Version #31 July 2006

**Gender and Population Division**

**Sustainable Development Department**

**Enhancing Opportunities in Agriculture for Persons with disabilities**

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**Guidelines for Getting People Involved**

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**Summary**

**Guidelines**

The purpose of these guidelines is simple. People with disabilities have a right to the same equality of treatment, employment opportunities and rewarding lives as persons without disabilities in their community – their family, neighbours and colleagues. Herein is a challenge for everyone, for unless effort is made to better understand the plight of persons with disabilities in the community and, where possible and appropriate, to positively discriminate in favour of them - these rights will not be fulfilled. The manual sets out to provide an easy-to-understand set of guidelines of how persons with disabilities[[1]](#footnote-1) and non-persons with disabilities alike can make a difference. Supporting information is provided to promote and inform key people within the community or those looking in from outside, and to provide them with that essential knowledge that may create the right conditions for empowerment and independence. This may eventually result in more persons with disabilities finding security, meaningful work and a rightful place in their community.

**Empowering Persons with disabilities**

There is universal agreement in all countries that persons with disabilities are entitled to the same life opportunities as everyone else, but no clear ideas on how to actually achieve objectives of this kind. Countries implement laws in support of persons with disabilities, and the national agencies establish and promote within the context of those laws to help marshal the resources with which persons with disabilities are better able to integrate into local communities. Support for persons with disabilities has traditionally focused upon health, social and welfare development but, notwithstanding the efforts made by many well-meaning laws, policies and programmes, persons with disabilities continue to be marginalized within their home communities.

There has been a shift in direction in recent times towards encouraging persons with disabilities to become more economically independent – of the state, of the community and of the family. This requires that persons with disabilities become more assertive, more pro-disability/opportunity and more prepared to lobby in support of their rights as ‘people who are different’. The approach is more one of ‘people-first’ and less of ‘disadvantaged people’*.* Key issues for persons with disabilities have become access to education, to vocational training and to employment. Without these advantages, persons with disabilities in the low-income countries stand little chance of making a difference to their lives.

**Persons with disabilities in Employment**

Notwithstanding the considerable investment in social/health/medical and similar sectors in support of persons with disabilities over the years – and particularly during the past 50 years – there is *de facto* recognition of the reality of the 2000s that this kind of investment has become less valuable than earlier; people are better informed – and demand more and better services, there are simply too many people for the resource base available and, importantly, governments and other investors generally chose alternative priorities. The industrial countries struggle to provide social services to disabled citizens, and achieve limited success; the low-income countries are generally too poor to provide the additional resources with which to make a difference. Social cohesion of local people helps with resource sharing for a time but, as with the current priority on HIV/AIDS affected communities (which, in total, are <15% of persons with disabilities minorities worldwide) there is fashion and urgency in investment, and persons with disabilities are generally not recognised for their potential. Employment and pro-disability opportunities for providing employment and income are a logical route out of poverty and a step towards empowerment. Future investment programmes will inevitably be required to link into the marketplace for activities, enterprises and social development that can be shown to be profitable. In this way there will be a measure of long-term value. An approach of this kind underlies the basis of this report – given that most persons with disabilities in the low-income countries are dependent upon agriculture for their livelihood. The survival of self, family and/or community in which the persons with disabilities lives, ultimately depends on the successful exploitation of local industries for income generation, and the collective wealth of the people concerned.

**Persons with disabilities and Agriculture**

Notwithstanding the considerable reporting available in support of persons with disabilities worldwide, there is little direct experience recorded for the role of (i.e. opportunities for) persons with disabilities within agricultural production; and little reference to the development of strategies that will enable persons with disabilities to survive and/or prosper within the industry. Most initiatives undertaken in support of persons with disabilities are piecemeal and short-term; representing small investments made on behalf of a handful of recipients over a limited period of time. Given the seasonality of agriculture, even a five year programme of investment may only encompass five growing/production seasons. This is unsatisfactory and restricts options.

Development of a strategy – particularly a national strategy – has long-term advantages for both recipients and providers; there is transparency, people know where they stand, priorities can be taken with confidence and investments made with longer-term opportunities in mind (for example, for the provision of education, vocational training, market exploitation, etc.). The guidelines have provided one route into strategic planning – following from the small-scale investment typical of a donor/agency project. Herein are opportunities for persons with disabilities to take ownership into the future; and to re-appraise, change direction and to select alternative options as the framework of the original strategy becomes dated, unworkable, too narrow, etc. Planning is essential - that people take control.

**FAO and Persons with disabilities in Agriculture**

FAO serves the world with a mandate of strategic considerations that link to the Millennium Development Goals (MDGs) with an approach that encourages inter-disciplinary expertise, information sharing and international coverage that is ‘second-to-none’. It does this in an increasingly complex geo-political framework of development in member countries and constrained by shrinking budgets (and thus fewer resources) and continuing demand for services.

Investment takes place within a strategic framework that has been designed to boost cost efficiency, provide decentralized services and to form more partnerships with others in the UN family of agencies, NGOs and the private sector. Bi-lateral and multi-lateral relationships with member governments remain the basis of the way in which in-country projects and programmes function; success herein is exemplified in the way in which extra-budgetary funds are raised for a host of diverse activities.

Resources are allocated on the basis of the strategic objectives of the Organization which, for the next period will primarily be directed into support for rural livelihoods, poverty alleviation, food security, appropriate technologies, information resource development and natural resources/environmental management (FAO, 2005a). Funding for the period 2006-2007 remains to be reconfirmed given the number of dynamic issues which continue to arise (mainly due to delivery of donor contributions), but it is likely to be within the range of US$750-807 million assuming no real growth in allocation from the previous biennium period. The various budget allocations are essentially beyond a brief review of persons with disabilities in agriculture, but suffice to note that investments in staffing, technical information and, importantly, projects come as a result of allocation to ‘Technical & Economic Programmes’, ‘Technical Cooperation Programmes’ and ‘Cooperation and Partnerships’. For the current biennium investments are, respectively, likely to be of the order US$307million, US$99million and US$134million. The small allocations required of persons with disabilities’investment compete for resources therein.

With >10 projects in direct support of the persons with disabilities sector in recent years (and many others that apply), FAO has a valuable portfolio of practical experience that can be explored, adapted and used by others. There are a number of key findings from FAO/government executed projects that should be promoted further. These include a focus upon income generation, mainstreaming persons with disabilities by disability within the training provided and the enterprises developed, keeping design and investments simple and, importantly, ensuring that the people involved retain ownership. It follows that long-term success comes from training persons with disabilities (representing all disadvantaged people)[[2]](#footnote-2)howto exploit local markets for services and goods that can be provided by persons with disabilities working independently from or, for preference, with without disabilities. Investment in a pro-persons with disabilities project is not essential, but it helps. Of greater importance are activities that encourage the pro-persons with disabilities lobby, the establishment of organizations of persons with disabilities in communities, and negotiations and support that comes from organizations of persons with disabilities working to marshal resources and to promote opportunities for the people they represent.

**FAO in Support of Persons with disabilities**

With the scope, understanding and potential of the developing industries rapidly changing, the role of FAO in support of persons with disabilities continues to remains dynamic. Persons with disabilities in agriculture may represent >13% of humanity (i.e. about 430 million people), but the Organization follows a mandate for action determined by FAO member countries and, importantly, by the extent of the funding resources provided. Here it is that priority choices are made – and these are rarely in direct support of persons with disabilities. Constraints apart (of choice and/or resources) FAO has always provided small regular programme and field programme investments in support of the persons with disabilities sector– projects have been implemented and staff have been appointed. About 10 projects focused on persons with disabilities have been designed and executed by the Organization in recent years. Project funds have come from FAO, donor and host governments. Sector support costs from the Organization have been of the order US$710 000 per biennium.

Additional activities/investment in support of selected national programmes – as recommended in this report - include establishing links to an international NGO *(*i.e. an NGO specializing in support for persons with disabilities)and a boost to sector publishing. *A partnership role shared with an appropriate international NGO is in line with the aims of the Organization to create new partnerships, enhance harmonization, strengthen NGO/CSO participation in policy dialogue, etc. (FAO, 2005a).* Linkages and publications would cost, respectively, an additional US$110 000 and US$50 000 per biennium. Funding of this nature focused into an investment package of <US$900 000 every two years in support of the sector represents between 1.3-1.5% of the biennium budget typically imposed upon FAO during the 2000s. An investment of this kind is recommended. Lobbying for external funding for sector investment should continue, and would enable additional activities to be undertaken.

FAO always has opportunities to participate in the international debate on behalf of persons with disabilities – according to sector interest and to the demands of member countries. A key platform for debate is provided by the UN Programme of Disability and the regular meetings of the Ad Hoc Committee held. These opportunities are valuable and should not to be missed; they are explored further in Annex A10.

**Making a Difference**

Reports like this one are full of well meaning rhetoric – as to be expected given the bulk of reporting available internationally for providing assistance to people who are *not* supposed to be able to help themselves, etc. Herein is need for a shift in approach to make persons with disabilities more responsible for both personal and sector[[3]](#footnote-3) well-being. In the low-income countries this cannot be done without external assistance and funds, given the impoverished nature of all sectors. The route to making a difference, however, is relatively easy to navigate, and can be summarized within 10 key activity groups that apply to everyone working in support of the persons with disabilities sector:

1. Establishing national laws, etc. in support of persons with disabilities – laws that explain and confirm the rights of persons with disabilities as ‘people who are different’.
2. Advocacy and the establishment of organizations of persons with disabilities – by sector, by region and/or by country; and, as appropriate, by disability.
3. Evaluation of the persons with disabilities sector – that the extent of needs, people, resources, etc. can be identified, confirmed and, as appropriate, addressed.
4. Marshalling resources, innovation, interest, etc. in support of persons with disabilities development.
5. Providing sufficient resources to enable persons with disabilities to receive a basic education.
6. Providing sufficient resources to enable persons with disabilities to receive vocational training that will be commercially useful.
7. Encouraging persons with disabilities to exploit commercial markets for goods and services that are required and that are within their ability to supply.
8. Helping persons with disabilities to establish the resource networks required that will provide for the survival of fledgling commercial enterprises.
9. Encouraging persons with disabilities to promote their successes (and to learn from their failures).
10. Providing investments that include pilot-scale projects/activities that continue to identify the potential for, and value of, empowering persons with disabilities.

Two additional key activity groups apply to the programme of work of FAO (and other agencies working in support of the sector) that build upon activity groups #1-#10 as follows:

1. FAO. Continuing with regular programme and field programme activities in support of persons with disabilities.
2. FAO. Promoting networks with international NGOs; and providing more sector-specific publications that link persons with disabilities to agricultural production, processing and services.

**Contents of the Guidelines**

The guidelines are in two parts, viz. 1. ‘Working information’ – i.e. the main text, and 2. ‘Supporting information’ – contained in a collection of annexes. Shared proportions are about half-half. Main text and annexes are largely stand-alone, and can be used separately. Four annexes (A3-A6) cover some of the different tasks required at the time the document was planned. Each annex is introduced with a descriptor taken from the terms of reference that applied. The other annexes (A1, A2 & A7-A10) contain additional information obtained during the search/preparatory work required of reporting - that will provide useful links into the many supporting sectors that have been central to the development of the guidelines, but which have not been explored in depth.

