ESCAP reports along with different relevant documents were assessed for collection of information.
- The existing websites were accessed through the Internet for relevant information.
- Compilation of relevant information as found from the different sources.

### **1.2 Limitations of the report**

The task force expected to develop the report with specific target wise achievements with a scale ranking and the justification of these rankings. But despite of repeated persuasions to the concerned sources of the different countries a limited feedback was received. These feedbacks were not in the desired form of information on achievements and rankings. In such a situation the task force had to concentrate on secondary sources of information like, ESCAP documents, country reports and Internet Websites. Based on the findings the task force came up with a compiled statement of interventions in connection of public awareness issues. Although attempts have been made, information from some of the countries was not available.

## **2.0 Reflection of achievements of individual countries by Sub-regions**

### **East and Northeast Asia**

#### **China**

- As regular initiatives; sports, games and arts festivals were held at national, provincial and city level. Special Awards have been declared on (a) National Day of Assisting People with disabilities, (b) Young Pioneer assisting People with disabilities, (c) Young volunteers assisting People with Disabilities and (d) Model of assisting People with Disabilities.
- Through these initiatives society has become more understanding, respectful and caring of people with disabilities. With higher self- respect, self- confidence, they have become aware of self- improvement and are more self- reliant. Disabled persons are participating more actively and are contributing to society. Disabled people are also gradually becoming more aware of the laws protecting their rights.

## **Hong Kong China**

- Launched publicity programs and activities including seminars, exhibition, road shows etc. to promote a positive image of people with disabilities.
- Mental health month observed in October each year to promote public awareness and acceptance of people with mental problems.
- Observed International Day of Disable Persons both by Government and NGOs. The message of "Society for All" has been disseminated.
- A number of TV episodes and announcements of public interests on talents and abilities of PWDs produced since 1994.
- The Government has formulated policies to encourage and facilitate students with disabilities to receive mainstream' education.
- In July 2001, a code of practice on education was introduced under the Disability Discrimination Ordinance to provide guidelines and advice to students with disabilities and education service providers.
- To commemorate the conclusion of the Asian and Pacific Decade of Disabled Persons in December 2002, the Post Office will issue a special first-day cover and postmark.
- Support has been provided to disabled athletes in the country.
- To promote the employment of People With Disabilities, the Labor Department conducts publicity activities on a regular basis to enhance the understanding of employers and the public about the working abilities of disabled people. These activities include annual awards to outstanding disabled employees and enlightened employers, exhibitions, seminars and radio programs.

## **Japan**

- 'Person with Disabilities Day' is observed on December 9<sup>th</sup> to increase public awareness on disability issues.
- 'Week for the Welfare of Persons with Disabilities' declared starting from the International Day of Disabled Persons (December 3<sup>rd</sup>) until "Person with Disabilities Day" (December 9<sup>th</sup>). Aim of the declaration is to develop activities that encourage the willingness of persons with disabilities to participate in society and be self-reliant, and further deepen understanding and awareness among the Japanese people on issues regarding disabled persons. Based on the objective, the national government works to raise public awareness through the media, while local governments and organizations of disabled persons hold numerous commemorative programs.
- In April 2001, World health Day's theme was "Mental Health". Taking advantage of the occasion, the Japanese Government carried out various projects (ex. publication about Mental Health) to educate the public.

## **Mongolia**

- Increasing awareness in the public for the development of positive mental environment on supporting the people with disabilities and cooperation with them.
- In order to intensify the activities of the Decade of the Disabled the Government of Mongolia proclaimed the year 2001 as " The year of Promotion of the Disabled" and achieved remarkable results.
- The governmental and non-governmental organizations have been undertaking activities in assisting the people with disabilities.

## **South Asia**

### **Brunei Darussalam**

- Various awareness campaigns through the mass media such as radio, television and newspapers, pamphlets, workshops, seminars and religious talks carried out by the government and NGOs.
- Parental participation in the training of people with disabilities is being given utmost importance.
- A family support system, including a group of caregivers such as therapists, volunteers and parents themselves is being facilitated to provide emotional support.

Through these activities the general public of Brunei Darussalam are now more accepting the people with disabilities.

#### **Cambodia**

- National public awareness activities in the country is carried-out by DAC with GO, NGO and IO involvement.
- NGOs initiated public awareness activities.
- International Day of Disabled, International Women's Day observed regularly.
- Cambodian Handi – Sports Day celebrated annually.
- Educating influential groups such as teachers, monks, healthcare workers, government institutions and NGOs are also helping to change the people's attitudes
- Arranged sports with contests and games in which all the participants are disabled.
- Public awareness is enhanced through periodical press releases, radio and television broadcasts on the services available and the rehabilitation of disabled persons.

#### **Indonesia**

- International Day of Disabled Persons observed regularly.
- National Movement on Public Accessibilities (GAUN 2002) established on June 4, 2000.
- A variety of talk shows, published articles and journals regarding social welfare of persons with disabilities through mass media, held sports events, exhibition of persons with disabilities' products conducted.

#### **Laos People's Democratic Republic**

- A translated report on the review of the progress that Asian and Pacific countries made two years into the Asian and Pacific Decade of Disabled Persons, was published and distributed to all government ministries, organizations and all provincial offices in early 1996. This has helped change attitudes of the people towards people with disabilities.
- In April 1996, the country held a medical conference aimed at establishing measures to strengthen the provision of medical rehabilitation services and improve the system of providing such services at the provincial and district levels.
- Conference on Cooperation for Disabled Persons was held in September 1996. 24 representatives from the Department of Social Welfare and provincial health services and rehabilitation units attended the conference.
- From 1995 a course on medical rehabilitation was included in the medical studies curriculum at the local university.

#### **Malaysia**

- The Government media carried out various programs such as frequent talk shows, interviews, and programs in TV and radio on related topics.

- The newspaper also featured special reports and write-ups on issues concerning people with disabilities.
- Trailer films and jingles were produced and broadcasted over television and radio in conjunction with the annual celebration of people with disability day.
- Campaign 1999 was organized in Malaysia.
- 1<sup>st</sup> Asian Para Games was held.
- Special Concert by people with disabilities was organized.
- RTM and National Film department have also produced several documentary films, which highlighted the success stories and achievements of people with disabilities in various fields. These films were broadcasted over TV Malaysia since 1997 and re- aired from time to time.
- Sign Language has been included in daily time news on TV-1 of RTMs
- Information on importance of registering children with disabilities was disseminated through the electronic and print media so that the children with disabilities could receive the opportunities of education and skill training.
- The children with disabilities were enrolled in the various special schools for children with disabilities set up by the Ministry of education.
- The planning and implementing agencies for government projects have become more sensitive towards the needs of people with disabilities in their planning for various govt. and public buildings in general.
- Highlighted the abilities and achievement of People With Disabilities through different events and media.
- Information to People With Disabilities disseminated.

The above promotional activities have helped to create public awareness, positive attitudes, ensure accessibility, disabled- friendly buildings, discarded discrimination against people with disabilities.

#### **Myanmar**

- Observed International Day of Disabled person since 1994, to commemorate the annual International Day of Disabled Persons on 3 December, skill contests in art, singing, dancing, and cane weaving are held. People with different disabilities take part enthusiastically in these events. Blind persons' football matches attract a lot of interest and attention. These awareness-raising activities, focusing on the skills demonstrated by the differently able person, have been very effective.
- International White Cane day is being observed annually since 1992
- Public awareness activities intensified through national media and other activities.
- Ministry of Health and the Ministry of Social Welfare, Relief and Resettlement, together with the non-governmental organizations (NGOs), have worked towards creating more awareness through various activities, special programs, advertisements and showing the daily activities of special schools on television.
- Televised coverage of special occasions such as the celebration of the International Day of Disabled Persons, annual disabled sports events and blind persons' football matches.
- Stage shows by schools for blind persons held in Myanmar.
- Talent shows jointly performed by blind persons, persons with physical disabilities and intellectually disabled persons.
- Christmas concert performed by people with speech and hearing impairment
- An awareness workshop and advocacy meeting in 1996 was held for health workers organized by the Ministry of Health

- Most of NGOs have included public awareness raising issues in their training program.

### **Philippines**

- IEC materials developed and advocacy campaigns regularly conducted on disability issues;
- National Disability Prevention and Rehabilitation Week observed as an initiative for the promotion and advocacy of disability issues;
- Puppetry used as a popular media to generate public awareness of disability issues and positive attitudes towards people with disabilities;
- Nationwide radio programs broadcasted weekly, anchored by disabled persons and with a focus on disability issues;
- Organizations of disabled persons participated in different programs with a focus on disability issues;
- Commemorative Stamp on AP Decade 1998 issued.
- Youths With Disabilities took part in Philippine National Games;
- CONCERN Magazine and other publications made with focus on disability issues.
- Media publicity made regularly on disability issues.
- National Disability Prevention and Rehabilitation Week observed.
- Special features on disability issues published.
- Clipping of all press releases on disability concern issues maintained.
- Produced and distributed special Education Posters for nationwide SPED campaign.
- Department of Education, Cultural and Sports with NGO and other agencies developed functional literacy and educational material in different formats and dialects to include illustrations and references that support the inclusion of PWDs in mainstream community life;
- Participated in international events – Abilympics, paralympics, FESPIC Games, national and regional cultural and sports activities, and integration of National Abilympics with TESDA's Philippine National Skills Competition to expand work opportunities for competitions with disabilities;

### **Singapore**

- A booklet on the use of proper terminology was printed by NCSS in 1995 and disseminated to the public.
- The government funds NCSS to mount public education and awareness programs with the objective of increasing public awareness on the abilities of people with disabilities.
- “Disabled does not mean Unable” was adopted for the public awareness program in 1994 and 1995.
- The model Employer and Model Employee Awards were introduced in 1996 to give recognition to outstanding employers who have contributed significantly to the employment of persons with disabilities and to disabled employees who have served as role models at work for others.
- NCSS has produced a booklet on early identification and management of children with development disabilities in 2002, with the input of the Ministry of Health (MOH) and MCDS.

### **Thailand**

- The Thai Government allocated financial resources (around 4000000 bath) to celebrate the International Day for the Disabled Person.
- In 1999, Thailand hosted the Seventh Far East and South Pacific Games for the Disabled or the FESPIC Games.
- On 3<sup>rd</sup> December, the International Day of Disabled Persons, business employing persons with disabilities as well as people who work for persons with disabilities are selected to receive a plaque from the Prime Minister in recognition of their contribution.

#### **Viet Nam**

- Vietnam hosted the 9<sup>th</sup> Campaign of Asia-Pacific Decade of Disabled Person in December 2001 in Hanoi.
- The mass media has increased its coverage of PWDs. Such as traditional art, songs, dance and drama performed by People with Disabilities.

### **South and South-West Asia**

#### **Bangladesh**

- Initiatives had been taken by the NGOs in collaboration with the Government to publicize through the print media features with regard to the Decade. Publications of such features have allowed information access for the general mass with regard to the decade.
- Steps have been undertaken to facilitate NGOs operating education programs to include people with disabilities. Teachers and related people have also been trained at a limited scale. The Ministry of Education (Directorate of Primary Education) have undertaken studies with the objective of formulating national policies and action plans for the inclusion of disabled learners in the primary education setup of the country.
- The Government and NGOs have undertaken actions collaboratively for the issuance of articles in the national newspapers and magazines promoting the full participation and equality of persons with disabilities. These were focused with much more emphasis in days related to disability issues like the International Day for the Disabled Persons, National Day for the Disabled Persons, White Cane Safety Day, etc.
- The role of NGOs and media has played a significant role to bring about changes in the lives of PWDs in recent days. The strong advocacy of NGOs and effective canvassing of media by highlighting the inner and hidden problems of PWDs have been considered a real breakthrough in this regard. All the events of national and international disabled days were telecast where TV spots, dramas, recreational programs, dialogues, policy advocacy programs were included.
- Networking organizations on disability issues in the country is collecting documents on media efforts concerning raising public awareness towards the PWDs. There are also efforts by different individual NGOs to collect such clippings at the regional and national level.
- The Ministry of Social Welfare, in association with the NGOs organizes regular cultural events in its observances of different days in the country. Many NGOs independently organize cultural and sports events for people with disabilities. A National Sports Federation has also been formed to facilitate furtherance of sports activities for people with disabilities. Steps have also been taken by the Government and NGOs to include people with disabilities in the mainstream sports of the country. All these initiatives and the praise-worthy performances of the people with disabilities in international sports events have contributed in raising public awareness on disability issues. These are however very limited, particularly to the city areas.
- Initiatives have been taken by the Department of Social Services and NGOs to initiate an in-service course for the Departments' officials to receive an orientation course on disability issues. The training program has already started with a considerable number already trained. The topic of disability had also been incorporated in a training program of the Public Administration Training Center offering courses to senior level Government officials of Bangladesh.



## **India**

- Social Welfare and Development Fair are organized that cover on disability issues.
- Government organizes national/international exhibitions on state of the art and traditional assistive device, barrier free features that facilitate public awareness.
- Seminars, public awareness campaigns by NGOs, national Institutes to strive for inclusion of children and youth with disabilities in all activities designed for children and youth.
- Stamp has been issued and media coverage done in the country.
- Participated in Para-Olympics. Coverage on this issue has facilitated public awareness.
- Pilot project to create awareness on capabilities of disabled persons implemented in 22 districts in the year 2002.
- Module on disability concerns introduced in LBS national Academy of Administration for civil servants since 1999

## **Islamic Republic of Iran**

- Media coverage done regularly focusing on positive attitudes and encouraging public awareness.
- International news on disability issues translated into local language.
- Sports competitions and cultural programs for disabled persons held in the country.

## **Maldives**

- Since 1990, nationwide activities and campaigns to disseminate information on people with disabilities and the prevention of causes of disability have been carried out regularly through the mass media.

## **Nepal**

- Sign language is incorporated with television news.

## **Pakistan**

- Public sensitization achieved by means of many media, electronic and seminar presentations.
- Mass awareness campaigns launched on National Television.
- GO and NGO is active in promoting awareness to public on disability issues.
- Awareness on Portage program carried out in the country.
- Seminars on Special Education awareness conducted at some Universities.
- The Directorate General of Special Education, under the Ministry of Women Development, Social Welfare and Special Education, established a national library and resource centre in Islamabad, to provide the following special education services:
  - a. Foreign books on Special Education;
  - b. Overseas journals;
  - c. Audio and video tapes on special education, mainly for course-participants and teachers at the national institute of special education,
  - d. Content page service (CPS) of overseas journals;
  - e. Reports and bulletins

Such initiatives on education have contributed in the development of public awareness.

## **Sri Lanka**

- The International Day of the Disabled Persons is commemorated annually by the Ministry of Social Welfare with the aim of promoting awareness among the general public to eradicate negative attitudes and also to give an understanding about their rights for equal opportunity and equal participation.
- Wide publicity has been promoted through print and electronic media to the World Program of Action and ESCAP Agenda for Action.
- Action had been taken to conduct workshops, conferences, sports meets to deliver the message to the public.
- Each year the Ministry selects a special “theme” on the International Day of the Disabled Person and continues with the relevant programs
- Workshops on psychosocial rehabilitation, employment for the disabled, accessibility to built environment, community based rehabilitation etc have been held, to make the offices and the public aware about the subject.

## **Turkey**

- In order to increase the public awareness about disability and people with disabilities; competitions, meetings, symposiums, panels and employment of people with disabilities have been arranged.
- Number of documents including disability issues (such as disability prevention, rehabilitation, special education, accessibility, vocational training and employment) published by governmental and non-governmental organizations.
- A cine- vision show about the disabled individuals and their lives were filmed and sent to the municipals to be used for increasing public awareness. Short films are prepared for preventing the causes of disability and are disseminated to all national and local television companies.
- “Catalog of the agencies serving for disabled people” were prepared and last updated in 2000.
- “Improving transport for people with mobility handicap” publicized by European conference of ministries of transportation translated into national language and sent to the local and central authorities to guide them in their works related with disability.
- “Nutrition diet in Disability” book mentioning about the disabilities related with malnutrition and the diets and techniques for certain types of disabilities, were sent to the all rehabilitation centres, special education centres and schools, hospitals and the disability organizations.
- In 1998 a study was conducted to detect disability rate and cause of disability among population above 65 years in elder people’s home in Turkey. The data and the related suggestions were collected in a book called “Evaluation of Disabilities in Elderly People”.
- “Guide for Employment of Disabled” were published and distributed to related agencies and disabled individuals through disability organization.
- Recommendations and decisions of United Nations and “Standard Rules for the Equalization of Opportunities for Persons with Disability” were translated into national language and disseminated to national and local governmental institutions and non-governmental organizations related disability issues.

## **North and Central Asia**

### **Armenia**

- TV and Print media focused on issues to disability to raise public awareness.
- Seminars with participants of NGOs held to share on disability

### **Uzbekistan**

- Materials developed by disability specialties published in local press with an effort to raise awareness.
- Brochures and booklets on disability issues published in the country.
- Meetings of specialists and disabled persons held.
- Issues of disability and rehabilitation and occupational diseases covered in media.

