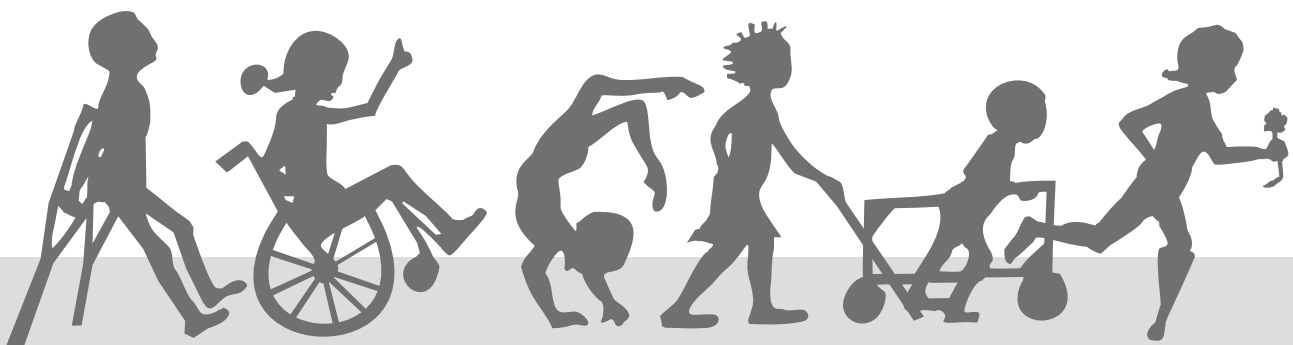# Behinderung und internationale Entwicklung

Disability and International Development

Messbarkeit und Erfassung von Behinderung im internationalen Kontext

International Disability Measurement and Assessment

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Impressum/Masthead

Editorial

Liebe Leserinnen und Leser,

der Weg von der UN-Konvention über die Rechte von Menschen mit Behinderung (BRK) zu inklusiven Projekten in der internationalen Zusammenarbeit ist weit. Für die Umsetzung von Ansätzen, die einem relationalen oder sozialen Verständnis von Behinderung folgen, sind internationale Klassifikationen und umfassende qualitative sowie quantitative statistische Daten hilfreich, um eine Vergleichbarkeit dieser Ansätze zu ermöglichen.

Die Erhebung statistischer Daten muss den Inhalten der BRK entsprechen und individuelle sowie kontextuelle Ebenen erfassen können, wodurch die funktionellen Beeinträchtigungen von den gesellschaftlich behindernden Auswirkungen getrennt verstanden werden können. *Mitch Loeb* beschreibt in seinem Artikel *A White Paper on Disability Measurement* die methodischen Ansätze der Washington Group, die darauf abzielen, eine international akzeptierte vergleichbare Basis für Gesundheitsstatistiken mit einem Schwerpunkt auf Behinderung zu erhalten.

Eine international anerkannte Klassifizierung für die Beschreibung von Behinderung ist die Internationale Klassifikation der Funktionsfähigkeit, Gesundheit und Behinderung (ICF). Obwohl diese WHO-Klassifikation 2001 angetreten ist, Daten international vergleichbar zu erheben, wurde sie immer wieder kritisiert. Auch Michelle Proyer geht in ihrem Artikel *From International to Universal Document* auf die Jugendversion der ICF ein und untersucht ob diese Klassifikation diesem umfassenden Anspruch gerecht wird.

Auch in der Umsetzung von Politiken in Bezug auf Behinderung und Entwicklung gibt es bisher wenige Beispiele, die versuchen, Inklusion entsprechend zu fordern. Ask Andersen und Hasheem Mannan betrachten in dem Artikel *Assessing the Quality of European Policies on Disability and Development Cooperation* Policies von vier europäischen Ländern und der EU anhand von EquiFrame, das inklusive Kernkonzepte enthält und messbar machen soll.

Mit diesen Beiträgen möchten wir bei Ihnen Denkanstöße setzen, um die Nützlichkeit und Anwendbarkeit von Statistik, Terminologien und Definitionen von Behinderung weiter in Ihrer praktischen Arbeit inklusiver Projekte zu entwickeln.

Ihre Redaktionsgruppe wünscht Ihnen eine gute Lektüre dieser Ausgabe!

Dear Reader,

the road from the UN Convention on the Rights of Persons with Disabilities (UN CRPD) to inclusive projects in international cooperation is still a long one. The realisation of approaches following a relational or social understanding of disability can be supported through international classifications and comprehensive and robust qualitative and quantitative data, in order to achieve a comparability of these inclusive approaches.

The appraisal of statistical data must respect the content of the UN CRPD and capture the individual and contextual levels of disability in order to differentiate between the individual limitations of functioning and the disabling societal effects. In his article *A White Paper on Disability Measurement*, Mitch Loeb describes the methodological approaches of the Washington Group to create an internationally accepted comprehensive base for health statistics with a focus on disability.

The International Classification of Functioning, Health and Disability (ICF) is internationally accepted for describing disability. Although this WHO classification started off with the claim to be internationally comparable, it has been heavily criticized since. Michelle Proyer also challenges this claim in her article *From International to Universal Document* taking the youth version of the ICF as an example.

There are yet few examples among international policies for disability and development that attempt to demand inclusion. Ask Andersen and Hasheem Mannan take an in-depth look into relevant policies of four European countries and the EU in their article *Assessing the Quality of European Policies on Disability and Development Cooperation*. They apply the EquiFrame concept that contains inclusive core concepts and aims to translate them into measurable benchmarks.

Through these articles we want to give you some food for thought for the further development of applicable and useable statistics, terminologies and definitions of disability in your practical work of inclusive projects.

The editorial board hopes that you will enjoy going through this issue!

A White Paper on Disability Measurement

Mitchell Loeb: on behalf of the Washington Group on Disability Statistics (WG)

Disability involves the interaction of a person's functional status with their physical, cultural, and policy environments. If the environment in which one lives is designed for the full range of human functioning and incorporates appropriate accommodations and support mechanisms, then people with functional limitations would not be *disabled* in the sense that they would be able to fully participate in society. Interventions designed to improve participation are not only targeted at the individual level, for example medical rehabilitation aimed at a specific impairment or basic action difficulty (defined below), but also at the societal level, for example the introduction of universal design to make infrastructure more accessible, inclusive education systems, and community awareness programs to combat stigma.

The International Classification of Functioning, Disability and Health (ICF) developed by the World Health Organisation (WHO 2001) provides a common language and a common point of reference in realising this conceptualisation of disability. Embracing and operationalising an ICF-based approach to disability has required the development of new measurement tools for use in censuses and surveys. The earlier impairment-based, medical model approach that focused on medical conditions or asked some variation of the question: *Do you have a disability* is no longer satisfactory; and the focus of measurement has shifted to experienced *difficulties* in functioning and *barriers* to participation.

This White Paper draws on both published and unpublished work of the Washington Group on Disability Statistics. Articles published in journals are referenced accordingly; unpublished work, in the form of prepared documents, is available on the WG web site (www.cdc.gov/nchs/washington_group.htm).

Methods

About the Washington Group on Disability Statistics

The Washington Group on Disability Statistics was organised in 2001 following the United Nations International Seminar on Measurement of Disability to address the need for statistical and methodological initiatives at an international level to facilitate the measurement of disability and the comparison of data on disability cross-nationally. To date, the WG has met eleven times, in: Washington DC, USA (2002); Ottawa, Canada (2003); Brussels, Belgium (2004); Bangkok, Thailand (2004); Rio de Janeiro, Brazil (2005); Kampala, Uganda (2006); Dublin, Ireland (2007); Manila, Philippines (2008); Dar es Salaam, Tanzania (2009), Luxembourg (2010); and most recently in Southampton, Bermuda (2011). All National Statistical Offices are eligible for membership in the WG. Currently, over 118 countries and 15 non-governmental organisations, including international organisations and disability organisations participate in the WG activities. The Secretariat for the WG is located at the National Center for Health Statistics (NCHS), USA. The main objective of the WG is the promotion and coordination of international cooperation in the area of health statistics by focusing on disability measures suitable for censuses and national surveys.

Details of the WG organisation, history and accomplishments are available online. In addition, the site provides access to proceedings from past meetings (presentations and papers), reports to the UN Statistical Commission and information on upcoming meetings.

Recommended Short Set of Questions on Disability for Censuses

The Washington Group on Disability Statistics developed a short set of questions for use in censuses and surveys (WG 2008) according to the Fundamental Principles of Official Statistics (Statistical Commission 1994) and which is consistent with the ICF. Question testing has shown that they produce internationally comparable data.

The questions cover six core domains of functioning or basic actions: seeing, hearing, walking, cognition, self-care, and communication; and are presented below:

The next questions ask about difficulties you may have doing certain activities because of a *Health Problem.*

1. Do you have difficulty seeing, even if wearing glasses?[1]
2. Do you have difficulty hearing, even if using a hearing aid?[1]
3. Do you have difficulty walking or climbing steps?
4. Do you have difficulty remembering or concentrating?
5. Do you have difficulty (with self-care such as) washing all over or dressing?
6. Using your usual (customary) language, do you have difficulty communicating, (for ex-

ample understanding or being understood by others)?

Each question has four response categories: (1) No, no difficulty, (2) Yes, some difficulty, (3) Yes, a lot of difficulty and (4) Cannot do it at all. The severity scale is used in the response categories in order to capture the full spectrum of functioning from mild to severe.

Determination of Disability (WG 2010)

The WG chose first to focus on core domains of functioning or basic actions since these are considered less likely to be influenced by either specific cultures or the environment, and are thus more suited as international measures capable of providing comparable data cross-nationally. Secondly, basic actions form the building blocks for more complex activities (Altman/Bernstein 2008). For example, a complex activity like *going to the doctor* involves a combination of basic actions and can, in fact, include all six of the WG functional domains: mobility, cognition, communication self-care as well as seeing and hearing. While the ideal would be to collect information on *all* aspects of the disablement process and to identify every person with a disability within every community, this would not be possible given the limited number of questions that can be asked on a National Census. The basic actions represented in the question set are those that are most often found to limit an individual and result in participation restrictions. Domains were selected using the criteria of simplicity, brevity, universality and comparability. It is expected that the information that results from the use of these questions will, a) represent the majority of, *but not all*, persons with limitation in basic actions, b) represent the most commonly occurring limitations in basic actions, and c) be able to capture persons with similar problems across countries.

The WG has identified the assessment of equalisation of opportunity as the purpose for measuring disability that can best be achieved in a Census (Madans/Altman/Rasch et al. 2004). Over the course of time, the Census allows for assessment of equalisation of opportunity by monitoring and evaluating outcomes of anti-discrimination laws and policies, and service and rehabilitation programmes designed to improve and equalise the participation of persons at all levels of functioning in all aspects of life.

In a Census, persons with disabilities are defined as those who are at greater risk than the general population of experiencing limitations in performing specific tasks (activities) or restrictions of participation in society. This group would include persons who experience difficulties in one or more of the six core domains, such as walking or hearing, even if the difficulties they experienced were alleviated by the use of assistive devices, living in a supportive environment or having plentiful resources. Some of these individuals may not experience restrictions in participation such as in shopping, doing household chores, working or going to school, because the necessary adaptations have been made at the level of the person (technical aids, assistive devices or personal assistance) or their environment (physical, social or civic accommodations). They would still, however, be considered to be at greater risk than the general population for participation restrictions because of the presence of difficulties in the six core domains and because, in the absence of their accommodations, their levels of participation would be jeopardised.

Analytic Approaches

In 2008 the United Nations Statistical Division (UNSD) presented Principles and Recommendations for Population and Housing Censuses (2nd Revision) (UNSD 2008). Among the recommendations outlined in the document are several that pertain specifically to the measurement of disability and that incorporate the approach taken by WG. (See: Section VI-8: Disability Characteristics pages 178-183, and Tabulations on Disability Characteristics pages 292-294) (UNSD 2008).

The six WG questions cover many but not all areas of functioning. Furthermore, the response categories capture a range of severity of the difficulty experienced. Multiple disability scenarios can be described depending on the domain(s) of interest and the choice of severity cut-off. There is more than one way to capture disability through the application of this set of core questions; resulting in not one but several possible population prevalence estimates that will vary in both size and composition.

The WG recommends (WG 2010) that the following cut-off be used to define the populations with and without disabilities for the purpose of computing disability prevalence rates and reporting to the UNSD for international comparisons:

The sub-population *disabled* includes everyone with at least *one* domain that is coded as *a lot of difficulty* or *cannot do it at all*.

This recommendation is not meant as a restriction, and, as will be illustrated below, using the WG approach to disability measurement allows for the analysis of the continuity of disabi-

lity and a full assessment of disability in a population by different levels of severity.

Estimates of Prevalence (WG 2009a)

Studies in countries that have used the WG approach show an improvement over the use of more traditional impairment-based census questions on disability. In Zambia for example, the questions used in the 2000 Census (CSO 2000) to capture disability were: "Are you disabled in any way?" (Yes/No), and "What is your disability?" (Response categories included: blind, partially sighted, deaf/dumb, hard of hearing, mentally ill, ex-mental, mentally retarded, and physical handicapped.) This approach yielded a disability prevalence rate in Zambia of *2.7%* which in fact represented a trebling of the 1990 population prevalence rate of *0.9%* which used the same approach but included only 4 impairment categories: blind, deaf/dumb, mentally retarded, and crippled (CSO 2000; CSO 1990).

The short set of WG questions was included in a 2006 Living Conditions Survey in Zambia (Eide/Loeb 2006). As mentioned above, several possible cut-off points for measuring disability were assessed.

Determination of the Prevalence of Difficulty in Single Domains
For each of the six core domains it was possible to calculate the proportion of those with disabilities based on the three possible cut-off values according to severity or degree of difficulty.