A module approach of this kind was taken with the aim one of making it easier to select the different parts of the guidelines for use, reference, training, information sharing, etc. This provides for easier copying and more precise use of information; less material has to be available (when compared, for example, to integrating the information contained in the annexes into the main text as reference/core information). If this approach is not liked by users, the guidelines can later be re-developed into a more classical approach. Guidelines of this kind are dynamic in context – and should not be seen as an end-in-themselves. They will always be transitory.

The guidelines have set out to raise issues and present opportunities for persons with disabilities in the context of useful lives spent in mainly rural communities. Thus it is that the focus is one of persons with disabilities working mainly in agricultural production and service industries. An extensive number of references have been used (and others are listed as available) to provide additional source material for follow-through investigation into one or more of the separate socio-techno-economic sectors that determine the basis of the development opportunities available. There is extensive international reporting available – particularly for rights promotion, social development, health support and medical issues. There is less reporting focused upon persons with disabilities re-asserting themselves as ‘people who are different but no less capable of making a reasonable living’*.* Further*,* persons with disabilities in agriculture is also poorly reported.

**Taking Action**

Persons with disabilities in the low-income countries are the most disadvantaged people in the world. The development of yet another package of words is likely to have limited direct value for them, unless the ideas and suggestions contained in the guidelines are shared with those who are able to make a difference. Feedback from experience is essential that subsequent versions of the guidelines (or follow-on documents) will contain the practical findings of people who ‘know how’. Readers/users are invited to share their experience with the Director, Gender and Population Division, FAO, Viale delle Terme di Caracalla, Rome 00100, Italy.

**Publishing the Guidelines**

The report should be prepared as an internal document for review, evaluation and use by FAO people. It contains ideas and suggestions that relate directly to the support required of, and/or recommended for, the Organization. Here it is that FAO has an opportunity for making more effective use of the small investments made in support of persons with disabilities in agriculture (including the preparation of this report). White-paper/low-cost publication would provide 500 hard copies for an estimated US$1 500.

The model upon which the guidelines have been proposed and the supporting information provided have value for a wider readership, however. Remove reference to the proposals and costs recommended for the work of the Organization, and the report could be distributed to more sector-specific external markets/recipients. Here it is that feedback will provide the basis for revision and/or additional reporting. Web/CD publication would provide for international review. Estimated costs would be of the order US$1 000.

An appropriate ‘Foreword’ will need to be prepared for both publication routes to present the document and the reasons behind preparation and, importantly, to invite comment/feedback from those interested.

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**A. Guidelines for Persons with disabilities in Agriculture**

**Part 1. Getting Started - Context**

***Part 1 introduces the guidelines and contents. It describes intended uses for the guidelines, and provides some background on the issues of disability and how persons with disabilities interact with agricultural production in the low-income countries. The section highlights why it is important to enhance the range of opportunities available to persons with disabilities; to enable them to make a contribution to their society – to enable them to gain confidence, independence and equality. This provides for a sense of ownership and belonging.***

**1.1 About the Guidelines**

The guide summarizes the principles behind some of the many good practices found worldwide to enable people with disabilities to have greater access, mobility, self-management and opportunity within their daily lives. The guide is intended for use by people with disabilities, by people who care for them (and who can help with the integration of persons with disabilities into the daily life around them) and by people who have both a social and a professional responsibility towards helping persons with disabilities to engage and participate.

Improving the participation of persons with disabilities is more than simply improving access, making people more mobile, informing people and encouraging them. In reality, there is the integration required of linking persons with disabilities (and persons with disabilities in the context of disadvantaged people generally where the two groups are synonymous – see foot note #2*)* into the social fabric of their community. The efforts involved may include:

1. Advocacy. Promoting a case for persons with disabilities and the value of integrating them into all aspects of the life of their community.
2. Opportunities. Raising awareness in the community of the opportunities available, and the effort and investment required on behalf of persons with disabilities.
3. Numbers. Estimating the number of persons with disabilities within the community who would directly benefit, (but recognising that many more people would also probably benefit – depending on the extent – and success - of the investments made).
4. Mobility. Providing mobility aids such as wheelchairs, walking aids, prosthetics and similar – to get people mobile and active.
5. Transport. Providing transport services that may enable persons with disabilities to escape the home and the immediate family for a period; and to take advantage of services available away from the home.
6. Information. Providing sufficient information that both persons with disabilities and society at-large are made aware of the many opportunities available for taking action and making change.
7. Methods. Devising the policies and management practices required that raise awareness of the complexity of the many issues involved with making society more equitable.
8. Empowerment. Empowering persons with disabilities by providing the frameworks in which they can learn, access resources, interact with others (both persons with and without disabilities)and become more economically independent.

The guidelines take a comprehensive approach to people working in support of themselves and their community - and of society at-large providing the initial resources with which to do so. The issues are a deal more challenging for people in the low-income countries when compared to people living in richer societies but, these differences apart, many of the principles involved remain largely the same. There is no lack of information available on a global-scale, but making it accessible to people who may be isolated from central resources remains a challenge. People in the low-income countries are generally ill-informed.

**1.2 Who are the Disabled?**

There are persons with disabilities everywhere – some permanently disabled and others who spend periods disabled within a normal life. Difficulties arise with the use of language and how best to define what it is that is being said or described. Language also changes with time and fashion – with the latter based on perceptions of people and their rights within local society. There are further problems with understanding what is being said between the industrial countries and the low-income countries. Here it is that the focus upon poverty alleviation and human rights has introduced elements of the environment into the debate. People are thus no longer simply disabled physically or mentally, but may also be constrained by their access to resources. Consider some everyday language used.

According to UNENABLE (2006) some standard rules for definitions of disability are:

1. Handicap. - lack of resources within a community may handicap the people involved so that everyone is affected. The term handicapwas once widely used to describe persons with disabilities but has, in recent years, become less valued/used. Further, in the English language, there is a measure of stigmatism with the use of the term. ‘Handicap’ is currently linked to loss of opportunities or being at a disadvantage to others within the host community. Essentially, it describes the person with a disability within his/her physical or social environment.
2. Impairment. - refers to the actual physical loss or reduction of functioning in an individual, for example loss of vision, hearing, movement, speech, etc. or an inability to learn.[[4]](#footnote-4)
3. Disability. *-* is a description of the many different functional limitations that occur within a group of people. People are disabled as the result of physical, intellectual or sensory impairment, medical condition or mental illness in the context of their society. These illnesses and/or impairments may be transitory or permanent in nature.
4. Rehabilitation. - and/or better integration of persons with disabilities into their respective communities can be described within social and individual models of development (Light, 2003 & Albert 2004). The social model focuses upon the relationship between the individual and his/her society, with the rights of people predominating. Therein are needs that seek to overcome barriers to progress within society as-a-whole, and not simply the provision of charity and/or medicines. There are implications that society should be moving to embrace the person or group with disabilities (and not the other way around).Individual models are usually charity/medical-based with the person with disability identified as the issue to be solved. Models of this kind are slowly being challenged, but remain popular because of the ease with which investments can be made with technical aids, institutions and/or healthcare. Recipient communities and donors may gain short-term advantages, but society at-large remains unchanged – and persons with disabilities continue to be disadvantaged.

Qualifying language and/or degree of disability is largely outside the scope of reporting herein, but suffice to note that an extensive lexicon of terminology is available to describe persons with disabilities in context and reality, and in their environment. One such is provided by the German Social Welfare Code and associated reporting by Muhl (1999), Bleindick (1999) and Rath (1999). These authors qualify the many definitions involved, and provide a useful review of rehabilitation, vocational training (VT) and the importance of providing facilities for VT.[[5]](#footnote-5)

Language is further compromised when persons with disabilities are grouped together with people who may be disadvantaged for reasons other than disability. The description of people as marginalized, vulnerable and/or disadvantaged can be useful in context, but it leads to specific exclusion where the needs of the actual disability may not be taken into account. Thus targets and/or investments may become lost. The issues are more complex, however, for the descriptor ‘disabled’ labels all persons with disabilities the same - with the loss of sector identifier, for example for the mentally disabled, amputees, deaf people and so on – each of which may have particular requirements for support, etc. There is a degree of collectivization of terms within this report, however, with little direct discussion on the kinds of disability with which people can and/or should be better integrated into their (largely) rural community and/or be capable of making a living in agricultural production[[6]](#footnote-6).

**1.3 Disability in Context**

Accepting that disability is mainly a social outcome of a physical or mental impairment (or both) and that this only becomes a handicap for the person/people involved when society is unable or unwilling to help them – then disability should be considered as a social factor (in the context of the community). Disability is not a natural factor, and the person/people concerned are not at fault or responsible for their state. It is society at large that has a collective responsibility to eliminate the causes and/or make good the services required to minimize the impairment faced (ILO, 2002a).

The ILO (2002a) further described persons with disabilities within their respective life continuum, and the importance of the many different disabilities that are found in a sample population. Persons with disabilities are not homogenous but, according to disability, range from zero autonomy (i.e. full dependency) to one of total autonomy (i.e. no dependency). The key issue with rehabilitation of persons with disabilities becomes one of providing the resources (of funding, training, etc.) that will recognise the potential autonomy of persons with disabilities. Neutralize the impairment and the person with disability within his/her workplace, community or society is then no different from his/her non-disabled counterpart. There is logic in an approach of this kind that makes effort to mobilize all people; and to reconsider persons with disabilities as a resource (and not a liability) to their community.

In reality, social services are required to cover the many exclusion mechanisms that may apply – to provide the mobility aids, prosthetics, family support, vocational training, etc. that are not *specially* required by the non-disabled neighbour. This is where persons with disabilities in the low-income countries face hardship and exclusion; but the principles for participation are the same as those faced by persons with disabilities in the industrial countries. It follows that herein is recognition of the principle of universal design (and mobility) of providing the appropriate services, etc. that will give benefits to people with disabilities and to everyone else in society. The constraints then become those of social wealth and investment, and opportunities for the public sector to make the investments required that will benefit everyone.

Establishing the social and legal structures with which to empower persons with disabilities comes within standards that provide equal opportunity for all – which is considered further in Annexes A3 & A4 – but suffice to note at this juncture that little changes for most persons with disabilities in the low-income countries notwithstanding the legality of their case for access to resources, for equality and for a chance to make good with their lives. Without a boost to the wealth of the community – whatever the scale considered – nothing is likely to change in the short-term. Participation and empowerment comes from some well-defined steps in empowerment programmes of persons with disabilities, viz. advocacy, establishment of policies, programmes, etc., cooperation and consultation from all involved (and particularly persons with disabilities), access to funds and, importantly, pro-persons with disabilities action.

With dispirited people working within a poorly supported sector, little will be achieved. Persons with disabilities have first to mobilise and gain confidence in themselves collectively – that change can be made – and, for first steps of this kind, people and groups will need access to well-motivated and experienced advisors working within some discrete programmes of empowerment. Link these into the establishment of commercially viable enterprises on-farm and/or off-farm, and the profits made from goods or services can quickly replace the public sector-led or agency-led investment.