### **Pacific**

#### **Cook Islands**

- Conducted a National Public Awareness Raising Workshop with representation of People with Disabilities, care-givers, parents, concerned government representatives from all islands of the Cook Islands with the theme of: "The Rights of People with Disabilities to quality life, are Human Rights".
- The Cook Islands National Disability Council has been initiated in March 2001.
- The media (radio, TV and newspapers) has been used to bring awareness to all on the issue of disability.
- Screened the two ESCAP video tapes ("To be seen, heard and counted", "Freedom from Barriers" and "Things we don't talk About" produced in Vanuatu) on their national television as a lead up to the second national workshop on Advocacy Training in October 2001

#### **Fiji**

- International Day for Disabled Persons – celebrated annually to promote public awareness
- Stamp issued to depict Asian and Pacific Decade and disability development in Fiji

#### **Federated states of Micronesia**

- International Day for Disabled Persons Observed.
- Radio programs, booklets and posters have been used for public awareness.
- Conferences and workshops also conducted as part of public awareness

#### **New Zealand**

- The New Zealand Disability Strategy was launched in April 2001 and has objectives relating to public awareness.
- The Mental Health Commission was established in 1996 and responsible for public awareness campaigns that reduce stigma and discrimination associated with mental illness.
- The Ministry for Disability Issues has a regular newsletter "Participate" which facilitate development of public awareness on disability issues.

#### **Samoa**

- Extensive media coverage done on achievements by PWD
- Increased participation of PWD in cultural activities facilitated.

**No Information was found from the following countries/areas:**

Afghanistan, American Samoa, Australia, Azerbaijan, Bhutan, Caledonia, Democratic Peoples Republic of Korea, French Polynesia, Georgia, Guam, Kazakhstan, Kiribati, Kyrgyz Stan, Macao China, Marshall Islands, Nauru, New Niue, Northern islands, Palau, Papua New Guinea, Republic of Korea, Russian Federation, Tajikistan, Tonga, Turkmenistan, Tuvalu, Uzbekistan, and Vanuatu.

**Conclusion:**

The report has only been able to portray a limited picture of the 'Public Awareness' activities in the member countries of the Asian Pacific Region in accordance to the Decade Target. But there are undoubtedly much more that already has been achieved in these countries. One of the biggest limitations has been that the task force team was unable to find information on a large number of countries in this region.

Although the information provided through this report do not reflect achievements addressing the specified targets of agenda for action but it is quiet evident from the findings that there is an overwhelming influence of the targets on the activities carried out in each country on public awareness. This is an indicator of the direct effect of the ESCAP declared decade on each of the countries. It has also been found that the emphasis of the member countries is to a large extent on issues related to raising public awareness on disability issues. Public awareness has been identified as an essential prerequisite area to be addressed to ultimately progress towards equalization of opportunities and rights for people with disabilities.

While compiling the data it has been realized that the impetus of the initiative on public awareness among the member countries has been towards the latter part of the decade. This has been able to create a platform in these countries to design and develop further initiatives in the future to progress systematically in collaborations with Government and Non-Government agencies in addressing the targets of the agenda for action. This will emphatically and systematically influence the concerned countries to address the needs of the people with disabilities in the forthcoming decade of the region.

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# **Task force on Assistive Devices**

## **Report on survey of UNESCAP members**

**September 2002**

### **Coordinator**

**Carson Harte. The Cambodia Trust.**

**Assistant: Beth Knight –Yamamoto**

### **Executive summary.**

The provision of an assistive device can considerably improve the quality of life of a person with disability. The restoration of mobility by a prosthetic or orthotic device, a wheelchair or a simple walking aid can enable a person with a disability to participate more fully in their community. The restoration or improvement of sight and hearing can have a dramatic effect on life. A recent small survey carried out in a developing country indicates that 85 percent of persons with disability who have received an assistive device are involved in income generation or are attending school or college.

As such, the value of assistive devices is not recognised by Governments, international agencies or by the disabled themselves. They are often perceived as expensive, ineffective or inappropriate. However, modern techniques, training and materials have raised the standard to such an extent that such devices are becoming more acceptable and desirable.

It is against this background the statement was established within the UNESCAP “Decade of the disabled” goals. :-

**“Having the use of appropriate and affordable assistive devices is a matter of entitlement of all persons with disabilities”.**

This review of the goals established in this decade of the disabled has shown that assistive devices, despite their benefits and value, are not widely available, affordable or of good design, especially in low income countries. The situation in developed countries in the region is very different. Research and development is weak, as is technology transfer, but perhaps most worrying, is the fact that assistive devices are not available to the rural poor. This is the largest grouping of disabled people, and is also the most vulnerable group. In low income

rural communities disability results not just in a lowering of quality of life, but may endanger life itself.

There is little doubt that the broader economic situation in the least developed countries has affected the penetration of assistive devices. There is a direct relationship between service provision and the wealth of the country.

While the NGO and not for profit sectors remain important, their role is not universal, and many countries rely on Governmental or charitable services for the disabled. There has been little penetration of profit oriented organisations into the poorer countries. Training of staff (technical) remains very inconsistent as is the commitment to quality assurance

For these and other reasons we are still along way from the declared aim of making access to an assistive device an entitlement rather than a privilege.

### **A review of of “assistive devices “ in the Asia and Pacific region.**

#### **Purpose.**

**To collect data on progress made by members of UNESCAP towards the implementation of the goals of the Decade of Disabled people, in particular the goals specific to the availability of assistive devices.**

#### **Definitions.**

**Assistive devices are items of equipment used to mitigate and relieve the effects of an impairment caused by disability. Such devices can restore mobility and function, improve sight, improve hearing or can replace lost function by a separate route. An assistive device should improve the life of a person with disability and improve their capacity for participation in their community.**

#### **Methodology**

A questionnaire was developed to highlight the key areas pertaining to the provision of assistive devices in Asia as outlined in the objectives set by the Asian Decade of Disabled people. This questionnaire was circulated to Government and NGOs in the region, May 2002, and was collected though June July and August. Analysis of the responses was undertaken in September 2002. All countries in membership of UNESCAP were contacted.

**Only 15 countries have responded.**

The questionnaire was divided into two parts. The first section requiring “yes / No “ answers gathered information on key aspects of the provision of assistive devices. The second section asked the respondent to make an assessment of their country’s progress towards the goals.

**The following devices were reviewed**

- Walking sticks and crutches
- Prosthetics, Orthotics,
- Wheelchairs
- Hearing aids
- Electronic devices
- Devices for Activities of Daily Living devices.

**Low vision devices were overlooked.**

**Summary of results.**

**The following is a summary of the results of the analysis of the returned questionnaires. Each decade target will be examined and a short narrative given on the regional progress towards these goals.**

**A detailed breakdown of the outcomes of the questionnaire will follow this summary.**

*The Targets for Assistive devices (extract from Decade Goals)*

*(a) Critical issues*

**Target**

31. *The functional independence of persons with disabilities is essential for full participation in development programmes and social activities. Having the use of appropriate and affordable assistive devices is a matter of entitlement of all persons with disabilities. Disabled persons also need to be trained in the effective use of assistive devices.*

**Outcome**

- The low response from members indicates that assistive devices remain a low priority
- There is strong linkage between the wealth of the country and the provision of Assistive devices. Wealthy countries have excellent provision, but poorer countries do not.

- There is no evidence that assistive devices are available to the low income rural population.
- Low technology devices such as walking canes and wheelchairs are widely available, but high tech hearing aids and electronic devices are only available in wealthy countries
- Training in the use of such devices remains an issue with little evidence of linkage between community and service providers.

**Conclusion.**

This objective is only being met in the wealthier countries of the region.

**Target**

32. *Research and development should be promoted on indigenous assistive devices that are culturally appropriate for and affordable by rural and urban disabled persons.*

**Outcome**

- There is little evidence of ongoing research or development in Assistive devices.
- There is little evidence of the transfer of technology or in collaborative research between member countries.

**Conclusion**

Little progress has been made, target may need to be revised to include technology transfer from developed countries.

**Target**

33. Systems for the production and distribution of low-cost and appropriate assistive devices should be developed and strengthened to meet the needs of the majority of disabled persons

**Outcome**

- Reasonable progress in wheelchairs, prosthetic, orthotic and walking devices.
- Poor progress on high tech products

**Conclusion:** Considerable work remains to be done.



**(b) Revised targets**

<b>Target</b> 10.1 <i>To take immediate action to set up sustainable systems and procedures, including subsidy schemes, to ensure the production and distribution of assistive devices, as well as repair and maintenance services, with due attention to addressing the needs of all, especially the needs of the most marginalized groups of disabled persons</i>
<b>Outcome</b> <ul style="list-style-type: none"><li>• Sustainable systems have been established in high income countries, but not in less developed.</li><li>• Subsidies and support are available in the high income countries but are not present in low income countries</li><li>• Production, repair and maintenance of assistive devices is good in high income countries but weak in the majority of low income countries.</li><li>• The most marginalized (rural poor) have almost no access to affordable devices across the region.</li></ul>
<b>Conclusion</b> There is little progress towards this target in low income countries.

<b>Target</b> 10.2 <i>To work with the department responsible for customs duties to introduce exemption of customs and other duties on the import of assistive devices, as well as components, materials and equipment for their production, repair and maintenance, especially items from within the ESCAP region.</i>
<b>Outcome</b> <ul style="list-style-type: none"><li>• There has been considerable progress in this. However, many countries still impose taxation on imported materials and components.</li></ul>

<b>Target</b> 10.3 <i>To take immediate action to simplify customs clearance procedures to facilitate the import and export of assistive devices, as well as components, materials and equipment for their production, repair and maintenance, especially those items from within the ESCAP region.</i>
<b>Outcome</b> <ul style="list-style-type: none"><li>• No specific data collected, but overview of responses indicates only small movement of materials and components across borders</li></ul>

<b>Target</b> 10.4 <i>To encourage research, innovation and improvements concerning indigenous assistive devices, especially those using local resources, by associating leading institutions in such activities, allocating funding, personnel and facilities for this purpose, and promoting intercountry exchange of information on related issues</i>
<b>Outcome</b> <ul style="list-style-type: none"><li>• Little evidence of progress.</li><li>• Some transfer of technology and some research ongoing in special circumstance countries such as Cambodia.</li></ul>

**Target**

10.5 *To encourage immediately the development of appropriate and sustainable local technology to provide quality standard assistive devices for people with disabilities.*

**Outcome**

- Some progress in prosthetics and orthotics / wheelchairs / walking aids
- Little progress in electronics
- Wealthier countries achieving well. Poor countries not achieving.
- Little or no implementation of national or international quality assurance standards

**Target**

10.6 *To take immediate action to introduce schemes actively to encourage NGOs and private entrepreneurs, through tax incentives and subsidies, to pursue research on, as well as the indigenous production, distribution and maintenance of, assistive devices.*

**Outcomes**

- Some development of NGO sector, but inconsistent.
- No evidence of tax breaks, incentives and subsidies
- Private entrepreneurs not in evidence

**Conclusion**

Little progress. The supply of assistive devices still regarded as a public service (government) or an act of charity.

**Target**

10.7 *To promote the training of personnel on indigenous technology for assistive devices to improve services at subnational levels where the need is greatest.*

**Outcome**

- *Training and training standards remain hap hazard*
- *Lack of institutional investment in training.*
- *Not enough technical staff to maintain services or increase service penetration*

## ANALYSIS OF THE QUESTIONNAIRE ON ASSISTIVE DEVICES

### **Overview**

The survey of assistive devices is somewhat limited in its usefulness by the limited response. Only 15 countries responded.

There is no information from important countries such as Indonesia, Bangladesh and Afghanistan, among others. The lack of response is indicative of the level of commitment to people with disability and or the amount of information that can be accessed by the local respondents.

There are discrepancies between the answers given in questionnaires from countries where two or more questionnaires have been returned. For countries such as The Peoples Democratic Republic of Lao, Philippines and India, very different answers given by the two respondents have been returned for the same question. It is obvious therefore to suggest that perhaps even for the countries where only one questionnaire was returned, there could be discrepancies within their answers. This problem can either be from a lack of knowledge or from a wish to perhaps shed the countries management of Assistive Devices in a better light.

Many of the respondents seemed to be unaware of the status of certain (or all) Assistive Devices within their country. Many respondents answered “some”, “N/A” or most candidly “I have no idea”. This indicates, plainly, that many of the respondents are not fully aware of how, why or what Assistive Devices or Programs are available to the Disabled in their country. In countries such as India and China where the population has exceeded one billion people, it seems almost impossible for the respondents to our questionnaire to fully be aware of the situation of ALL the disabled people within their diverse country. Even if the questionnaire was filled in by a large number of people connected to the production, and maintenance of Assistive Devices, it could still not be relied on to provide an accurate analysis of the situation.

The questionnaire itself had some problems, especially with the interpretations of what some questions meant. The first question in Part 1, “Are these Assistive Devices available in your country,” was interpreted by some respondents as a general, sweeping question on availability. Other respondents however seemed to interpret it another way. For example Hearing Aids would be ticked as “Not Available” however in the next question the respondent entered the Hearing Aids as locally manufactured.

There is however some individual concern for individual countries that should be noted. For instance the response from Mongolia highlight a bigger problem that should be considered. The respondent Dulmaa Dashdondog highlights the fact that Mongolia is a nomadic society and therefore there is a problem of accessibility of Assistive devices but also the problem of Prosthesis for nomadic people. These kinds of cultural factors seem to pop up everywhere in these questionnaires.

Mr. Dulmaa, in his letter to coordinator of the Task Force, Mr. Carson Harte, highlights an even bigger concern for those concerned about the disabled in Asia. Many Asian countries are experiencing economic crisis and downturn. This is probably making the lives of the disabled much worse as Government schemes and subsidies could be taken away. This perhaps is a wider issue that needs to be addressed in conjunction with the problems facing the Disabled Asian of the new Millennium.

The questions asked in the first Yes/No section of the questionnaire has been divided into groups of common themes. The first category of Availability encompasses questions 1 and 14. These also tie into the numbered questions in Part 2. The second category of Manufacture, Production and taxing of the devices uses questions 2, 3, 4, 5, 6, and 13. The Supply and Funding of the devices comes under the third category and these are answered by questions 7, 8, 9, 10, 11 and 12. Regulations and Promotion of devices are categorised under questions 15, 16, 17, 18 and 20. The final category, which examines the development and future planning of the Devices within each country, is answered by questions 19, 21, 22, 23, and 24.

The response from each country has been displayed in order of wealth, not alphabetically, using World Bank data on GNI for each respondent. (See <http://www.wbo.org> under the World Development Indicators Database (dated April 2002.) The World Bank has used the 'Atlas Method' to decide the GNI per Capita and they are represented in US Dollars).

## **Analysis**

### **Availability of assistive devices**

Ranked by GNI.

*Australia* (GNI ranking 27<sup>th</sup>; \$20,240 per capita)

\*NOTE – Because Australia is federalised; we received responses from individual states rather than a singular response for the whole country. However responses were only received from Victoria, Western Australia, and The ACT.

Victoria – All Assistive Devices are available, as well as available in rural areas.

Western Australia - All Assistive Devices are available, as well as available in rural areas.

ACT – All available, however both respondents were unsure whether the devices were available in the rural areas.

*Korea, Rep.* (GNI ranking 54<sup>th</sup>; \$8910 per capita)

All Assistive Devices are available; available in rural areas.

*Malaysia* (GNI ranking 84<sup>th</sup>; \$3380 per capita)

All Assistive Devices are available; none are available in rural areas.

*Maldives* (GNI ranking 106<sup>th</sup>; \$1960 per capita)

All available except Prosthetic, Orthotic and Electronic Devices; none available in rural areas.

*Philippines* (GNI ranking 131<sup>st</sup>; \$1040 per capita)

\*NOTE – There were two responses from the Philippines

Response 1: All available; none available in rural

Response 2: All Available; None available in rural

*Kiribati* (GNI ranking 134<sup>th</sup>; \$ 950 per capita)

All available except Hearing and Electronic Devices; none available in rural areas

*China* (GNI ranking 141<sup>st</sup>; \$840 per capita)

All available; No Electronic Communication or Activity of Daily Living Devices available in rural areas.

*Papua New Guinea* (GNI ranking 144<sup>th</sup>; \$700 per capita)

All available except electronic communication and Activity of Daily Living Devices; none available in rural areas.

*India* (GNI ranking 159<sup>th</sup>; \$450 per capita)

\*NOTE – There were two responses from India.

Response 1 – All available except for Electronic Communication Devices; Rural availability is only in a few regions.

Response 2 – All available; Electronic and Activity of Daily Living Devices not available in rural areas.

*Pakistan* (GNI ranking 161<sup>st</sup>; \$440 per capita)

All available except Electronic Comm. and Activity of Daily Devices. None available in rural areas.

*Mongolia* (GNI ranking 164<sup>th</sup>; \$390 per capita)

All available except Walking, Electronic and Activity Devices; none of the devices are available in rural areas.

*The People's Democratic Republic of Lao* (GNI ranking 178<sup>th</sup>; \$290 per capita)

\*NOTE – There were two responses from The PDR Lao.

Response 1: All available except Electronic and Activity Devices. All Available in rural areas except for Electronic and Activity Devices.

Response 2: All available except for Electronic and Activity Devices; none available in rural areas.

*Cambodia* (GNI ranking 186<sup>th</sup>; \$260 per capita)

All available except for Hearing Aids and Electronic Devices. All available in rural except for Hearing Aids and Electronic Devices.