Core Domains	at least some difficulty	at least a lot of difficulty	unable to do it at all
Vision	4.7	2.6	0.5
Hearing	3.7	2.3	0.5
Mobility	5.1	3.8	0.8
Remembering	2.0	1.5	0.3
Self-Care	2.0	1.3	0.4
Communication	2.1	1.4	0.5

Table 1: Prevalence of disability (%) by domain and degree of difficulty, Zambia 2006

Note: n = 28 010; 179 missing.

Source: Eide AH, Loeb ME (eds.) (2006) Living Conditions among people with activity limitations in Zambia: A national representative study. Report No. A262, SINTEF Health Research, Oslo. Available online at: http://www.sintef.no/lc

Within each degree of difficulty, (columns in the table above) problems encountered with mobility have the highest prevalence (5.1%, 3.8% and 0.8% for some difficulty, a lot of difficulty and unable to do it at all respectively), followed by visual (4.7%, 2.6% and 0.5%) and hearing difficulties (3.7%, 2.3% and 0.5%); problems relating to remembering, self-care and communicating all have lower prevalence. Not unexpectedly for each of the core domains the prevalence decreases with increasing degree of difficulty; in the vision domain for example, more people have at least some difficulty with vision (4.7%), fewer have a lot of difficulty (2.6%), and fewest are unable to see (0.5%). The estimates presented in the table above are not mutually exclusive, and many individuals will have a disability that encompasses more than one domain.

Determination of the Prevalence of Difficulty Using all Domains
If the interest is in an overall estimate of disability prevalence that includes all domains, using the WG questions it is possible to construct several different measures, or levels, that reflect the multidimensionality of the disability experience:
1. A broad measure that includes everyone with at least one domain coded as *some difficulty*, *a lot of difficulty*, or *unable to do it.*
2. A measure that excludes the mildest degrees of difficulty and includes everyone with at least one domain coded as *a lot of difficulty*, or *unable to do it.*
3. A narrow measure that focuses on the most severe levels of difficulty and includes everyone with at least one domain coded as *unable to do it at all.*
4. A measure that includes those who experience multiple domains of difficulty; and includes everyone with more than *one* domain that is coded as *some difficulty*.

These data are presented in the table 2.

If the level of inclusion for disability prevalence is *at least some difficulty* in carrying out *at least one* of the six WG domains, a prevalence rate of *14.5%* is obtained. If a slightly more conservative cut-off was selected: *at least a lot of difficulty* on *at least one* of the 6 domains (recommended by the WG), the resultant prevalence rate was *8.5%.* Both of these estimates represent a valid estimate of prevalence, and each has its own uses and limitations. These results reflect the continuity of disability and speak to the flexibility of the instrument in allowing for a choice of definition based on the purpose of data collection.

Determination of Disability	N	%
Cut-off is:		
at least one domain is scored *some difficulty*	4053	14.5
at least one domain is scored *a lot of difficulty*	2368	8.5
at least one domain is scored *unable to do it at all*	673	2.4
more than one domain is scored *some difficulty* (or higher). This measure focuses on difficulties in multiple domains.	1718	6.1

Table 2: Measures reflecting continuity of disability, Zambia 2006

Note: n = 28 010.

Source: Eide AH, Loeb ME (eds.) (2006) Living Conditions among people with activity limitations in Zambia: A national representative study. Report No. A262, SINTEF Health Research, Oslo. Available online at: http://www.sintef.no/lc

	% never attended school (age 6 years or older)		% not working (age 15 – 65 years)	
Determination of Disability	**Not disabled**	**Disabled**	**Not disabled**	**Disabled**
Cut-off is:				
at least one domain is *some difficulty*	8.2	22.8	42.3	49.4
at least one domain is *a lot of difficulty*	8.8	23.3	41.9	55.3
at least one domain is *unable to do it*	9.8	37.2	42.7	71.7
more than one domain is *some difficulty (or higher).*	9.5	24.7	42.6	58.0

Table 3: Access to education and employment by Disability Status, Zambia 2006

Source: Eide AH, Loeb ME (eds.) (2006) Living Conditions among people with activity limitations in Zambia: A national representative study. Report No. A262, SINTEF Health Research, Oslo. Available online at: http://www.sintef.no/lc

Evaluating Participation by Disability Status – a Means to Monitor the UN Convention

Data on different levels of disability as defined above can be used, in combination with data on other variables, to measure compliance with the UN Convention on the Rights of Persons with Disability. Data derived from the short set of questions, coupled with information collected through the Census or a survey on employment, education, housing, transportation, social and health services, in addition to aspects of family, cultural and social life can be used to compare the levels of participation between those with disability (as defined above) and those without – and thereby assess equitable access to opportunities as mandated by the UN Convention. For example, disability data can be cross-classified with employment data to identify the proportion of persons with and without disability who are employed. This is an assessment of the equality of employment opportunities. If policy interventions are initiated to enhance workplace accommodations, their effect on the employment of persons with disability can be determined. From a theoretical perspective, if opportunities have been optimised then participation should be equal between persons with and without disability.

The data from Zambia used in the table above illustrate that at each level of disability, from the broad measure including those with *some difficulty* to the more severe levels of disability including only those who are *unable* to carry out specific domain activities, people with disabilities are less likely to have attended school and, despite overall high levels of unemployment, are also less likely to be employed than their non-disabled counterparts. Furthermore, among those who are disabled, access to education and employment decreases (rates of non-attendance and unemployment increase) with increasing disability severity.

The collection and analysis of information on environmental barriers to inclusion, to supplement these data, would be beneficial in elucidating the situation for those excluded from participating in these activities and aid in realising their equal opportunities as mandated by the UN Convention.

Discussion

Determining disability prevalence on the basis of the presence or absence of some major impairment can be both problematic and restrictive. A more sensitive and socially acceptable ap-

proach is suggested that focuses on functional limitations rather than impairment and allows the reporting of several prevalence rates based on thresholds of difficulty in performing different basic actions (WG 2009a).

Disability in a Cultural Context: Limitations on Capturing Prevalence

According to Mont (2007), the word *disability* often carries a negative connotation and some people in certain cultures may feel stigma or shame at self-identifying as disabled. Mont goes on to explain that for this reason, the question *Do you/does anyone in your family have a disability?* is considered inadequate at identifying, for example, mental or psychological impairments which tend to be particularly stigmatising. Individuals may, when questioned, deny their disability or hide the fact that they have a disabled family member. Furthermore, *disability* often implies a more severe or very significant condition. Persons who can walk around their homes but are incapable of walking to the market may perceive their situation as not severe enough to be considered a disability even though their daily activities are limited.

Disability has, in some surveys, been linked to *diagnosable* conditions. Classifying disability this way is also problematic since many people may not know their diagnosis, particularly with respect to mental and psychosocial conditions. Furthermore, knowledge about one's diagnosis is often correlated with education, socio-economic status, and access to health services, all of which may bias collected data.

Questions that focus on basic actions like those proposed by the WG, serve as a better basis for identifying disability. The question *Do you have difficulty walking or climbing steps?* is able to identify mobility limitations resulting not only from paralysis or amputation, but also serious heart problems or other medical conditions that may be associated with vision or balance for example. Similarly, the question *Do you have difficulty communicating?* can identify limitations associated with stuttering, loss of speech due to stroke, autism, or a number of other conditions. For purposes of social participation and the equalisation of opportunities, the functional status – and how that impacts someone's life – is of interest and not necessarily the cause (medical or otherwise).

Finally, other environmental determinants of disability, such as access to health care services, can vary widely. For example, untreated diabetes can lead to profound functional limitations such as blindness or mobility limitations due to the loss of limbs, while diabetes that is properly managed can have a relatively minor impact on someone's life (Mont 2007).

Implications for Disability Policy

Policy implications related to the flexibility in this approach to disability may be profound. If service provision is based on the disability prevalence then clearly this would impact on policy, particularly in low-income, developing countries where essential resources and capital are scarce. However, one can ask "What are the implications of developing a policy that provides services for 2.7 % of the population if 13.4 % require some service?" And, would it not be more appropriate and efficient to provide services to the specific population that requires them. In Zambia, while 14.5 % of the sample population (Table 2) may have some difficulty in performing one or more basic actions, 0.5% was unable to see and 4.7% had some visual impairment (Table 1). Targeting specific sub-populations would be more cost-effective, and would provide for the equitable and efficient delivery of services. With the knowledge that many children with disabilities in low-income countries do not attend school because of vision problems correctable by glasses, policy could be directed to target this specific sub-population, to provide necessary services and to rectify inequalities. A relatively minor and easily correctable functional problem that would have significant debilitating personal consequences could be avoided (WG 2009a).

Standardised Approach to Monitoring the UN Convention on the Rights of Persons with Disabilities

Ratification and endorsement of the UN Convention on the Rights of Persons with Disability are the initial steps to establishing awareness of these rights and compliance to the Convention at the national level. The United Nations has also requested the development of a set of indicators and a means to monitor the implementation of the Convention. This proposal falls within the scope of activities of the WG. The same tools (short set of questions) developed to assess the equalisation of opportunity would serve equally well to monitor the UN Convention. The short set of questions, when incorporated in a Census or survey, can provide baseline information that would fulfil the requirements for monitoring.

As outlined above, the equalisation of opportunities was chosen as the guiding purpose in the development of the WG approach to measuring disability. It is important to recognise that a general disability measure developed to

assess equalisation of opportunities may not suit other purposes, nor will it provide a comprehensive assessment of disability. However, by coupling responses to questions that focus on one's ability to function in basic actions with information collected on, for example, access to employment and education, involvement in family and cultural life, it will be possible to assess the degree to which people with disabilities are afforded the same rights and access as people without disabilities (WG 2012).

Recent Activities and Major Achievements

The WG has recently finalised an extended set of questions on functioning (ES-F) that expands upon the six WG short set domains (vision, hearing, cognition, mobility, self-care, and communication) to include additional functional domains (upper body functioning, affect, pain, and fatigue) and more information per domain (for example, use of assistive devices/aids, and functioning with and without assistance). This set of questions is designed for use as components of population surveys, as supplements to surveys, or as the core of a disability survey (WG 2009b).

Work is currently underway on other extended sets such as a set specifically targeted to children and one focusing on the environment.

Notes

1 The inclusion of assistive devices was considered for two domains only, seeing and hearing, as limitations in these domains can often be overcome with the use of glasses or hearing aids.

References

ALTMAN, B./BERNSTEIN, A. (2008). Disability and Health in the United States, 2001-2005. Hyattsville, MD: National Center for Health Statistics

CSO – CENTRAL STATISTICAL OFFICE, ZAMBIA (1990) Census of Population, Housing and Agriculture, Available online at: www.hist.umn.edu/~rmccaa/IPUMSI/index.htm

CSO – CENTRAL STATISTICAL OFFICE, ZAMBIA (2000) Census of Population and Housing, Available online at: www.zamstats.gov.zm/census.php (see Chapter 9: Disability); and www.hist.umn.edu/~rmccaa/IPUMSI/index.htm

EIDE, A. H./LOEB, M. E. (eds.) (2006). Living Conditions among people with activity limitations in Zambia: A national representative study. Report No. A262. Solo: SINTEF Health Research. Available online at: www.sintef.no/lc.

MADANS, J. H./ALTMAN, B.M./RASCH, E.K., et al. (2004). Washington Group Position Paper: Proposed Purpose of an Internationally Comparative General Disability Measure. Available at: www.cdc.gov/nchs/data/washington_group/WG_purpose_paper.pdf

MONT, D. (2007). Measuring Disability Prevalence, Social Protection Discussion Paper No. 0706. The World Bank

STATISTICAL COMMISSION (1994). Report on the Special Session (11-15 April 1994); Economic and Social Council, Official Records, Supplement No.9, Series No. E/CN.3/1994/18, New York: United Nations, para.59

UN WASHINGTON GROUP ON DISABILITY STATISTICS WEBSITE (WG WEB), www.cdc.gov/nchs/washington_group.htm

UNITED NATIONS STATISTICAL DIVISION (UNSD) (2008). Principles and Recommendations for Population and Housing Censuses (2nd Revision). ST/ESA/STAT/SER.M/67/Rev.2. Available online at: http://unstats.un.org/unsd/demographic/sources/census/docs/P&R_Rev2.pdf

WASHINGTON GROUP ON DISABILITY STATISTICS (WG) (2008). Development of an Internationally Comparable Disability Measure for Censuses. Available online at: www.cdc.gov/nchs/data/washington_group/meeting8/NSO_report.pdf

WASHINGTON GROUP ON DISABILITY STATISTICS (WG) (2009a). Understanding and Interpreting Disability as Measured using the WG Short Set of Questions. Available online at: www.cdc.gov/nchs/data/washington_group/meeting8/interpreting_disability.pdf

WASHINGTON GROUP ON DISABILITY STATISTICS (WG) (2009b). Monitoring the UN Convention on the Rights of Persons with Disability. Available online at: www.cdc.gov/nchs/data/washington_group/meeting8/UN_convention.pdf

WASHINGTON GROUP ON DISABILITY STATISTICS (WG) (2010). The Measurement of Disability Recommendations for the 2010 Round of Censuses. Available online at: www.cdc.gov/nchs/data/washington_group/recommendations_for_disability_measurement.pdf

WASHINGTON GROUP ON DISABILITY STATISTICS (WG) (2012). Budapest Initiative (BI) & United Nations Economic & Social Commission for Asia & the Pacific (UNESCAP). Development of Disability Measures for Surveys: The Extended Set on Functioning. Will become available online at: www.cdc.gov/nchs/washington_group/wg_documents.htm

WHO –WORLD HEALTH ORGANIZATION (2001). International Classification of Functioning, Disability and Health: ICF. Geneva: World Health Organization

Zusammenfassung*: Ein umfassendes Verständnis von Behinderung schließt die Wechselwirkung des funktionellen Status einer Person und ihrer physischen, kulturellen und politischen Umwelt ein. Wenn die Umwelt in der jemand lebt für die gesamte Bandbreite menschlicher Funktionsfähigkeit ausgelegt ist und diese zudem geeignete Versorgungs- und Unterstützungsmechanismen bereithält, wären Menschen mit Funktionseinschränkungen nicht 'behindert', in dem Sinne, dass es ihnen möglich wäre, die volle Teilhabe an der Gesellschaft zu verwirklichen. Interventionen, die Partizipationschancen verbessern sollen, sind nicht nur auf der individuellen Ebene angesiedelt. So ist zum Beispiel die medizinische Rehabilitation auf eine spezielle Beeinträchtigung oder grundlegende Einschränkung der Aktivität (im Text definiert) ausgerichtet, verfolgt aber auch gesellschaftliche Ziele zum Beispiel mit der Einführung des Universellen Designs, um Infrastruktur zugänglicher zu machen, inklusive Bildungssysteme zu schaffen und Bewusstseinsbildungs-Programme in der Bevölkerung anzuregen, um Stigmata zu bekämpfen.*

Die Internationale Klassifikation der Funktionsfähigkeit, Gesundheit und Behinderung (ICF), die von der Weltgesundheitsorganisation (WHO 2001) entwickelt wurde, bietet eine einheitliche Sprachregelung und stellt einen allgemeinen Bezugspunkt bei der Verwirklichung dieses Konzepts von Behinderung dar. Um einen ICF-basierten Ansatz von Behinderung umfassend zu beschreiben und zu operationalisieren war es erforderlich, ein neues Messinstrument zur Nutzung bei Erhebungen und Befragungen zu entwickeln. Das frühere schädigungsbasierte, medizinische Modell, das den Fokus auf medizinische Bedingungen legte oder Variationen der Frage: 'Haben Sie eine Behinderung', ist nicht länger zufriedenstellend; der Fokus von Messungen hat sich auf die erlebten Schwierigkeiten auf Ebene der Funktionen und auf bestehende Barrieren für Partizipation verschoben.