**1.4 Why Agriculture?**

There is logic in a focus upon agriculture and not least because this is the industrial sector in which the majority of persons with disabilities worldwide currently make a living. Rationalising the term ‘making a living’ raises issues of qualification given context (and particularly access to natural resources, economic inputs, markets, etc.) and, importantly, recognition of the potential of agriculture to provide a living*.* Most persons with disabilities in reality are currently unemployed (and unemployable because of disability*).* Agriculture is predominantly a subsistence culture in the low-income countries, notwithstanding commercial potential – with access to resources, technologies, information, etc. that enable capable people to make a living from production, processing and/or sales of agricultural goods. A living for persons with disabilities in a subsistence context is little more than survival, with the estimated 430 million disabled rural people in the low-income countries unlikely to be able to undertake the work required of either subsistence or commercial production systems. These people depend upon others to cultivate and process the crops and livestock produced, and to feed and sustain them. Many persons with disabilities are unfortunate in their lack of support, however, and many lives are wasted and lost*. (Yeo, 2005, quotes 10 000 deaths of persons with disabilities each day as the result of extreme poverty, exemplifying the costs of disability – as discussed later in Section A3.4.).*

Agricultural production dominates the lives and livelihoods of >4 billion (B) people worldwide, i.e. mainly those in the low-income countries (with agriculture typically contributing 50-80% of national GDP)[[7]](#footnote-7). Develop appropriate opportunities for persons with disabilities within agricultural production, processing and services and, experience has shown, persons with disabilities can make a living. Annex A2 describes a number of projects executed by FAO and partners in recent years, which have shown just how appropriate some agro-industries are for take-up by persons with disabilities, for example, sericulture production (i.e. production of silk cocoons), mushroom production (for sale of fresh produce) and for chicken production or beekeeping. The key issue is one of matching disability and/or capability with production requirements and/or constraints. Food security comes from eating home-produced crops and livestock; and economic security from the sale of surplus foods or sale of goods produced (e.g. beeswax or silk cocoons).

Food production represents the largest industrial sector in the world and has a value in excess of US$1 000 Billion annually. Persons with disabilities, organizations of persons with disabilities and those who support them in the low-income countries have both a mandate and an opportunity of matching the skills, intellect and interest of persons with disabilities with the employment and income-generating opportunities available. Herein is need for opportunity-recognition and exploitation; and for sharing the experience of successful enterprises and successful people. These issues are explored further in Annexes A5 & A6.

**1.5 Disability and Poverty**

Defining disability in the context of poverty is a complex issue and can sometimes be controversial. Herein are implications for physical and/or intellectual impairment, but also the social and/or health issues that may arise. There are firm messages for the rights of the people affected and of the vulnerability and exposure that link persons with disabilities with poverty. Persons with disabilities are more likely to be poor than their neighbour without disability living in the same community. Disability in the context of the individual or the community-at-large is multi-faceted and more than the sum total of the health, medical or welfare issues that may be involved.

There is a considerable level of reporting on the many definitions and backgrounds involved within the disability-poverty networks (see, for example, ILO 2002a), but a well-reasoned definition has been suggested by DfID (2000). It is applicable here for the meaning of disability in the context of persons with disabilities working in agricultural production - and as used in the context of the guidelines developed. This suggests that disability is:

***‘A long-term impairment leading to social and economic disadvantages, denial of rights and limited opportunities to play an equal part in the life of the community’.***

Poverty can be seen as both a cause and consequence of disability with each contributing to increased vulnerability and social exclusion on the part of the people concerned within their community. It may determine and/or restrict opportunities for being educated, of finding work, of enjoying social discourse and of living as equals within local society. Without the support of a caring family or the resources of an understanding civil society, the person with disability is unlikely to be given an opportunity of leading a useful life.

Disability can arise for a number of reasons many of which have nothing to do with the development of a disabled child at time of conception or at time of birth. Children are particularly vulnerable and may have little of the resistance of the adult, but both children and adults alike are susceptible to environmental, health and social constraints. This may include poor nutrition, poor living conditions, access to health protection (e.g. vaccination programmes, etc.) when growing, inadequate sanitation and polluted water, social upheaval due to war and conflict, accidents and natural disasters. Many of these cases are preventable, and it may simply be a reflection of the poverty of local services that the person is thus affected. Increasingly (and surprisingly), road accidents are creating a sub-class of persons with disabilities as one outcome of the motorization and urbanization of many low-income countries **(**Jacobs & Aeron-Thomas, 1995). Trends in industrialization are taking place without the protective mechanisms of industry typical of the advanced economies, and people are injured or killed as the result of poor working conditions. Children are particularly at risk with infectious diseases, poor nutrition and social and commercial exploitation.

Education is a key issue within the poverty-disability cycle. Fail to educate the disabled child and the disabled adult that develops remains illiterate, largely neglected and unable to find employment. He/she may become ostracized from the community around him/her. Increasingly, this raises the burden of care and the costs involved of the host family. It is not surprising that babies who are clearly disabled at birth are sometimes simply allowed to die (or are killed).[[8]](#footnote-8) Education is linked to literacy – as an important indicator of poverty. Whether disabled or not, women and girls face discrimination for access to education; it follows that the woman with disability is discriminated against as the result of her gender and her impairment. Herein there are also issues of physical and sexual abuse – with women and girls with disabilities remaining highly vulnerable.

It is difficult to qualify the extent of the numbers of people involved, but estimates by WHO (2005) and others have shown that up to 50% of disabilities can be directly attributable to poverty. Whether blind, deaf or motor disabled, for example, many of these afflictions can be treated if caught early in childhood. Failure to do so and the child becomes an adult that will carry these disabilities throughout his/her life.

**1.6 Costs of Disability**

Of the estimated 600 million persons with disabilities worldwide, WHO (2003) estimated that 80% live in the low-income countries with <2% enjoying access to rehabilitation services. This level of disability impacts on the entire community. Of the order 10% of society is excluded from community life because of disability, with an additional 10% accepting the role of carers[[9]](#footnote-9). Exclusion and caring represent loss of productivity and human potential. Cost can be considered as 1. Direct costs of treatment, services, etc; 2, Indirect costs of those providing care; and 3. Opportunity costs of income lost by both persons with disabilities and their carers. Costs are not shared equally across society, however, and it is usually the women and girls in the family who provide care and comfort who pay the most. ‘Payment’ of course comes in terms of time spent proving care. For the older women this comes at the expense of household and food production activities and, for the younger women and girls, at the expense of their schooling and childhood.

Therein are socio-economic costs that link into wasted human resources (of both people with and without disabilities) for the loss of productive people to the local or national economy. Lost education and/or lack of mobility mean earning less, working at less productive activities and, importantly, losing the drive and ambition that comes from a regular and productive working life. Persons with disabilities frequently die younger, which further results in the loss of productivity. Measured in terms of disability adjusted life years (DALY) – one indicator used to determine the burden of loss from premature death, disability and/or illness – one estimate suggests >30% of all DALY lost annually worldwide are due to long-term disability of otherwise productive people (Anon, 1996). One DALY represents the loss of one year of equivalent full health.[[10]](#footnote-10) The issues are sobering with an estimated 20% of all people affected by disability (directly and as carers), but only 1-2% of persons with disabilities who have access to rehabilitation services and <2% of children with disabilities in the low-income countries receiving schooling (WHO, 2000).

Costs have been considered further in Annex A3 but, notwithstanding the estimated figures derived, there is no easy method of comparing one simple economic model with another. What, for example, is the monetary value that can be used to tag non-economic factors that link to the love and cohesion of a family which contains a member with disability? He or she may have income lost due to disability, but physical presence in the family may provide social benefits (of love, gratitude, care, etc.) that later also become lost when the man/woman/child is no longer available, for example, from early death. A small investment in a wheelchair, for example, may extend the life of an immobile person by 20 years; without it he/she may have only 2-3 years of life. What value does this kind of opportunity have? (See, for example, Jeserich, 2003).

**1.7 Using the Guidelines**

The guidelines are in two parts, viz. 1. Working information – the main text, and 2. Supporting information – contained in a collection of annexes; shared sections are about half-half. Main text and annexes are largely stand-alone, and can be used separately. There are two types of annex, viz. those that target some of the different tasks required at the time the document was planned (A3-A6), and those that provide supporting information (A1, A2 & A7-A10). A module approach of this kind was taken with the aim one of making it easier to select the different parts for reading, training, information exchange, etc. This provides for easier copying and use of information, and less material has to be provided (than, for example, integrating the annexes into the main text as core information). It this approach is not liked by users, the guidelines can later be re-developed into a more classical approach.

The guidelines have set out to raise issues and present opportunities for persons with disabilities in the context of useful lives spent in mainly rural communities. Thus it is that the focus remains largely one of persons with disabilities working in agricultural production and service industries. The first-time user is recommended to browse and/or read the guidelines and annexes in their entirety and to cross-reference where supporting information is provided in the annexes for sections contained in the main text. The challenge has been not to provide an encyclopaedia of all issues ‘disabled’*,* but to point the reading/user in a direction that may assist – with emphasis upon opportunities for employment/work/agriculture.

An extensive number of references have been used (and others are listed as available) to provide additional source material for follow-through investigation into one or more of the separate socio-techno-economic sectors that determine the basis of the development opportunities available. For example, there is little reference to the importance of water and sanitation (WATSAN) for persons with disabilities (as it is for all people) in the guidelines – and rural communities in the low-income countries normally have the most rudimentary of WATSAN services. Annex A1 ‘Sources of Additional Information’provides recommendations of where to look for it. There is extensive international reporting available – particularly for rights issues, social development, health and medical issues – but less so for persons with disabilities re-asserting themselves as people who are different but no less capable of making a reasonable living. Persons with disabilities in agriculture is also poorly reported.

**Part 2**

**Establishing a Programme for Improving Opportunities for Persons with disabilities in Agricultural Production**

***This part of the guidelines describes efforts that have to be made to promote, plan and implement programmes required from which persons with disabilities will gain benefit. Herein are the investments and improvements that may come from mobilizing people within their local, political and social context. The section follows classical elements within a programme linking* ‘promotion of self’ *through to* ‘implementation of appropriate activities’*.***

**2.1 Background**

Persons with disabilities enjoy access to livelihoods and social opportunities on the basis of the investment made by the civic administration within their host communities; and this links directly to the extent of the funds that may be provided by local governments, NGOs, commercial companies and others. Civil society provides investment on the basis of the wealth of the community and there is, correspondingly, considerable variation within countries and between countries. Whatever the base and wherever the community, however, a number of common elements can be found. When linked, these provide useful guidelines for others to follow; with the end result one of providing a better understanding of the issues facing persons with disabilities within their host community. The linked elements are conceptualized in Fig. 2.1 for persons with disabilities in Uganda according to Albu (2005), but they are equally applicable for low-income countries everywhere.

**2.2 Persons with Disabilities Promoting Themselves**

There are none more adept at promoting persons with disabilities than people with disabilities themselves. Promotion leads to raised awareness of the particular needs of these people within their society; and it leads to demands from (and on the part of) the larger community. This will be linked into social obligations from local governments, NGOs and the private sector – i.e. those responsible for providing services and, importantly, commercial opportunities that may arise from social investments of this kind. Here it is that organizations of persons with disabilities have a key role, for it is rare that the individual will have sufficient ability or focus to shift thinking. It follows that persons with disabilities – from whatever background – need to be organized and represented from within. Pro-active representation is a key step in the process of recognition and investment.