*Myanmar* (GNI ranking e; e = estimated to be low income (\$755 or less))

All available except for Electronic and Activity Devices. Only Walking Devices available in rural areas.

*Cook Islands* (No GNI ranking, however most Pacific Islands such as Kiribati and the Solomon Islands lay between low income (\$755 or less) and lower middle income (\$756 to \$2,995))

None are available; none available in rural areas.

## **Conclusions**

1/ Electronic communication devices, hearing aids and Activity of daily living devices are not widely available except in the richest countries.

2/ Rural populations (where the majority of disabled people live) have no access to any assistive devices except in the richest countries. Cambodia and Laos are exceptions as a result of international development assistance.

**The availability of devices in the rural areas is also worrying as 9 out of the 15 (60%) participating countries has NO Assistive Devices availability in rural areas of the country. An interesting correlation can be found between the GNI per Capita Availability and range of Assistive Devices available.**

## **Manufacture, Production and Tax**

*Australia* (GNI ranking 27<sup>th</sup>; \$20,240 per capita)

\*NOTE – Because Australia is federalised; we received responses from individual states rather than a singular response for the whole country. However responses were only received from Victoria, Western Australia, and The ACT. There were also two responses from the ACT and Victoria.

Victoria – Devices are all locally manufactured, All are devices and components for devices are imported, Raw materials for all the devices are both imported and sourced in the local markets, the imported tax are not subject to tax and duty.

Western Australia - Devices are all locally manufactured, All are devices and components for devices are imported, Raw materials for all the devices are both imported and sourced in the local markets, Prosthetic and Orthotic Devices are subject to tax and duty.

ACT – Response 1 – Prosthetic and Orthotic devices are locally manufactured, all are devices and components for devices are imported, Information about Raw materials, components and tax was not offered.

Response 2 – All devices are locally manufactured, Devices are not imported into the country, components for Prosthetic and Electronic Devices are imported, and Raw materials are only imported for Prosthetic Devices. NO information was given for Sourcing and taxing of devices.

*Korea, Rep.* (GNI ranking 54<sup>th</sup>; \$8910 per capita)

All Devices are locally manufactured and imported, Components are imported into the country for all devices although raw materials are imported and sourced in local markets only for Orthotic devices. None of the devices are subject to tax.

*Malaysia* (GNI ranking 84<sup>th</sup>; \$3380 per capita)

Walking, Prosthetic, Orthotic and activity of daily living devices are locally manufactured. Only prosthetic and Orthotic are not imported into the country. All devices use imported components Raw materials are only imported for prosthetic and Orthotic devices. Answers on sourcing were not available. None of the devices are subjected to tax.

*Maldives* (GNI ranking 106<sup>th</sup>; \$1960 per capita)

NO Devices are locally manufactured, all devices are imported, Components and raw materials are not imported into the country, Components are not sourced in local markets and all devices are subject to tax.

*Philippines* (GNI ranking 131<sup>st</sup>; \$1040 per capita)

\*NOTE – There were two responses from the Philippines

Response 1: All devices are locally manufactured except for Hearing Aids. All Devices except for Walking, Prosthetic, Orthotic and Activity of Daily Living devices are imported.

Components and raw materials are imported for all devices except for Walking devices. Tax is subjected to all.

Response 2: All devices except for Hearing, Electronic, and Activity of Daily Devices are locally manufactured. All devices other than prosthetic and Orthotic are imported. All devices use components, which are imported. Raw materials are imported for Orthotic, hearing aids, electronic and activity devices. All raw materials are sourced in local markets except for hearing, electronic and activity devices. Tax is subject to all.

*Kiribati* (GNI ranking 134<sup>th</sup>; \$ 950 per capita)

Only Activity Daily living devices are locally manufactured, all devices are imported except for hearing, electronic and activity devices, No components are imported. Only raw materials for wheelchairs and activity devices are imported, No sourcing takes place in local markets, No devices are subjected to tax.

*China* (GNI ranking 141<sup>st</sup>; \$840 per capita)

All Devices are both locally manufactured and imported into the country. Components are imported for all the devices. Raw materials are only imported for Prosthetic and Orthotic devices. All devices use raw materials sourced from local markets and the devices are not subject to tax.

*Papua New Guinea* (GNI ranking 144<sup>th</sup>; \$700 per capita)

All devices are locally manufactured or imported except for Hearing Aids, Electronic and Activity devices. Components are imported for Prosthetic, Orthotic and wheelchairs. Raw materials are imported for Hearing, electronic and activity devices. Raw materials sourced in the local markets were used in walking prosthetic and wheelchair devices. No tax was imposed on the devices.

*India* (GNI ranking 159<sup>th</sup>; \$450 per capita)

\*NOTE – There were two responses from India.

Response 1 – All devices except for Electrical devices are locally manufactured, All devices are imported except for walking and activity devices, Components use in all devices except for walking and activity of daily living devices are imported. Raw materials are imported for Prosthetic, Orthotic and electronic devices. Materials for all devices except for electronic devices are sourced in the local markets. There is tax imposed on all devices.

Response 2 – All devices are locally manufactured, NO devices are imported into the country, Components are imported for all devices except for electronic devices. Raw materials are all imported except for those used in Hearing and electronic devices. All devices use raw materials sourced in local markets. Tax is subjected to all devices.



*Pakistan* (GNI ranking 161<sup>st</sup>; \$440 per capita)

All devices are locally manufactured except for Hearing, Electronic and Activity Devices. All devices and components used in the devices are imported except for Electronic and Activity. All Raw materials used in the devices are imported and locally sourced except for those used in Electronic and Activity devices. All devices that are imported are subject to tax or duty except Electronic and Activity devices.

*Mongolia* (GNI ranking 164<sup>th</sup>; \$390 per capita)

Only Prosthetic devices are locally manufactured. All devices are imported except for electronic and activity devices. All components are imported except for electronic and activity devices. Raw materials for only prosthetic and Orthotic devices are imported into the country. Raw materials for Walking, prosthetic and Orthotic devices are locally sourced. Finally all devices are not subject to tax.

*The People's Democratic Republic of Lao* (GNI ranking 178<sup>th</sup>; \$290 per capita)

\*NOTE – There were two responses from The PDR Lao.

Response 1: All devices are locally manufactured except for electronic and activity. Hearing, and Second hand wheelchairs and walking frames are imported into the country. Prosthetic, Orthotic, wheelchair and hearing devices have components which are imported into Laos. Raw materials for Prosthetic, Orthotic, wheelchair and hearing devices are also imported but also locally sourced. There is no tax given to any of the devices.

Response 2: All devices are locally manufactured except electronic and activity devices. Hearing, Electronic and Activity devices are all imported. All devices use imported components as well as imported raw materials. Raw materials are only locally sourced for walking devices and there is no tax on any of the devices.

*Cambodia* (GNI ranking 186<sup>th</sup>; \$260 per capita)

All devices are locally manufactured except for Hearing and electronic devices. None of the devices are imported and none of the components used are imported. Some raw materials are imported and sourced locally. Activity Devices solely uses locally sourced materials. There was no answer for the tax issue for any of the devices.

*Myanmar* (GNI ranking e; e = estimated to be low income (\$755 or less))

Only wheelchairs are locally manufactured. All devices are imported except for prosthetic and Orthotic devices. Components are imported for all devices except for wheelchairs. Raw materials are imported and locally sourced for all devices except for wheelchairs. There is no tax burden to any of the devices.

*Cook Islands* (No GNI ranking, however most Pacific Islands such as Kiribati and the Solomon Islands lay between low income (\$755 or less) and lower middle income (\$756 to \$2,995))

None of the devices are locally manufactured. All devices are imported. Components are imported only for walking. Raw materials are also only imported for walking devices. None of the devices use materials sourced in the local markets. However all devices are NOT subject to tax.

#### **Conclusion.**

**There is considerable movement of materials and products between countries. This will however reflect the increased traffic in goods and services in the mainstream economy.**

**There is little progress towards local manufacture of assistive devices in general.**

**In the majority of countries, assistive devices are subject to taxation.**

#### **Supply and Funding of assistive devices.**

*Australia* (GNI ranking 27<sup>th</sup>; \$20,240 per capita)

\*NOTE – Because Australia is federalised; we received responses from individual states rather than a singular response for the whole country. However responses were only received from Victoria, Western Australia, and The ACT.

Victoria – The Private, Government and NGO sectors all supply all of the devices. Although people all pay for their devices, Government subsidies are also given to all devices. While one respondent said that there are revolving loans available, another said that no loans were available.

Western Australia – The Private and Government sectors supply all of the devices. NGO supply all of the devices except for Orthotic and Prosthetic Devices. Some people do pay for their devices, however the government does supply subsidies to all except for Hearing and activity Devices.

ACT – Respondent 1 – The Private, Government and NGO sectors supply all of the devices. For “Do disabled people pay for their devices” there was no answer given. All devices are given subsidies however no loans are available for the disabled.

Respondent 2 – The Government funds all of the devices while the Private and NGO sector supply only some of the devices. All disabled must pay for their devices however government subsidies are given and loans are available.

*Korea, Rep.* (GNI ranking 54<sup>th</sup>; \$8910 per capita)

The government, Private sector and NGO's, supplies all the devices. People with disabilities do have to pay for their devices, however the devices are subsidised. No loan schemes are available to the disabled.

*Malaysia* (GNI ranking 84<sup>th</sup>; \$3380 per capita)

The Private, NGO and Governmental sectors supply all devices. The disabled do not pay for their devices and all are subsidised devices. All Assistive Devices are available; none are available in rural areas.

*Maldives* (GNI ranking 106<sup>th</sup>; \$1960 per capita)

The Public sector, Government and NGO groups supply all devices. The disabled do not pay for the devices however the devices are not subsidised by the government and no loans are available to the disabled.

*Philippines* (GNI ranking 131<sup>st</sup>; \$1040 per capita)

\*NOTE – There were two responses from the Philippines

Response 1: The Private sector and NGO groups supply all the devices. The Government only supplies Prosthetic, Orthotic devices and wheelchairs. Everyone must pay for their devices, there are no subsidies from the government and only Walking devices are available to loans.

Response 2: The private and NGO sector supply all of the devices, while the government only supply walking and prosthetic devices. NO loans are available and all must pay for their device except for those using walking, prosthetic and wheelchairs. The government only partially subsidises these devices by only subsidising, walking, prosthetic and wheelchair devices.

*Kiribati* (GNI ranking 134<sup>th</sup>; \$ 950 per capita)

The Private and NGO based organisations supply all devices except for Hearing and Electronic devices. The Government supplies none of the devices. The disabled do not have to pay for their devices although no subsidies or loans exist in Kiribati.

*China* (GNI ranking 141<sup>st</sup>; \$840 per capita)

The Government, Private sector and NGO groups supply all devices. All disabled must pay for their devices; also no government subsidies are available. Loan schemes are only available for Prosthetic and Hearing Devices.

*Papua New Guinea* (GNI ranking 144<sup>th</sup>; \$700 per capita)

The Private sector supplies all devices except for Walking Devices and Wheelchairs. The Government supplies only Prosthetic, Orthotic and Wheelchairs. The NGO sector only provides Prosthetic and Wheelchairs. The disabled must pay for walking, Hearing electronic

and activity devices while Government subsidies are available for walking, prosthetic, Orthotic, wheelchairs and Hearing Aids. No loans are available.

*India* (GNI ranking 159<sup>th</sup>; \$450 per capita)

\*NOTE – There were two responses from India.

Response 1 – The NGO and Private sector supply all devices while the government supplies all devices except for electronic devices. All disabled are made to pay for their devices however the devices are government subsidised and loans are available.

Response 2 – The Government and Private sector supply all the devices while the NGO supplies all but electronic devices. People do not have to pay for their devices and all are subsidised by the government. Loans are also available.

*Pakistan* (GNI ranking 161<sup>st</sup>; \$440 per capita)

No Electronic or Activity Devices are available at all in Pakistan. The Private, NGO groups and Government however do supply all the rest of the devices. There are government subsidies available for all devices however all devices must be paid for and no loan schemes are available.

*Mongolia* (GNI ranking 164<sup>th</sup>; \$390 per capita)

The government, private sector or NGO groups supply none of the devices. (However then how are they supplied?) The disabled must pay for their devices. Only Prosthetic and Orthotic devices are subsidised by the government, there are no schemes to help pay for the devices.

*The People's Democratic Republic of Lao* (GNI ranking 178<sup>th</sup>; \$290 per capita)

\*NOTE – There were two responses from The PDR Lao.

Response 1: Electronic and Activity Devices are NOT available at all. The Government and NGO groups supply all the devices however the private sector only supplies wheelchairs. All costs are subsidised and the disabled do not have to pay for their devices.

Response 2: Private sector and NGO groups' supply all the devices while the government only supply walking devices. The disabled do not have to pay for their devices and all devices are subsidised. Loans are not available but also not needed.

*Cambodia* (GNI ranking 186<sup>th</sup>; \$260 per capita)

There are no Hearing Aids and Electronic Devices available at all in Cambodia. The private sector or government officials supply no devices while the NGO groups supply all assistive devices except hearing and electronic devices. No government subsidies are offered and no loan schemes are available however, the disabled do not have to pay for their devices.

*Myanmar* (GNI ranking e; e = estimated to be low income (\$755 or less))

Electronic, Hearing, and Activity devices are totally not available in Myanmar. The private sector only supplies walking devices and wheelchairs, while the government only supplies

Orthotic, Prosthetic and walking devices. NGO's supply all but Electronic, Hearing and Activity devices. The disabled do pay for their devices however all costs are subsidised by the government except for Wheelchairs. No loans are available.

*Cook Islands* (No GNI ranking, however most Pacific Islands such as Kiribati and the Solomon Islands lay between low income (\$755 or less) and lower middle income (\$756 to \$2,995)

The Government does not supply any devices while only Walking devices are supplied by the Private and NGO sectors. People with disabilities are made to pay for their devices except for wheelchairs. The government only subsidises walking, wheelchairs and activity devices and no loan schemes are available.

#### **Conclusion.**

**The situation is mixed across the region. There is a strong reliance on the NGO sector for supply of assistive devices. Credit facilities are not available in the majority of countries where recipients must pay.**

**Wealthy countries subsidise, but poorer countries do not.**

**Economics are a limiting factor. Private sector (for profit) organisations are not prevalent. NGO or 'charitable' organisations (not for profit ) are more common.**

**The services for assistive devices are generally under funded.**

#### **Regulation and Promotion of assistive device services.**

*Australia* (GNI ranking 27<sup>th</sup>; \$20,240 per capita)

\*NOTE – Because Australia is federalised; we received responses from individual states rather than a singular response for the whole country. However responses were only received from Victoria, Western Australia, and The ACT.

Victoria – Technicians are trained to a recognised standard for all devices. A central authority coordinates the supply and quality of all of the devices. National statistics are available for all devices, and pamphlets and educational material is available for all concerning all of the devices.

Western Australia – Respondent 1 – Technicians are trained for all of the devices, however a central authority coordinates the supply and quality of only Prosthetic and Hearing Aids.

National statistics are only available for Prosthetic users however educational material is available on all of the devices.

Respondent 2 – Technicians are trained in all devices except for walking hearing and activity devices. The Supply is only centrally coordinated for Hearing Aids while the quality is only centrally coordinated by the Prosthetic, Orthotic and Hearing Devices. Accurate statistics are only available for Walking, Wheelchairs, Hearing Aids, and Electronic Devices. Pamphlets are not available for Prosthetic and Orthotic Devices.

ACT – Respondent 1 – Technicians are trained in all devices except Hearing, Electronic and Activity devices. The supply of all devices is handled centrally. No answer was given for the Quality control, Statistical data availability and Educational Material availability on any of the devices.

Respondent 2 – Technicians are trained to handle all of the devices, and a central body coordinates the supply of all of the devices. No answers were given for the quality control, or Availability of statistical data or Educational material for any of the devices.

*Korea, Rep.* (GNI ranking 54<sup>th</sup>; \$8910 per capita)

Technicians are trained for all devices except Walking devices, Wheelchairs and Activity devices. The Supply is not coordinated centrally, however quality is monitored for Hearing, Electronic and Activity devices. No statistical data is available however educational material is available for all devices except for Activity Devices.

*Malaysia* (GNI ranking 84<sup>th</sup>; \$3380 per capita)

Educational material is available for all devices. Trained technicians are available for all devices except for Electronic and Activity devices. The supply is not coordinated for any of the devices. Quality control from the government is only done for Prosthetic and Orthotic devices. Statistics are not available however

*Maldives* (GNI ranking 106<sup>th</sup>; \$1960 per capita)

There are no trained technicians available for any of the devices. Supply however is centrally coordinated for all devices. No quality control is done for any of the devices. Statistics are not available for any of the devices and educational material is not available for any of the devices.

*Philippines* (GNI ranking 131<sup>st</sup>; \$1040 per capita)

\*NOTE – There were two responses from the Philippines

Response 1: Trained technicians for all devices. Supply is coordinated for all devices except for Prosthetic devices. Quality for the devices is only controlled for Activity of daily living devices. No Statistics are available for any of the devices. Educational material is only available for Walking, Prosthetic and Orthotic devices.

Response 2: Trained Technicians are available for all devices except for Electronic and Activity devices. The supply and quality are not controlled/monitored for any of the devices. No statistics are available for any of the devices and Educational material is not made for any of the devices.