Dieses White Paper stützt sich auf publizierte und nicht veröffentlichte Arbeiten der Washington Group on Disability Statistics. Artikel, die in Zeitschriften publiziert wurden, sind entsprechend gekennzeichnet; unveröffentlichte Arbeiten in Form von ausgearbeiteten Dokumenten sind auf der WG Website verfügbar (www.cdc.gov/nchs/ washington_group.htm).

Résumé*: Le handicap recouvre l'interaction de l'état fonctionnel d'une personne avec son environnement physique, culturel, social et politique. Si l'environnement dans lequel on vit est conçu pour tous les aspects du fonctionnement humain et contient des adaptations appropriées et des mécanismes d'aide, alors les personnes ayant des limitations fonctionnelles ne seront pas «handicapées» au sens qu'elles seront pleinement aptes à participer à la société. Les interventions visant à améliorer la participation ne visent pas seulement le niveau individuel, par exemple la réadaptation médicale spécifique à un type particulier d'invalidité ou difficulté d'action (définie plus loin), mais aussi le niveau social, par exemple l'introduction du design universel pour rendre les infrastructures plus accessibles, les systèmes d'éducation inclusive et les programmes de sensibilisation pour combattre la stigmatisation.*

La Classification Internationale du Fonctionnement, du Handicap et de la Santé (CIF) développée par l'Organisation Mondiale de la Santé (OMS 2001) propose un langage et un point de référence commun pour réaliser cette conceptualisation du handicap. Adopter et opérationnaliser une approche du handicap basée sur la CIF a exigé le développement de nouveaux instruments de mesure pour leur utilisation dans les recensements et les enquêtes. L'ancien modèle médical, basé sur la déficience qui se concentrait sur les aspects médicaux ou posait une variation de questions comme: avez-vous un handicap? n'est plus satisfaisant. L'accent est maintenant mis sur les difficultés vécues dans le fonctionnement et les barrières à la participation.

Cet article se base sur des travaux publiés ou non du Washington Group on Disability Statistics. Les articles publiés dans des revues sont référencés en conséquence; les travaux non encore publiés sont disponible sous forme de documents en préparation sur le site du Washington Group (http://www.cdc.gov/nchs/washington_group.htm).

Resumen*: La discapacidad incluye la interacción entre el estado funcional de una persona y su medio ambiente físico, cultural y político. Si este medio ambiente se adaptase a todo el espectro del funcionamiento humano y cumpliese con instalaciones adecuadas y mecanismos de apoyo, las personas con limitaciones funcionales no fueran "discapacitados", sino personas que participen plenamente en la sociedad. Las intervenciones para mejorar la participación se realiza en este sentido no sólo al nivel individual sino también al nivel social. Estos incluyen por ejemplo la accesibilidad, los sistemas de educación inclusiva y programas de sensibilización de la comunidad para combatir el estigma.*

La Clasificación Internacional del Funcionamiento, de la Discapacidad y de la Salud (CIF), desarrollado por la Organización Mundial de la Salud (OMS 2001), ofrece un lenguaje común y un punto de referencia adecuado para la realización de este concepto de la discapacidad. Para operacionalizarlo hay que desarrollar nuevos intrumentos de medición para los censos y las encuestas. El enfoque anterior basado en las deficiencias, que fue un enfoque médico que se centró en las enfermedades y algunas variaciones de la pregunta: "¿Tiene usted una discapacidad?", ya no es satisfactorio, y el punto clave de medición se ha desplazado a las limitaciones funcionales y a las barreras de la participación.

Este Libro blanco contiene estudios publicados y no publicados del "Washington Group on Disability Statistics" (WG), una lista de artículos de revistas con las referencias de sus fuentes, los trabajos no publicados se puede encontrar en la página web del WG (www.cdc.gov/nchs/ washington_group.htm).

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From International to Universal Document – Questioning the ICF's Claim to be Applicable Globally with Special Regard to the Interrelation between Disability and Poverty

Michelle Proyer[1]

Questioning the universal applicability of the *International Classification of Functioning, Disability and Health* and the *ICF Children & Youth Version* some selected general aspects concerning claims of worldwide usability will be broached. Problems regarding the missing consideration of socio-economic and related factors within the ICF are brought up and discussed in connection with the interrelation between disability and poverty as well as deficient data on and understanding of this phenomenon.

Introduction

The *International Classification of Functioning, Disability and Health* (ICF) and *ICF Children & Youth Version* (ICF – CY) that have been launched by the World Health Organisation (WHO) in 2001 and 2007 respectively, followed an apparently out-dated predecessor called *International Classification of Impairments, Disability and Handicaps* (ICIDH, WHO 1980). Definitions were brimming with close to politically incorrect outmoded terms and comprised a linear model of disability (WHO 2007). It lacked the manifold interdependencies between the persons with disabilities and the social environment. The updated version is based on a universal understanding of the interplay between biological, sociological and social aspects associated with a person's functionings (Bickenbach 1999, Hurst 2003, Chapireau 2005) and its name has been changed from ICIDH-2 into a more catchy short version: ICF. It was widely assessed before its presentation, especially in terms of cross-cultural application, e.g. via the *Cross-Cultural Applicability Research (*CAR) study (Üstün et al. 2001). The question is whether its content can keep track with topical and fast developments in reference to changes in an understanding - or better diverse understandings and interpretations - of the phenomenon disability. This is where the problems start and where questions such as the following need to be considered:

Can an international classification or document referring to disability claim global applicability at all?

If not: What specific differences in requirements regarding use and application between the Global North and the Global South[2] exist?

Can ICF outside the (highly) industrialised world[3] be utilised to generate or increase the quality of data on disability?

Can ICF play a role in improving the quality, utility (Fujiura et al. 2005) and comparability (Mayhew 2003) as well as broaden the sources (Singal 2010) of data on disability in the Global South?

Global Perspective on ICF

The ICF provides a compendium of codes that can be used in order to describe functioning, disability and health on different levels in all kinds of cultural contexts. Summarising the ICF's focus, it aims at providing "[[...]] a unified and standard language and framework for the description of health and health-related states. It defines components of health and some health-related components of well-being (such as education and labour). The domains contained in ICF can, therefore, be seen as *health domains* and *health-related domains.*" (WHO 2007: 3). The description - considering different perspectives (*individual* and *society*), two reference points (*components*: *functioning*, *disability*) and influences (*contextual factors,* comprising *environmental* and *personal factors*) - results in codes constituting a functional profile of any person (WHO 2007). This is also where the ICF's claim for universal applicability (Chapireau 2005) emerges from: "There is a widely held misunderstanding that ICF is only about people with disabilities; in fact, it is about *all people*. The health and health-related states associated with all health conditions can be described using ICF. In other words, ICF has universal application." (WHO 2007: 7). As member of the WHO's *Family of International Classifications* (FIC), the cross-cultural application, international character and comparability is emphasised throughout the document. It enables an analysis of diverse factors that - among others - influence the *capacities*, *activity* and *levels of participation* of persons.

On the level of *contextual factors* only those of the *environmental factors* have been made

available for coding.

Due to several reasons and despite on-going research so far no codes have been attached to *personal factors*. Because of each person's individuality, the possibility of considering aspects such as gender and age has been emphasised (WHO 2007) but to this point no coding scheme has been developed and its possible design remain in question.

Fields of application of ICF comprise statistics, research, clinical use, social policy and education "[...] and serve as framework to organise this information." (WHO 2007: 7).

ICF in the Global South: Cross-cultural Transfer of the Concept of Disability and Other Challenges

As broad as the fields of application of the ICF are differences in the needs of the countries in which professionals are using it. This raises a variety of problems, some of which are highlighted hereafter.

Language Matters

In order to enable global usability of the ICF, universal understanding has to be generated. The first basic step to reach that goal is translation for those whose knowledge of English is insufficient[4]. As clear as this may seem, the transfer of the ICF into other languages requires more than translation. Translating terms related to disability implies a transfer of a conceptual understanding and associated aspects. The research team conducting the CAR-study devoted a main part of the research in several countries; such as Spain, India, Cambodia and Tunisia, to translation and the understanding and measurement of disability among a multitude of nations. It was necessary to create tools to analyse the underlying basis of understanding. "Disability assessment across cultures requires that the disablement process be conceived as a common phenomenon in different cultural settings, languages, and value systems" (Üstün et al. 2001: 22). Whether this sublime goal could be, respectively can ever be reached within the ICF is subject to further assessment.

Assessing the Situation of Persons with Disabilities Outside the West

As already indicated a widespread problem in disability research is the fact that global views on disability are dominated by Northern concepts (Meekosha 2011). Despite the ICF's efforts to consider *functioning*, *disability* and *health* from a global perspective, several parts seem still tightly linked to concepts created by Western thinking or Western based researchers. *Education* for example is included in the *environmental factors* but only linked to two codes. One of these, e130 (WHO 2007: 194), *refers to products and technology for education*. Although this also includes teaching methods, the mentioned code implicates a rather good infrastructure that many schools in the Global South are not equipped with.

Another interesting question is that of the main interest of the classification: What is ICF's functional profile based on? It describes the physical conditions and different environments of an individual in his/her cultural context. Trying to change from a medical to a social model (Hurst 2003), the ICF considers a broad range of societal and cultural aspects determining disability respectively influential factors. Apparently, due to the high numbers of codes concerning physical condition, an affiliation to the medical model remains. Weisser (2007) accentuates that disability remains defined through dysfunction (*Störungsbegriff*, 238).

Further criticism relates to the "[...] inaccessibility of the language used, and the over-reliance on medical perceptions of disability" (Stienstra 2002: 111). With focus on Southern countries, Singal (2010) points out that especially in regard to disability movements, country particularity has to be considered: "[W]hile the social model is relevant to Southern countries, it should not be over-emphasised in contexts where disability is most likely the result of disease, malnutrition and other treatable or preventable factors" (422).

Consideration of Socio-Economic Aspects within the ICF

Singal (2010) refers to another issue that seem to be relevant in the reception of the ICF's use in the Global South. The author claims that "...any analysis needs to take into account a range of cultural and contextual factors, such as political, religious and economic issues" (Singal 2010: 422).

This raises the question in how far the ICF considers socio-economic factors that seem highly relevant in regard to disability. As Hirschberg (2009) illustrates in her detailed analysis of the ICF, these are left out. The explanation within the classification raises some questions: "The classification remains in the broad context of health and does not cover circumstances that are not health-related, such as those brought about by socioeconomic factors"

(ICF 2007: 7). An example following this explanation is to illustrate the exclusion of socio-economic factors: "…because of their race, gender, religion or other socioeconomic characteristics people may be restricted in their execution of a task in their current environment, but these are not health-related restrictions of participation as classified in the ICF" (Ibid.). This explanation lacks further clarification and detail.

Considering the interrelation between disability and poverty, creating a functional profile without including the socio-economic situation of a person with disability in a lot of parts of the Global South appears sparsely meaningful. The analysis of the relation between disability and poverty has been widely accepted (Groce et al. 2011) but not fully understood.

Often socio-economic conditions cause disabilities or disability-related stigmatisation as well as exclusion. According to Mayhew (2003), this aspect is going to gain further importance. Although a more detailed description and coding scheme would be possible, aspects related to religion and participation in religion can be coded using ICF's *environmental factors*.

Why not socio-economic aspects? Where does the border between the two types of contextual factors run as some are prepared for coding while others are not?

As Singal (2010) reports, most of the data on poverty is limited and functional: "…it tends to be dominated with concerns such as establishing the prevalence of various disabilities and effectiveness of rehabilitation process." (416) Fujiura et al. (2005) emphasise this by stating that "[d]eveloping nations tend to employ impairment-based systems that simply ask if a condition is present" (297).

Conclusion: The Never Ending Approach to Universal Applicability?