**2.3 Formulation of Policy and Legislative Frameworks**

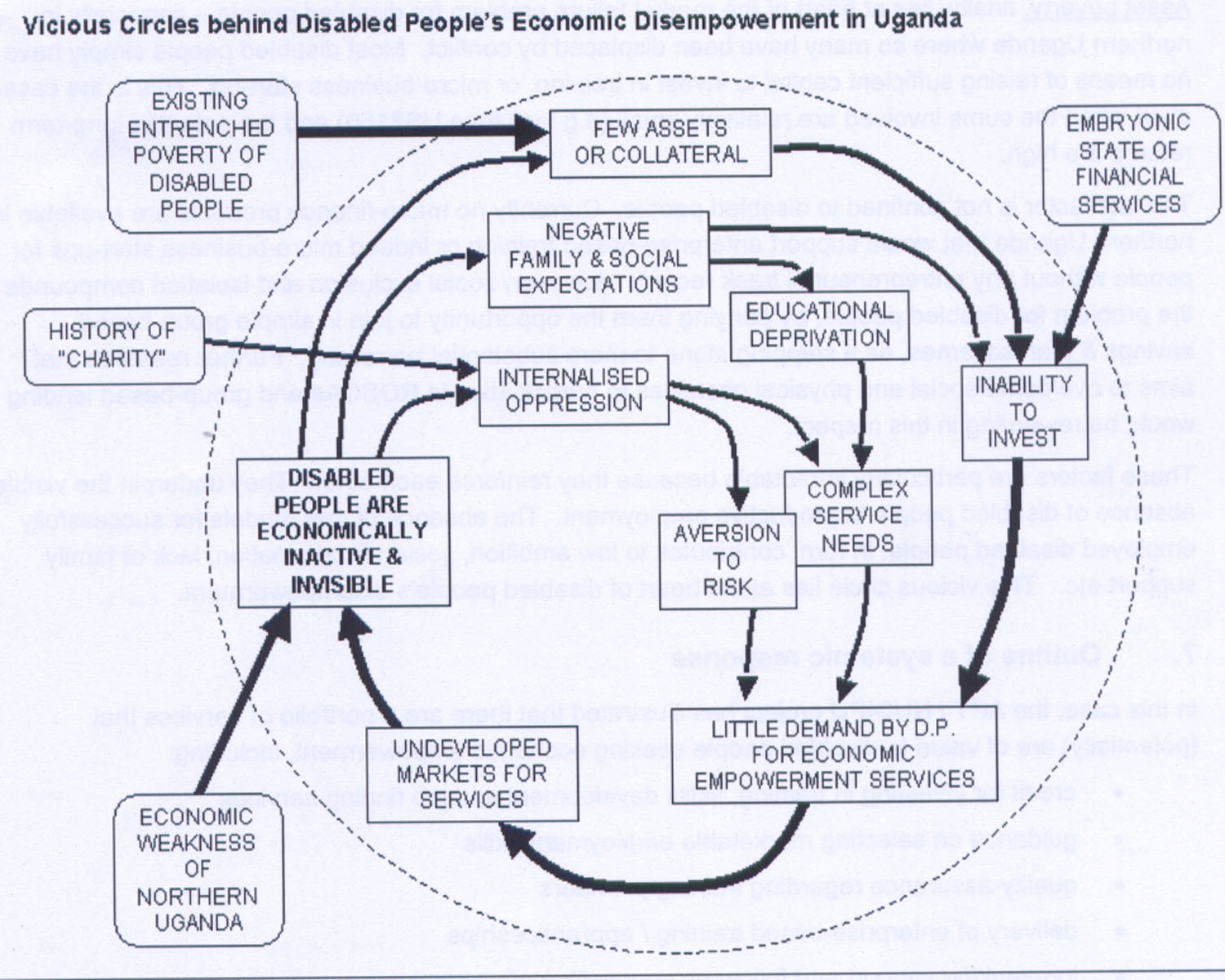
Policy is the realm of the legislator - and the laws that may follow with the development of standards and practices that will apply. Where universal support for persons with disabilities is available within a community, legal frameworks will be established within which the community will be able to implement activities. These will be supported by laws that are well-reasoned, understood and accepted across the community. Enforcement will provide the basis for action, where people are sometimes slow to make the changes required or slow to invest.

**2.4 Consultation and Cooperation**

Herein are the key elements for all community action – whatever the sector or people concerned. It is not sufficient to have legislation available if key sectors of the community are not able to consult and cooperate. Working together, organizations of persons with disabilitiess and other civic society groups will be able to determine priorities, set targets and allocate funds within the resource constraints that may apply. Herein there should be transparency of decision-making that everyone will be informed.

**Figure 2.1**

**Understanding persons with disabilities within their community**



Source: Albu (2005)

**2.5 Funding**

Nothing is achieved without access to funds. Adequate resources have to be found if people with disabilities are to be supported. There is no issue that funding is highly competitive and that there will never be sufficient funds to meet the needs of everyone. It follows that low-cost solutions and options will always be preferred in the low-income countries. It also follows that high-cost alternatives used in the industrial countries may not apply - or will need to be adapted as part of application – if appropriate.

**2.6 Planning and Implementing Strategies**

Advocacy, promotion, consultation and the preparation of legal supporting frameworks should be established and eventually implemented. Planning is an interim step leading to action. Herein there is need to prepare realistic strategies that will maximize performance within the constraints of resources that are likely to apply. There will never be sufficient resources, and promoters will be tasked with providing messages that enable priorities to shift from other equally demanding sectors – to focus upon investment for persons with disabilities and their interests. Background to some of the many issues involved is provided in sector-specific Annexes A3-A7, but suffice herein to clarify some key points required of strategic planning:

**(1.) Formulate laws in support of persons with disabilities**

All countries have in place specific laws promoting equality of opportunity for persons with disabilities. Most of these are rights-based and have evolved from the adoption of the United Nations Standard Rules (UN/SR) as described briefly in Annex A7. Implementation of the UN/SR in many countries, however, remains mixed. Much depends on the wealth of the focus country, with considerable divergence between the industrial countries and the low-income countries. That said, all countries have laws in place and all have a measure of resources within which persons with disabilities are able to take advantage of those laws. Reality, of course, does not reflect the theoretical progress that could/should be made given the impoverished nature of services available to persons with disabilities in most low-income countries. (This is exemplified by lack of progress in the seven African countries explored within an ILO-led technical consultation reported in 2002(b); and described further in section A5.2.)

**(2.) Remove barriers to progress**

Conceptual barriers restrict access for persons with disabilities to resources of all kinds - as the result of attitude and cultural background. Physical barriers simply restrict access – to buildings, land, places and similar. These can, with care, planning and approach, be overcome. Unless barriers are removed people will continue to be restricted in their access to facilities, services, information, funds, opportunities, etc. and, ultimately, to the means of self-reliance.[[11]](#footnote-11)

**(3.) Establish self-help/promotional groups**

Mobilization of community resources led by key local people can be undertaken within self-help groups and/or community-based rehabilitation (CBR) programmes. The establishment of an organization of persons with disabilities as part of promotion and focus activities will bring a measure of politico-socio-economic power to the people involved. The community organization of persons with disabilities may link with others within the region or the state; and further help to focus attention on need. A network of organizations of persons with disabilities should ultimately extend across the national territory. See, for example, Box A4.4 ‘*Uganda’*.

**(4.) Accessing national/international sources of expertise and funding**

Without funding, little can be done within impoverished communities – no matter how well motivated. Organizations of persons with disabilities in the community have two avenues of exploration that should be followed simultaneously, viz. 1. Seek access to public resources courtesy of line offices representing government agencies, ministries, etc., and 2. Network from the local organizations of persons with disabilities into non-government organizations (NGOs) that may have access to national and/or international resources. Here the need is one of focused demand for specific investments. The organizations of persons with disabilities may need access to technical assistance with which to identify and make specific demands on the part of members.

**(5.) Implement community development programmes**

Working with the appropriate participatory rural appraisal (PRA) tools and methods, the community has to identify needs and requirements, and give a measure of priority for choice of investment. (It is not sufficient for people to simply prepare wish-lists – but to make choices that will have merit for longer-term value to their community). In practice this will cover a number of measures such as vocational training, apprenticeships, capacity building, social support, community facilities, the establishment of a small or medium enterprise (SME) and similar. Logical choices have to be made that may lead, for example, from capacity building to the provision of facilities to the use of resources that may enable the community (including the organizations of persons with disabilities) to become self-sufficient within the natural resource base and the capabilities of the people involved.

**(6.) Establish agricultural and agro-industrial enterprises**

Security in the longer-term comes from the community exploiting its rural production base in sustainable manner – producing food, services and cash income. Technical assistance may be required to identify crops/livestock that can be produced more effectively, with surpluses sold into local markets. Surpluses can be sold by the group or by the individual household. This boosts the food and economic security of the people involved. Success with an agri-production venture brings confidence, and may enable people to shift to the more challenging demands required of an SME. This is best undertaken by the group, but opportunities also exist for inviting and encouraging one or more entrepreneurs into the community (who may then share risk). Logically, the SME will initially focus upon small-scale and/or cottage-scale added value activities, with goods or services sold to neighbours or into local village markets. As confidence grows, quality may be improved and quantities can be bulked-up, and sales can be made to distant markets. Establishing an SME and learning the business and technical skills required for success present a challenge to communities. People will need support from technical and financial advisors from the outset. This advice and access to training, etc. may initially be available *gratis* from local NGOs, public service resources, etc. but, ultimately, it will need to be considered as a cost to the SME and accounted for within the annual trading budget.[[12]](#footnote-12)

**2.7 Qualification of Success**

Success with boosting the wealth of the community (in which the organization of persons with disabilities is located) brings its own challenges, not least for those perceived as being outside the venture (and thus peripheral to the rewards that may be gained). Ownership has to be shared with everyone. Success will help boost community respect, confidence, self-awareness and self-esteem. All are important for the longer-term benefits that will be gained, and this will encourage a shift to the next venture. The corollary is also valid, that failure within a particular venture needs to be seen in context as a lesson to be learned. The challenge for the community is one of maintaining a ‘can-do’ attitude and not to lose confidence simply because the objectives planned did not come to fruition during the time proposed. Here it is that external advisors within the public sector and/or in the organization of persons with disabilities network have a responsibility to continue to provide guidance and confidence building. It follows that any agro-production or SME venture should be small-scale from the outset that people are able to learn from mistakes made and to continue to explore and develop – without losing confidence.

There is scope for extending the guidelines into SME promotion and/or establishment, as discussed in Section A5.6 when exploring agricultural production, added value and service industries (and manufacturing equipment required of persons with disabilities). The creation of SMEs is included in the model proposed for the guidelines developed in Table 4.1. Supporting Action Sheets will enable people to link markets to the selection of appropriate SMEs that could/should be introduced (i.e. Items #5.1-5.3 in Table 4.1).

**2.8 Exploiting Public Resources**

Resources available from the public domain - municipality, district council, schools, etc.- are available to all people (persons with and without disabilities alike). For persons with disabilities, resources are there for 1. Prevention, 2. Rehabilitation, and 3. Equalization of opportunity. Services/facilities should be available within the existing line ministries for social services, health, education, labour, transport, etc. representing the host government. Within this matrix of resources, networks, people, etc. will be the formal and informal routes with which action is normally taken. Prevention links into adequate healthcare, safety in the workplace, and access to sufficient nutritional foods, clean water, etc. that apply to everyone in the community.

Rehabilitation services are more specific and help ease the persons with disabilities (back) into his/her community. Services will help with mobility, rehabilitation, provision of education and training – from basic literacy through to the vocational skills required for employment. Rehabilitation takes place in the home and, more importantly in community institutions such as schools, vocational training centres (VTCs), sports centres and so on. Where practical, persons with and without disabilities may be able to share similar training venues for example with literacy classes or skills training. Rehabilitation is clearly disability-orientated, and this will link into the kinds of disability in the community. Experience of the FAO/government projects described in Annex A2 showed the value of people with similar disabilities training together – and not mixing people with different disabilities in the same classroom or workshop.