*Kiribati* (GNI ranking 134<sup>th</sup>; \$ 950 per capita)

Technicians are not trained for any of the devices. Supply and quality are not centrally or governmentally controlled for any of the devices. Statistics are only available for Walking, Prosthetic and Orthotic devices. Educational Pamphlets are not available for any of the devices.

*China* (GNI ranking 141<sup>st</sup>; \$840 per capita)

The government centrally controls the quality of all the devices and all the devices have educational material about them available. However Trained technicians are only available for walking devices and accurate statistics are only available for Prosthetic and Orthotic devices. A central body coordinates the supply of only the Prosthetic, Orthotic and Hearing Devices.

*Papua New Guinea* (GNI ranking 144<sup>th</sup>; \$700 per capita)

Trained technicians are only available for Walking, Prosthetic and Orthotic devices. The supply is centrally coordinated for all devices and quality is also controlled for all by the government. Up to date statistics are only available for Prosthetic, Orthotic, Hearing, and Wheelchair devices. Educational material is only available for Prosthetic and Orthotic devices.

*India* (GNI ranking 159<sup>th</sup>; \$450 per capita)

\*NOTE – There were two responses from India.

Response 1 – Trained technicians are only available for Hearing, Orthotic, and Prosthetic devices. The Supply and quality of all devices are not handled or controlled by a central body. Current statistics are not available for any of the devices and no educational materials are produced for any of the devices.

Response 2 – Trained Technicians are available for all devices. A central body coordinates the Supply while the government examines the quality. Educational materials are produced for all devices. However, accurate statistics are only available for walking, wheelchairs, prosthetic, Orthotic and hearing devices.

*Pakistan* (GNI ranking 161<sup>st</sup>; \$440 per capita)

Technicians are trained in all of the devices except for Electronic and Activity Devices, The supply and quality of the devices is not regulated by anybody, and no statistical data or educational material is available to the public.

*Mongolia* (GNI ranking 164<sup>th</sup>; \$390 per capita)

Technicians are not trained and available for any of the devices. Current Statistics and Educational Pamphlets are not available. However the supply of all the devices is coordinated by a central authority and the quality of all devices is regulated by the government.

*The People's Democratic Republic of Lao* (GNI ranking 178<sup>th</sup>; \$290 per capita)

\*NOTE – There were two responses from The PDR Lao.

Response 1: Trained technicians are available for all devices except electronic and activity devices. The supply and quality of the all devices except electronic and activity is controlled by a central body. Accurate statistics are only available for 1996 and educational material is only made for Prosthetic, Orthotic and Wheelchair devices.

Response 2: Trained technicians are available for all devices except Electronic and Activity of Daily Living devices. The supply of devices is centrally coordinated for all devices except for activity devices. Quality is controlled by the government for all devices except Electronic and activity devices. Accurate statistics are available for all devices except electronic and activity devices. No Educational material is made for any of the devices.

*Cambodia* (GNI ranking 186<sup>th</sup>; \$260 per capita)

Trained technicians are only available for Prosthetic and Orthotic Devices. The Supply and Quality of all the devices is not controlled or coordinated by anyone. Accurate statistics are not available for any of the devices and Educational Pamphlets are not available for any of the devices.

*Myanmar* (GNI ranking e; e = estimated to be low income (\$755 or less))

There is only one trained technician in Myanmar and he/she is for prosthetic devices. The supply and quality of all devices are not controlled. Statistics for all devices are not available and no educational material is made for any of the devices.

*Cook Islands* (No GNI ranking, however most Pacific Islands such as Kiribati and the Solomon Islands lay between low income (\$755 or less) and lower middle income (\$756 to \$2,995)

No trained technicians for any of the devices. The supply and quality of the devices are not controlled. Statistics for all devices are not available and educational material is also not available.

## **Conclusions**

**Very few countries actually have trained technicians for the commonly available devices, let alone the rare devices such as the electronic or hearing devices.**

**The statistics relating to prevalence of disability or the supply of assistive devices are generally very weak.**



**Quality control of assistive devices is very weak.**

**Quality control of training of assistive device technicians is generally very poor.**

### **Development and Future Plans for assistive devices**

*Australia* (GNI ranking 27<sup>th</sup>; \$20,240 per capita)

\*NOTE – Because Australia is federalised; we received responses from individual states rather than a singular response for the whole country. However responses were only received from Victoria, Western Australia, and The ACT.

Victoria – For all devices there is research and development going on. However there is no national plan of action on assistive devices. The government has no policy in place to encourage new technology on Assistive devices. No answers were given for if there is any international exchange of personnel, technology or ideas. There is no national training scheme or school for any of the Assistive devices.

Western Australia – Respondent 1 – For all Assistive devices there is research and development going on. There is a national plan for only Prosthetic and Hearing Devices. The government has no policy to encourage new technology on Assistive devices. However there is international exchange of personnel, technology and ideas for all devices and There is a national training scheme or school for all Assistive devices.

Respondent 2 – For all Assistive devices there is research and development going on. There is no National Plan present except for Hearing devices. There is no government policy to encourage new technology except for Hearing Devices. However there is International exchange of personnel, technology and ideas for all devices and there is a national training scheme or school for all of the Assistive devices.

ACT – Respondent 1 – No answers were given for any of the questions. Except to say that there is only a National Training scheme or school for Prosthetic and Orthotic Devices.

Respondent 2 – No answers were given for any of the questions except for the answer that there is international exchange or personnel, technology and ideas for all of the devices.

*Korea, Rep.* (GNI ranking 54<sup>th</sup>; \$8910 per capita)

There is research and development going on for all of the devices. There is a national plan of action for all of the devices. However there is only a Government policy to encourage new technology in devices except for Walking, Orthotic and Activity devices. There is

international exchange of personnel and ideas for all devices except for walking devices and there is a national training scheme or school for all devices except for walking, wheelchairs and activity devices.

*Malaysia* (GNI ranking 84<sup>th</sup>; \$3380 per capita)

There is no research and development going on for any of the devices. There is a national plan available for all devices. There is a government policy to encourage new technology in all Assistive devices except for Prosthetic and Orthotic devices. There is no international exchange and there is only a National training scheme or school for Prosthetic and Orthotic devices.

*Maldives* (GNI ranking 106<sup>th</sup>; \$1960 per capita)

There is no research and development going on for any of the devices. There is no national plan to encourage new technology for any of the devices. There is no international exchange or ideas, personnel or technology and there is no national training scheme or school for any of the devices mentioned in the questionnaire.

*Philippines* (GNI ranking 131<sup>st</sup>; \$1040 per capita)

\*NOTE – There were two responses from the Philippines

Response 1: There is a national plan in all of the devices. There is also a government plan to encourage new technology in all devices. However there is no research and development being done in any of the Assistive devices. There is international exchange of personnel, ideas and technology in all devices except for Prosthetic, Orthotic and Wheelchair devices. There is a National Training scheme or school for all devices except Hearing and Activity Devices.

Response 2: There is no research and development being done for any of the Assistive devices. There is no national plan of action and there is no governmental scheme to encourage new technology in any devices. There is not international exchange and there is a training scheme or school for only Walking Devices.

*Kiribati* (GNI ranking 134<sup>th</sup>; \$ 950 per capita)

Research and development is only being done in Orthotic, Prosthetic and Walking devices. There is no national plan of action and the government has no plan of encouragement for any of the devices. There is international exchange of ideas etc but not for Hearing, Electronic and Activity devices. There is no national training scheme or school for any of the devices.

*China* (GNI ranking 141<sup>st</sup>; \$840 per capita)

There is research and development going on for all of the devices. There is also a governmental plan of action for all of the devices. There is international exchange of personnel etc for all for all of the devices. However there is a national plan of action, but only for Prosthetic, Orthotic and Wheelchair devices. There is a national training scheme but only for Prosthetic, Orthotic, Hearing and Electronic devices.

*Papua New Guinea* (GNI ranking 144<sup>th</sup>; \$700 per capita)

There is research and development going on but only for prosthetic devices. There is a national plan of action and a government scheme of encouragement in new technology however only for Electronic and Activity devices. There is no international exchange of ideas etc. However there is a national training scheme/school but only for walking, prosthetic and Orthotic devices.

*India* (GNI ranking 159<sup>th</sup>; \$450 per capita)

\*NOTE – There were two responses from India.

Response 1 – There is research and development going on for all devices. There is a national plan of action and a governmental scheme of encouragement for all devices. However there is no International exchange for any of the devices. There is a national training scheme/school for only Prosthetic, Orthotic and Hearing Devices

Response 2 – There is a research and development going on for all devices. There is also a National Plan of action and a Governmental plan of encouragement for all devices. There is also international exchange of ideas, personnel and technology for all devices. There is also a national training scheme/school for all of the devices.

*Pakistan* (GNI ranking 161<sup>st</sup>; \$440 per capita)

There is no research and development going on for any of the devices. There is also no National Plan of action for any of the devices. There is a government scheme of encouragement however not for the Electronic and Activity devices. There is no international exchange for any of the devices. There is a National training scheme/ school for all the devices except Electronic and Activity Devices.

*Mongolia* (GNI ranking 164<sup>th</sup>; \$390 per capita)

There is no research and Development for any of the devices. There is also no National Plan or Governmental Scheme of encouragement for any of the devices. NO international exchange or national training scheme/school for any of the devices.

*The People's Democratic Republic of Lao* (GNI ranking 178<sup>th</sup>; \$290 per capita)

\*NOTE – There were two responses from The PDR Lao.

Response 1: There is research and development for all devices except for Electronic and Activity devices. There is a National Plan of action and a governmental scheme of encouragement toward technology for all devices except for Electronic and Activity devices. There is International exchange and a national training scheme/school for all devices except for Electronic and Activity devices.

Response 2: There is no research and development going on for any of the devices. There is a national plan of action and a governmental plan of encouragement for all devices except for Electronic and Activity devices. There is also international exchange on all devices except for

Electronic and activity devices. There is no National training scheme/school for any of the devices.

*Cambodia* (GNI ranking 186<sup>th</sup>; \$260 per capita)

There is research and development for Prosthetic, Orthotic devices and Wheelchairs. There is a national plan of action for Walking, Prosthetic, Orthotic devices and Wheelchairs. There is no governmental scheme of encouragement. There is international exchange for only Prosthetic, Orthotic and Activity devices. There is a National training scheme/school only for Prosthetic and Orthotic devices.

*Myanmar* (GNI ranking e; e = estimated to be low income (\$755 or less))

There is no research and development for all of the devices. There is also no National Plan or governmental initiative of encouragement toward technology for any of the devices. There is international exchange of ideas etc, however only for Walking, Prosthetic and Orthotic devices. There is no national training scheme/school for any of the devices.

*Cook Islands* (No GNI ranking, however most Pacific Islands such as Kiribati and the Solomon Islands lay between low income (\$755 or less) and lower middle income (\$756 to \$2,995))

There is no research and development for any of the devices. There is no national plan or governmental scheme for any of the devices. There is no international exchange or national training scheme for any of the devices.

## **Conclusions**

**Training of technical staff for assistive devices is generally weak.**

**There is little or no exchange of ideas and technology between countries.**

**Few countries have any sort of 'plan of action' on disability or assistive devices.**

## Section 2. Progress to Goals.

In this section, correspondents were asked to grade their country's progress towards stated objectives on a 0-3 scale. It is recognised that this method is very subjective, and not directly transferable between countries. It is recognised that limited conclusions can be drawn from these findings.

### **Key**

3 = Assistive Devices are available to the whole of the population ;

2 = Assistive devices are available to a considerable amount of the whole population;

1 = Assistive devices are only available to a small number of the population;

0 = Assistive Devices are not available to the whole of the population.

### **“Assistive Devices are available to the whole of the population”**

*Australia* had five responses to the questionnaire:

- 1.) *Victoria* – All devices were listed as 2.
- 2.) *Victoria* – Prosthetic and Hearing Aids were ranked as 3
- 3.) Walking, Orthotic, Wheelchairs, Electronic and Activity Devices were listed as 2
- 4.) *Western Australia* – All Devices were listed as 3
- 5.) *ACT* – Walking, Wheelchairs, and Activity Devices were listed as 3, while Prosthetic, Orthotic and Electronic Devices were listed as 2. There were no answers given for Hearing Aids
- 6.) *ACT* – All devices except for Electronic Devices were listed as 3. There was no answer for Electronic Devices.

*Korea* – Walking Devices were ranked as 3, Prosthetic, Orthotic, Wheelchairs, and Hearing Aids were ranked as 2. Electronic and Activity Devices were ranked as 1=

*Malaysia* – All Devices were ranked as 2.

*Maldives* – Prosthetic, Orthotic, Electronic and Activity Devices 0, and the rest of the devices (Walking, Wheelchairs, and Hearing Devices) were only marked at a 2.

*Philippines #1* – All Devices were ranked as 0

*Philippines #2* – Walking Devices and Wheelchairs were ranked as 2, while Prosthetic, Orthotic, Hearing Aids, Electronic and Activity Devices were ranked as 1.

*Kiribati* – *Hearing Aids and Electronic Devices were ranked as 0, Walking, Prosthetic, Orthotic, Wheelchairs and Activity devices were ranked as 1.*

*China* – Walking Devices were ranked as 2, the rest of the devices (Prosthetic, Orthotic, Wheelchairs, Hearing Aids, Electronic and Activity Devices) were ranked as 1.

*Papua New Guinea* – The Electronic and Activity devices are rated at 0.

*India #1* – All devices were ranked as 0.

*India #2* – Walking, Prosthetic, Orthotic, Wheelchair and Hearing Aids were ranked as 3, while Electronic and Activity Devices were ranked as 2.

*Pakistan* – While Electronic and Activity devices were ranked as 0, Walking, Prosthetic, Orthotic Devices, Wheelchairs and Hearing Aids were ranked as 1

*Mongolia* – The Electronic and Activity Devices were ranked at 0, while the rest of the devices (Walking, Prosthetic, Orthotic, Wheelchairs and Hearing Aids) were ranked at 1.

*Laos # 1* – No answers were given for Electronic and Activity Devices, Wheelchairs were ranked as 1, Walking, Prosthetic, Orthotic Devices and Hearing Aids were ranked as 3

*Laos #2* – Walking, Prosthetic, Orthotic Devices, Wheelchairs and Hearing Aids were ranked as 2, while Electronic and Activity Devices were ranked as 0,

*Cambodia* – Walking, Prosthetic and Orthotic Devices were ranked as 2/3, while Activity Devices were ranked as 1, and Hearing and Electronic Devices were not answered.

*Cook Islands* – Electronic, Orthotic, Prosthetic Devices and Hearing Aids were ranked as 0 while Walking, Wheelchairs and Activity Devices were ranked as 1

*Myanmar* – No answers were given for any of the devices

**“Assistive devices are available to the rural population of my country”**

**Key**

3 = Assistive Devices are available to the whole of the population ;

2 = Assistive devices are available to a considerable amount of the whole population;

1 = Assistive devices are only available to a small number of the population;

0 = Assistive Devices are not available to the whole of the population.

*Australia* had five responses to the questionnaire:

- 1.) *Victoria* – All devices were listed as 2
- 2.) *Victoria* – Prosthetic and Hearing Aids were ranked as 3, Walking, Wheelchairs, Electronic and Activity Devices were listed as 2, while Orthotic devices were listed as 1
- 3.) *Western Australia* – Walking and Hearing Devices were listed as 3, Prosthetic, Orthotic, Wheelchairs, Electronic and Activity Devices were listed as 2
- 4.) *ACT* – Walking, Wheelchairs were listed as 3 while Prosthetic, Orthotic were listed as 2. There were no answers given for Hearing Aids, Electronic and Activity Devices.
- 5.) *ACT* – There was no answer for all Devices.

*Korea* – Walking Devices were ranked as 3, Prosthetic, Orthotic, Wheelchairs, and Hearing Aids were ranked as 2. Electronic and Activity Devices were ranked as 1.

*Malaysia* – All Devices were ranked as 2.

*Maldives* - Prosthetic, Orthotic, Electronic and Activity Devices were a worrying 0 (Walking, Wheelchairs, and Hearing Devices) were only marked at a 2.

*Philippines # 1* – Walking, Prosthetic, Orthotic, Wheelchairs and Hearing Aids were ranked as 1. while Electronic and Activity Devices were ranked as 0.

*Philippines #2* - Walking, Prosthetic, Wheelchairs were ranked as 1 , while Orthotic, Hearing Aids, Electronic and Activity Devices were ranked as 0.

*Kiribati* - All devices were ranked as 0 'Not implemented' which means that the Assistive Devices are not available to the rural population

*China* – Walking and Prosthetic Devices were ranked as 1, while the rest of the devices (Orthotic, Wheelchairs, Hearing, Electronic and Activity Devices) were ranked as 0.

*Papua New Guinea* – Electronic and Activity of daily living devices were ranked at 0. and the rest of the devices (Walking, Prosthetic, Orthotic, Wheelchairs and Hearing Aids) were ranked at 1.

*India #1* – All devices were ranked as 1.

*India #2* – Walking, Orthotic, Wheelchair were ranked as 3, while Prosthetic and Hearing Aids were ranked as 2, while Electronic and Activity Devices were ranked as 1.

*Pakistan* – All Devices were ranked as 0.