Diverse interests in and understandings of disability lead to different approaches in research. The question remains, to which extent the ICF can provide a universal language, a basis for communication on and understanding of disability-related and relating factors. In order to enhance the quality and sources of data on disability and poverty, the ICF can be used as basis for statistical tools. Nevertheless, if used in the Global South, further dimensions should be linked to the classification's use; especially, a broad understanding of poverty and its influence on the level of participation in everyday life. A multidimensional perspective on poverty as described by Groce and others (2011) could

be a useful supplement for the ICF and respectively be considered when elaborating the codes. So could Sen's *Capability Approach* add to further understanding of disability and an elaboration of the next version of the ICF.

Whether socio-economic aspects are to be included within the code structure and if so in both parts of the *contextual factors* has to be clarified. Factors not coded in the classification (*personal factors*) might be left out when creating a profile, whereas *environmental factors* gained a lot of attention - also emphasising the necessity of further refinement and elaboration of this chapter - since the ICF's launch. Further attention should be focused on its use in the context of the Global South. If effects caused by socio-economic conditions are not considered misinterpretations and incomplete functional profiles of individuals and their surroundings might occur.

As Hurst (2003) puts it very optimistically: "The ICF, with all its faults, can now be used as an international example of how the environmental impacts are the key to understanding the nature of disability and how solutions must come through social change. Experience has shown that international instruments are only as good as the way they are used and understood." (575)

Used in an open (to additional insights) and flexible way, the ICF could function at least as basis for further elaboration of research tools in different – possibly never all – cultures.

Notes

1 The author would like to thank Raphael Zahnd from Universität Zürich for his highly appreciated feedback and ideas on the first draft of this article.

2 Despite the author's knowledge about the on-going discussion on the usability of the terms and the complexity of concepts involved, Global South and (Global) North (and all associated forms) are used to discriminate so called developing countries from those that are associated with higher (economic) development.

3 Despite the author's knowledge about the difficulty of these definitions, they are used as no distinct assignment to the HDIs differentiation of very high human development; high human development etc. (UNDP 2007) seems possible in that regard.

4 That international documents are mostly solely transferred into majority language of different countries is another problem that attention should be drawn to.

References

BICKENBACH, J. et al. (1999): Models of disablement, universalism and the international classification of impairments, disabilities and handicaps. In: Social Science & Medicine: 1173-1187

CHAPIREAU, F. (2005): The environment in the International Classification of Functioning, Disability and Health. In: Journal of Applied Research in Intellectual Disabilities: 305 - 311

FUJIURA et al. (2005): Disability Statistics in the developing world - reflection on the meanings in our numbers. In: Journal of Applied Research in Intellectual Disabilities: 295-304

GROCE et al. (2011): Disability and poverty – the need for a more nuanced understanding of implications for development policy and practice. In: Third World Quaterly: 1493-1513

HIRSCHBERG, M. (2009): Behinderung im internationalen Diskurs. Die flexible Klassifizierung der Weltgesundheitsorganisation: Frankfurt am Main

HURST, R. (2003). The international disability rights movement and the ICF. In: Disability and Rehabilitation 25: 572-576

MAYHEW, L. (2003): Disability – Global trends and international developments. In: Innovation: 3-28

MEEKOSHA, H. (2011): Decolonising disability – thinking and acting globally. In: Disability and Society: 667-682

SINGAL, N. (2010): Doing disability research in the southern context-Challenges and possibilities. In: Disability and Society: 415-426

STIENSTRA, D. (2002): DisAbling globalisation – Rethinking global political economy with a disability lens. In: Global Society: 109-121

TERZI, L. (2010). Justice and Equality in Education. A Capability Perspective on Disability and Special Educational Needs. New York, Contiuum International Publishing Group

UNDP (2007): Measuring Human Development. A primer. Guidelines and tools for statistical research, analysis and advocacy. New York

ÜSTÜN, T. B. et al. (2001). Disability and Culture. Universalism and Culture. ICIDH-2 Series. Published on behalf of the World Health Organisation. Seattle

WEISSER, J. (2007): Für eine anti-essentialistische Theorie der Behinderung. In: Behindertenpädagogik: 237-249

WHO (1980). International Classification of Impairment, Disability and Handicap (ICIDH). Geneva

WHO (2001). International Classification of Functioning, Disability and Health. Geneva

WHO (2007). International Classification of Functioning, Disability and Health. Children & Youth Version. Geneva

Zusammenfassung: *Der Anspruch auf weltweite Verwendbarkeit der Internationalen Klassifikation der Funktionsfähigkeit, Gesundheit und Behinderung und der ICF-Kinder-und-Jugendversion wird durch Aufgreifen einiger ausgewählter genereller Aspekte und die Überprüfung der universellen Anwendbarkeit dieser in Frage gestellt. Probleme, bezogen auf fehlende Berücksichtigung sozio-ökonomischer und damit zusammenhängender Faktoren in der ICF werden aufgezeigt und in Zusammenhang mit der Beziehung zwischen Behinderung und Armut diskutiert, wobei besonders auf die mangelnde Datenlage und das Verständnis dieses Phänomens eingegangen wird.*

Résumé: *En questionnant l'applicabilité universelle de la Classification Internationale du Fonctionnement, du Handicap et de la Santé (CIF) ainsi que de la Version Enfants et Jeunes de la CIF certains aspects généraux quant à la prétention d'une possible utilisation globale seront relevés. Les problèmes liés au manque de prise en considération des facteurs socio-économiques dans la CIF sont mis en avant et discutés en lien avec l'interrelation entre handicap et pauvreté ainsi qu'avec le manque de données et de compréhension de ce phénomène.*

Resumen: *En este artículo se discute la aplicabilidad universal de la Clasificación Internacional del Funcionamiento, de la Discapacidad y de la Salud (CIF), así como su versión para niños y adolescentes. Se tematiza los problemas relacionados con la falta de atención a los factores socio-económicos en el CIF, y se asocia éstos con la correlación entre discapacidad y pobreza y la falta de información así como también la falta de comprensión por este fenómeno.*

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Assessing the Quality of European Policies on Disability and Development Cooperation: A Discussion of Core Concepts of Human Rights and Coherence

Ask Andersen and Hasheem Mannan

This paper examines policies for development cooperation from the European Union, Germany, Italy, Sweden, and the United Kingdom. Selected policy documents were content- analysed systematically for contents related to Core Concepts of Human Rights. The analysis of the policies is carried out by a framework developed specifically for this purpose. Both the framework and the analysis are presented in the paper. An underlying assumption of this study has been that good policies are easier to implement, and that coherence with basic Core Concepts is a precondition for successful implementation. The overall assessment of coherence across donor agencies is relatively high. However, this coherence does not reflect a high level of support and promotion of the 18 Core Concepts of the analytical framework. We believe that the framework could be used by a number of stakeholders, in an adapted form. DPOs could potentially apply it in the assessment of policy documents produced by agencies which they intend to monitor.

Introduction

The European Union (EU) and its Member States is the largest donor globally providing more than 50 per cent of official development assistance on an annual basis (European Commission (EC) 2010). A broad review of EU development assistance as it pertains to disability from 2010 recommends more coordination between the EU as a donor on the one hand and EU Member States on the other (EC 2010). In light of these facts, this paper focuses on the policies of European donor agencies. The hope is that one outcome of the analysis will be an evaluation of coherence across donor policies in Europe. This paper discusses how strategies and organisations can be designed to promote the inclusion of disability in development cooperation by taking European donor policies as illustrative examples. Needless to say, the issue is similarly highly relevant beyond the European context.

Disability disproportionately affects vulnerable populations. People from the poorest wealth quintile, women and older people demonstrate a higher prevalence of disability (WHO/World Bank 2011). It is widely recognised that disability and poverty interact in complex ways which imply that persons with disabilities are overrepresented among the poorest of the poor (EC 2010; WHO/World Bank 2011). Given that poverty alleviation is one of the overall objectives of development cooperation, not least for European aid, this constitutes an important argument for the consideration of disability in the design and implementation of development cooperation strategies. However, it is important to note that material poverty is only one aspect of the limitations faced by persons with disabilities in developing countries. Factors including *inter alia* lack of available services and difficult conditions for physical access contribute to an environment in developing countries which makes it greatly problematic for many groups of persons with disabilities to participate in essential aspects of community life, such as education, employment and cultural activities (WHO/World Bank 2011).

Disability and Development Cooperation – the Context of Analysis

Development cooperation is a very broad concept which covers initiatives from large-scale infrastructure projects to very small grants afforded to grass roots organisations in developing countries. It is beyond the scope of this paper to present a definitive account of development cooperation. However, it should be noted that when used in this context, it refers to activities with some of the following characteristics:

- Support from Western European nations to developing countries in Asia, Americas, Pacific, and African countries involving some kind of financial transfer from the former to the latter;
- stated objectives of improving living conditions in developing countries;
- some kind of involvement of actors in the receiving developing country.

In this analytical context the focus is on the donor side of the equation, and the question is how disability is and can become part of donor programme policy. Of course, answers to this question should be found on all levels from concrete guidance to development workers in

the field up to policy and strategy design. This paper deals with the macro-level where general principles and priorities are formulated. This paper seeks primarily to answer the following research question: What can be said about the policies of European donor agencies in terms of disability inclusion by applying the proposed analytical framework? Five policy documents have been selected for analysis. They include: (1) The European Union – Guidance Note on Disability and Development; (2) Disability and Development, Germany; (3) Italian Cooperation Guidelines Concerning the Disabled, (4) Sweden - Children and Adults with Disabilities; (5) United Kingdom - Working on Disability in Country Programmes - How to Note.

The Analytical Framework

The identification of policies of EU donor agencies, i.e. policy documents produced by EU institutions and donor agencies of EU Member States, has primarily been carried out by scanning publications aiming at reviewing the field of disability and development cooperation, first and foremost publications of AusAid (2009) and World Bank (2010). Only policy documents, strategy documents and guidance documents specifically covering disability have been selected for analysis.

A literature search was carried out in the most cited academic disability studies journals in English language, the quasi-scientific literature published by international organisations such as the UN and the World Bank, and among papers issued by DPOs. It was not possible to identify an analytical tool which had been specifically designed to assess the quality of policies on disabilities of donor agencies. Hence, the question to a larger extent became how to identify sources which could constitute the foundations for the construction of such a tool. Very useful instruments have been designed to do parallel functions in similar sectors.

Some tools have been created for the national context of a developed country; the instruments presented in Turnbull (2001), Stowe and Turnbull (2001), Turnbull, Beegle and Stowe (2001), Turnbull and Stowe (2001a), and Turnbull and Stowe (2001b) were created for the analysis of policies affecting families of children with disabilities in the USA. Mannan et al. (2011; 2012; in press; Amin et al. 2011; MacLachlan et al. in press) draw on the work of Turnbull et al. (2001) in their policy analysis framework, *EquiFrame*, which serves in the analysis of Core Concepts of human rights and inclu-

sion of vulnerable groups in health policy documents of developing countries. The work of Turnbull et al. (2001) and Mannan et al. (2011) were identified as sources which were most similar to what this paper set out to develop. The framework presented here is to a large extent built on and adapted from Turnbull et al. (2001) and Mannan et al. (2011).

Adapting the Analytical Framework to the Context

Turnbull et al. (2001) have identified 18 Core Concepts for the analysis of the quality of disability policies affecting families who have a child with a disability. These Core Concepts are derived from a US context however, where a specific body of legislation concerning persons with disabilities is in place, and where a relatively well-functioning public sector is providing services to persons with disabilities and their families, although the US welfare state might be smaller than those in some European countries. This aspect was taken into account in the process of developing an analytical framework for the context of development cooperation.

This paper examines policies which have a broader scope, namely policies for development cooperation. It was necessary to bear this in mind in the process of adapting *EquiFrame* for the purpose of this analysis. This implies that one critical criterion for the selection of Core Concepts for the analytical framework was fitness to the context of disability and development cooperation. Other criteria were that Core Concepts should be discrete, i.e. they should be kept logically separate (Mannan et al. 2011). They should be essential for the purpose which the analytical framework serves. Hence, it was not an objective in itself to have many Core Concepts, but rather the opposite. Moreover, the analytical framework should be relatively easy to apply. Finally, the Core Concepts should preferably be coherent with the international policy framework in place. The primary instrument in this context is the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, UN 2006).

Developing an Analytical Framework: Core Concepts

The UNCRPD (UN 2006) has influenced the consideration of Core Concepts in the adapted analytical framework. Many of the Core Concepts outlined in *EquiFrame* (Mannan et al. 2011) have been incorporated in the analytical framework in revised form. Both the labels of

Concepts and the supporting language have been revised in a number of cases. One Concept has been directly derived from Article 9 of the UNCRPD and integrated in the analytical framework; it is the dimension of *Awareness-raising*, which in the context of this framework is meant to cover both awareness of disability in the developing country in question as well as internally in the donor agency.

The Core Concept of *Tertiary Prevention* was adapted from the Core Concept of *Prevention* (Mannan et al. 2011; Turnbull et al. 2001), while it was acknowledged that disability activists are generally sceptical about prevention policies for a variety of reasons, one such reason being that it will divert from the breakdown of social barriers to participation by persons with disabilities in society. While the issue of prevention is not dealt directly within the UNCRPD, the equal right to health treatment, which arguably involves tertiary prevention, is enshrined in Article 25 (UN 2006). In accordance with a critical realist perspective on impairment/disability, this paper adopts the view that prevention of impairment should not be disregarded. However, only tertiary aspects of prevention were included in the analytical framework leaving the issue of primary and secondary health prevention to be addressed by policies dealing with health in the context of development cooperation.

The Core Concept of *Disability-specific evidence* was adapted from the *Concept of Quality* (Mannan et al. 2011). It was decided that while the concept of quality of clinical services could not be directly translated to the wider social and political context of general development cooperation, the need for skilled professionals and underpinning by evidence did not appear less relevant in this context. Finally, the Core Concept of *Mainstreaming* utilised in the current framework was adapted from the Core Concept of *Integration* (Mannan et al. 2011; Turnbull et al. 2001).