Equalization of opportunities is more generic in approach - but no less important – from the establishment of laws to the community taking responsibility for integrating with their neighbours and colleagues with disabilities. Full participation and equality comes when the persons with disabilities have access to the same resources, living and working space, housing, employment, training, etc. as everyone else. This is not simply the socio-economic resources required of empowerment but the personal and social life that links into community representation, religious freedoms, family-life, sexuality, socializing and friendships that are enjoyed by most people living in a caring society. Here it is that the community-based rehabilitation (CBR) programmes are important for raising an awareness of issues for persons with disabilities and mobilizing resources.

Increasingly in the community of persons without disabilities, disability has been seen as wheelchairs, hearing aids or crutches and not the person within[[13]](#footnote-13). Society tends to focus upon the disability – rather than the people themselves. CBR approaches help to shift this attitude, and more so where it helps with the establishment of an organization of persons with disabilities to service persons with disabilities in the community. What comes first – CBR or organizations of persons with disabilities? Both routes are practical, particularly if the organization of persons with disabilities is already in-place and working regionally or nationally. Organizations of persons with disabilities help with establishing the extent of public resources available – access to schools, VTCs, funds, etc. and help the community to gain confidence. These issues are covered further in Annex A4, but suffice to note the considerable portfolio of expertise, information, support, etc. (and sometimes funds) available externally with which to encourage the introduction of CBR in the community and the establishment of organizations of persons with disabilities.

Shifting from NGO networks of socio-political support to skills training suited for income generation and then to the establishment of an appropriate small-scale enterprise is also covered in Annex A4. Moves of this kind are essential for small communities in the low-income countries given the paucity of public resources available for supporting persons with disabilities. Ultimately, persons with disabilities in their community will depend upon the extent of resources/income that can be generated within the community – and this requires exploitation of the private sector. For a few communities, it may be practical to establish an externally-funded project investment (with the advisors, equipment, funds, etc. that will result). Most people will need to be more pragmatic and explore local opportunities with whatever the resources that can be found and marshalled locally or, with a measure of good fortune, nationally[[14]](#footnote-14).

**Part 3. Guidelines for Encouraging Good Practices**

***An understanding of what works and what is less practical comes from the experience of supporting persons with disabilities and working with them. There is value in sharing for the practical ideas and approaches that can shift from one place to the next for, notwithstanding different socio-economic background, persons with disabilities the world over face similar constraints of ‘how to belong’. There is logic behind many of the good practices found.***

**3.1 Introduction**

The adoption of good practices come as the results of experience over many years by people who understand how best to do something, how to attain the highest standards and/or how to provide the best operational conditions and/or how to ensure that the people involved are treated in the best possible manner. Underlying good practices are risk minimization, cost-effectiveness, safety, responsibility and the many other factors that ensure that systems are working well, that production is of the highest quality possible and that there is concern for people and their environment. Inevitably, this links into the working environment, but it applies equally to many other non-working routines of daily life.

**3.2 Principles of Good Practices**

Much of the reporting on good practices recommended/available for persons with disabilities is based upon persons with disabilities in the workplace, the school and/or the community-at-large. Recommendations behind good work practices (for example, as adapted from the Open University, 2003) may include:

1. Ensuring that persons with disabilities receive full and fair treatment when seeking work – that assessment is based on an ability to do the job required.
2. Ensuring that work descriptions are not unnecessarily restrictive – this is important for public advertising.
3. Providing facilities that will enable persons with disabilities to make application in an acceptable manner – with, for example, use of sign language, Braille, etc. as appropriate.
4. Encouraging persons with disabilities to make application – projecting well-constructed messages.
5. Ensuring that all qualified persons with disabilities are interviewed/considered for the work required.
6. Retaining people who become disabled during their period of employment – with alternative work and/or work more suited to their changed circumstances/disability.
7. Providing members of staff with disabilities with proper induction and support when first beginning work.
8. Providing the facilities, resources, etc. that will enable staff with disabilities to do the work required.
9. Treating staff with disabilities no differently from their colleagues without disabilities where performance, achievements, career development, discipline and similar are involved – and not categorizing people by disability.
10. Remaining sensitive to the need for confidentiality of disability and, equally, to the need for disclosure of disability where, for example issues of risk, health, medical attention, safety, etc. are involved (for work colleagues both with and without disabilities).

Reporting on good practices from the industrial countries raises issues for persons with disabilities working in the low-income countries, and the considerable differences found in practice between work places. Differences arise for many reasons and not least of which are those that link into the wealth of the community or the factory or the office concerned. Legislation the world over is in place to protect workers and processes, respectively, although enforcement differs widely. This is changing, however, with the globalization of manufacturing that is taking place and investments made in low-income countries by the multi-national companies based in the industrial countries. Fair trading, ethical trading, exposure to hazardous working conditions, protection of workers and similar has become the battleground of the NGOs, governments and agencies concerned with good practices. The exploitation that may have been unrecorded just 15-20 years earlier can rarely be hidden in the 2000s where the major international companies are involved. See, for example ITGLWF, 2006.

Inadequate working conditions continue, however, and particularly for workers in small-scale manufacturing in the low-income countries. Similar issues apply to exploitation in the rapidly industrializing countries of East and South Asia, but these represent phases of transition that are likely to change quickly. For example, a number of industrial country members have recommended the WTO to consider workers’ rights to bargain collectively, for freedom of association and for protection from workplace abuse and similar as providing a powerful incentive for member nations to improve conditions in the workplace. Adoption of good practices is likely to become a prerequisite for access to international markets in the industrial countries according to the World Trade Organization. See, for example, WTO 2003.

The conditions facing workers – both persons with and without disabilities – in the formal workplace is outside the main tenant of this report except in as far as there are some firm principles involved for good practices. Reporting is extensive. See, for example, DfES (2002). Issues of good practice can be considered:

1. For the worker and the working conditions as they may affect him/her.
2. For the work environment and the quality of manufacturing/working/goods produced.

**3.3 Focus upon the Worker**

The worker is the prime asset in the work place – whether in the field, factory or office. Whether disabled or not, a number of key issues determine the ability to perform - and motivate people to become more effective within the production process. Good working conditions are always essential as outlined in points #1-#8 below. (Work issues are also considered in Annex A4.)

**(1.) Health and safety**

This is persons with disabilities being kept informed of safety features within the work environment that may relate to their particular disability – for example, deafness, blindness, lack of mobility and similar so that they can be informed and/or moved from the building, etc. where, for example, danger may arise. There are issues here for the dignity of persons with disabilities - enabling them to move to a position of safety in advance of an emergency. It follows that persons with disabilities should always be informed of areas of the workplace that may present a danger to them.

**(2.) Accessibility**

Intrinsically linked to ‘#1. Health and safety’, persons with disabilities should be able to access all areas of the work environment in similar manner to their colleagues without disabilities. Issues of dignity are involved with, for example the slopes, elevators and automatic stair carriers that may be needed (and which should be provided). Accessibility of public and commercial buildings is a rights issue in most countries, and there are penalties in law for constructing buildings that are inaccessible to persons with disabilities or for not modifying older buildings to make access practical. The same holds true for accessibility to facilities within buildings – to lavatories, recreation areas, canteens and workplaces. (The reality for persons with disabilities in the low-income countries is, of course, one of restricted access – no matter the laws in place and the moral obligations of ‘society-at-large’. Pragmatism suggests that people/society do what may be practical – in the first place – whilst working towards what may be desirable in the longer-term.)

**(3.) Work facilities**

All people require access to a clean and safe environment. This helps with personal hygiene and health, and with the proper operation of the work underway. Are people, for example, trained in personal hygiene and the prevention of contamination? Here it is that training may be required and supported by signs and instructions of ‘how-to’. This is particularly important where hazardous materials and/or work practices are involved. It behoves management to continue to provide standard operating practices for all aspects of work and life within the work environment, that persons with and without disabilities alike are informed. Implicit in practices of this kind are medical/health procedures that ensure that employees remain away from work when sick – with procedures/regulations that will not impose undue penalties for absence. Similarly, people should be provided with sufficient protective clothes and other apparatus – hard hats, steel-capped shoes, etc. to prevent personal injury. This applies to both persons with and without disabilities alike. Regulations should be in place to ensure that people follow normal safety routines with use of recommended clothing and practices. People who deliberately flout safety regulations should be duelly warned and/or penalized. (Pragmatism described for point #2 is equally valid herein – but with an understanding of the many risks involved for undue care/attention for health and welfare of both workers and clients alike if basic safety/health issues are flouted.)

**(4.) Sanitary/rest facilities**

Again, whether for persons with or without disabilities, sufficient sanitary/rest facilities with proper and functioning resources (e.g. water, soap, paper, etc.) are required for all work sites – inside and outside. Issues are important for persons with disabilities given difficulties with interfacing some typical latrine designs (e.g. squat latrines). Persons with disabilities in wheelchairs require space around a latrine that provides for dignity of entry and exit. It follows that all sanitary facilities should be cleaned regularly with procedures that will minimize risk to users. Hand washing facilities should be provided for latrines. Management are required to establish procedures and to maintain them. Set ratios of facilities to users will normally apply in all countries – with much depending on the public inspectorate and/or labour legislation and union strength to ensure compliance. See, for example, University of California (2002).[[15]](#footnote-15)

**(5.) Reliability**

Persons with disabilities bring many advantages to the workplace, not least of which is reliability. The EEO (2005) has reported, for example, that persons with disabilities generally have a better record of trust and reliability when compared to their fellow workers without disabilities- they average <15% days lost from occupational incidents, are absent from work 85% less, they are cheaper to employ (being prepared to work for lower wages, longer hours, etc.), more positive, able to handle stress and retain a can-do attitude at times of difficulty. Albu (2005) reports similar findings from Uganda. Apart from the initial structural changes that may be required to accommodate persons with disabilities in the workplace (for which the state may, in any case, pay the major cost share), persons with disabilities have no disadvantages – they are generally better employees than their work colleagues without disabilities.

**(6.) Affordability**

Once trained and familiar with the work required of them, disabled workers tend to remain longer with the same employer/work – the company retains the experience and longevity of the worker. There is less turn over of staff. Given reporting from EEO (2005) for the reliability and cost of persons with disabilities in the work place, the worker with disability is considerably cheaper than his/her colleague without disability. Costs may be higher initially with the need to modify the work place, but this will be a long-term investment which can be written off against tax options and one for which public funding may be available. Reporting from Uganda, Albu (2005) described sceptical management later taking on additional workers with disabilities for preference after the success of the first worker with disability had been demonstrated. And this was from an artisanal/SME manufacturer working in a poorly-supported agro-industrial sector in a low-income country where ‘costs’ simply included improved access around the work space and, importantly, access to an appropriate design lavatory – all relatively affordable – and all paid for in-house and with no reference to the state.