*Mongolia* – The Electronic and Activity Devices were ranked at 0. while the rest of the devices (Walking, Prosthetic, Orthotic, Wheelchairs and Hearing Aids) were ranked at 1.

*Laos #1* – No answers were given for Electronic and Activity Devices, Wheelchairs were ranked as 1, Walking, Prosthetic, Orthotic Devices and Hearing Aids were ranked as 3.

*Laos #2* – Walking, Prosthetic, Orthotic Devices, Wheelchairs and Hearing Aids were ranked as 2, while Electronic and Activity Devices were ranked as 0 .

*Cambodia* – Walking, Prosthetic and Orthotic Devices were ranked as 2/3, while Activity Devices were ranked as 1, and Hearing and Electronic Devices were not answered.

*Cook Islands* – Electronic, Orthotic, Prosthetic Devices and Hearing Aids were ranked as 0, while Walking, Wheelchairs and Activity Devices were ranked as 1,

*Myanmar* – No answers were given for any of the devices

### **“Assistive devices are affordable for the average urban dwellers”**

#### **Key**

3 = Assistive Devices are available to the whole of the population ;

2 = Assistive devices are available to a considerable amount of the whole population;

1 = Assistive devices are only available to a small number of the population;

0 = Assistive Devices are not available to the whole of the population.

*Australia* had five responses to the questionnaire:

- 1.) *Victoria* – All devices were listed as 1
- 2.) *Victoria* – Prosthetic and Hearing Aids were ranked as 3, Walking, Orthotic, Wheelchairs, and Activity Devices were listed as 2. Electronic Devices were listed as 1
- 3.) *Western Australia* – Walking devices were listed as 3, Prosthetic, Orthotic, Hearing, Electronic and Activity Devices were listed as 2.while Wheelchairs were listed as 1.
- 4.) *ACT* – All Devices were listed as 3.
- 5.) *ACT* – All devices were ranked as 3



*Korea* – Walking Devices were ranked as 3, Prosthetic, Orthotic, Wheelchairs, and Hearing Aids were ranked as 2. Electronic and Activity Devices were ranked as 1

*Malaysia* – All Devices were ranked as 3

*Maldives* - Prosthetic, Orthotic, Electronic and Activity Devices were ranked a worrying 0 (Walking, Wheelchairs, and Hearing Devices) were only marked at a 2

*Philippines # 1* – Walking, Prosthetic, Orthotic, Wheelchairs and Hearing Aids were ranked as 2, while Electronic and Activity Devices were ranked as 0

*Philippines #2* – Walking devices and Wheelchairs were ranked as 2 , while Prosthetic, Hearing, Orthotic, Electronic and Activity Devices were ranked as 0

*Kiribati* - All devices were ranked as 0 ‘

*China* – Activity Devices were ranked at 1, Orthotic, Wheelchair, Hearing and Electronic Devices were ranked as 2 and Walking Devices were ranked as Fully Implemented

*Papua New Guinea* – Electronic and Activity of daily living devices were ranked at 0 and the rest of the devices (Walking, Prosthetic, Orthotic, Wheelchairs and Hearing Aids) were ranked at 2

*India #1* – Walking, Prosthetic, Orthotic, Hearing Aids were ranked as 2 while Wheelchairs, Electronic and Activity devices were ranked as 1

*India #2* – Walking, Prosthetic, Orthotic, Wheelchair and Hearing Aids were ranked as 3 while Electronic and Activity Devices were ranked as 2

*Pakistan* – Electronic and Activity Devices were ranked as 0, While Walking, Prosthetic, Orthotic Devices, Wheelchairs and Hearing Aids were ranked as 1

*Mongolia* – The Electronic and Activity Devices were ranked at 0 while the rest of the devices (Walking, Prosthetic, Orthotic, Wheelchairs and Hearing Aids) were ranked at 1

*Laos # 1* - No answers were given for Electronic and Activity Devices, Walking, Prosthetic, Orthotic Devices, Wheelchairs and Hearing Aids were ranked as 3

*Laos #2* – Walking, Prosthetic, Orthotic Devices, Wheelchairs and Hearing Aids were ranked as 1, while Electronic and Activity Devices were ranked as 0

*Cambodia* – Activity Devices were ranked as 1, while the rest of the devices (Walking, Prosthetic, Orthotic, Wheelchairs, Hearing and Electronic devices) were all ranked as 0

*Cook Islands* – Electronic, Orthotic, Prosthetic Devices, Wheelchairs and Hearing Aids were ranked as 0 while Walking and Activity Devices were ranked as 1

*Myanmar* – No answers were given for any of the devices

### **“Assistive devices are affordable to the majority of rural dwellers”**

#### Key

3 = Assistive Devices are fully affordable to the majority of rural dwellers;

2 = Assistive Devices are fairly affordable to the majority of rural dwellers

1 = *Assistive devices are very expensive*

0 = *Assistive devices are unaffordable*

*Australia* had five responses to the questionnaire:

- 1.) *Victoria* – All devices were listed as 1
- 2.) *Victoria* – Prosthetic and Hearing Aids were ranked as 3, Walking, Orthotic, Wheelchairs, and Activity Devices were listed as 2. Electronic devices were listed as 1
- 3.) *Western Australia* – Walking Devices were listed as 3, Prosthetic, Orthotic, Electronic and Activity Devices were listed as 2, Wheelchairs and Hearing Aids were listed as 1
- 4.) *ACT* – All Devices were listed as 3
- 5.) *ACT* – The answer given was “Because of funding available I assume that it should be”

*Korea* – Walking Devices were ranked as 3, Prosthetic, Orthotic, Wheelchairs, and Hearing Aids were ranked as 2. Electronic and Activity Devices were ranked as 1

*Malaysia* – All Devices were ranked as 3

*Maldives* – Prosthetic, Orthotic, Electronic and Activity Devices were not affordable at all, ranked at 0. And the Walking, Wheelchair and Hearing Devices were only ranked as 1.

*Philippines #1* – All devices were ranked as 0

*Philippines # 2* – Wheelchairs were ranked as 1 , while the rest of the devices, Walking, Prosthetic, Orthotic, Hearing Aids, Electronic and Activity Devices were categorized as 0 .

*Kiribati* - All devices were ranked as 0 'Not implemented' which means that the Assistive Devices are not affordable to the majority of rural dwellers

*China* – Walking and Prosthetic Devices were ranked at 1 , while the rest of the devices (Orthotic, Wheelchairs, Hearing, Electronic and Activity Devices) were ranked at 0 .

*Papua New Guinea* – Electronic and Activity of daily living devices were ranked at 0, while Hearing Aids were ranked as 1 , and the rest of the devices (Walking, Prosthetic, Orthotic and Wheelchairs) were ranked at 2 .

*India #1* – All devices were ranked as 0 .

*India #2* –, Orthotic Devices were ranked as 3 . while Walking, Prosthetic, Wheelchairs, Electronic, Activity Devices were ranked as 2

*Pakistan* – All Devices were ranked as 0

*Mongolia* – The Electronic and Activity Devices were ranked at 0 , while the rest of the devices (Walking, Prosthetic, Orthotic, Wheelchairs and Hearing Aids) were ranked at 1.

*Laos # 1* – No answers were given for Electronic and Activity Devices, Walking, Prosthetic, Orthotic Devices, Wheelchairs and Hearing Aids were ranked as 3

*Laos #2* – Walking, Prosthetic, Orthotic Devices, Wheelchairs and Hearing Aids were ranked as 1, while Electronic and Activity Devices were ranked as 0 .

*Cambodia* – Activity Devices were ranked as 1.while the rest of the devices (Walking, Prosthetic, Orthotic, Wheelchairs, Hearing and Electronic devices) were all ranked as 0

*Cook Islands* – All Devices were ranked as 0 = Not Implemented

*Myanmar* – No answers were given for any of the devices

**“Disabled people living in rural areas are aware of the range of available Assistive devices”**

**Key**

- 3 = Fully aware ;
- 2 = mostly aware;
- 1 = slightly aware;
- 0 = not aware.

*Australia* had five responses to the questionnaire:

- 1.) *Victoria* – All devices were listed as 3
- 2.) *Victoria* –Hearing Aids were ranked as 3, Walking, Orthotic, Prosthetic, Wheelchairs, Electronic and Activity Devices were listed as 2
- 3.) *Western Australia* – Prosthetic and Orthotic Devices were listed as 2. Walking, Wheelchairs, Hearing, Electronic and activity devices were listed as 1
- 4.) *ACT* –There were no answers given for all Devices
- 5.) *ACT* – The answer given was “ I imagine so...”

*Cambodia* – Walking, Prosthetic and Orthotic Devices were ranked as 2/3, while Activity Devices were ranked as 1 and Hearing and Electronic Devices were not answered

*China* Walking, Prosthetic and Wheelchairs were ranked at 1 while Orthotic, Hearing, Electronic and Activity devices were ranked at 0

*Cook Islands* – Electronic, Orthotic, Prosthetic, Activity Devices and Hearing Aids were ranked as 0 while Walking, and Wheelchairs Devices were ranked as 1

*Philippines #1* – All devices were ranked as 1

*Philippines # 2* – Walking and Wheelchairs were ranked as 1 while Prosthetic, Orthotic, Hearing, Electronic and Activity Devices were ranked as 0

*Korea* – Walking, Orthotic, Wheelchairs and Hearing Devices were ranked as 3, while Prosthetic, Electronic and Activity Devices were ranked as 2,

*Laos # 1* – No answers were given for Electronic and Activity Devices, Wheelchairs, Walking, Prosthetic, Orthotic Devices and Hearing Aids were ranked as 1

*Laos #2* – Walking, Prosthetic, Orthotic Devices, Wheelchairs and Hearing Aids were ranked as 1, while Electronic and Activity Devices were ranked as 0

*Papua New Guinea* – Electronic and Activity of daily living devices were ranked at 0 and the rest of the devices (Walking, Prosthetic, Orthotic, Wheelchairs and Hearing Aids) were ranked at 2

*Kiribati* - All devices were ranked as 0 'Not implemented' which means that the Assistive Devices are not promoted adequately so that the rural disabled don't know about them

*India #1* – All devices were ranked as 1

*India #2* – Walking, Orthotic, Wheelchair, Electronic and Activity Devices were ranked as 2, Prosthetic and Hearing Aids were ranked as 1

*Malaysia* – All Devices were ranked as 1

*Maldives* – Prosthetic, Orthotic, Electronic and Activity Devices were not promoted, ranked at 0. And the Walking, Wheelchair and Hearing Devices were only ranked as 1 which means that they were only made slightly available.

*Mongolia* – All devices were ranked at 0

*Myanmar* – No answers were given for any of the devices

*Pakistan* – All Devices were ranked as 0 = Not Implemented

**“The quality (fit and/or function) of the available Assistive devices is adequate”**

**Key**

3 = Assistive Devices are high quality

2 = Assistive devices are reasonable quality;

1 = Assistive devices are poor quality;

0 = Assistive Devices are unacceptable.

*Australia* had five responses to the questionnaire:

- 1.) *Victoria* – All devices were listed as 3
- 2.) *Victoria* – Prosthetic, Orthotic, Electronic and Hearing Aids were ranked as 3, Walking, Wheelchairs, and Activity Devices were listed as 2
- 3.) *Western Australia* – Walking, Wheelchairs, Electronic and Activity devices were listed as 3, while Prosthetic, Orthotic and Hearing Aids were ranked as 2.
- 4.) *ACT* – There were no answers given for all devices
- 5.) *ACT* – The answer given for the devices was “I think so...”

*Cambodia* – Walking, Prosthetic and Wheelchairs were all ranked at 3, while Orthotic and Activity Devices were ranked at 2 while Hearing and Electronic Devices were not ranked at all

*China* – Walking, Prosthetic, Orthotic, Wheelchairs, Hearing, Electronic Devices were ranked as 2 while Activity Devices were ranked as 1

*Cook Islands* – All Devices were ranked as 0

*Korea* – Walking, Wheelchairs and Hearing Devices were ranked as 3 Implemented while Prosthetic, Orthotic, Electronic and Activity Devices were ranked as 2.

*Laos # 1* – No answers were given for Electronic and Activity Devices, Hearing Aids were ranked as 1, Walking, Prosthetic, Orthotic Devices and Wheelchairs were ranked as 2

*Laos #2* – Walking, Prosthetic and Orthotic Devices were ranked as 3 while Wheelchairs and Hearing Aids were ranked as 2, while Electronic and Activity Devices were ranked as 0

*Philippines #1* – All devices were ranked as 1

*Philippines # 2* – Walking and Wheelchair devices were categorized as 2; Prosthetic, Orthotic and Hearing Aids were ranked as 1 while Activity and Electronic Devices were ranked as 0

*India #1* - The Electronic Devices were ranked as 0 while the rest of the devices (Walking, Orthotic, Prosthetic, Hearing Aids, Wheelchairs and Activity Devices) were ranked as 1

*India #2* – Walking Devices were ranked as 3 while Prosthetic, Orthotic, Wheelchairs, Hearing Aids and Activity Devices were ranked as 2 while Electronic Devices were ranked as 1

*Papua New Guinea* – Electronic and Activity of daily living devices were ranked at 0 and the rest of the devices (Walking, Orthotic, Wheelchairs and Hearing Aids) were ranked at 2 except for Prosthetic Devices which were ranked at 3

*Kiribati* – Only Walking, Orthotic and Wheelchair Devices were ranked as 1 slightly adequate while the rest of the devices were ranked as 0. Not adequate at all

*Malaysia* – All Devices were ranked as 3

*Maldives* – The quality of the Prosthetic, Orthotic, Electronic and Activity Devices are presumably bad because the quality was not adequate at all, ranked at 0. And the Walking, Wheelchair and Hearing Devices were only ranked as 1 which means they were of poor quality.

*Mongolia* – The Electronic and Activity Devices were ranked at 0 while the rest of the devices (Walking, Prosthetic, Orthotic, Wheelchairs and Hearing Aids) were ranked at 1

*Myanmar* – No answers were given for any of the devices

*Pakistan* – Electronic and Activity Devices were ranked as 0 while Walking, Prosthetic, Orthotic Devices, Wheelchairs and Hearing Aids were ranked as 2

**“The range of available Assistive devices is adequate”**

Key

3 = Excellent

2 = Acceptable

1 = Poor  
0 = Unacceptable

*Australia* had five responses to the questionnaire:

- 1.) *Victoria* – All devices were listed as 3.
- 2.) *Victoria* – All Devices were listed as 2
- 3.) *Western Australia* – Walking, Prosthetic, Orthotic and Hearing devices were listed as 3, while Wheelchairs, Electronic and Activity devices were ranked as 2.
- 4.) *ACT* – There were no answers given for all devices
- 5.) *ACT* – The answer given for the devices was “Certainly in the ACT.”

*Cambodia* – Walking, Prosthetic and Wheelchairs were all ranked at 3, while Orthotic and Activity Devices were ranked at 1 while Hearing and Electronic Devices were not ranked at all

*China* – Orthotic Devices were ranked as 1 while the rest of the devices (Walking, Prosthetic, Wheelchairs, Hearing Aids, Electronic and Activity devices) were ranked as 2

*Cook Islands* – All Devices were listed as 0 = Not Implemented

*Korea* – Walking, Orthotic, Wheelchairs and Hearing Devices were ranked as 3, while Prosthetic, Electronic and Activity Devices were ranked as 2.

*Laos # 1* – No answers were given for Electronic and Activity Devices, Walking, Hearing Aids and Wheelchairs Devices were ranked as 2, Prosthetic and Orthotic Devices were listed as 3

*Laos #2* – Walking, Prosthetic, Orthotic Devices were ranked as 2 while Wheelchairs and Hearing Aids were ranked as 1, while Electronic and Activity Devices were ranked as 0

*Philippines #1* – All devices were ranked as 0

*Philippines # 2* – Walking and Wheelchair devices were categorized as 2; Prosthetic, Orthotic and Hearing Aids were ranked as 1 while Activity and Electronic Devices were ranked as 0



*India #1* – Walking, Prosthetic, Orthotic Devices and Hearing Aids were ranked as 2 while Wheelchairs, Electronic and Activity Devices were ranked as 1

*India #2* – All devices were ranked as 3

*Papua New Guinea* – Electronic and Activity of daily living devices were ranked at 0 and the rest of the devices (Walking, Orthotic, Wheelchairs and Hearing Aids) were ranked at 2 except for Prosthetic Devices which were ranked at 3

*Kiribati* - All devices were ranked as 0 ‘Not implemented’, which means that there is not an adequate range of Assistive Devices available to the country.

*Malaysia* – All Devices were ranked as 3

*Maldives* – Prosthetic, Orthotic, Electronic and Activity Devices were not affordable at all, ranked at 0. And the Walking, Wheelchair and hearing Devices were only ranked as 1

*Mongolia* – The Electronic and Activity Devices were ranked at 0 while the rest of the devices (Walking, Prosthetic, Orthotic, Wheelchairs and Hearing Aids) were ranked at 1

*Myanmar* – No answers were given for any of the devices

*Pakistan* –Activity and Electronic devices were ranked as 0 while Prosthetic, Orthotic, Walking Devices, Wheelchairs and Hearing Aids were ranked as 1

**“There are adequate numbers of skilled technicians in the country to supply and maintain these devices”**

3 = There are fully the adequate numbers of skilled technicians...