The Analytical Method

The proposed analytical framework is constituted of 18 Core Concepts. Following the approach of *EquiFrame*, Core Concepts are presented with key questions and key language, designed to facilitate understanding of Concepts and to clarify if a given policy promotes a Concept during analysis (see Table 1). The selected documents were content-analysed systematically for contents related to Core Concepts. The degree of coherence was expressed by a numeric score from -1 to 4 (see Table 2). The applied scoring scale combines the approaches of Stowe and Turnbull (2001) and Mannan et al. (2011). A negative score reflects a clear contradiction between the policy and the Core Concept. A neutral score simply expresses that the Core Concept in question is not reflected in the policy. Scores from 1 to 4 express varying degrees of coherence with the Core Concept

No.	Core Concept	Key Question	Key Language
1.	Non-discrimination	Does the policy support the rights of persons with disabilities in having equal opportunities to participating in the life of the community?	Persons with disabilities are not discriminated against on the basis of their distinguishing characteristics.
2.	Capability-based Policy	Does the policy recognize the collective capabilities existing among persons with disabilities?	For example: peer to peer support among persons with disabilities and the self-organisation among persons with disabilities and their families.
3.	Participation	Does the policy support the right of persons with disabilities to participate in the decisions which affect their lives and enhance their empowerment?	Persons with disabilities can exercise choices and influence decisions affecting their lives; consultations of persons with disabilities may include planning, development, implementation, and evaluation. It may also involve representative organisations of persons with disabilities.
4.	Protection from Harm	Does the policy take into account that persons with disabilities should be protected from harm during their interaction with sectors supported by the donor?	Persons with disabilities are protected from harm during their interaction with sectors supported by the donor in question.
5.	Liberty	Does the policy support the right of persons with disabilities to be free from unwarranted physical or other confinement?	Persons with disabilities are protected from unwarranted physical or other confinement while in the custody of a given service system supported by the donor.

6.	Autonomy	Does the policy support the right of persons with disabilities to consent, refuse to consent, withdraw consent, or otherwise control or exercise choice or control over what happens to him or her?	Persons with disabilities can express "independence" or "self-determination"; e.g. a person with an intellectual disability will have recourse to an independent third party regarding issues of consent and choice.
7.	Mainstreaming	Does the policy promote the break-down of barriers to the participation of persons with disabilities in mainstream sectors of the society?	Barriers for the participation of persons with disabilities in sectors open to the general population, i.e. physical, attitudinal, or administrative, are actively being broken down.
8.	Contribution	Does the policy recognise that persons with disabilities can be productive contributors to society, also economically?	Persons with disabilities make a meaningful contribution to society.
9.	Family Resource	Does the policy recognise the value of the family members of persons with disabilities in addressing their needs?	The policy recognises the value of family members of persons with disabilities as a resource for addressing the needs of disabled people.
10.	Family Support	Does the policy recognise the needs of family members of persons with disabilities?	Support is given to family members of persons with disabilities who also face some of the difficulties, which persons with disabilities experience, that is, psycho-emotional, a result of discrimination, or the result of the lack of access to the community.
11.	Cultural Responsiveness	Does the policy ensure that activities respond to the beliefs, values, gender, interpersonal styles, attitudes, cultural, ethnic, or linguistic aspects of the lives of persons with disabilities?	Persons with disabilities are consulted on the cultural appropriateness of the activities under consideration, thereby respecting ethical principles and cultural differences of e.g. ethnic communities, or cultures of the disability community, e.g. deaf culture.
12.	Accountability	Does the policy recognise the need of persons with disabilities to have access to independent professional evaluation, and the need for representative organisations of persons with disabilities to be involved in accountability mechanisms?	Persons with disabilities have access to independent professional evaluation or procedural safeguards. Representative organisations of persons with disabilities are involved in a mechanism designed to hold policy-makers accountable.
13.	Tertiary Prevention	Does the policy support persons with disabilities, who need it, in seeking prevention of difficulties arising from impairments and medical conditions, including secondary conditions?	Persons with disabilities, who need it, have access to the prevention of health problems arising as a result of their impairment or health condition.
14.	Capacity-Building	Does the policy support the capacity-building of personnel and organisations to work on disability, in the donor agency and a given developing country alike?	The capacity of people and systems to work on disability, in both donor agencies and on the ground in developing countries, is promoted.
15.	Accessibility	Does the policy support the promotion of accessibility for persons with disabilities across sectors in society?	Persons with disabilities have access to disability accessible facilities (e.g. transport, public buildings, information in appropriate formats etc.).
16.	Disability specific Evidence	Does the policy support that activities are based on the best available evidence; and that further evidence is provided with regards to disability and development cooperation?	The work of the donor agency is based on the best available evidence in the context of disability and development cooperation. The further provision of evidence is promoted.
17.	Efficiency	Does the policy support efficiency by providing a structured way of matching system resources with addressing needs of persons with disabilities?	A structured process for the prioritisation of activities is in place thereby optimising the use of resources in the area of disability and development cooperation.
18.	Awareness-raising	Does the policy promote awareness about disability within the donor agency and among stakeholders in developing countries?	The awareness of persons with disabilities and their needs is promoted within the donor agency itself and in partner countries.

Table 1: Core Concepts of human rights of the proposed analytical framework

ranging from mentioning the Core Concept in the policy, or equivalent, to expressing that the implementation of the Core Concept will be monitored, or equivalent. The method also allows for a Core Concept to be assessed as not applicable with regards to a particular policy. In such cases, the Core Concept will not be incorporated in aggregated scores, e.g. the average score for a given policy.

Occurrences of Core Concepts themselves have been taken into account. Equivalent concepts, descriptions and explanations have also been noted. A more mechanical application of the analytical framework would have made the analysis much less fruitful and lowered the value of using it in similar contexts. See table 3 for example from each one of the policies analysed identifying Core Concepts and the scores they attained.

Score	Explanation
-1	In contradiction with Core Concept
0	Core Concept not reflected
1	Core Concept mentioned
2	Core Concept mentioned and explained
3	Specific policy actions identified to address Core Concept
4	Expressed intention to monitor the implementation of Core Concept
n/a	Not applicable

Table 2: Scale of scores of coherence with Core Concepts

Core Concept	Policy	Language example	Score
Mainstreaming	UK	"Include reference to disability in Tor's for annual programme reviews and other monitoring and evaluation processes."	4
Accountability	Sweden	"…reformation of the public administration to achieve efficient delivery of services as well as accountability to the poor… They should include analyses of the situation of the elderly, children and persons with disabilities and those who care for them."	3
Accessibility	EU	"In addition to social and attitudinal barriers disabled people also face architectural and environmental barriers that limit access to community services and facilities and hinder equal participation."	2
Non-discrimination	Germany	"Persons with disabilities suffer from discrimination throughout the world and are frequently excluded from social, economic and political processes in their societies."	1

Table 3: Illustration of Specific Language Relating to Core Concepts

Results: Applying the Analytical Framework: Donor Policies in Focus

The European Commission (EC) Guidance Note on Disability and Development (EC 2004) is quite brief, and therefore does not expand in great detail on issues that are addressed. This is also the background for the relatively low average score afforded to the policy document. The medical understanding of disability features relatively little in the document. Assessing coherence of the German policy document, entitled Disability and Development - A Contribution to Promoting the Interests of Persons with Disabilities in German Development Cooperation (BMZ 2006), with Core Concepts was somewhat complicated by the form of the document as a discussion paper. The document appears to reflect that it was produced before the German ratification of the UNCRPD. An updated version of the document produced today would probably be more consistent with the

UNCRPD, and hence also with the spirit of the analytical framework applied in this paper. The generally low scores for the policy document should be considered in light of its format which is quite different from the other assessed documents; for example, the document summarises many concrete project activities.

The Italian policy entitled Italian Cooperation Guidelines Concerning the Disabled (DGCS no date) predates the UNCRPD and, hence, there is still a significant focus on medical interventions and rehabilitation. Overall, the Italian policy is scored high in comparison to a number of the other assessed documents. However, the analysed document itself does not demonstrate that operations are carried out according to stated principles. The Swedish policy document, Children and Adults with Disabilities (SIDA 2005), provides a good overview of commitments and principles which guide SIDA's work. Though it predates the UNCRPD, it does take a rights-based approach, also in more specific

actions. Analogous to the other policy documents assessed, the focus on poverty reduction is clear.

The high average score of the UK policy document, titled Working on Disability in Country Programmes - How to Note (DFID 2007), reflects two factors; the first that DFID has been working systematically with the issue of disability and development cooperation over a long period; and secondly that the document has a more practical character than the other policies discussed above. The practical approach allows the document to go into greater detail with proposals for concrete actions. It does so in a clear way featuring illustrative examples. The document was produced after the UK adoption of the UNCRPD. This is clearly demonstrated in the document which draws on the Convention in several places and sets out to promote its implementation. Table 3 provides an overview of the analysis and allows for comparisons across donor agencies and Core Concepts.

scoring scale. The overall assessment of coherence across donor agencies is relatively high. However, this coherence across policies of donor agencies does not reflect a high level of support and promotion of the 18 Core Concepts of the analytical framework. There is a common understanding of disability policy among donors, but it does not translate into policy documents which specify concrete policy actions to address Core Concepts or express intention to monitor the implementation of Core Concepts. It is encouraging that no policy received a negative score, conceivably indicating a relatively good understanding of principles of disability policy among donors.

High average scores for the Core Concepts of *Participation*, *Mainstreaming*, *Contribution*, *Capacity-building*, *Accessibility* and *Awareness-raising* can be observed. It is perhaps not surprising that these Core Concepts to a large extent reflect general principles from the development cooperation toolbox. It is more surprising

Core Concept	EU	Ger-many	Italy	Sweden	UK	Average score	Scoring interval
1. Non-discrimination	1	1	0	1	3	1.2	0-3
2. Capability-based policy	0	0	0	1	3	0.8	0-3
3. Participation	3	2	3	3	3	2.8	2-3
4. Protection from harm	0	0	0	2	0	0.4	0-2
5. Liberty	0	0	3	0	0	0.6	0-3
6. Autonomy	0	0	2	0	3	1.0	0-3
7. Mainstreaming	3	1	3	3	4	2.8	1-4
8. Contribution	3	2	3	2	3	2.6	2-3
9. Family resource	2	1	0	0	0	0.6	0-2
10. Family support	0	1	1	0	0	0.4	0-1
11. Cultural responsiveness	2	1	2	3	3	2.4	1-3
12. Accountability	0	0	2	3	3	1.6	0-3
13. Tertiary prevention	2	3	3	2	0	2.0	0-3
14. Capacity-building	3	3	3	3	3	3.0	3-3
15. Accessibility	2	3	2	3	3	2.6	2-3
16. Disability specific evidence	1	0	4	4	4	2.6	0-4
17. Efficiency	0	0	2	0	3	1.0	0-3
18. Awareness raising	3	3	3	3	3	3.0	3-3
Average score	**1.4**	**1.2**	**2.0**	**1.8**	**2.3**	**1.7**	**1.2-2.3**

Table 4: Summary of Analysis

Discussion

The scoring interval for averages of policies was 1.2 to 2.3. It is perhaps not surprising that the average scores for the selected policies vary. However, it may be more surprising that the interval covers a span at the lower end of the

that the Core Concept of *Non-discrimination* has received a relatively low score. It has been one of the most used concepts within disability policy during the past two to three decades, not least due to the Americans with Disabilities Act of 1990 (ADA, 1990). It is conceivable however that this issue may be considered less pressing in a developing country context.

Scores for the Core Concepts of *Capability-*

based policy, *Protection from harm*, *Liberty*, *Family resource* and *Family support* are significantly below the average and not far from unreflected in the analysed policies. Concepts such as *Protection from harm* and *Liberty* might tend to be less visible within a broader rights-based paradigm, but they seem to be no less important. There may be ambiguity in the understanding of these two Core Concepts related to whether it is the donor agency or authorities of the receiving developing country that have responsibility for compliance with these principles. However, the possibility of such ambiguity is a more general one which could also be raised with regards to a number of other Core Concepts. The family dimension and that of collective capabilities among persons with disabilities seem to be factors which simply receive less attention.

The Core Concept of *Disability specific evidence* presented the widest scoring interval (0-4), reflecting little coherence across donor agencies with regards to how to contend with this issue. Some agencies described in detail how specific evidence should be provided, while it was touched upon only marginally by others. Concerning the Core Concepts of *Capacity-building* and *Awareness-raising*, there were no differences in scores across donor policies. These two concepts were also among those receiving a high average score.

The policy of the European Union has been scored lower than the overall average. Thus, it cannot be characterised as a leader in the field, with the policy dating back to 2004. The EU score reflects relatively low figures across Core Concepts. However, it is notable that following the EU ratification of the UNCRPD, a wide-ranging study of EU development cooperation and disability has recommended the EC to update and further detail its Guidance Note on Disability and Development (EC 2010).

We believe that the analytical framework could be used by a number of stakeholders, in an adapted form. DPOs could potentially apply the framework in the assessment of policy documents produced by agencies which they intend to monitor. Donor agencies could use it internally as a supporting instrument to improve the quality assurance process with regards to documents pertaining to disability. A particularly pressing demand is the greater involvement of persons with disabilities and their representative organisations in the design or adaptation of any such policy analysis framework. To this end, cost-effective ways of including the people which policies on disability and development target need to be developed. As a final remark, it should be emphasised that this paper has contended with policy *on the books* only, and results of the analysis do not reflect therefore an analysis of policy *on the street* (see Stowe/Turnbull 2001). While a good policy document is a necessary condition for successful implementation, it is certainly not a sufficient one. Thus, a whole area of research into coherence between Core Concepts and concrete implementation lies open.