**(7.) Appropriate technologies**

Persons with disabilities are not always able to work in conventional fashion – as the result of their disability, but they are quick to adapt when required. Hanko & Polman (2003) recommend leaving persons with disabilities to work through their own solutions to the task required (with due respect to hazards, safety, etc.)and they report, for example, the importance of the dexterity of feet/toes for people who lack hands or fingers. It follows that the technologies used for the production systems involved in the agro-industrial cycle should match the capabilities of the workers with disabilities involved. Here it is that mechanical aids, trolleys, access to electrical power (and the tools that can be used), etc. are preferred to manual work. Albu (2005) described the importance of linking education, technical ability and knowledge with the capability of the worker. A person with disability working as a skilled electrician, for example, may be a more productive and will earn more at a work bench – than tending a flock of hens or a garden. When training farmers in Ethiopia, Hanko (2006) emphasised the importance of educational level, and how this took priority over disability as a constraint on the capability of the person with disability.

**(8.) Personal development**

Disability should not be a barrier to personal development – all people should be provided with the same opportunities for advancing their respective careers and work opportunities. It would be patently unfair to do otherwise. It follows that persons with and without disabilities should be considered equal for all advancement opportunities, for all training and for the rewards and work associated with moves of this kind. Equally, disability should not become an excuse for favouritism, poor performance, low quality output, lack of discipline, etc. This would reflect poorly on both management and workers. The issues involved are more suited to the provision of the rights of employees in the industrial countries (where discriminatory laws are more likely to be enforced)*,* but the principles underlying them apply to the motivation and management of all workers everywhere. Further information is available from ILO (2002)c.

**3.4 Focus upon the Work Environment**

The provision of a safe, friendly and comfortable work environment is essential for persons with and without disabilities alike. This has been briefly covered with reference to safety, access to space, manoeuvrability, security and comfort, adequate rest rooms/latrines (that can accommodate the worker with the most physical disability on site) and with reference to the work processes. Herein are issues of work environment that promote both good working practices and contented workers. It follows that the work environment should be sheltered, clean and functional – for the kind of activities that are undertaken on site. What operational practices are undertaken? What management practices are recommended – for work, for non-work, for periods of down-time (e.g. when people take a break from work during work-time), for interruptions to work and so on. How does this relate to persons with disabilities working within the work team?

Persons with disabilities are no different from-persons without disabilities where the work environment is concerned. Given the small proportion of persons with disabilities normally involved special facilities such as access to space, latrines, recreational facilities, lunch areas, transport, moving about, etc. will sometimes be one-off. For example, for a factory employing 40 people, only one of the four latrines in each of the male and female rest rooms may be suited to persons with disabilities (as exemplified by the needs of the wheelchair user). Fair play amongst the staff (backed up by management where required) should ensure that this is left vacant for all but staff with disabilitiies. Similarly, with access to elevators, stair-lifts and/or car parking places for persons with disabilities given a measure of priority.

Issues of this kind relate more to persons with disabilities in the industrial countries and/or urban workplace, but they are no less valuable for the provision of services and opportunities for persons with disabilities working in SMEs in rural and/or peri-urban settings in low-income countries. Society in the low-income countries is rapidly urbanizing, and adopting city infrastructure designs that follow developments in the industrial countries – this includes typical high-rise structures, motorized road and transport systems, and manufacturing facilities that are appropriate to local markets – and dependent upon modern energy/water services and competent staff.

Much the same holds true for the work process that is undertaken in the work environment – that the persons with disabilities should be provided with reasonable space and resources that he/she is able to undertake the work required with minimum inconvenience to his/her mobility aids (if this is appropriate). It would be illogical to penalize the persons with disabilities further simply because he/she was not provided with the appropriate resources with which to undertake his/her work satisfactorily. The worker with disability may be no slower than his/her counterpart without disability, but he/she may require additional travel time, preparatory time and/or standing down time with which to undertake his/her work.

**3.5 Social Support**

International norms and standards underpin the UN Standard Rules with the social care, working arrangements, welfare and funds that are suggested as typical of a responsible community (UN, 2003)[[16]](#footnote-16). These, of course, apply to societies in the industrial countries (and increasingly in the industrializing countries) but currently have little practical application to the low-income countries. An evaluation of intent, however, is of value as a guide to what is being done on behalf of persons with disabilities living in the industrial countries – countries containing estimated 30% of the world’s population. This, of course, suggests that everyone in the industrial countries shares equally – which is not the case – and herein are many disadvantaged groups identified by income, ethnic background, education, disability and so on. Time is an issue. Section A4.18 contains brief reference to the speed at which national economic development can bring change to society at-large. Other, less successful, countries may be slow to attain the objectives required of the UN Standard Rules.

Summarizing, the international norms and standards cover:

1. Accessibility to the environment. There should be no physical barriers within public buildings, transport or the built environment that will limit movement or access by/for persons with disabilities.
2. Financial assistance. The state should provide equal opportunity for all disadvantaged groups by sharing state finances equally. This covers investments in resources, facilities, etc. and the establishment of social security systems that will provide full or supplementary income, income maintenance, etc. for persons with disabilities or their dependents within and outside the work environment.
3. Community services. Persons with disabilities have the same rights to community services as persons without disabilities. Additional services should be supplied where required, for example with education, vocational training, healthcare, etc. Herein there may be opportunities for NGO partnerships with local government providers/services.
4. Government services. Public services are required that will reduce the disabling effects of impairment of people – to boost function and assimilation. Herein are the laws, advocacy, awareness raising programmes and similar that should be implemented.
5. Public subsidies/funds. Persons with disabilities have the same rights to adequate housing, transport, healthcare and food as their neighbours without disabilities. Where these are not met, the state is required to provide additional support that will give a measure of equality for persons with disabilities. Implicit in the support for use of public funding is political equality for disadvantaged people of all kinds, leading to the provision of safety-nets or similar within which persons with disabilities (and other disadvantaged people) are able to attain assistance.

**3.6. Where to Begin – Taking Action**

Shared action between persons with disabilities and those who provide funding for local services is essential. Independent action will not normally suffice – and is less likely to succeed in practice. Working in harmony one-with-the-other, persons with disabilities are able to form the organizations and groups with which local governments can work. Herein is a sense of empowerment with persons with disabilities themselves taking the lead in helping local society to focus upon key disability issues. Shared experience enables the diversity of the different disabilities to become known and this raises awareness, provides for the promotion of rights and increases opportunities for persons with disabilities to become better integrated into their community. It further assists central government with meeting the norms described in the UN Standard Rules (as described in Annex A7) and promoting opportunities that meet the criteria of an Employers’ Agenda (as described in Annex A8).

There are always competing demands on local resources and persons with disabilities (whether organized or not) are frequently at a disadvantage where mainstreaming issues are concerned. Mainstreaming suggests focus and this comes from cooperative effort by all concerned. This may include, for example, efforts to empower people with disability and to even out the inequalities that exist between persons with and without disabilities in the community. In this way persons with disabilities are better integrated and given more opportunities to participate. An enabling environment of this kind leads to improved security, a reduction in dependency and the confidence that comes from a sense of self-determination. This helps persons with disabilities to take responsible for their own affairs.

**3.7 Scope for Action**

There is an element of complexity in choice and overlap with the many opportunities available for taking action in support of persons with disabilities – this includes issues of policy, the development of people within their community, inclusion of persons with disabilities (i.e. persons with disabilities within decision-making), provision of infrastructure, vulnerability (i.e. linked mainly, but not exclusively, to poverty), empowerment options, the value of awareness-raising, the role of research and development and information sharing, and how to monitor/measure progress with social development. Ultimately, the aim is one whereby significant numbers of persons with disabilities are able to function independently alongside their neighbours without disabilities within the socio-economic environment typical of their local community. Ten factors apply, as follows:

**(1.) Issues of policy**

There is consistency with the UN Standard Rules for the way in which representative governments have chosen to follow methods by which persons with disabilities will be better integrated into their community. Usually the host government will have adopted policies that will follow the rules recommended. The rules are logical and simple in description. The main issues become those of implementation - and herein it is access to the willingness, legislation and the funds with which to do so (no matter that the relevant statutes are part of law). Where firm laws and policies are available it becomes relatively easy to direct investment funds – whatever the source - into support of/for persons with disabilities. Funding can be used to provide the frameworks, institutions, practices and similar with which policies can be implemented. One such approach is to invest in information, vocational training, curricula development, welfare/health/mobility benefits, financial programmes and similar that will help promote the progress of persons with disabilities. However, without firm information of the extent of disability, for example within the nation, region or community, investment programmes of this kind can become stalled.

The corollary to weak government support and/or inaction is one of promoting the role of civil society and particularly the involvement of organizations of persons with disabilities. These organizations are essential for raising an awareness of the many issues involved; and for providing representation with national and regional governments within the country. With skill and experience and access to sound advice, organizations of persons with disabilities are able to drive change and eventually help establish those national policies that will have impact.

An inability to implement policy is a factor in many of the low-income countries where, for example, statutes and laws are disregarded and where the demand for investment in development overwhelms the resources available. Herein is value for the role of civil society and organizations of persons with disabilities for highlighting deficiencies and for continuing to promote the sector; drawing attention to the lack of commitment, lack of investment, to insufficient focus and so on.

**(2.) Development of people**

Persons with disabilities will achieve more when the services provided to them are available locally. It follows that more will be achieved when persons with disabilities themselves are part of the decision-making process. This enables them to make a contribution to existing networks, structures and institutions working with civil society, schools, health centres and the commercial sector. Here it is that persons with disabilities in the community will be included, for best, as part of their local society. Disability should not be a barrier to participation. Inclusion from the outset will encourage dialogue and bring persons with and without disabilities in closer working arrangements in the community. It follows, that the circle of experience and knowledge will widen away from the few persons with disabilities and their host families. Newcomers will become involved.

People develop individually and as a group. Consultation helps to link the individual with his/her social group. Shared information enables disabled host families to receive more support, to gain access to external funding and/or practical help, to sensitize the whole community for the need to modify buildings, footpaths and similar to accommodate persons with disabilities, to provide for training, education and work that is more adapted to the needs of persons with disabilities and, ultimately, to seek to assert their rights and enable them to become better empowered within their community.

**(3.) Educating people**

Much can be achieved with the simplicity of an approach that identifies three basic tools that are essential if persons with disabilities (and disadvantaged people of all kinds) are to make their way in life – and succeed in escaping entrapment of neglect, isolation and poverty. These are:

1. Education.
2. Vocational training.
3. Employment.

There are barriers of staggering proportions in many traditional societies that always place the male before the female and the able-bodied person before the person with disability. But a good education is essential for everyone seeking a rewarding life – whatever their aspirations. A basic education provides entry to vocational training, and herein is the basis for those life-skills that will provide for employment and economic independence required of everyone.

Vocational training builds upon the primary education of the child and leads into the demands of the adult. It enables people to target the labour market, and increases their opportunities for finding work. Vocational training is not an end in itself, but logically an interim stage linked to a job specification. The goal is one of finding reasonable employment. As aspirations change and/or as new technologies are introduced, people will seek additional training to enable them to take advantage of new opportunities. A job represents a place in the community and escape from poverty, dependency and social isolation – there is a sense of social integration and physiological well-being that comes from the confidence gained. Previously excluded people gain an identity. (These are issues for all disadvantaged people – and not just those with disabilities.)

Education has both a cost to society at-large and to the individual. This is described briefly in Section A2.3, but suffice to note herein the considerable cost differences between formal and informal educational investment routes for persons with disabilities (i.e. of the order 40-60 times one-to-the-other).

**(4.) Provide an appropriate infrastructure**

Lack of basic infrastructure limits the ability of persons with disabilities to participate fully in their community. With the assistance of their focus organizations, persons with disabilities can encourage the implementation of local regulations, for example, that infrastructure such as buildings are modified to make them more user-friendly for people with disabilities. If local regulations are inadequate, the focus organizations can promote the adoption and use of international guidelines, for the development of appropriate infrastructure and services.