0 = No technicians

*Australia* had five responses to the questionnaire:

- 1.) *Victoria* –The answer given was “Varies in different states between 1 /2”
- 2.) *Victoria* –All Devices were listed as 3
- 3.) *Western Australia* –Prosthetic, Orthotic and Hearing devices were listed as 2 , while Walking, Wheelchairs, Electronic and Activity devices were ranked as 1.
- 4.) *ACT* - All devices were listed as 3 = Fully Implemented
- 5.) *ACT* – The answer given for the devices was “Yes for the ACT.”

*Cambodia* – Walking, Prosthetic and Wheelchairs were all ranked at 3, while Orthotic and Activity Devices were ranked at 1 while Hearing and Electronic Devices were not ranked at all

*China* – Prosthetic Devices were ranked as 2, the rest of the devices (Walking, Orthotic, Wheelchairs, Hearing Aids, Electronic and Activity Devices) were ranked as 1

*Cook Islands* –All Devices were ranked as 0

*Korea* – Walking, Wheelchairs and Hearing Devices were ranked as 3 while Prosthetic, Orthotic, Electronic and Activity Devices were ranked as 2.

*Papua New Guinea* – Electronic and Activity of daily living devices were ranked at 0 while Orthotic, Wheelchair and Hearing Aid Devices were ranked as 1, while Prosthetic Devices were ranked as 2 and Walking Devices are ranked as 3

*Philippines #1* – Walking, Wheelchairs and Hearing Aids were ranked as 1 while Prosthetic, Orthotic, Electronic and Activity Devices were ranked as 0

**Philippines # 2 – Walking Devices were ranked as 2 while Wheelchairs were 1 = Slightly Implemented and Prosthetic, Orthotic, Hearing, Electronic and Activity Devices were ranked as 0**

*Laos # 1* – No answers were given for Electronic and Activity Devices, Wheelchairs and Hearing Devices were ranked as 1, Walking, Prosthetic, and Orthotic Devices were ranked as 2

*Laos #2* – Walking, Prosthetic, Orthotic Devices were ranked as 2 while Wheelchairs and Hearing Aids were ranked as 1, while Electronic and Activity Devices were ranked as 0

*India #1* – Walking Devices were ranked as 2 while Prosthetic, Orthotic, Wheelchairs, Hearing, Electronic and Activity Devices were ranked as 1

*India # 2* – Walking, Prosthetic, Orthotic, Wheelchairs, Hearing Aids and Activity Devices were ranked as 3, while Electronic Devices were ranked as 1

*Kiribati* - All devices were ranked as 0 ‘which could be interpreted to mean that there are NO technicians in this country.

*Malaysia* – All Devices were ranked as 2

*Maldives* – Disturbingly All devices were ranked under 0 in this category, which could be construed, that there are NO technicians to deal with any of the devices.

*Mongolia* – The Electronic and Activity Devices were ranked at 0 = Not Implemented while the rest of the devices (Walking, Prosthetic, Orthotic, Wheelchairs and Hearing Aids) were ranked at 1

*Myanmar* – No answers were given for any of the devices

*Pakistan* – All Devices were ranked as 0

**“The private and NGO sector have taken a greater role in the supply of Assistive devices over the past decade”**

3 = The NGO and private sector Have fully taken a greater role in....

2 = The private and NGO sector have taken up a fairly greater role...

1 = There is little NGO and private sector role

0 = There is no NGO or private sector role...

*Australia* had five responses to the questionnaire:

- 1.) *Victoria* – All devices were listed as 1
- 2.) *Victoria* – All Devices were listed as 2
- 3.) *Western Australia* – Hearing devices were listed as 3, while Wheelchairs, Walking, Prosthetic, Orthotic, Electronic and Activity devices were ranked as 2
- 4.) *ACT* – There were no answers given for all devices
- 5.) *ACT* – The answer given for the devices was “Not so much in the ACT but definitely in NSW and maybe in QLD and Victoria and SA.”

*Cambodia* – Walking, Prosthetic and Wheelchairs were all ranked at 3, while Orthotic and Activity Devices were ranked at 2 while Hearing and Electronic Devices were not ranked at all

*China* - *Wheelchairs*, Hearing Aids, Electronic and Activity Devices were all ranked at 1. While Walking, Prosthetic and Orthotic Devices were ranked as 2.

*Cook Islands* – Electronic, Orthotic, Prosthetic Devices and Hearing Aids were ranked as 0 while Activity Devices were ranked as 1. Walking Devices and Wheelchairs were ranked as 2

*Laos # 1* – No answers were given for Electronic and Activity Devices, Walking, Prosthetic, Orthotic Devices, Wheelchairs and Hearing Aids were ranked as 3

*Laos #2* – Walking, Prosthetic, Orthotic Devices, Wheelchairs and Hearing Aids were ranked as 1, while Electronic and Activity Devices were ranked as 0

*Philippines #1* – All devices were ranked as 1

*Philippines # 2* – Walking and Wheelchairs were placed as 3 while Prosthetic devices received a good 2, Orthotic, Hearing, Electronic and Activity Devices were all ranked as 1

*India #1* – Walking, Prosthetic, Orthotic, Wheelchairs, Hearing and Activity Devices were ranked as 2 while Electronic Devices were ranked as 1

*India #2* – Walking, Orthotic and Wheelchairs were ranked as 3 while Prosthetic Devices and Hearing Aids were ranked as 2 and finally Electronic and Activity Devices were ranked as 1

*Korea* – Prosthetic, Orthotic, Hearing, Electronic and Activity Devices were ranked at 1 While Wheelchairs were ranked at 2, Walking devices were ranked as 3 implemented

Papua New Guinea – Electronic and Activity of daily living devices were ranked at 0 while the Walking, Prosthetic, and Orthotic Devices were ranked at 1 and the rest of the devices Wheelchairs and Hearing Aids were ranked at 2 = Fairly Implemented.

Kiribati – Walking Devices and Activity of Daily Living Devices were ranked as a 2 However Hearing Aids and Electronic received a 0, while Prosthetic, Orthotic and Wheelchairs only received a 1.

*Malaysia* – All Devices were ranked as 3

*Maldives* – All devices were ranked as 0, which means that the private sector and NGO have not taken any role to help the supply of Assistive devices

*Mongolia* – All Devices were ranked at 0

*Myanmar* – No answers were given for any of the devices

*Pakistan* – Activity and Electronic Devices were ranked as 0, while Prosthetic, Orthotic, Walking Devices, Wheelchairs and Hearing Devices were ranked as 1

**“Assistive device providers are working in close collaboration with CBR and other community groups”**

3 = The Assistive Device providers are working in close collaboration...

2 = The Assistive device provider are reasonably working in  
1 = The Assistive Device providers have few links with CBR  
0 = The assistive device providers have no CBR contacts

*Australia* had five responses to the questionnaire:

- 1.) *Victoria* – All devices were listed as 1
- 2.) *Victoria* – All Devices were listed as 2 except for Hearing Aids which was ranked as 3
- 3.) *Western Australia* – Walking, Prosthetic, Orthotic Wheelchairs, Electronic and Activity devices were ranked as 1 = Slightly implemented, while Hearing devices were listed as 3, while
- 4.) *ACT* – There were no answers given for all devices
- 5.) *ACT* – The answer given for the devices was “Not sure.”

*Cambodia* – Hearing and Electronic Devices were not ranked while the rest of the devices (Walking, Prosthetic, Orthotic, Wheelchairs, and Activity Devices) were ranked as 1

*China* – All Devices were ranked as 1

*Cook Islands* – Electronic, Orthotic, Prosthetic Devices and Hearing Aids were ranked as 0 while Activity Devices were ranked as 1. Walking Devices and Wheelchairs were ranked as 2

*Korea* – Hearing Aids, Wheelchairs, Orthotic, Prosthetic and Walking devices were ranked as 2 whereas Electronic and Activity Devices were ranked as 1

*Laos # 1* – No answers were given for Electronic and Activity Devices, Wheelchairs and Hearing Aids were ranked as 2, Walking, Prosthetic, Orthotic Devices were ranked as 1

*Laos #2* – Walking, Prosthetic, Orthotic Devices, Wheelchairs and Hearing Aids were ranked as 1, while Electronic and Activity Devices were ranked as 0

*Philippines #1* – All devices were ranked as 1

*Philippines # 2* – Walking and Wheelchairs were ranked as 2, Prosthetic, Orthotic, Hearing Aids and Activity Devices were ranked as 1, while electronic was ranked at 0

*India #1* – Walking, Prosthetic, Orthotic, Wheelchair, Hearing and Activity Devices were ranked as 1 while Electronic Devices were ranked as 0

*India #2* – Walking, Orthotic and Wheelchairs were ranked as 3 while Prosthetic Devices and Hearing Aids were ranked as 2 and finally Electronic and Activity Devices were ranked as 1

*Papua New Guinea* – Electronic and Activity of daily living devices were ranked at 0 while the walking devices were ranked at 1, the rest of the implements (Prosthetic, Orthotic, Wheelchairs, and Hearing Aids) were ranked at 2.

*Kiribati* - All devices were ranked as 0 'Not implemented' which means that providers are not working at all with community groups etc.

*Malaysia* – All Devices were ranked as 2

*Maldives* – All devices were ranked as 0, which means no collaboration is going on.

*Mongolia* – Prosthetic, Wheelchairs, Hearing Aids, Electronic and Activity Devices were ranked at 0. While Walking Devices were ranked as 1 and Orthotic devices were ranked as 2

*Myanmar* – No answers were given for any of the devices

*Pakistan* – All Devices were ranked as 0

**Questionnaire: Task Force on Assistive Devices. The agenda for action Decade of the Disabled 1993 –2002**

**Dear Sir/Madam**

I have been asked by the UNESCO, Thematic Working Group on Disability Concerns and the Regional NGO Network to collect information regarding the situation for disabled people in the region.  
 In particular I need information on **Assistive Devices**. These include artificial limbs (Prostheses) braces (Orthoses) walking aids, Wheelchairs, electronic devices, hearing aids and appliances to help in activities of Daily living.  
 We would be grateful if you could fill in this matrix questionnaire. We would very much like information on all the different types of assistive devices.

The survey is in two parts. Part I requires a yes or a No answer in the box corresponding to the Device and the question. Part II requires some subjectivity. Please attempt to make an attempt to judge how well the various targets have been implemented.  
 I have also enclosed a letter of introduction and a copy of the relevant targets from UNESCAP.

**Please Return before May 20<sup>th</sup> 2002 to**

Carson Harte  
 Cambodia Trust  
 34 Nim Road  
 Singapore  
 807562

Country.	Name of respondent
Date of response	Position

	Walking canes, Crutches, walking frames.	Prosthetic devices	Orthotic Devices	Wheelchairs	Hearing Aids	Electronic communication devices	Activity of daily living devices
<b>PART I Please answer the following questions with a with yes/no</b>							
Are these assistive devices available in your country.							
Are these devices locally manufactured							

Are these devices imported into your country										
Are components for these devices imported into your country										
Are raw materials for these devices imported into your country										
Are raw materials for these devices sourced in local markets										
Are any of these devices supplied by Private sector										
Are any of these devices supplied by Government										
Are any of these devices supplied by NGOs, Religious organisations or others.										
Do people with disability pay for their devices										
Is the cost of these devices subsidized by government										
Are there micro credit, low interest loans or revolving schemes in place to allow those on low income to buy assistive devices.										
Are imported devices or components subject to tax or duty										
Are devices available in the rural areas										
Are technicians trained to any recognised standard										
Is the supply of assistive devices coordinated by any central authority.										
Is the quality of assistive devices regulated by government										
Do you have accurate and up to date national statistics for the numbers of people in need of assistive devices										
Is there research and development in assistive devices going on in your country										
Are pamphlets and/or video tapes available throughout the country showing the available devices										
Have you a National plan of action on assistive devices										



	Walking canes, Crutches, walking frames.	Prosthetic devices	Orthotic Devices	Wheelchairs	Hearing Aids	Electronic communication devices	Activity of daily living devices
Does your Government have policy in place that encourages new technology in Assistive devices							
Is there any international exchange of personnel, technology or ideas in assistive devices currently going on in your country							
Is there a national training scheme or school in place for the skills required in the areas of assistive devices							
<b>PART II The following questions are subjective. Please award a score to each statement for each category of assistive device.</b>							
<b>0 = Not implemented. 1=Slightly implemented. 2= Fairly implemented 3 = fully or nearly fully implemented.</b>							
	Walking canes, Crutches, walking frames.	Prosthetic devices	Orthotic Devices	Wheelchairs	Hearing Aids	Electronic communication devices	Activity of daily living devices
Assistive devices are available to the whole of the population							
Assistive devices are available to the rural population of my country							
Assistive devices are affordable for the average urban dweller							
Assistive devices are affordable to the majority of rural dwellers							
Disabled people living in rural areas are aware of the range of available assistive devices							
The quality (fit and/or function) of the available assistive devices is adequate.							
The range of available assistive devices is adequate							
There are adequate numbers of skilled technicians in the country to supply and maintain these devices							
The private and NGO sector have taken a greater role in the supply of assistive devices over the past decade.							
Assistive device providers are working in close collaboration with CBR and other community groups							

## **Task force on Regional Cooperation**

### **A review of the policy target “Regional Cooperation” of the Agenda of Action of the Asian and Pacific Decade of Disabled Persons, 1993-2002**

**Task Force Coordinator:  
Joseph Kwok, Ph.D., J.P.  
September 2002**

#### **The official targets on regional cooperation adopted in 1993 and also subsequent major reviews coordinated by ESCAP**

Regional cooperation is one of the twelve major policy categories adopted for the Agenda of Action of the A/P Decade. The primary purpose of Regional Cooperation is to promote the implementation of the targets of action of the A/P Decade at both national and regional levels.

The Decade Agenda for Action in 1993 adopted the following specific targets for Regional Cooperation.

1. Networking
  - 1.1 Building up a regional network of agencies and organizations to undertaking specific activities in selected areas through the proposed network.
  - 1.2 The network would operate on a decentralized basis. Agencies and organizations whose work focuses on particular areas of concern could organize themselves into a sub-network.
  - 1.3 Each sub-network would assume responsibility for facilitating advancements in its particular area during the Asian and Pacific Decade of Disabled Persons, especially concerning the:
    - (a) Increase in the availability of resources (e.g., technology, techniques, skills, materials) in the ESCAP region for the implementation of resolution 48/3 with respect to the particular priority area;
    - (b) Facilitation of the exchange of information on that area;
    - (c) Support for the strengthening of research and development methodologies for that area to improve the relevance of the techniques, technology and material generated to conditions in the developing countries of the region.
  - 1.4 Each lead entity would, in turn, assume primary responsibility for undertaking activities such as:
    - (a) Development of a regional information and data base on technical cooperation needs, resources, potential, on-going activities, implementation experience and key contact persons;

- (b) Initiation of networking arrangements among all agencies and organizations interested in furthering that particular priority area;
- (c) Ensuring the accessibility of current information on resources and needs concerning that particular area;
- (d) Development of a roster of experienced persons whose services could, upon request, be called upon to assist countries, particularly to promote technical cooperation among developing countries (TCDC) in the implementation of resolution 48/3;
- (e) Formulation and implementation of specific technical cooperation activities that will have a tangible and positive impact on persons with disabilities in the respective area. The decentralized nature of the network would facilitate the funding of its activities through the sharing of the responsibility among the participants. The lead entities in particular would bear a major part of the cost of the activities of their respective sub-networks, as a part of their contribution to regional cooperation. The possibility of mobilizing adequate supplementary funding to promote the effective functioning of the network as a whole may be explored.

**Major initiatives from countries in support of Regional Cooperation to realize the Agenda of Action of the Decade:**

In reviewing the achievements of Regional Cooperation for the promotion of the Decade, it is important to note that the following challenges that the Region has been facing over the past decade: the Regional financial crises, political instability in some countries, and racial conflicts. Given such a background, it would be pleased to note the following development landmarks as reported by countries in the region.

First, there has been a significant increase in individual countries' participation in the two major regional platforms supporting the Decade, The Thematic Working Group on Disability Concerns under ESACP, and Regional NGO Network for the Promotion of the A/P Decade. A growing number of disabled people's participation from across the region in annual campaigns organized by RNN is another useful indicator for effective regional cooperation.

Second, there are also regional events hosted by individual countries that have major and lasting impacts on disability movements both at the regional level and the international level. Examples include:

- the nine countries / territories which hosted the RNN Campaigns for the Region, and the significant post campaign development in disability measures of host countries
- APWD (Asian and Pacific Network for Work-Centers of People with Disabilities) was established in 1997 to develop working places for people with disabilities and to exchange their products in the region.
- the Inter-country Seminar on Multisectoral Collaborative Action for People with Disabilities on December 2-6, 1996 hosted by Malaysia

- the World Summit of NGOs held in Beijing in March 2000 bringing about a united front to promote the International Convention on the Rights of Disabled People
- Ministry of Social Welfare, Bangladesh and NFOWD organized Second South Asian Conference of Community Based Rehabilitation (CBR) December 1997 in Dhaka
- Setting up of South Asian CBR Net-Work branch office in Sri Lanka has facilitated South Asian Co-operation.
- Initiative from Palau supporting Pacific Basin Interagency Leadership Conference which takes place every two years at different island sites in the Pacific Basin. Created in 1994. Its purpose is to advance leadership skills/knowledge of people in the basin of issues that impact the lives of people with disabilities.
- A new regional network of women with disability (RNWWD) was initiated during the Campaign 2000 in Bangkok.
- Initiated by ESCAP, and participated by a substantial number of UN systems and INGOs, concrete and collaborative support for East Timor was started in 2000. District and National Workshops on Disability Concerns and Surveys were carried out in 2001 with funding support from Asia Trust and RI 16<sup>th</sup> World Congress Fund. These and other similar joint initiatives vividly demonstrate effective regional cooperation supporting countries in need.
- FESPIC Games of the Region and the Paralympics 2000 in Sydney

Third, some countries have made relatively extra-ordinary substantial inputs to regional cooperation events, notably from Japan, which funded and organized a range of regional training courses as well as funding ESCAP initiatives in promoting self-help organizations of people with disabilities in the Region.