References

AMERICAN WITH DISABILITIES ACT (1990): Americans with Disabilities Act (ADA) 42 U.S. Code Chapter 126. Social Services Commission, United States Government. Washington, D.C. Retrieved 28 February 2012, from www.ada.gov/pubs/adastatute08.pdf

AMIN, M./MACLACHLAN, M./MANNAN, H./EL TAYEB, S./EL KHATIM, A./SWARTZ, L./MUNTHALI, A./VAN ROOY, G./MCVEIGH, J./EIDE, A./SCHNEIDER, M. (2011): EquiFrame: A framework for analysis of the inclusion of human rights and vulnerable groups in health policies. Health & Human Rights 13(2): 1-20

AUSAID (2009): Companion Volume, Development for All, Towards a Disability-Inclusive Australian Aid Programme 2009-2014, Supporting Analysis. Canberra

FEDERAL MINISTRY FOR ECONOMIC COOPERATION AND DEVELOPMENT (BMZ) (2006): Disability and Development - A Contribution to Promoting the Interests of Persons with Disabilities in German Development Cooperation. Bonn

DFID (2007): Working on Disability in Country Programmes - How to Note, a DFID Practice Paper. London.

DGCS (no date): Italian Cooperation Guidelines Concerning the Disabled. Ministry for Foreign Affairs. Rome

EC (2004): Guidance Note on Disability and Development. Brussels

EC (2010): Study of EC Development Cooperation. Brussels

MACLACHLAN, M./AMIN, M./MANNAN, H./EL TAYEB, S./BEDRI, N./SWARTZ, L./MUNTHALI, A./VAN ROOY, G./MCVEIGH, J. (in press): Inclusion and human rights in African health policies: Using EquiFrame for comparative and benchmarking analysis of 51 policies from Malawi, Sudan, South Africa and Namibia. PLoS ONE

MANNAN, H./AMIN, M./MACLACHLAN, M./THE EQUITABLE CONSORTIUM. (2011): The EquiFrame manual - A tool for evaluating and promoting the inclusion of vulnerable groups and core concepts of human rights in health policy documents. Dublin

MANNAN, H./AMIN, M./MACLACHLAN, M./THE EQUITABLE CONSORTIUM. (2012): Non-communicable disease priority actions and social inclusion. Lancet 379(9812): e17-e18. doi:10.1016/S0140-6736(12)60106-8

MANNAN, H./MCVEIGH, J./AMIN, M./MACLACHLAN,

M./SWARTZ, L./MUNTHALI, A./VAN ROOY, G. (in press): Core Concepts of human rights and inclusion of vulnerable groups in the disability and rehabilitation policies of Malawi, Namibia, Sudan and South Africa. Journal of Disability Policy Studies

SIDA. (2005): Children and Adults with Disabilities. Stockholm

STOWE, M.J./TURNBULL, H.R. (2001): Tools for analysing policy "on the books" and policy "on the street". Journal of Disability Policy Studies 12(3): 206-217

TURNBULL, H.R. (2001): Preface to the special series. Journal of Disability Policy Studies 12(3): 130-132.

TURNBULL, H.R./BEEGLE, G./STOWE, M.J. (2001): The core concepts of disability policy affecting families who have children with disabilities. Journal of Disability Policy Studies 12(3): 133-144

TURNBULL, H.R./STOWE, M.J. (2001a): A taxonomy for organising the core concepts according to their underlying principles. Journal of Disability Policy Studies 12(3): 177-198

TURNBULL, H.R./STOWE, M.J. (2001b): Five models for thinking about disability – Implications for policy responses. Journal of Disability Policy Studies 12(3): 198-206

UN (2006): Convention on the Rights of Persons with Disabilities. Retrieved 28 February 2012, from www.un.org/disabilities/convention/conventionfull.shtml

WHO/ WORLD BANK (2011): World Report on Disability 2011. Retrieved 28 February 2012, from http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf

WORLD BANK (2010): Disability and International Co-operation and Development. Washington D.C.

Zusammenfassung: Diese Arbeit behandelt die Richtlinien für Entwicklungszusammenarbeit der Europäischen Union, Deutschlands, Italiens, Schwedens und Großbritannien. Mit ausgewählten Dokumenten wurde eine systematische Inhaltsanalyse durchgeführt, um deren Gehalt in Bezug auf Kernkonzepte der Menschenrechte zu analysieren. Die Analyse der Richtlinien wurde mit einem speziell für diesen Gebrauch entwickelten Rahmenmodell vorgenommen. Das Rahmenmodell und die Analyse werden in dieser Arbeit vorgestellt. Eine zugrunde liegende Zusammenfassung dieser Studie ist, dass gute Richtlinien leichter zu implementieren sind und dass die Kohärenz mit den grundlegenden Kernkonzepten eine Voraussetzung für eine erfolgreiche Umsetzung ist. Die Gesamtbeurteilung der Kohärenz unter den Gebern ist relativ hoch. Allerdings gibt der bestehende Zusammenhang kein hohes Niveau von Unterstützung und Förderung der 18 Kernkonzepte der analytischen Rahmenbedingungen wieder. Wir glauben, dass die Rahmenbedingungen von einer Reihe von Akteuren in einer angepassten Form verwendet werden können. DPOs könnten sie potenziell in die Prüfung ihrer Richtlinien einbeziehen, die von Kommissionen produziert werden, die sie kontrollieren wollen.

Résumé: Cet article examine les politiques de coopération au développement de l'Union Européenne, l'Allemagne, l'Italie, la Suède et le Royaume Uni. Une sélection de documents a été analysée systématiquement sur leurs contenus relatifs aux Concepts de Base des Droits Humains. L'analyse des politiques a été menée à partir d'un cadre développé expressément dans ce but. Le cadre et l'analyse sont tous deux présentés dans cet article. Une hypothèse sous-tendant cette étude est que de bonnes politiques sont plus faciles à mettre en œuvre, et que la cohérence avec les concepts de base est une précondition pour une mise en œuvre réussie. Le constat de cohérence est généralement positif, tous bailleurs confondus. Malgré cela, cette cohérence ne reflète pas un haut niveau de soutien et de promotion des 18 Concepts de Base du cadre analytique. Nous pensons que le cadre pourrait être utilisé par un certain nombre d'acteurs, sous une forme adaptée. Les organisations de personnes handicapées pourraient l'appliquer pour l'évaluation des documents de politique produits par les agences qu'elles ont l'intention de contrôler.

Resumen: Este estudio examina las directrices para la cooperación al desarrollo elaboradas por la Unión Europea, Alemania, Italia, Suecia y el Reino Unido. Los documentos seleccionados fueron analizados de manera sistemática por sus mensajes claves sobre los derechos humanos. El análisis de las directrices se ralizó por un esquema que ha sido desarrollado específicamente para este estudio. Ambos, el esquema y el análisis se presentan en este artículo. Una hipótesis básica fue que buenas directrices son más fáciles de implementar y que el cumplimiento con los mensajes fundamentales básicos de los derechos humanos es un requisito previo para una implementación exitosa. La evaluación general de la coherencia entre las organizaciones de donantes es relativamente alta. Sin embargo, esto no significa necesariamente un alto nivel de apoyo y promoción de los 18 criterios clave en el esquema analítico. Creemos que este esquema podría ser adaptado por una serie de grupos de interés. Las organizaciones de personas con discapacidad podrían utilizarlo en la evaluación de los documentos políticos.

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Kurzmeldungen/Announcements

Inklusion in der Entwicklungszusammenarbeit: Deutsche Bundesregierung erarbeitet Aktionsplan

Die Bundesregierung will die Inklusion behinderter Menschen künftig konsequent in der Entwicklungszusammenarbeit berücksichtigen. Die Inklusion von Menschen mit Behinderung werde bei jedem Projekt eine Rolle spielen, kündigte die Parlamentarische Staatssekretärin im Bundesentwicklungsministerium (BMZ), Gudrun Kopp, am Donnerstag, den 02.02.2012 in Bonn an. Dazu entwickelt das Ministerium einen Aktionsplan, dessen Eckpunkte bei einem Runden Tisch mit Entwicklungshilfeorganisationen und Experten festgelegt wurden. Die Arbeit an dem Papier soll nach der Sommerpause abgeschlossen sein.

Bei internationalen Konferenzen und bei Regierungsverhandlungen mit den Partnerländern wolle Deutschland alle Themenbereiche automatisch darauf abprüfen, ob auch Menschen mit Behinderung einbezogen werden. Kopp nannte Beispiele: So wolle man bei Planung und Bau von Gebäuden darauf achten, dass auch Rollstuhlfahrer Zugang haben oder in Schule und Ausbildung, dass Lehrmittel in Blindenschrift zur Verfügung stehen. Auch in den Bereichen Arbeit und nachhaltiger Tourismus müsse die Inklusion mitgedacht werden. „Wir können erst zufrieden sein, wenn wir die Projekte inklusiv, also für Behinderte wie nicht Behinderte zugleich, durchführen können", meinte die Staatssekretärin.

Neu sei, dass die Bundesregierung ihre Ziele nun systematischer umsetzen wolle. Das sei allerdings zuweilen problematisch, meinte Kopp. „In manchen Ländern wird eine Behinderung ja oft noch als Strafe Gottes betrachtet." Deutschland wolle sich davon aber nicht abhalten lassen.

Unterstützung erhofft sich die Staatssekretärin auch von jenen Beamten, die im Rahmen der Kooperation mit dem Auswärtigen Amt für eine „Professionalisierung der Entwicklungszusammenarbeit", sorgen sollen. Sie könnten dann vor Ort nachprüfen, wie es um die Einbeziehung der Menschen mit Behinderung bestellt sei.

Experten begrüßten die Initiative. „Wir setzen große Hoffnungen in den Aktionsplan", sagte Gabriele Weigt, Sprecherin der Arbeitsgruppe Behinderung und Entwicklung beim Verband Entwicklungspolitik Deutscher Nichtregierungsorganisationen (VENRO).

Der Aktionsplan sei ein beachtlicher Fortschritt, lobte auch Theresia Degener, Mitglied im Ausschuß der Vereinten Nationen für die Rechte von Menschen mit Behinderungen.

Dass es bei dem Aktionsplan, der laut Ministerium im Herbst vorgestellt werden soll, nicht nur bei hehren Absichtserklärungen bleibt, forderten die Nichtregierungsorganisationen. „Wir erwarten, dass konkrete Ziele, konkrete Maßnahmen und konkrete Angaben zum Budget darin enthalten sind", sagte Gabriele Weigt vom Verband Entwicklungspolitik Deutscher Nichtregierungsorganisationen, „schöne Worte helfen nicht weiter."

Information: www.bmz.de/de/presse/aktuelleMeldungen/2012/februar/20120202_inklusion/index.html, www.general-anzeiger-bonn.de/news/politik/Schoene-Worte-helfen-nicht-weiter-article622790.html

High-Level Forum on Aid Effectiveness Outcome Document Includes Disability

The Organisation for Economic Co-operation and Development (OECD) and the Republic of Korea organised the Fourth High-Level Forum on Aid Effectiveness that was held in Busan, Republic of Korea from 30 November to 1 December 2011. The Forum concluded with an outcome document, the Busan Partnership Agreement for Effective Development Co-operation that included *disability* under the section Shared Principles to Achieve Common Goals. The Busan Partnership Agreement notes under paragraph 11 that "As we embrace the diversity that underpins our partnership and the catalytic role of development co-operation, we share common principles which -- consistent with our agreed international commitments on human rights, decent work, gender equality, environmental sustainability and disability -- form the foundation of our co-operation for effective development..."

Persons with Disabilities must be *Put at the Heart* of International Development, Says Conference on Disability-Inclusive MDGs and Aid Effectiveness

Persons with disabilities must be central to international development programmes for achieving the Millennium Development Goals (MDGs), the Conference on Disability-Inclusive MDGs and Aid Effectiveness said after three days of discussions co-organised by the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) and Leonard Cheshire Disability.

"The time is now for development partners to strengthen the disability-inclusiveness of their policies and programmes in Asia-Pacific. Making a difference in the lives of the 650 million persons with disabilities in Asia-Pacific will bring us closer to meeting the MDGs globally," said Nanda Krairiksh, Director, Social Development Division, UNESCAP.

"We have a unique opportunity for disabled people to campaign for change with international policy makers to make lasting improvements to their daily lives and future opportunities. This makes this conference different from

any other I have been to before," commented Ilyas Khan, Chairman of Leonard Cheshire Disability, in his opening speech at the Bangkok Conference on Disability-Inclusive MDGs and Aid Effectiveness.

In almost every country surveyed, unemployment rates for persons with disabilities are higher than rates for those without disabilities. Of the 67 million children now out of school worldwide, a third have disabilities. Despite these shocking statistics, there was no mention of persons with disabilities in the UN's blueprint for international development, the Millennium Development Goals (MDGs) when they were launched in 2000. This omission was only rectified ten years later.

The Bangkok Conference brought together stakeholders at all levels in the development process – from grassroots activists in disabled people's organisations to high-level officials of multilateral organisations – to help put disability at the heart of international development.

Ultimately, the Conference will feed into a new Asia-Pacific regional strategy to support a new decade to promote the rights of persons with disabilities, 2013-2022, as well as a post-2015 development framework. This will directly help to launch a truly inclusive development model.

"Asia-Pacific is moving towards a new decade to 'Make the Right Real' for persons with disabilities," said Ms Krairiksh. "Through its normative and analytical work, ESCAP is supporting member states in the preparation of an outcome document to be considered by the High-level Intergovernmental Meeting on the Final Review of the Asian and Pacific Decade of Disabled Persons (Incheon, Republic of Korea, 29 October-2 November 2012). Its adoption will give Asia-Pacific MDG-style goals, targets and indicators for expediting the inclusion of persons with disabilities in the development process."

In its key recommendation, the conference said that persons with disabilities and organisations representing disability groups must be full participants in the planning, design and implementation of development goals, including those related to poverty reduction, education, gender, health, technology, disasters, environment and international cooperation.