Promotion and advocacy of this kind is patently beyond the ability of most persons with disabilities within their community. Herein is a role for civil society and for the representatives of persons with disabilities within the organizations that are formed (i.e. the organizations of persons with disabilities) and within the public sector services of the appropriate ministries. It is essential to make representation for change at the correct levels and to adopt an approach that is appropriate to the demands being made and to the people involved. Organized into groups, persons with disabilities will be able to muster the resources to do so; acting separately, persons with disabilities will probably be less successful.

**(5.) Persons with disabilities are vulnerable**

Persons with disabilities are always more vulnerable to civil disruption when compared to their neighbours without disabilities in the community. This is particularly so where natural disaster or civil strife or a failing economy affects the whole community. Immediate and rehabilitation help is normally provided by government and the international community with funds, materials and technical assistance. Herein is the capacity to rebuild and to plan for similar issues into the future. An involvement of persons with disabilities within the planning required for handling emergencies and development opportunities of this kind helps build capacity in the community. It provides for a better understanding of persons with disabilities within the wider context of community well-being.

Persons with disabilities have particular skills and experience that may benefit people who were previously able-bodied but who may have become injured and incapacitated - with rehabilitation and a return to normality at a later date. Persons with disabilities are able to provide resources to the community that were previously unrecognized and unused. This can be of value when developing selected programmes for the community, for example, when targeting victims of landmines[[17]](#footnote-17). The failure herein is frequently that of the sector without disability in the community and their inability to make better use of their neighbours with disabilities. As the result of their disability, persons with disabilities are frequently discounted within the debate – as if their disability has in someway made them less intelligent, less capable and less able to make a useful contribution.

**(6.) Empowerment**

Disability is primarily a rights issue – with persons with disabilities best placed to promote the changes required in their community, which will enable them to participate better. Programmes that help with understanding, participation and the application of the appropriate policies, practices, etc. will ensure that persons with disabilities and their issues are better accepted. This will help build confidence. Confident people are more assertive and can better represent themselves. Herein is the basis for the move towards empowerment. Without empowerment, persons with disabilities will always be at a disadvantage.

**(7.) Value of publicity**

Traditional and modern media and communication services are of considerable value to persons with disabilities – for raising awareness of disability issues and for seeking opportunities for employment, etc. Electronic information sharing is instant and communities, for example, can quickly be informed of the services available, make contact with promotional groups working in the sector, be informed of new innovation, etc. Whether as news items or as theatre/entertainment, e-communication has an increasingly important role with reducing isolation, sharing stories, and integrating and empowering persons with disabilities. Therein are opportunities for raising critical social issues in an appropriate context and free from local constraints.

Equally valid, networking within the many dispersed communities of persons with disabilities may help to promote national debate – which can further help with national lobbying, law-making and empowerment. Providing the facilities required of networking (e.g. power supply, mobile phones, computers, etc.) is a valuable first investment for isolated communities.

**(8.) Develop information resources**

Lack of information is perhaps the most fundamental issue facing the improved integration of persons with disabilities into host communities. It is not so much that governments, NGOs and others have not made effort with developing local information in part - but skewed target areas, lack of co-ordination, limited participation by persons with disabilities and, importantly, inadequate research and development (R&D) have sometimes combined to reduce the value of the information available. Disability has largely been considered within a social service context – and the information available may simply reflect health and welfare issues. There will normally be less emphasis upon vocational training, employment, and confidence and/or empowerment building. In addition to improved targeting, information is required on the methods required to evaluate and monitor progress with the integration of persons with disabilities. Herein is need for the appropriate R&D programmes to be devised and explored in practice.

**(9.) Progress made**

Notwithstanding the considerable goodwill there may be towards persons with disabilities within a community, without adequate information and without a means of monitoring progress resources are likely to be wasted or, at best, used less effectively. Access to reliable data is a key issue for decision-makers when planning and measuring progress. Three factors arise, viz:

1. Using existing data wisely.
2. Generating new data and sharing it within the host communities.
3. Highlighting good practices – so that they can be replicated.

Managers and the people themselves need to monitor progress. This comes from establishing a viable reporting system that is easy to implement and to follow once operational. Linked into reporting will be evaluation procedures within which everyone will be kept informed. A failure to report, analyze, monitor and evaluate means that progress cannot be gauged with accuracy – and people will remain ill-informed. The risks herein are those of inefficient use of resources, unrealistic decision-making and an inability to plan for future investments with confidence.

**(10.) Appropriate technologies**

Linked into the provision of appropriate infrastructure and services, persons with disabilities are more productive when the built environment and the processes under his/her control are adapted to his/her disability. The underlying principle is one of addressing the abilities, needs and preferences of the people/person concerned and – where practical – using technology to satisfy these needs. It follows this should be technologies adapting to people – and not the other way around. Herein is reference to the SARA concept first formulated by Help the Aged Transport Council (1998) – S: Safety, A: Accessibility, R: Reliability and, A: Affordability – in connection with people in transport systems, but conceptually also of value for people working with appropriate technologies. By promoting these four principles of good practices in the workplace, persons with and without disabilities alike gain improved access and interface better with the work involved.

Physically persons with disabilities working at the same interface as persons without physical disabilities may have difficulties – when standing, seated, lifting, turning round and so on (according to the extent of disability)*.* Here it is that the equipment, tools, mechanisms and processes may have to be changed to suit the worker. Engineers design equipment, vehicles and tools of all kinds to suit the worker ofaverage stature (workers the world over differ considerably in size, mass, dexterity and similar – and there are considerable differences between genders, age, etc). Thus there is need to modify and change to ensure safety, performance, etc. without danger, fatigue or discomfort. The term ‘ergonomics’ is used to place the worker within his/her workplace. Salokhe & Jianxia (1999) described the ‘man-machine system’ in all its complexity and Kaul & Hicks (1999) further explored issues of women workers and how they interface with tools and technologies. Herein is the basis for modifying the workplace, equipment and technologies involved to ensure compatibility with, and appliance for, persons with disabilities[[18]](#footnote-18).

**3.8 Basic Information**

Whatever the level of intervention, good practices within the system need to relate to the persons with disabilities involved. For this there is need to assess the extent of disability within the host communities, the resources available with which to support them (from thestate, NGOs and elsewhere)and the numbers of people involved. Assessing the numbers of people can be a challenge. (See, for example, Section A4.3 and difficulties with determining minority populations.) If a viable organization for persons with disabilities is available within the community – numbers and identifiers may be available. This will assist with determining the types of disability likely to be met in practice. The workplace should be designed to accommodate persons with disabilities, and workers (both with and without disabilities) will be obliged to work within the design of the facilities provided. It follows that the organizations of persons with disabilities may be a logical starting point from which to seek the information required with which to modify existing structures and/or to construct new ones.

A key issue for encouraging persons with disabilities into the workplace will be personal mobility both within and when travelling from home to workplace and return. Similar issues arise for persons with disabilities in education, vocational training and when travelling to other places to which his/her work may take them. For the persons with disabilities required to work away from a key base, issues of travel will need to be considered within the good practices required. Routine travel between home and workplace/school will be a daily requirement – and experience will quickly show the most appropriate means of travel. Here it is that persons with disabilities may need access to slopes, easy-to-open doors, space, etc. Elements of dignity always apply, that people are able to move themselves around with minimum fuss and exhibition. Mobility and travel is covered extensively by Venter, *et al* (2004) – a text that is reviewed in Section A2.2.

**3.9 Making Choices**

The choices of good practices to be made will come within the laws of the land and the sector – protecting the rights of both persons with and without disabilities alike, and ensuring that those responsible for making those choices have the best possible advice/guidance available. The message is a simple one – if in doubt, seek advice before confirming action[[19]](#footnote-19). Costs will also be a factor for the extent of the investments that may be required. In the typical industrial society this may be part subsidised by the state, but this is unlikely to be the case in the low-income countries. Much will depend upon the social responsibilities of the host communities and the routines followed for encouraging persons with disabilities into education, training and/or employment. In reality, the civil structure in and around the community should also be compatible with the minimum standards required for access by persons with disabilities who may wish to use them. Here it is that the local community will be required to act – which raises issues for the affluence of the community and what can realistically be achieved in poor communities.

Guidelines for good practices point the way to action – but they do not determine the ‘where, how and why’ of decision-making. This is the domain of the individual, group, community, company, school, transport company or recreation facility. A choice of good practices underpins the key interventions that should be taken in support of persons with disabilities empowerment.

**Part 4. Key Interventions in Support of Persons with disabilities**

***The key interventions required in support of persons with disabilities are described in the context of a conceptual model in part 4 of the guidelines, with the activities that will be undertaken described in separate activity lists. These are locally specific, but with similarities that can be shared. There is logic in planning, in developing the appropriate models for knowing what to do, and sharing the feedback that will enable the same models to be changed and up-dated.***

**4.1 Planning ‘What-Needs-to-be-Done’**

There are a number of key interventions required for supporting persons with disabilities and promoting integration within their community, empowering them and helping them to realise more productive, independent and fulfilling lives. Herein is a sense that persons with disabilities will always be better placed to help themselves (when compared, for example, to those providing help from outside). In reality, a mix of internal and external partners will be required for providing the recommendations and help that will decide what should be done.

Where there are matrices of decision variables involved, for example, the preparation of an appropriate model is an obvious means of defining them. Modelling is widely used for defining and assessing different scenarios linked to agricultural resources, production and economic performance according to Munier, *et al* (2002) who argued the logic of matrix modelling. A matrix should simply be considered a tool with which to assist with the planning and coordination of effort by everyone concerned. The matrix is not an end in itself, but should continue to be modified and changed to suit the different needs of people within their respective resource base and, importantly, within their respective needs and capabilities. An appropriate model requires supporting action that should be taken by the main participants and their service providers; to define action that will be simple to understand and implement. This ‘how-to’ information can be described in a series of action sheets linked to the model devised.[[20]](#footnote-20)

A matrix is a quick and easy-to-use means of providing an overview of the many complex inter-related issues involved. It further provides a basis for preparing surveys and/or exploring sample cross-sections of the target communities - that the extent of disability in the host community can be determined. From this the extent of need and opportunity can be further determined, and eventually some understanding gained of what can be done and the resources required with which to take action.

There are a number of different approaches that could be taken with the development of a suitable matrix. For example, Flener, *et al* (2002) defined matrix modelling as a way of viewing constraints containing multiple variables, with the advantage of symmetry of design and the assignment of problems within rows and columns. The matrix used for the guidelines, however, has been modelled upon the one prepared by the Inter-Agency Standing Committee (IASC) Task Force on Gender and Humanitarian Assistance (IASC, 2005). The IASC comprises a core group of eight UN Agencies and a second group of eight standing invitees from experienced international NGOs and the World Bank. The two groups have been tasked with providing guidelines for reducing gender-based violence in humanitarian settings. The issues facing persons with disabilities in their host communities are not the same (although women and girls with disabilities are subjected to gender- and sexual-based violence)*,* but issues of raising awareness and for prevention and response are of value for the similarities in approach that can be taken. This includes definition of action and the selection of a number of cross-cutting settings.

Three well-defined general phases of definition and action dominate the model. These are:

1. Preparatory phase – recognition of state and need.
2. Response and action required.
3. Integration, empowerment and independence.