Fourth, some countries have entered into bilateral cooperation programmes in support of the Decade, e.g. the bilateral programme between China and Mongolia, and the networking between Cook Islands and New Zealand.

Fifth, The Thai and Japanese Government are now working together to establish the Asia-Pacific Development Center on Disability in Thailand in order to support continuous regional efforts toward the goal of the Asian and Pacific Decade of Disabled Persons. This center will act as an information center for persons with disabilities and agencies concerned as well as a regional co-operation center for the Asia-Pacific region.

#### **Further concerns on regional cooperation in promoting the A/P Decade**

First, more concerted efforts and more resources are required in building up a regional network of agencies and organizations to undertaking specific activities in selected areas including freedom of barriers, information communication technology, vocational training and employment.

Second, subregional cooperation should be enhanced particular in those subregions which have been less active in the past Decade, e.g. South Asia and Pacific islands.

Third, governments in the Region should be urged to take more initiatives and provide more resources in supporting regional and subregional activities initiated by both ESCAP and regional NGOs, including the Asia-Pacific Development Centre on Disability will be established by 2004 in Bangkok. APDCD could take the lead in establishing a new networking of centers of excellence in the Region.

Fourth, governments should support ESCAP in taking initiatives to facilitate regional cooperation and carrying out concrete regional and sub regional activities.

Fifth, governments and ESCAP should ensure disability concerns are integrated parts of all major mainstream regional and subregional platforms, and to provide channels for NGOs at national and regional levels to take an active part in those platforms.

END

## Appendix 1

# TARGETS FOR THE IMPLEMENTATION OF THE AGENDA FOR ACTION FOR THE ASIAN AND PACIFIC DECADE OF DISABLED PERSONS

Revised by the

**Regional Forum on Meeting the Targets for the Asian and Pacific Decade of Disabled Persons, and Equalization of Opportunities for Persons with Disabilities in the ESCAP Region, Bangkok, 22-24 November, 1999**

And Endorsed by the

**Fifty-sixth Session of the Commission, Bangkok, 1-7 June 2000**

Note: The document contains **107 Decade targets** in 12 areas of concerns of the Agenda for Action for the Asian and Pacific Decade of Disabled Persons 1993-2002. All Targets have one goal: 2002. Only "Targets" are cited here, omitting "Critical Issues".

### 1. National coordination

- 1.1 To establish and strengthen a national coordination committee (NCC) on disability concerns with an appropriate mechanism to ensure its accountability to the legislature or head of government to promote a multisectoral approach to the implementation of the Agenda for Action for the Asian and Pacific Decade of Disabled Persons, 1993-2002, and with representation at the policy-making level of all state/provincial and district governments, and concerned ministries/departments and government agencies, substantial representation in non-governmental organizations (NGOs), including self-help organizations of disabled persons, parents' organizations of people with intellectual disabilities and women with disabilities, as well as with adequate allocation of resources.
- 1.2 To establish and strengthen an executive committee with appropriate representation from state/provincial governments, ministries/departments and government agencies, NGOs, including self-help organizations of people with disabilities, parents' organizations of people with intellectual disabilities and women with disabilities, to ensure timely follow-up and monitoring of the implementation of NCC decisions, and to facilitate its functioning.

- 1.3 To establish coordination and executive structures at the subnational level, with adequate means of participation by grass-roots groups and bodies.
- 1.4 To formulate a national plan of action and incorporate it in national development plans with a time frame and an inbuilt mechanism for monitoring and evaluation, as well as adequate multisectoral allocation of resources for the implementation of the Agenda for Action, and specifically, the targets for national action contained in the present document.
- 1.5 To identify and prioritize, within the national plan of action, means of promoting the participation of poor persons with disabilities in all poverty alleviation programmes, including urban and rural development programmes and projects implemented within the country.
- 1.6 To specify the participation of persons with disabilities as a criterion for the approval of funding for poverty alleviation and other development programmes and projects.
- 1.7 To strengthen the coordination and executive structures with adequate resources and infrastructure to enable them to function effectively as permanent statutory bodies.
- 1.8 To pursue urgently means to promote a positive image of people with disabilities, including their potential, capabilities and achievements in the areas of education, training, employment, sports, arts and cultural activities, as well as in community life, including through the use of occasions such as national or international days of disabled persons, community festivities and other media opportunities.
- 1.9 To establish effective communication channels among all parties concerned with disability matters, at national and community levels, to ensure information flow, effective problem-solving, as well as timely and adequate multisectoral consultation, especially with self-help groups and NGOs serving disabled people.
- 1.10 To ensure that information on all programmes, services and provisions for people with disabilities, including all legislation and amendments pertaining to equalization of opportunities for people with disabilities, is adequately compiled, disseminated and publicized in accessible formats and languages suited to the literacy levels of persons with disabilities and their families.
- 1.11 To set up appropriate mechanisms to obtain accurate data and regular updates on disability groups, as well as information about their family and life situations, including case studies, and such other information that will encourage informed conclusions about disabled people's access to services and progress towards equalization of opportunities for people with disabilities, for the purpose of policy formulation, as well as to ensure responsible use of all personal data to protect the privacy rights of persons with disabilities.

## **2. Legislation**

- 2.1 To establish a suitable mechanism to examine and identify all substantive and procedural laws, such as those covering inheritance, marriage and property, as well as criminal and civil procedure codes and policy provisions on various subjects.
- 2.2 To amend substantive and procedural laws to include enabling provisions for equal legal protection for persons with disabilities, including women with disabilities and people with intellectual disabilities, and to repeal provisions that restrict their full participation and equalization of opportunities, or which are discriminatory.
- 2.3 To enact a basic law with an effective inbuilt implementation and enforcement mechanism to protect the rights of people with disabilities, including women with disabilities and people with intellectual disabilities, to promote affirmative action in their favour and to eliminate discriminatory practices, as well as architectural and communication barriers.

- 2.4 To introduce a national scheme of social security measures covering financial assistance and subsidies for persons with extensive disabilities and their families living in poverty, as well as primary breadwinners who become disabled and have no other means of income support for their dependants.
- 2.5 To review laws relating to customs duties and to introduce amendments to provide exemption from customs duties on the import of vehicles, assistive devices, health and medical supplies, including all equipment and materials needed to improve the quality of life and, in particular, to facilitate the education, employment, sports and leisure activities, cultural pursuits and daily living of people with disabilities, including women with disabilities.
- 2.6 To review laws pertaining to taxation to provide tax benefits for persons with disabilities and incentives for employers of disabled persons and manufacturers of indigenous assistive devices, including exemption from excise duties for such products.
- 2.7 To enact or amend laws and regulations, including traffic and industrial/labour laws, for promoting health and safety in the workplace, in public places, in transport and in the home, as well as set safety standards for modes of conveyance, equipment, implements and other items of industrial, domestic and personal use, with particular attention to the needs of users with disabilities.
- 2.8 To establish a mechanism for periodic review of the list of items for exemption from customs duty.
- 2.9 To provide for the coverage of people with disabilities in an existing free legal aid service or to develop a free legal aid service for people with disabilities.
- 2.10 To establish implementation and enforcement (such as an ombudsman) mechanisms for basic laws for the protection of the rights of people with disabilities and to notify such rules and regulations for their effective implementation and enforcement.
- 2.11 To amend laws relating to copyright and make provisions for the protection of the rights of persons with disabilities to have access to educational, informational and recreational materials and for the transcription, transference, translation and reproduction of all such materials.

### **3. Information**

- 3.1 To establish, in collaboration with NGOs, self-help organizations, and national and local focal points on disability, a regularly updated database on the disability situation, including demographic data on persons with disabilities, as well as social and economic dimensions, including educational level, employment status, housing, household composition and membership in registered organizations of people with disabilities for the purpose of (a) indexing available information related to disability within various ministries and organizations; and (b) disseminating, through appropriate means and to local-level organizations, information in formats and languages that are accessible by people with disabilities and their families.
- 3.2 To strengthen the capability of national statistical offices, and develop and apply common functional definitions of disabilities that will facilitate regionwide comparisons, and to advocate the conduct of national disability-related surveys.
- 3.3 To pursue immediate action to translate into national and local languages the Agenda for Action and the revised targets to facilitate implementation, and to disseminate the translations through the mass media, folk media, government agencies and voluntary organizations.



#### **4. Public awareness**

- 4.1 To undertake immediate action to ensure that the national and provincial print and electronic mass media, including the private sector and the folk media, feature issues related to the Decade through regular and accurate coverage that improves public awareness and attitudes concerning people with disabilities.
- 4.2 To undertake phased action to encourage all education and training institutions, government agencies and NGOs that implement programmes and projects for children and youth to identify and provide means of ensuring that disabled children and youth are included in activities designed for all children and young persons.
- 4.3 To encourage immediate action by ministries of education and all other relevant agencies to initiate a review of all educational and functional literacy materials, in different formats, in use in each country and area, with a view to excluding content that is derogatory towards persons with disabilities, and with a view to including illustrations and references that support the inclusion of persons with disabilities in mainstream community life.
- 4.4 To encourage immediate action to ensure the issuance of first-day covers and commemorative stamps promoting the full participation and equality of persons with disabilities in the Asian and Pacific region.
- 4.5 To advocate the inclusion of disability issues in information and media policies and programmes, as well as the provision of appropriate time and space for disability concerns, and the prohibition of the depiction of negative and inaccurate images of persons with disabilities in performances, especially comedies, films and cartoons.
- 4.6 To encourage government agencies and NGOs to establish a press clipping service to collect documentation on media efforts concerning the raising of public awareness and the improvement of attitudes towards persons with disabilities.
- 4.7 To promote, at regional, national and subnational levels, all cultural activities (including art and the performing arts) and sports by people with disabilities, as part of public awareness campaigns to highlight the abilities and aspirations of persons with disabilities.
- 4.8 To develop and include disability as a mainstream development issue in the curricula for pre- and in-service training of public administration and technical personnel in all sectors, in order to facilitate multisectoral collaboration on disability issues, and to promote the inclusion of persons with disabilities in all mainstream development activities.

#### **5 Accessibility and communication**

- 5.1 To initiate immediate action to incorporate barrier-free features as a standard requirement in designs and plans for all new construction, renovation and expansion of buildings and facilities used by members of the public, including transport systems, educational facilities, housing schemes and recreational facilities, with measures to ensure effective implementation, particularly for the renovation and new construction of government infrastructure.
- 5.2 To undertake immediate action to make external built environments accessible, including by installing pavements with kerb ramps and by providing adequate signage and facilities for all disability groups.

- 5.3 To take immediate action to initiate the introduction of barrier-free features in mass transport systems and services, beginning with the main lines and trunk routes, and to ensure that all further modifications of, and additions to, mass transport systems incorporate barrier-free features at the outset of the planning stage.
- 5.4 To take immediate action to promote the inclusion of barrier-free design in the curricula for the training of architects, engineers, and urban and rural planners.
- 5.5 To pursue immediate action to incorporate access provisions for people with disabilities into existing building by-laws.
- 5.6 To establish and strengthen access-related networking among governments and organizations concerned with disability issues in the ESCAP region, especially to promote the exchange of information on skills development, standards, procedures, experiences and resources.
- 5.7 To undertake immediate promotion of studies on the layout of workplaces, as well as the design of tools, equipment, machinery and instruments to make them more usable by persons with disabilities.
- 5.8 To initiate urgent action towards the development of official indigenous sign languages, with mechanisms for the certification of sign language interpreters.
- 5.9 To work towards guaranteeing the right of access to sign language interpretation services in television programmes (especially news and documentaries) and in vital public services and facilities, particularly police departments, hospitals, law courts and financial institutions, and to provide alternate means of communication in other public places.
- 5.10 To work towards guaranteeing the right of access to reading materials in Braille, large print, computer diskette, audio cassette and other suitable formats for people who have difficulty in reading regular print, and who need access to human readers.
- 5.11 To introduce and enhance captioning and audio descriptions, and to improve the availability of, and access to, computer applications, web sites, radio, telephone, fax machines and visual media for information and entertainment purposes to benefit all disability groups.

## **6. Education**

- 6.1 To increase the enrolment of children and youth with disabilities to close the gap between their current level of enrolment and the net enrolment rate of non-disabled children in each respective country or area in the ESCAP region, and to achieve this through formal and non-formal education systems, including open schools and distance education systems.
- 6.2 To include boys and girls and women and men with disabilities in all policies, plans and programmes to ensure Education for All, with adequate financial allocations and appropriate technical assistance; the financial allocations should also adequately cover the provision of necessary and appropriate support to ensure effective educational outcomes for children and youth with disabilities in inclusive settings.
- 6.3 To ensure the provision of appropriate teaching aids, assistive devices and facilities for promoting effective educational outcomes for children and youth with disabilities.
- 6.4 To introduce and expand early intervention programmes for children with disabilities, with provision for the active involvement of their families and communities, in both rural and urban areas, and to promote the inclusion of children with disabilities in regular pre-schools.

- 6.5 To increase progressively the retention rates of all children and youth in education systems, including children and youth with disabilities.
- 6.6 To strengthen pre- and in-service teacher preparation programmes to ensure the effective teaching of children with diverse capabilities, including those with disabilities.
- 6.7 To introduce the entire educational curricula to all children, including children and youth with disabilities, and to ensure that the curricula include the teaching of science, mathematics, technical, pre-vocational and vocational education.
- 6.8 To promote the adaptation of teaching approaches and materials to facilitate effective educational outcomes for children with disabilities, and to ensure that this includes appropriate provisions for teaching children and youth who are intellectually disabled, deaf, blind, multiply disabled, autistic, and those who have learning disabilities, as well as behavioural, speech and communication problems.
- 6.9 To develop appropriate policies and legislation to change the focus of education systems from a subject-focused to a learner-centred approach to benefit children and youth with disabilities.
- 6.10 To strengthen support mechanisms and systems, including the provision of teacher aides, assistive devices and other necessary supports, to facilitate the effective inclusion of children and youth with disabilities in inclusive educational settings.
- 6.11 To promote and support the involvement of families and communities in the provision of inclusive education for children and youth with disabilities.
- 6.12 To target policy makers, public administration and technical personnel, school administrators and educators to promote the inclusion of children and youth with disabilities in education programmes.
- 6.13 To encourage ministries or departments of education to assume responsibility for the education of children and youth with disabilities.
- 6.14 To ensure appropriate transition processes from early childhood education to primary and secondary levels to ensure access, with support, to post-school activities, including pre-vocational and tertiary education, and employment.
- 6.15 To assert the legal rights of disabled people to educational, informational and recreational materials in accessible formats, including the right to transcribe, transfer, translate, reproduce and use materials currently subject to copyright laws.

## **7. Training and employment**

- 7.1 To make accessible mainstream training programmes and to revise entry requirements and eligibility criteria where necessary, so that people with disabilities can participate in them, with due attention to gender equity and the participation of disabled persons from low-income and poor families.
- 7.2 To develop and strengthen curricula and support services (for example, physically accessible training sites and equipment, Braille text, sign language interpreters and trainers' aides) to enable persons with disabilities to participate fully in all pre-vocational and vocational training and apprenticeship programmes leading to gainful employment and self-employment in rural and urban areas.

- 7.3 To set national targets for the placement and promotion of the employment of persons with disabilities in the public and private sectors and to formulate a government policy to promote the achievement of these targets (such as through a mandatory quota scheme, employer incentives, focused awareness-raising campaigns targeted at employers and employees, and technical support to employers).
- 7.4 To establish a collaborative body, including representatives of the public and private sectors, disabled people's organizations and other NGOs, to compile, on an ongoing basis, information on new employment and self-employment opportunities in the formal and informal sectors, as well as to provide training in skills relevant to these opportunities and discontinue training in skills that are obsolete.
- 7.5 To establish and fulfil annual training and job placement targets that are gender-equitable for people with disabilities, for joint action by all ministries (for example, those responsible for employment, human resources development, rural development), government development programmes, as well as employers' and workers' organizations and organizations of people with disabilities.
- 7.6 To provide appropriate training and employment opportunities for people with extensive disabilities and those who require a supportive environment (through, for example, the establishment of production centres, the provision of support services and assistive devices for self-employment and supported employment and, where necessary, arrangement of accommodation).
- 7.7 To introduce measures to ensure the equitable participation of persons with disabilities in all rural and urban schemes for poverty alleviation, income-generation in the formal and informal sectors, and the promotion of self-employment.
- 7.8 To introduce and undertake effective implementation of a national scheme for entrepreneurial skills development (including identification of business opportunities, development of a business plan, management and bookkeeping skills); support services to marketing and production; and access to interest-free or low-interest loans.
- 7.9 To identify disabled people in order to place them in jobs or to assist them in self-employment in rural and urban areas, through appropriate public and private agencies (including employment placement services) and NGOs.
- 7.10 To use funds to promote training and employment opportunities for people with disabilities (for example, through adaptation of the environment, provision of support services and assistive devices) to benefit people with extensive disabilities as well.
- 7.11 To protect the rights of disabled workers in all laws, policies and collective agreements relating to employment (including provisions on recruitment, promotion, dismissal and retrenchment).
- 7.12 To identify and commission appropriate institutions to carry out research studies in the areas of ergonomics, workplace adaptations, safety devices and other topics relevant to the training and employment of disabled persons in the context of Asian and Pacific developing and least developed countries and areas, to encourage innovations, and to identify research topics in consultation with service providers, user groups and the collaborative body for the identification of new work opportunities, and other relevant agencies.
- 7.13 To establish a monitoring and evaluation mechanism, with the active participation of representatives of disabled persons, to ensure that legislation relating to training and employment is effectively enforced, that policy is effectively implemented and that the relevant Decade targets are achieved.