More **information**: www.aideffectiveness.org/busanhlf4/images/stories/hlf4/OUTCOME_DOCUMENT_-_FINAL_EN.pdf, www.internationaldisabilityalliance.org/wp-content/uploads/2011/12/HLF4-OUTCOME-DOCUMENT-FINAL-EN.pdf, www.internationaldisabilityalliance.org/wp-content/uploads/2011/12/Report-on-IDA-BU-SAN_.doc., www.lcint.org/?lid=5732

Disability and Development Database

The World Bank in Cooperation with Leonard Cheshire Disability have launched the Disability and Development Database, the first publicly accessible and searchable online database of Government-funded projects that specifically include disabled people.

The database features the fields of interest are health, education and livelihoods. The database was launched on March, 15th 2012 at the Conference on Disability-Inclusive Millennium Development Goals (MDGs) and Aid Effectiveness, Bangkok, by the Human Development Network Social Protection (HDNSP; World Bank) team Leader, Aleksandra Posarac.

More **information**: http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0,,contentMDK:23143257~pagePK210058~piPK:210062~theSitePK:282699,00.html, www.disabilitydatabase.org

ILO: Including Personsin Development on IDPD 2011

The International Labour Organization (ILO) marked the International Day of Persons with Disabilities (IDPD), the 3rd December 2011, with a focus on including persons with disabilities in development, and promoting their inclusion in multinational enterprises through the launch of the ILO Global Business and Disability Network website. The network and its website will help its members share knowledge and identify good practices, develop products and services that facilitate hiring and retention of persons with disabilities, strengthen technical expertise on disability issues, and link its members to ILO activities and partners at the national level and through their local offices and supply chains.

The Network has achieved to receive commitments from 43 companies and 17 employers' organisations/business networks to participate, along with international peak bodies of disabled persons' organisations and NGO representatives at regional levels. It has published the papers Disability in the Workplace: Company Practices and Disability in the Workplace: Employers Organizations and Business Networks' (see links below).

As next steps regional meetings in South Africa and China are to be held in 2012, to expand membership geographically and to develop a guide for employers on the UNCRPD.

More **information**: www.ilo.org/global/about-the-ilo/press-and-media-centre/news/WCMS_169394/lang-en/index.htm and www.ilo.org/skills/events/WCMS_167317/lang--en/index.htm, www.businessanddisability.org/, www.ilo.org/public/english/dialogue/actemp/downloads/publications/working_ paper_n3.pdf, www.ilo.org/public/english/dialogue/actemp/downloads/publications/working_ paper_n6.pdf

Enabling Inclusive Mobile ICTs for Older Persons and Persons with Disabilities

The M-Enabling Summit 2011: Global Conference and Showcase on Mobile Applications and Services for Seniors and Persons with Disabilities, held in Washington DC on 5-6 December, was the first global programme solely dedicated to participants in the emerging ecosystem for mobile accessible and assistive technologies, applications and services. The Conference and exhibition brought together key stakeholders from around the world that develop, market, create policy, and deploy mobile accessible solutions that include older persons and persons with disabilities. G3ict – The Global Initiative for Inclusive Information and Communication Technologies - was launched in collaboration with SCRPD/DESA in December 2006 and is a public-private partnership dedicated to facilitating the worldwide implementation of the Digital Accessibility Agenda defined by the CRPD.

More **information**: http://g3ict.org/events/schedule/event_overview/p/eventId_231/id_547

Nur 1% der humanitären Hilfe richtet sich speziell an behinderte und ältere Menschen

Zwischen dem Bedarf älterer und/oder behinderter Menschen an humanitärer Hilfe und der tatsächlich geleisteten Hilfe besteht ein großer Unterschied. Obwohl dies ein bedeutsamer Teil der Weltbevölkerung ist, (11 Prozent der Weltbevölkerung sind älter als 60 Jahre und 15 Prozent aller Menschen weltweit leben mit einer Behinderung) liegt die humanitäre Hilfe für ältere Menschen und/oder Menschen mit Behinderung deutlich unter dem eigentlichen Bedarf dieser Bevölkerungsgruppen. Die Analyse von 6.003 Projekten aus 14 konsolidierten UN-Hilfsappellen (CAP) und vier so genannten Flash-Appeals zwischen 2010 und 2011 ergibt:

Nur 1% der Projekte (61) zielt auf ältere Menschen und/oder Menschen mit Behinderung.

In 21 Ländern, darunter Tschad, die Zentralafrikanische Republik und 16 Länder in Westafrika, gilt keines der Projekte diesen Menschen.Die Finanzierung von humanitären Projekten speziell für Menschen mit Behinderung nahm zwischen 2010 und 2011 von 0,7 auf 0,43 Prozent ab.

In Notsituationen sind ältere und/oder behinderte Menschen ganz besonders betroffen: Wegen mangelnder Mobilität, schlechtem Zugang zu Hilfsangeboten und medizinischer Versorgung sowie Problemen, ihren Lebensunterhalt zu sichern.

Die Nothilfekoordinatorin von HelpAge, Frances Stevenson, betont: „Unser Bericht zeigt, dass es ein ernstes Problem im internationalen humanitären Vorgehen gibt. Einrichtungen humanitärer Hilfe versagen regelmäßig in der Unterstützung der Bedürftigsten. In Notsituationen sind ältere und/oder behinderte Menschen ganz besonders betroffen, doch immer wieder wird ihr Bedarf unzureichend eingeschätzt, analysiert und in Hilfsprogramme eingebaut."

Die Autoren der Studie (Handicap International und Help Age) empfehlen den Akteuren der humanitären Hilfe umzudenken, den speziellen Bedarf zu berücksichtigen und wenn nötig ihre Projekte anzupassen oder neue, gezielte Interventionen anzubieten.

Weitere **Informationen**: www.handicap-international.de/projektarbeit/nothilfe-und-behinderung/studie-von-helpage-international-und-handicap-international.html, www.handicap-international.de/fileadmin/redaktion/pdf/HI_und_HelpAge_Bericht_2012.pdf

African Journal of Disability

The African Journal of Disability is an open-access journal focusing on disability and development issues which can be accessed free by anyone who has an internet connection. Getting information on disability to people who are not connected to universities can be very difficult, and a particular challenge in Africa.

More **information**: www.ajod.org

Disabled Adults More Likely to be Victims of Violence

Adults with disabilities are more likely to be victims of violence than adults who are not disabled, according to a new study published online in The Lancet: "Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies". Mentally ill adults are at four times higher risk for violence, and adults with intellectual impairments are also particularly vulnerable.

A team of researchers from the United Kingdom's Liverpool John Moores University and the World Health Organization analysed 26 studies on violence against disabled adults, with more than 21,000 participants from around the world.

"About 3 percent of individuals with non-specific impairments [eg, physical, mental, or emotional, or health problems that restrict activities] will have experienced violence within the past 12 months, rising to almost a quarter of people with mental illnesses," said lead author Mark Bellis of Liverpool John Moores University in a press release. The violence, he explained, was either physical, sexual or by an intimate partner.

Experts not involved in the research say the study calls attention to the plight of many disabled adults with disability who become targets for a variety of reasons. Jack Levin, professor of sociology and criminology at Nort-

heastern University in Boston, said the disabled often suffer in silence. "It happens all too often, but we have ignored a very serious issue," he said.

The U.S. Department of Justice found that disabled adults were victims of twice as many violent crimes as adults who are not disabled, and about 15 percent of these victims believe they were targeted as a result of their impairments. "There are a number of reasons why adults with disabilities are more vulnerable to violence," said Dick Sobsey, professor emeritus at the University of Alberta in Edmonton, Canada. "Many of them are more vulnerable or may have limited communication abilities, either by impairment or by situations they are in," he said. Levin added that they may not be able to fight back or to report the incidents to the authorities.

There seems to be a wide-spread notion that especially those who have cognitive impairments, are often viewed as non-human. They have a deficit or a defect, so they can be more easily treated like animals or subhumans," said Levin, also the author of "The Violence of Hate."

Many people with disabilities are also often dependent on others, making them vulnerable to people who may feel the desire to exert power over them, Sobsey added. Perpetrators may also be exacting revenge on people with disabilities, Levin said. Since the passage of the Americans with Disabilities Act (ADA) in 1990, which prohibits discrimination based on disabilities, people may feel that the disabled get special privileges. "A person may want to get even for some loss. He or she may blame the disabled person for some personal miseries, such as getting passed over for a job."

"Since the ADA was enacted, those who have disabilties are seen as costing us a lot of money," Levin added. "Many Americans see them as a threat to their economic well-being." And people may simply be motivated by the thrill of killing and see the disabled as easy targets, Levin said.

Experts have different opinions on the best ways to address the problem, but they do agree that a solution will not be easy to come by. While the study identifies a trend of abuse against people with disabilities, more research is needed to determine the cause-and-effect relationship. "It's not yet clear whether violence comes first, or the disability in some cases," said Sobsey. "Violence is a major cause of psychiatric symptoms and disabilities."

In an accompanying editorial, Esme Fuller-Thomson and Sarah Brennenstuhl of the University of Toronto wrote that health care providers need better tools to screen for and identify violence among their patients. "In addition to improved identification of victims is the need for appropriate care and support services," they wrote.

Levin believes that the first step should be better recognition of the violence against adults with disabilities. "We don't need any more laws," he said. "We need to change the thinking of ordinary Americans who are unaware that people with disabilities are being targeted. If Americans recognised the harm that was being done, they might be more likely to intervene." Whilst this statement refers to a specific high-income country the same is seemingly true for a lot of other states, many of which yet do lack appropriate legislation.

More **information**: www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)61851-5/abstract

Interactive Panel Discussion on Disability Data and Statistics for Inclusive Development: Next Steps for Action at Global, Regional and National Levels

On March the 1st the United Nations General Assembly has reiterated the urgent need to include disability in the international development agenda, and has identified the strengthening of the collection and compilation of national data on the situation of persons with disabilities as a means to achieve this goal. In his report to the Fiftieth Session of the Commission for Social Development the Secretary-General also called for increasing efforts to apply the internationally recommended guidelines, principles and methodologies for collecting and analysing data and statistics on disability.

Disability continues to remain largely invisible in most mainstream development processes. However, some progress has been made in strengthening the knowledge base on the situation of persons with disabilities and this contributes to the mainstreaming of disability and the effective formulation of disability-inclusive monitoring and evaluation of the internationally agreed development goals, including the Millennium Development Goals (MDGs). Better information on the situation of persons with disabilities is urgently needed to prevent development progress from perpetuating barriers to participation and inclusion of persons with disabilities, and to help towards the overall objective of equalisation of opportunities.

More **information**: www.un.org/disabilities/default.asp?navid=46&pid=1593

Creating a Global Centre for Autism Research and Education

ICare4Autism plans to build the Global Centre for Autism Research and Education in Jerusalem to catalyse the breakthrough innovations required to tackle the global autism crisis. The Centre will: enable the convening and support for an interdisciplinary global community of researchers, educators and advocates; drive the research needed to discover the aetiology of autism and its biologic and environmental causes; and create opportunities for powerful collaborations that will bring better methods of detection and treatment to patients and their families all over the world. The Centre will be launched at the 2012

International Autism Conference (1-2 August 2012) in Jerusalem. Participation is encouraged from people around the world by means of Poster submissions, where winners will receive a scholarship to attend the Conference, as well as participate in a Conference panel.

More **information**: www.icare4autism.org

Online Communities on Disability Rights

To help raise awareness on the rights of persons with disabilities and on the challenges they face, the Global Partnership for Disability and Development (GPDD) has created two Facebook online pages on two specific topics: Women with Disabilities in Development and Disability and Disasters.

The intent is to open up the lines of communication between human rights activists, people with disabilities and anyone interested in the topic, and to share information on disability issues. This will create a culture where persons with disabilities are not only respected, but also recognised for their great potential.

More **information**: www.facebook.com/pages/Working-Group-on-Disability-and-Disasters/168050869882459 and www.facebook.com/pages/Women-with-Disabilities-in-Development/275894855765304?sk=info

Literatur/Reviews

Tanya Barron/Penny Amerena (Editors)

Disability and Inclusive Development (London 2007)

Inklusiven Ansätzen in der Entwicklungszusammenarbeit mangelt es bisher an strategischen internationalen Konzepten, um ihre praktische Umsetzung auf lokaler und nationaler Ebene umzusetzen. Die zentrale Forderung der umfassenden Partizipation von Menschen mit Behinderungen in allen Bereichen der Entwicklungszusammenarbeit wurde bisher nicht erreicht. Durch dieses Buch werden Anregungen gegeben, wie Menschen mit Behinderung im Sinne einer inklusiven Entwicklung in die allgemeine Entwicklungszusammenarbeit einbezogen und *mitgedacht* werden können.

In den vier Kapiteln zu zentralen Bereichen inklusiver Entwicklung *Community Based Services* (Roy McConkey), *Inlcusive Education* (Susie Miles), *Economic Empowerment* (Peter Coleridge) und *Conflict Recovery* (Maria Kett) werden komplexe Zusammenhänge aufgezeigt. Es werden konkrete Beispiele, programmatische Gesichtspunkte und Debatten dargestellt, die sowohl für die Praxis wie auch für Policy Entwicklung relevant sind.

Das Buch ist in einer verständlichen Sprache geschrieben und bietet eine Reihe von zusammenfassenden Materialien, die Praktikern, Regierungsmitarbeitern und Programmverantwortlichen Hilfen an die Hand geben. Alle Beiträge beziehen sich auf Menschenrechte und Community Based Rehabilitation.
Bezug: www.lcint.org/?lid=3681

Tanya Barronund/Jabulani Manombe Ncube

Poverty and Disablity (London 2010)

Seit dem Inkrafttreten der UN Konvention über die Rechte von Menschen mit Behinderungen zeichnen sich in der Entwicklungszusammenarbeit inzwischen neue Ansätze inklusiver Entwicklung ab. Besonders der Blick auf Armutsreduzierung von Menschen mit Behinderung ist häufig ein Thema, das parallel zu inklusiver Entwicklung gedacht wird.

