



2. WHY MAINSTREAM DISABILITY IN DEVELOPMENT?

Mainstreaming disability into international development policy and local development plans in order to define inclusive policies at local level has become a greater priority among both disability movements and various development organisations. It is becoming recognised as a key change to achieve in order to ensure that persons with disabilities worldwide enjoy the same rights as any other citizen. With the adoption of the **UN Convention on the Rights of Persons with Disabilities (CRPD)** in 2006, and its entry into force in May 2008, backed up by the **UN Standard Rules for Equalisation of Opportunities for persons with disabilities (UN Standard Rules)** and other human rights instruments, advocacy and lobbying for comprehensive disability legislation in all countries and to define inclusive policies and ensure their implementation in development cooperation programmes is increasing.

While today the number of persons with disabilities worldwide is estimated by the World Health Organisation (WHO) to be around 600-650 millions, and as many as 82% of them are supposedly living in developing countries (500 millions), persons with disabilities are still being excluded from the main development agendas and thus indirectly being discriminated against. Among the world's poorest, 1 in 5 persons living in absolute poverty (that is less than one dollar a day and lacking access to basic necessities such as food, potable water, clothing and shelter) has some kind of impairment. **It is essential that persons with disabilities be integrated into all development activities set, funded or supported by international cooperation as is clearly stipulated in the CRPD article 32¹².**

International development cooperation, including European Commission development agencies as well as most Non-Governmental Organisations (NGO) have increasingly adopted a **rights-based approach** to development. This approach is considered to be inclusive and calls for the participation of all groups of the population concerned, particularly socially excluded and discriminated groups (commonly women, children, minority groups, persons with disabilities and elderly people amongst others) in the development process. This rights-based development policy illuminates the fact that the roots of poverty and powerlessness do not reside in biology but in society.



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¹² Article 32 of the CRPD states that international cooperation plays an important role in promoting and ensuring the realization of the Convention. Measure to ensure this could be to: *"Ensuring that international cooperation, including international development programmes, is inclusive of and accessible to persons with disabilities"*.

Such a development policy **should offer a platform for societal transformation and for persons with disabilities to be considered as valued subjects of their own lives and no longer be stigmatized objects of care and welfare**¹³. For all people who are living in poverty, this is a starting point for a meaningful process of social and economic development (enjoying equal access to public services, social and political participation, employment, etc., and the same opportunities to lead their life according to their own choices and abilities).

2.1 DISABILITY AND POVERTY

A VICIOUS CIRCLE IN WHICH HUNDREDS OF THOUSANDS ARE TRAPPED

The causal relationship between disability and chronic poverty has been widely discussed but still lacks wider comprehensive research showing how this relationship really operates and can be self-fuelling. A few studies have been made, which show that persons with disabilities, more often than other groups, lack access to basic services, employment, credit, land and other resources that could reduce poverty¹⁴. The vicious circle between disability and poverty varies as well within and between cultures and contexts, but is generally acknowledged to be strong.

Poverty has to be seen not only from the economic perspective, but also from the point of social exclusion and powerlessness¹⁵. In developing countries, persons with disabilities and their families often live in poor and unsafe conditions and all persons with disabilities experience discrimination. Exclusion from full participation in social and economic life and from education opportunities substantially increases the risk of poverty.

People living in poverty are at higher risk of serious health problems and accidents due to restricted access to health care, poor nutritional access, poorer working and living conditions, which might lead to impairment. If a person acquires a type of impairment, he or she usually faces barriers to health services, education, employment, and other public services, and finds himself/herself often denied the opportunities that could help them to escape poverty¹⁶.

In summary, disability can cause poverty by preventing the full participation of persons with disabilities in the economic and social life of their communities, especially if appropriate support services and reasonable accommodation are not available¹⁷. **The link between poverty and disability is due to discrimination, social exclusion and denial of rights together with lack of access to basic services, not the impairment itself.**

13 Albert, Bill. *Lessons from the Disability Knowledge and Research Programme*, (Disability KaR: UK: 2003-2005). <http://www.disabilitykar.net/pdfs/learn.pdf>

14 Elwan, Ann. *Poverty and Disability A Survey of the Literature*, Social Protections Discussion Paper series, (World Bank: Washington: 1999).