- 7.14 To establish an international clearing house to identify, gather and disseminate information on existing employment-related equipment and facilities for people with disabilities, as well as similar clearing houses at national, regional, state, provincial and district levels.

#### **8. Prevention of causes of disability**

- 8.1 To initiate public education campaigns, including gender-sensitive demographic data, associated with and directed at the prevention of the five most prevalent preventable causes of disability, together with smoking, consumption of alcohol and other addictive substances. Such campaigns, while targeting problems, should uphold the dignity of persons with disabilities.
- 8.2 To eliminate iodine deficiency, vitamin A deficiency, poliomyelitis and leprosy as major public health problems.
- 8.3 To achieve a substantial reduction in the incidence of three other preventable causes of disability, without neglecting good disability prevention efforts that may already be under way.
- 8.4 To formally join the international campaign to ban the production, use and sale of anti-personnel landmines, which has led to the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on Their Destruction.
- 8.5 To mount an immediate campaign to prohibit the manufacture and sale of laser weapons whose sole purpose is to cause total blindness.
- 8.6 To initiate, develop and implement legislation for road safety and the safe design and use of the built environment and equipment, as well as the compulsory use of personal, protective and employer-provided equipment for workers whose wages do not cover the provision of such equipment.
- 8.7 To develop mechanisms for the very early detection of new-born babies who are at risk of developing disabilities.
- 8.8 To promote, through the government and NGO sectors, early intervention services related to childhood disabilities.
- 8.9 To provide training for existing grass-roots workers in early detection of and early intervention in childhood disabilities.
- 8.10 To initiate special measures for prevention, early detection and intervention services for persons with psychosocial problems.
- 8.11 To initiate services for the early detection and management of age-related disabilities and to promote activities to improve the quality of life of older persons with disabilities.

#### **9. Rehabilitation (community-based rehabilitation, and health and social development)**

- 9.1 To increase substantially the involvement of people with disabilities and their families in the entire process of action to address disability-related issues and services.
- 9.2 To develop and adopt a comprehensive national strategy to address prevention, rehabilitation and measures for the improvement of the quality of life for persons with disabilities, including community-based rehabilitation as a preferred approach.
- 9.3 To integrate disability issues, including those which specifically concern women and girls

with disabilities, into mainstream programmes, especially those for poverty alleviation, health, housing, transport, human resources development, labour, education, communications, culture, tourism, political activities and disaster management programmes.

- 9.4 To strengthen the coordination of all government and NGO efforts to support community-based rehabilitation programmes.
- 9.5 To include prevention and rehabilitation issues in the training curricula for personnel in the health, education and social development sectors, and to initiate the integration of disability-related issues in the training of other professionals concerned with the improvement of the quality of life of persons with disabilities.
- 9.6 To include rehabilitation services in all primary health care programmes and projects, as emphasized in the Declaration of Alma-Ata on primary health care, 1978, to support community-based rehabilitation programmes.
- 9.7 To facilitate and support the intercountry sharing of specialized personnel, materials and good practices between governments and NGOs.
- 9.8 To initiate and promote action research and innovative approaches on disability and rehabilitation.
- 9.9 To promote social security measures for persons with disabilities living in poverty as identified through appropriate means.

#### **10. Assistive devices**

- 10.1 To take immediate action to set up sustainable systems and procedures, including subsidy schemes, to ensure the production and distribution of assistive devices, as well as repair and maintenance services, with due attention to addressing the needs of all, especially the needs of the most marginalized groups of disabled persons.
- 10.2 To work with the department responsible for customs duties to introduce exemption of customs and other duties on the import of assistive devices, as well as components, materials and equipment for their production, repair and maintenance, especially items from within the ESCAP region.
- 10.3 To take immediate action to simplify customs clearance procedures to facilitate the import and export of assistive devices, as well as components, materials and equipment for their production, repair and maintenance, especially those items from within the ESCAP region.
- 10.4 To encourage research, innovation and improvements concerning indigenous assistive devices, especially those using local resources, by associating leading institutions in such activities, allocating funding, personnel and facilities for this purpose, and promoting intercountry exchange of information on related issues.
- 10.5 To encourage immediately the development of appropriate and sustainable local technology to provide quality standard assistive devices for people with disabilities.
- 10.6 To take immediate action to introduce schemes actively to encourage NGOs and private entrepreneurs, through tax incentives and subsidies, to pursue research on, as well as the indigenous production, distribution and maintenance of, assistive devices.
- 10.7 To promote the training of personnel on indigenous technology for assistive devices to improve services at subnational levels where the need is greatest.

### **11. Self-help organizations**

- 11.1 To establish and strengthen a national forum of self-help organizations of persons with disabilities to include groups and organizations from rural areas, as well as of particularly marginalized disabled persons such as women and girls with disabilities, persons with psychosocial disabilities, users of psychiatric services, persons with intellectual disabilities, persons who are HIV-positive and affected by leprosy.
- 11.2 To develop self-help organizations of diverse disability groups, which focus on addressing the needs of rural people with disabilities in the provision of mutual support, advocacy and referrals to programmes and services, and which collaborate actively with rural and urban development NGOs.
- 11.3 To establish mechanisms under the direction of the national coordination committee on disability, aimed, inter alia, at increasing consultations between self-help organizations of persons with disabilities and diverse government ministries, as well as civil society and the private sector, to strengthen the implementation of the Agenda for Action.
- 11.4 To establish a national policy with the requisite resource allocations to support the development and formation of self-help organizations of persons with disabilities in all areas, and with a specific focus on slum and rural areas.
- 11.5 To develop programmes for capacity-building to empower all persons with disabilities, including youth and women with disabilities, as trainers in the leadership and management of self-help organizations, with the skills and confidence to work in the community.
- 11.6 To introduce the concept of independent living to all concerned with disability matters and promote the achievement of independent living in the community by implementing measures to respect the self-determination and control by people with disabilities over their own lives.

### **12. Regional cooperation**

- 12.1 Small countries, including those that have recently joined as signatories to the Proclamation on the Full Participation and Equality of People with Disabilities in the Asian and Pacific Region, will approach the United Nations Development Programme and other concerned members of the United Nations system to mobilize the requisite funding and technical support to strengthen their capacity for developing and implementing policies that will lead to increased public awareness of disability issues and achievement of access by persons with disabilities to prioritized areas of development identified by each country and area from the Decade targets listed above

## Appendix 2

# Guideline for RNN Country Report

TOKYO September 3, 2002

Dear National Member of RNN,

Let me remind you again for **the RNN Country Report** which is the very important request for your participation to the Campaign 2002 in Osaka.

The Mission of the RNN Country Report is the followings:

- (1) To evaluate the progresses of the Decade in each country by NGOs
- (2) To identify the issues and problems of each country for the Full Participation and Equality of People with Disability
- (3) To propose future action plan for the regional cooperation as Post-Decade Actions of both NGOs and GOs.

For the outline of the report, please look the appendix.

Since we did not get your nomination for your country report, let me ask your good self to take a prompt action to complete the report, and send to the secretariat as soon as possible. I am grateful if you could send at least part [B] of the guideline by September 15<sup>th</sup>. Dead lines of the reports are September 25<sup>th</sup>, 2002.

RNN Secretariat will cover the costs needed for all work for the preparation of the report.

Thank you for your co-operation and I am looking forward to meeting you in Osaka in October.

With best wishes,

Ichiro Maruyama,

Secretary General, RNN

○RNN Secretariat ( Ms. Etsuko Ueno)

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<APPENDIX > **Outline of RNN County Report**

**[A]. Please evaluate the Decade by the “107 Targets” of the “Agenda for Action” with a 4-point assessment scale. Please refer the attached #1**

☆Please attach the evidence to describe your evaluation with possible audio-visual materials.

**[B]. Please describe the summary & future directions and Basic Data as attached #2**

**[C]. Please provide the information as attached #3**



**[Attached #1]**

"107 Targets" Has its official name on ESCAP Homepage: STRENGTHEN DECADE TARGET---- EQUALIZATION OF OPPORTUNITIES: INCLUSION OF DISABLED PERSONS IN THE DEVELOPMENT PROCESS.

See: <http://www.unescap.org/decade/equal.htm>

or contact RNN secretariat or Dr. Sato for information.

4-point assessment scale:

0: no or few measure has been taken,

1: slightly implemented,

2: fairly implemented,

3: fully or nearly fully implemented.

In this method, narrative concrete descriptions for the reasons of each rating would be helpful to form a common understanding among reviewers and for readers.

**[Attached #2]** Summary & Future Directions and basic Data of PWDs in your country.

[a] Please describe the following questions based on your evaluation of the decade:

[a-1] Please cite and describe three most significant changes for the life of PWDs in your country over the A/P Decade.

☆ Please attach the documents and possible audio-visual materials.

[a-2] Please cite and describe the three most undeveloped issues concerning your PWDs compare with non-disabled people in your country

[a-3] What are the three priority measures, which you want, your government takes for your PWDs ?

[a-4] What are the three priority programs of regional co-operation for your PWDs ?

[b] Basic Data

[b-1] Please cite and describe the basic data of PWDs in your country:

- ① number of PWDs in your county with your classification and nature of the source and legal definition.
- ② primary finding and demographics concerning PWDs in your country (type, cause of disability, gender, literacy level, education, employment and etc.).

[b-2] How many people in your country do you guess to be aware of the followings?

① A/P Decade of Disabled Persons 1993-2002:

[a. almost none b. less than 1 % , c. about % ].

Dose your government informed the nation about the decade? (Yes, No)

② UN's Declaration of Disabled Person in 1975

[a. almost none b. less than 1 % , c. about % ].

③ International Year of Disabled Person in 1981:

- [a. almost none b. less than 1 % , c. about % ].
- ④ UN's Decade of Disabled Persons 1983-1992
- [a. almost none b. less than 1 % , c. about % ].

**[Attached #3]** Basic Information of your county concerning PWDs

- [a] Please inform national organization of/for PWDs in your county with name in English, address, phone& fax numbers, e-mail address and name of the contact person
- [b] Please cite and describe well-known persons with disability among your nation as a good model or leader of PWDs.
- [c] Please introduce name of the future leaders of PWDs in your county with a contact address
- [d] Please introduce the foreign organizations who are doing significant co-operation programs in the field of disability in your country with contact address
- [e] Please introduce those who are the expert of disability policy, study and research in your county with contact address.

### Appendix 3 RNN Thematic Task Force Members

	Task Forces	Coordinator	Member
1	National	Mr. Ahsan Habib (Bangladesh)	Dr. Heung-Seek Cho (KR)
		Ms. Chalermsee Chantaratin (Th)	Dr. Sung-Yol Cho (KR)
			Mr. Philip Yuen (Hk)
			Mr. Timothy CHAN (Hk)
			Dr. Nguyen Xuan Nghien (Vn)
			Mr. Muhammad Mushfiqul Wara (Ba)
			Mr. Munishwor Pandey (Np)
			Mr. Nurun Nabi Talukder (Bangla)
			Mr. Saidur Rahman (Bangla)
			Mr. Wasimur Rahman Tonmoy (Bar) Ms. Ashrafun Nahar Misti (Bangla)
2	Legislation	Mr. J.B. Munro (New Zealand, Ii)	Mr. Sung-Jae Lee (KR)
			Mr. Eun-Soo Park (KR)
			Mr. CHEUNG Kin Fai (Hk)
			Mr. KUO Chun Chuen (Hk)
			Dr. Pham Quang Lung (Vn)
			Mr. Lim Puay Tiak(Singapore)
3	Information		Dr. Woon-Hwan Na (KR)
			Dr. Cheung-Moon Cho (KR)
			Ms. Myung-Hwa Yoo (KR)
			Mr. Eiichi Takada (JPN)
			Mr. Nobuyashi Kawabata (Jp)
			Mr. CHONG Chan Yau (Hk)
			Mr. Joseph WONG (Hk)
4	Public Awareness	Mr. Noman Khan (Bangladesh)	Ms. Gui-Hee Bang (KR)
			Mr. Jin-Kuk Jun (KR)
			Nazmul Bari (Bangladesh)
			Mr. Shahidul Haque (Bangla)
			Ms. Iris CHAN (Hk)
			Mr. YEUNG Tak Wah (Hk) Ms. Pauline TONG (Hk)
5	Accessibility and Communication	Mr. Topong Kulkanchit (Thailand)	Ms. Duong Thi Van (Vietnam)
		Mr. Hiroshi Kawamura (Japan)	Dr. Seung-Hong Hong (KR)
		Mr. Monthian Buntan (Thailand)	Dr. Hong-Ki Min (KR)
			Ms. Adela A. Kono (Philippines)
			Mr. LEE Koon Hung (Hk)
			Mr. Henry HUNG (Hk)
			Mr. Dominic CHENG (Hk)
6	Education	Mr. Hideharu Uemura (Japan)	Mr. Qua Chen Hoc(Sg, WBU)
		Mr. Setareki Macanawai (Fiji)	Dr. Chung-Chin Chung (KR)
			Dr. Dae-Young Chung (KR)
			Dr. Seung-Hee Park (KR)
			Ms. Koh Ai-na (MY)
			Mr. CHONG Chan Yau (Hk)
			Mr. CHEUNG Kin Fai (Hk)
			Ms. Winnie WONG (Hk)
			Mr. William G. Brohier (Malaysia)
			Ms. Boots Mendoza (Philippines)
7	Training and Employment	Ms. Deborah Wang (Hong Kong)	Dr. Dal-Yob Lee (KR)

			Dr. Gug-hwan Choi (KR) Mr. Hideki Sakamoto (Japan) Mr. Panny CHAN (Hk) Mr. YEUNG Tak Wah (Hk) Mr. Kaiser LO (Hk) Mr. Lim Puay Tiak(Singapore) Ms. Chanhpheng SIVILA (Lao)
8	Prevention of Causes of Disability	Ms. Zaliha Omar (MY)	Dr. Sae-Yoon Kang (KR) Dr. Tong-Woo Suh (KR) Mr. William G. Brohier (Malaysia) Ms. Elsa HUI (Hk)
9	Rehabilitation (CBR,	Mr. Masayuki Watanabe (Jp) Ms. Akiko Kobayashi (Jp)	Mr. Bong-Yoon Jeon (KR) Dr. Hyung-Sik Kim (KR) Ms. Oho Mari (Jp) Ms. Padmani Mendis (Sri Lanka) Ms. Venus Ilagan (Philippine) Ijazulla A Ali (Maldives) Ms. Iris CHAN (Hk) Mr. Raymond CHEUNG (Hk) Dr. Pham Quang Lung (Vn) Mr. Somchai Rungsilp Dr.Cao Minh Chau (Vn)
10	Assistive Devices	Mr. Carson Harte (Cambodia)	Ms. Sumire Narita (Japan) Dr. Jin-Ho Cho (KR) Dr. Eung-Hyuk Lee (KR) Mr. Ahmad Nawaz Malik (Pakistan) Mr. Henry HUNG (Hk) Ms. Winnie WONG (Hk) Mr. Eric TAM (Hk)
11	Self-help Organizations	Ms. Karen Ngai (HK)	Mr. Narong Patibatsarakich Dr. Moo-Sung Chung (KR) Dr. Seon-Jin Kwon (KR) Mr. Dong-Bum Kim (KR) Mr. Joo-Hai Kang (KR) Ms. Oho Mari (Jp) Ms. Julie LEE (Hk) Mr. NG Hang Sau (Hk) Ms. Anita POON (Hk) Mr. Kazuhiko Abe(Jp)
12	Regional Cooperation	Mr. Joseph Kwok (HK)	Dr. Wi-Yung Kang (KR) Dr. Chang-Il Park (KR) Mr. Takeo Ogura (JPN) Ms. Grace CHAN (Hk) Mr. Morgan NG (Hk) Dr.Cao Minh Chau(Vn) Dr. Nguyen Xuan Dong (Vn)
13	Girls and Women with Disability	Ms. Kuhu Das (India)	Ms. Ye-Ja Lee (KR) Dr. Hea-Kyung Oh (KR) Ms. Roshni Devi (Fiji) Ms. YUEN Woon Chun (Hk) Mr. WONG Ka Ling (Hk) Ms. Chanhpheng SIVILA (Lao)