In den elf Kapiteln des Buches diskutieren Autoren unterschiedlicher Herkunft verschiedene Teilbereiche inklusiver Entwicklung, sowohl auf der Ebene von Praktikern aber auch auf der Ebene von Entscheidungsträgern. Charlotte McClain-Nhlapo geht in ihrem Beitrag beispielsweise auf die Thematik Mainstreaming in Policy- und Programmentwicklung sowie die Schaffung rechtlicher Rahmenbedingungen ein. Verschiedene Autor/innen stellen unterschiedliche Themenkomplexe einkommensschaffender Maßnahmen dar, wie z.B. Mikrofinanzen, Selbstständigkeit aber auch die soziale Sicherung. Im letzten Kapitel beschreibt Rosangela Berman-Bieler die Herausforderungen und steten Veränderungsprozesse auf dem Weg zu einer inklusiven Entwicklung.

Das umfangreiche Buch richtet sich an Mitarbeiter/innen in NGOs, Entscheidungsträger und Forscher. Die Vielfalt der Thematiken wird durch eine sehr gut verständliche Sprache und klare Strukturierung den Lesern nahe gebracht. Durch seine Bezugnahme zu der UN Konvention und gemeindenahen Ansätzen wird es zu einem Begleiter bei der Förderung von Ansätzen inklusiver Entwicklung.
Bezug: www.lcint.org/?lid=3681

International Telecommunication Union

ITU: Thematic Report on Making TV Accessible

Recognising the importance of television as a channel for the dissemination of public information, education and entertainment, the International Telecommunication Union (ITU), in collaboration with its partner G3ict, - The Global Initiative for Inclusive Information and Communication Technologies- has released Making TV Accessible, a new digital inclusion report designed to help the millions of persons worldwide living with a disability that prevents them from fully enjoying the audio-visual content coming into their homes. The report also explains how access services are produced and delivered so that regulators and service providers can better understand the issues and costs, emphasises the need to make target users aware of access services.
More information: www.itu.int/net/pressoffice/press_releases/2011/51.aspx.

United Nations

Disability and the MDGs

The print version of Disability and the Millennium Development Goals: A Review of the MDG Process and Strategies for Inclusion of Disability Issues in Millennium Development Goal Efforts is now available for distribution.
More information: www.un.org/disabilities/default.asp?id=1470#panel,
www.un.org/disabilities/documents/review_of_disability_and_the_mdgs.pdf.

Office of the High Commissioner for Human Rights (OHCHR)

Study on the Political Participation of Persons with Disabilities

The Office of the High Commissioner for Human Rights (OHCHR) issued a thematic study on Participation in Political and Public Life by Persons with Disabilities (A/HRC/19/38). The study was prepared in consultation with relevant stakeholders, including persons with disabilities and their representative organisations. It analyses relevant provisions of the CRPD, highlights good practices in the field of

participation of persons with disabilities in elections and in the conduct of public affairs, and identifies the main challenges that still prevent or limit the equal and effective participation of persons with disabilities in the political and public life of their countries. On 1 March 2012, the Human Rights Council (HRC) held an interactive panel dialogue on the participation of persons with disabilities in political and public life (Palais des Nations, Room XX, 12:00-15:00; www2.ohchr.org/english/bodies/hrcouncil/ 19session). The panel of experts discussed issues highlighted in the study noted in the above study.The major issue of this debate was the importance of the participation of persons with disabilities in political and public life – especially given their historic invisibility. The realisation of the human rights of persons with disabilities constitutes a challenge for least developed countries due to the need for financial and technical resources. The study is available in an accessible format at:
www.ohchr.org/EN/Issues/Disability/Pages/Participation PoliticalAndPublicLife.aspx
More information: www.wfuna.org/highlights-of-week-one-of-the-19th-session-of-the-hrc

World Bank

Disability and Poverty in Developing Countries: A Snapshot from the World Health Survey

The World Bank has recently published the study Disability and Poverty in Developing Countries: A Snapshot from the World Health Survey. The publication is a contribution to the empirical research on the social and economic conditions of people with disabilities in developing countries.

The study presents a snapshot of economic and poverty situation of working-age persons with disabilities and their households in 15 developing countries: Burkina Faso, Ghana, Kenya, Malawi, Mauritius, Zambia, and Zimbabwe in Africa; Bangladesh, Lao People's Democratic Republic (Lao PDR), Pakistan, and the Philippines in Asia; and Brazil, Dominican Republic, Mexico, and Paraguay in Latin America and the Caribbean. It is interesting to note that for the purpose of the study, poverty is specified in both monetary aspects (e.g. income) and not monetary aspects (e.g. living condition, education attainment, etc).

The data used for the research come from the World Health Survey (WHS) conducted by the World Health Organization (WHO) in 2002-2004. This survey is the first one on disability having used the same data collection methodology in several different countries, rendering hence possible a comparative analysis of the situation of disability in different contexts.
More Information: http://documents.worldbank.org/ curated/en/docsearch?query=disability%20and%20 poverty, Report: http://documents.worldbank.org/curated/ en/2011/04/14382786/disability-poverty-developing-countries-snapshot-world-health-survey

Essl Foundation

Launch of Zero Report

In occasion of the International Day of Persons with Disabilities, the Essl Foundation published the Zero Report - a new international comparative study on the implementation of the UN Convention on the Rights of Persons with Disabilities.

The Report consists in the written summary of the research and findings of the Zero project. Based on the 2010 Essl Social Index Pilot Study, the Zero project advocates, with a new and innovative approach, the rights of persons with disabilities internationally, in order to achieve a world with zero barriers. Its activities are centred on the creation of platforms for sharing and developing models that clearly improve the daily lives, and the legal rights, of persons with disabilities.

More in detail, the report features the review of 21 social indicators on the implementation of the CRPD in 36 countries, two states in the USA and nine Austrian federal provinces. It also contains a collection of 27 good practices, aiming to illustrate the implementation of the CRPD in practice and to suggest possible effective solutions to common problems. Lastly, the report features eight Good Policy Examples, which have proved able to deliver identifiable improvements to advance disabled persons human rights.
More **information**: www.esslsozialpreis.at/uploads/ media/Zero_Report_2012____01.pdf, www.zeroproject.org

Office of the High Commissioner for Human Rights (OHCHR)/ UNICEF

More on Institutionalisation

The Office of the High Commissioner for Human Rights (OHCHR) and UNICEF have published a joint report documenting human rights situation of people placed in institutions, particularly children and persons with disabilities. It has also produced a video on the subject, which highlights the experiences of Mikhail in Moldova and Assen in Bulgaria who both grew up in institutional care. The report analyses the situation of people placed in institutional care organisations and highlights the situation of people with disabilities and persons placed in mental health care. Its aim is to show alternatives to in institutionalisation and to improve the living conditions of children, persons with disabilities, persons placed in mental health care and older persons.
More **information**: www.ohchr.org/EN/NewsEvents/ Pages/ForgottenEuropeans.aspx, www.europe.ohchr.org/ Documents/Publications/Forgotten_Europeans.pdf

AIFO

Promoting Empowerment: Emancipatory Research in Community-Based Rehabilitation (CBR) Programmes

The AIFO (Italian Association Amici di Raoul Follereau) published a guide for CBR Programme Managers: Promoting Empowerment. This Guide is based on the experience of implementing an emancipatory research in India under SPARK/CBR (Samagama- A Participatory Action Research Knowledge-CBR) initiative (2009-2012), that is part of joint plan of action between Disability and Rehabilitation team of World Health Organisation (WHO/DAR) and AIFO. It is a project supported by Italy, France, Germany and Japan.

This guide is based on the experience of implementing an emancipatory research initiative in Mandya CBR programme in Karnataka state in India. The research was carried out between 2010-2012 and was managed by two voluntary organisations (Maria Olivia Bonaldo Rural health organization (MOB) and Sri Raman Maharishi Academy for Blind (SRMAB)). Together they covered 9 sub-districts and about 2 million persons. The programme directly involved around 23,000 persons with different disabilities.

Emancipatory research in a CBR programme is a research carried out by persons with disabilities in ways that promote their empowerment. It uses a human rights approach to understand how different barriers prevent the participation and inclusion of persons with disabilities and to identify strategies for overcoming those barriers. Following this experience the AIFO prepared a simple manual on how to conduct emancipatory research in a CBR programme.

More **information**: www.aifo.it/english/proj/research/sparkcbr/attachments/ER_in_CBR_manual_draft02.pdf

Richard Rieser

Implementing Inclusive Education: A Commonwealth Guide to Implementing Article 24 of the UN Convention on the Rights of People with Disabilities

Richard Rieser, a globally respected educator has brought together a wealth of knowledge and perspectives in this impressive second edition of Implementing Inclusive Education: A Commonwealth Guide to Implementing Article 24 of the UN Convention of the Rights of Persons with Disabilities. Inclusion in education is a process of enabling all children to learn and participate effectively within mainstream school systems, without segregation. It is about shifting the focus from altering disabled people to fit into society to transforming society, and the world, by changing attitudes, removing barriers and providing the right support. The UN Convention on the Rights of Persons with Disabilities requires the development of an inclusive education system for all. This revised and expanded second edition of Implementing Inclusive Education examines the adoption of the Convention and provides examples, both through illustrated case studies and on the accompanying DVDs, of how inclusive education systems for all children have been established in pockets throughout the Commonwealth and beyond. The message is clear: it can be done. The task is now to implement inclusive education worldwide. Youth with disabilities and allies should take note of the fundamental topics covered in this ground-breaking resource. Inclusive youth policies must address inclusive education in an effective and practical manner and should provide local communities and policymakers a win-win approach to social change. Through case studies, data, and an interactive DVD this book accomplishes this and much more.

More **information**: http://publications.thecommonwealth.org/implementing-inclusive-education-932-p.aspx

VERANSTALTUNGEN
EVENTS

18.06. - 13.07.2012	Summer School on Disability and Development Subject: Disability and Development Venue: Faculty of Public Health, University of Indonesia (UI), Depok, West Java **Information**: http://globalaccessibilitynews.com/
06.08. - 08.08.2012	2012 Summer Leadership Institute: Equity, Inclusion & Excellence. Leading Inclusive Schools today **Information**: School of Education Events Office, 250 Huntington Hall, Syracuse University, Syracuse, NY 13244 -2340, Phone: 315-443-4696,Fax: 315-443-2258, http://soe.syr.edu/centers_institutes/schools_of_promise/leadership_institute.aspx
17.09. - 21.09.2012	TRANSED 2012: The 13th International Conference on Mobility and Transport for Elderly and Disabled Persons in New Delhi, India. **Information**: TRANSED 2012 Secretariat, Svayam- An initiative of SJ Charitable Trust, Jindal Centre, 12, BhikaijiCama Place, New Delhi- 110066, India, Phones: +91-11-41462323, + 91-41462080, Fax: +91-11-26105671, Email: secretariat@transed2012.in, www.transed2012.in.
29.10. - 02.11.2012	22nd RI (Rehabiliation International) World Congress in Incheon, Korea **Information**: 22nd RI World Congress Organizing Committee, (137-849) 2Fl, 990-2, Bang-bae-Dong, Seocho-Gu, Seoul, South Korea, Tel.: +82(2)3472-3556, Fax: +82(2)3472-3592, E-Mail: rikorea@rikorea.or.kr, www.riincheon2012.org

Schwerpunktthemen kommender Ausgaben der Zeitschrift
Focal Topics of Upcoming Issues

2/2012   Psychische Gesundheit/Mental Health (verantwortlich/responsible: Mirella Schwinge, mirella.schwinge@univie.ac.at)

3/2012   Historie der Behinderbewegung/History of the Disability Rights Movement (verantwortlich/responsible: Susanne Wilm, susanne_wilm@yahoo.de)

Interessierte Autorinnen und Autoren mögen sich für nähere Informationen und unseren *Leitfaden für AutorInnen* bitte an die oben genannten Verantwortlichen wenden. Darüber hinaus sind Vorschläge für weitere Schwerpunktthemen willkommen unter gabi.weigt@t-online.de.

If you are interested in contributing, please contact the respective member of the editorial board mentioned above for more information and our Guidelines for Submissions. Moreover, we welcome ideas and suggestions for future focal topics which you can submit to our editorship at gabi.weigt@t-online.de.

Deadlines for the upcoming issues:

	2/2012	3/2012	1/2013
Hauptbeiträge/Focal articles	15.01.2012	15.07.2012	15.10.2012
Kurzbeiträge/Other contributions	15.04.2012	15.08.2012	15.12.2012

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Disability and International Development

Die Zeitschrift *Behinderung und internationale Entwicklung* erscheint seit 1990 dreimal jährlich mit Beiträgen sowohl in deutscher als auch englischer Sprache. Ihr Anspruch ist es, ein Medium für einen grenzüberschreitenden Informationsaustausch zur Thematik zu bieten sowie die fachliche Diskussion zu pädagogischen, sozial- und entwicklungspolitischen sowie interkulturellen Fragen im Zusammenhang mit Behinderung in Entwicklungsländern weiterzuentwickeln. Jede Ausgabe ist einem Schwerpunktthema gewidmet, das durch Einzelbeiträge und einen aktuellen Informationsteil ergänzt wird.

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The journal *Disability and International Development* is published three times a year since 1990, featuring contributions in both English and German. Its objective is the scholarly and practice-oriented discourse on disability in low-income countries. The journal aims at providing a platform for a cross-border dialogue and promoting the professional discussion of related development policy, pedagogical/educational, socio-political and intercultural questions. Each issue is dedicated to a focal topic, complemented by single contributions on other subjects and up-to-date information.

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