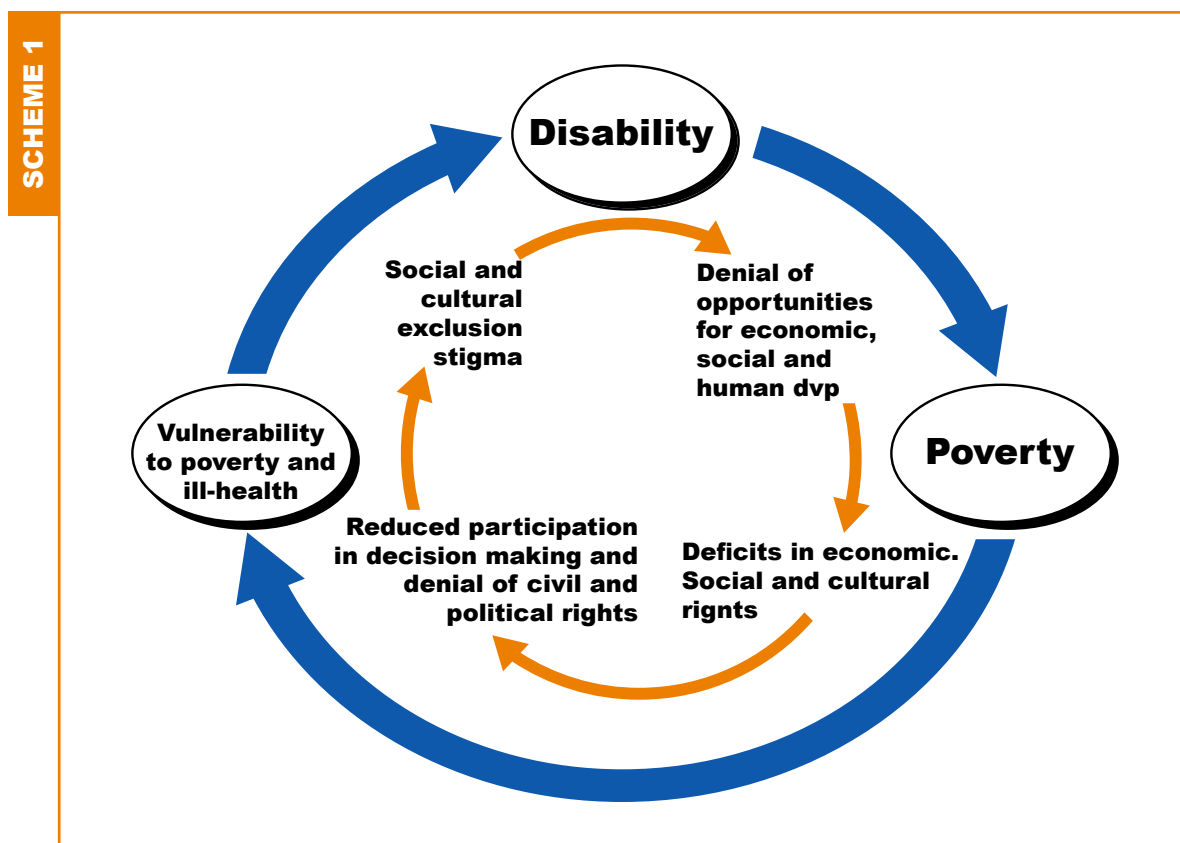
15 Yeo, Rebecca. *Chronic Poverty and Disability*. Chronic Poverty research center, Background paper no. 4, (Action on Disability and Development (ADD): UK: 2001).

16 World Bank, 2005. *Disability and Development and the World Bank*. A Briefing Summary on February 2, 2005.

17 World Bank. Website on data and statistics on disability. <http://www.worldbank.org/disability>

Some persons with disabilities, such as women, persons with intellectual or multiple disabilities as well as elderly people, are more at risk of experiencing poverty than others. In some communities girls and women with disabilities receive less care and food, have less access to health care and rehabilitation services and fewer education and employment opportunities. They also tend to have lower marriage prospects than boys or men with disabilities, and to be at a higher risk of physical, sexual and mental abuse¹⁸.

Understanding the cycle of poverty and disability¹⁹



A HUGE GAP IN AVAILABLE RELEVANT INFORMATION

Despite this commonly described phenomenon, adequate data at national level on disability is almost inexistent in developing countries. The UN agencies (UNDP, UNHCR, UNICEF and UN Habitat for example) and other development agencies that are conducting major research and comprehensive reports on poverty reduction seldom provide indicators and situational analysis on disability. Very poor to no disaggregated data is available and persons with disabilities appear to be invisible.

18 Elwan, Ann, 1999.

19 DFID. *Disability, Poverty and Development*, (UK: DFID: 2000): 4. The report can be accessed on: <http://www.dfid.gov.uk/Pubs/files/disability.pdf>

At the same time there is a general consensus that it is not necessary to have precise figures on impairment prevalence and their causes in order to act. There might even be a risk that the lack of statistical data becomes an excuse for not acting among the national governments and development agencies. The main causes of disability are known worldwide, the fact of social exclusion and denial of rights is documented, and negative attitudes and stigma are prevailing.



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2.2 MAINSTREAMING DISABILITY IN INTERNATIONAL CO-OPERATION POLICY

A CHALLENGE OF VITAL IMPORTANCE

Most disability organisations and several development NGOs, agree on the fact that the **UN Millennium Development Goals** (MDG) will never be reached by 2015 if the rights of persons with disabilities are not specifically addressed in the goals and the policies being defined for their implementation²⁰. Persons with disabilities and their families have to be part of the indicators in each of the goals. For example, MDG 2 of achieving universal primary education will not be reached if it does not equally target children with disabilities. 98% of children with disabilities are not enrolled in schools, which represent 5-8% of all children in developing countries²¹. Another example is in relation to MDG 4, to halve the rate of child mortality. Mortality rates for children with disabilities under the age of five are approximately 80%.

The Millennium Development Goals and their links with disability

BOX 1

The development policies designed to reach the MDGs have been criticised for not being inclusive in their design. Disability is not specifically mentioned in any of the eight MDGs, in the 18 targets, nor in any of the 48 indicators. Below is described how each of the eight goals directly relates to persons with disabilities and their families²².

MDG 1 Eradicate extreme poverty and hunger

Disability and poverty are mutually reinforcing and persons with disabilities and their families represent a very substantial proportion of the poor, especially the extremely poor. An estimated 50% of disabilities are preventable and many are linked to poverty.

20 <http://www.un.org/millenniumgoals/>

21 UN Enable. *Factsheet on Persons with disabilities*. <http://www.un.org/disabilities/default.asp?navid=34&pid=18>

22 The information is adapted from Disability KaR and DCDD, and a more in-depth discussion on disability and its absence from the MDGs can be found on their respective websites: Disability KaR <http://www.disabilitykar.net/learningpublication/developmentgoals.html> and the Dutch Coalition on Disability and Development (DCDD): <http://www.dccd.nl/?2812>

**MDG 2 Achieve universal primary education**

This is the only absolute goal and with 98% of disabled children in developing countries not in school it will be impossible to achieve unless they are specifically targeted within educational programmes, in an inclusive approach. Since the responsibility for education is increasingly being decentralized to local level, this goal needs to be dealt with within community planning.

MDG 3 Promote gender equality and empower women

Women and girls with disabilities face complex and layered experience of discrimination and the denial of rights. The target of eliminating gender inequality in all levels by 2015 will not be reached without considering disability.

MDG 4 Reduce child mortality

In the developing world, mortality for children with disabilities under five can be as high as 80%, even in countries where the average child mortality rate has been reduced to 20%. One in 10 children is born with some kind of impairment, often leading to disability.

MDG 5 Improve maternal health

Disabling impairments associated with pregnancy and childbirth affect up to 20 million women a year.

MDG 6 Combat HIV/AIDS, malaria and other diseases

Persons with disabilities are particularly vulnerable to these diseases, and have the right to benefit equally from prevention and treatment programmes.

MDG 7 Ensure environmental sustainability

Poor environmental quality is directly responsible for about 25% of all preventable illnesses in the world, with diarrhoeal diseases being the leading cause.

MDG 8 Develop a global partnership for development

The inclusion of people with disabilities into mainstream development programmes is important, along with specific interventions where necessary and would constitute a twin track approach to disability in all development activities.

Most, if not all, of the MDGs have a direct link to the local level and thus are under the responsibility of the local authorities (as main duty bearers for their effectiveness) and other community members (as duty bearers but also as main rights holders). This is increasingly being recognised in both developing countries and the EU member countries. Primary health care and prevention, primary and secondary education, water and sanitation, food security and gender issues need commitment at the local level. This is where community organisations, women groups, trades unions, local authorities and DPOs can cooperate to reach these goals ensuring a dignified life for its citizens.

One of the main international networks of cities and local governments and associations, the United Cities and Local Governments (UCLG), has for example launched an initiative of promoting and working to ensure that the MDGs are met before 2015. Several campaigns and activities have been implemented in the last few years²³.



Bangladesh
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INCLUDING PERSONS WITH DISABILITIES IN DEVELOPMENT POLICIES

So why is it that despite the commitment of international parties to a rights-based approach to poverty reduction, persons with disabilities are still not sufficiently included in development policies? How come people with disabilities do not enjoy the equal share of project impacts as other groups in society? Disability is still today regarded as an issue apart from mainstream development. Most organisations consider that supporting persons with disabilities requires specific programmes and competence, in order to meet what they regard as specific needs. Until now though it is very clear that this segregated approach has not given sufficient results.

Disability has to be mainstreamed into general development policies and programmes at all levels. This has its support in both the **UN Convention on the Rights of Persons with disabilities (CRPD)** as well as the **UN Standard Rules**. The MDGs will not be achieved without paying specific attention to the fulfilment of the rights of persons with disabilities to health, education, social services, employment, and emphasising the rights of women with disabilities. Persons with disabilities and their organisations need to be strengthened, consulted, represented, employed and participate on the same terms as other groups in the community where local development occurs.

If the international development bodies do not take disability into account, according to the rights based approach and the social model of disability, they will contribute to a continuing discrimination of persons with disabilities. The social model for disability sees the social consequences of impairment and realises that the inequalities faced by persons with disabilities can only be overcome if society becomes inclusive²⁴.

23 The UCLG has members in 127 countries worldwide, 80% of the population in Europe is represented by the UCLG. The aim of this network is to "be the united voice and world advocate of democratic local self-government, promoting its values, objectives and interests, through cooperation between local governments, and within the wider international community". Several cities all over the world have joined the campaign of Millennium cities in order to promote the MDGs. The UCLG local government millennium declaration can be accessed at: http://www.cities-localgovernments.org/uclg/upload/template/templatedocs/ENG_Mill_Decl.pdf

24 Yeo, Rebecca, 2001.



The global commitment to equalizing opportunities for persons with disabilities has two primary purposes:

- To affirm the basic human rights of persons with disabilities to live as dignified a life as other citizens, and to benefit from equal access of opportunities in all sectors,
- To create environments in which people with disabilities are recognised for their abilities, where they can fully participate and maximize their capacity for making significant social, economic and political contributions.

The eradication of poverty will not – indeed cannot – be achieved without mainstreaming disability issues in all development policies and ensuring that persons with disabilities engage in the planning, design, implementation and evaluation of development programmes²⁵.

²⁵ IDDC. *Inclusive Development and the Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with disabilities*, Reflection paper, contribution to the 5th Session of the Ad Hoc Committee, January 2005.