A number of cross-cutting sectors apply to the three phases which link into an understanding of what is required by persons with disabilities themselves (working individually and as groups), their host community and the service providers with which they work. These include:

1. Group action and coordination.
2. Surveys, assessment and monitoring.
3. Information, education and vocational training resources.
4. Economic independence.
5. Market exploitation.
6. Health and community services.
7. Political representation.

The sectors listed #1-#7 above are neither exhaustive nor entirely stand-alone, but have been listed simply as a means of providing first-choice sectors that have been shown from experience to be important for raising an awareness of the plight of persons with disabilities in their community and, equally, highlighting opportunities for exploiting potential. The sectors are both conceptual and actual in the way that persons with disabilities are currently considered – not so much as different people, but as an ‘issue to be targeted’and as if the persons with disabilities themselves are unable to contribute and/or take responsibility. (A key issue of much of reporting explored in the preparation of this report is one of persons with disabilities being identified as an issue rather than persons with disabilities being considered as part of the solution.)

A matrix – whether conceptual or real (and whether general in approach or targeted to a specific community) has value for the action that can be identified and taken. Here it is that design, contents and function needs to be identified for each action. Activities can be described in an action sheet. Action sheets provide the basis for post-planning action - the ‘how-to’ of decision-making; they are a means of making progress in the community. Each action sheet will be linked to others – in sequence and/or across the matrix – that will provide for coordinated action between sectors, provide for cost-effective investment and, importantly, provide for an assessment of progress made (or not made) within the three phases. The persons with disabilities guidelines matrix is shown in Table 4.1.

**4.2 Action Required**

Separate action is required for all the responses and action listed in column #3 of Table 4.1. This action comprises the basis of the activities recommended for the action sheet. The preparation of an action sheet provides a simplified approach of what needs to be done and, importantly, provides clarity of action across the whole community (i.e. who is best suited to do what). The contents of an action sheet may take different forms. A modification of the action sheet provided by the IASC (2005) is shown in Table 4.2. This is an example model and describes background, key actions and resource materials required. These should be established and/or developed by the various organizations of persons with disabilities/service providers/planners at the outset – and agreed by all concerned.

Table 4.2 provides the basis of one of the 24 action sheets that will be required for the matrix described in Table 4.1. The matrix and action will remain dynamic during the period of implementation and should continue to be redeveloped on the basis of experience gained over incremental periods of time. Well-organized and well-motivated national organizations of persons with disabilities will be essential for the value of the feedback that will come from activities in local areas. Feedback will comprise the basis of national plans that will ultimately govern interest and investment in the sector.

Action suggests access to resources. Resource materials can be collated from any number of sources. Resources provide additional information to assist the individuals, groups, institutions and others involved with participation and implementation of a role (and normally in partnership with others). They provide direction. Given the diversity of persons with disabilities – type of disability, capability, gender, access to economic resources, location, etc. - the resource materials available will logically vary with the target group. It follows that start-up groups should seek to access the experience of other groups with the same/similar background, disability, resources, etc. as a logical first choice option when planning investment for the local community.

**4.3 Next Steps**

Information contained in Tables 4.1 and 4.2 provides a conceptual collection of guidelines, recommendations and action. These require re-appraisal in the context of national modelling based, for preference, on the outcome of a national project (in support of persons with disabilities). Here it is that pilot-scale can shift to national scale with the construction of some well-reasoned planning, investment and action. One such opportunity exists for FAO/govt with the outcome of the current FAO/Govt of Ethiopia ‘Cottage Industries’ project. See Section A2.1(3).

Given that the FAO/Govt of Ethiopia remains operational, there remains scope for follow-through with the development of the Guidelinesdescribed in Table 4.1 and conceiving and producing the 24 action sheets to the design shown in Table 4.2. This would then provide the country and the sector with a reasonable guide for long-term planning and action. Development of the guidelines and action sheets would need to be undertaken in cooperation with people who understand both the issues and the opportunities available in Ethiopia; it could not be imposed from outside. Resource materials required for the action sheets would need to be identified and described – given the importance of this information for people who will be taking action in the field. It will not be sufficient to describe generalities. Recommended activities may include:

1. National workshop – describing the outcome of the pilot-project and up-scaling opportunities.
2. Selection of national counterpart organizations of persons with disabilities – with whom to develop a national project.
3. Preparation of project document - including matrix and activity sheets.
4. Promotion of investment opportunities – including documents, meetings, etc.
5. Identification of funding sources – including partners, markets, SMEs, etc.
6. Action national plan.

**Table 4.1. Guidelines for Empowering Persons with Disabilities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Functions and sector** | **Preparatory phase – recognition of state and need** | **Responses and action required** | **Integration, empowerment and independence** |
| 1. | Group action and coordination. | \*Determine coordination mechanisms required, and responsibilities.  \*Promotion of UN Standard  Rules (SR) & Employers’ Agenda (EA).  \*Promote advocacy and fund raising.  \*Promote planning required nationwide in support of persons with disabilities.  \*Identify and mobilise resources. | 1.1 Establish coordination mechanisms and likely partners.  1.2 Advocacy, and resources and fund raising undertaken.  1.3 Acceptance of UN SR & EA by host government.  1.4 Establishment of viable organizations of persons with disabilities and networks. | \*Organizations of persons with disabilities and networks continue to develop and evolve.  \*Procedures for advocacy and resource raising established and viable.  \*Coordination shifted to local counterparts at all levels.  \*Capacity building in support of persons with disabilities established nationally.  \*Rights of persons with disabilities as accepted people. |
| 2. | Surveys, assessment and monitoring. | \*Determine extent of persons with disabilities populations nationwide and existing awareness services, scope, resources, etc.  \*Train service providers in persons with disabilities recognition and awareness issues. | 2.1 Undertake PRA and similar situation analysis on the extent of persons with disabilities in the community.  2.2 Assess changing situation.  2.3 Monitoring and evaluation activities – persons with disabilities population, education & vocational training (VT) resources, establishment SMEs, etc. | \*Comprehensive database for persons with disabilities established and viable.  \*Dynamic nature of situation analysis of persons with disabilities established.  \*National resources for rehabilitation of persons with disabilities available.  \*Methods, etc. for M&E of persons with disabilities rehabilitation accepted. |
| 3. | Information, education and vocational training resources. | \*Involve persons with disabilities, carers and communities with developing programmes, etc. in support of persons with disabilities.  \*Determine extent of education and VT resources required.  \*Ensure use of appropriate communication messages. | 3.1 Information provided on the extent of capable persons with disabilities, training and employment opportunities, etc. in local communities.  3.2 Extent of education and VT required for persons with disabilities.  3.3 Existing service providers in education determined.  3.4 Disseminate information on resources and progress made. | \*Rights of persons with disabilities for access to education accepted.  \*Curricula available for persons with disabilities life-skills, etc. and widely used.  \*Large-scale acceptance of persons with disabilities into VT.  \*VT facilities specially adapted for use by persons with disabilities available.  \*Women & girls provided with equal opportunities for VT. |
| 4. | Economic independence. |  | 4.1 Ensure that persons with disabilities have access to economic resources.  4.2. Provide technical resources – information, technologies, tools, finance and advisors for income generation.  4.3 Provide training and follow-up M&E. | \*VT linked to economic independence for persons with disabilities accepted.  \*Understanding of co-importance of social and economic skills and training required for persons with disabilities.  \*Shift in resources for persons with disabilities from socio-healthcare to income generation and independence. |
| 5. | Market exploitation. | \*Determine extent of markets available for locally-produced goods and services.  \*Determine selection and choice of SMEs that are serviceable in the community. | 5.1 Explore local markets for potential income generation opportunities for persons with disabilities.  5.2 Link markets to VT required for persons with disabilities.  5.3. Link markets to resources required for establishing viable SMEs. | \*Better understanding of role of markets in wealth creation (for community development).  \*Understanding of commercial enterprise development (for all people).  \*persons with disabilities competing with non-persons with disabilities in markets. |
| 6. | Health and community services. | \*Map current services and practices.  \*Adapt, develop and disseminate policies, etc. relevant to the needs of persons with disabilities.  \*Train people in healthcare, etc. required of persons with disabilities.  \*Raise value of mobility and rehabilitation services.  \*Service providers trained, etc. in design and management of WATSAN facilities. | 6.1 Ensure persons with disabilities have access to basic health services.  6.2 Provide community-based health awareness information for persons with disabilities.  6.3. Mobility aids and prosthetics and/or means of manufacturing them introduced.  6.4 Safe water and sanitation programmes implemented (for all community). | \*Establishment of SMEs and/or services for persons with disabilities focused upon mobility aids, etc.  \*Understanding of special needs of persons with disabilities for access to healthcare, WATSAN, etc.  \*Greater tolerance of persons with disabilities within community for healthcare, etc. required.  \*Improved services for women and girls with disabilities. |
| 7. | Political representation. | \*Promote human rights, int’l laws and good practices for persons with disabilities.  \*Develop mechanisms for monitoring, reporting and seeking redress for violations of rights of persons with disabilities. | 7.1. Organizations of persons with disabilities and networks linked to political representation.  7.2 National NGOs responsible for persons with disabilities/organizations of persons with disabilities established.  7.3 Appoint politicians with disabilities. | \*Gender/disabilities issues better understood.  \*Persons with disabilities better represented at local, regional and national level.  \*Regular review of special resources, etc. required for persons with disabilities. |

**Table 4.2 Example Action Sheet\***

**# 1.1 ‘Establish Coordination Mechanisms’ and Likely Partners’.**

|  |  |  |
| --- | --- | --- |
| **No.** | **Response and**  **action required** | **Action** |
| 1.1.1 | Background | Main issues include:  1. Multi-sector coordinated approach required including identification of partners, strategic planning, data collection and analysis, resource mobilization, shared investment, provision of leadership, etc. at local, regional and national level.  2. Establishment of coordinating mechanisms.  3. Establishment of likely partners.  4. Provision of appropriate services.  5. Promote advocacy and fund raising in support of persons with disabilities.  6. Ensure people at all levels understand UN Standard Rules and Employers’ Agenda – if not already available.  7. Establish appropriate working groups in support of persons with disabilities sector.  8. Promote nation-wide planning in support of persons with disabilities.  9. Ensure sufficient resources from government, NGOs, private sector and similar.  10. Importance of recognition of persons with disabilities as real people. |
| 1.1.2 | Key action | These will include:  1. Establishment of working groups at local, regional and national levels in support for persons with disabilities – leading to establishment of organizations of persons with disabilities and national network of these organizations.  2. Prepare portfolio of resources available at different levels for support for persons with disabilities rehabilitation – focal points, NGOs, public services, etc.  3. Determine the extent of the organizations of persons with disabilities required, modus operandi and service providers available - who will participate.  4. Preparation of working programmes in support of organizations of persons with disabilities including the development of resources, action plans, etc. that will fulfil local organizations of persons with disabilities needs.  5. Preparation of national plans – matrix and action sheets – and devolution of planning required within local organizations of persons with disabilities; modification of national plans/action sheets for local use.  6. Responsibilities required of service providers (in all sectors such as education, health, agriculture, etc. – public, NGOs and agencies, etc.).  7. Pro-persons with disabilities action taken in-line with multi-sector approach for support for persons with disabilities.  8. Establish plan for reporting and M&E required that all organizations of persons with disabilities are routinely informed of data available, reporting, feedback from M&E, etc. |
| 1.1.3 | Resource materials | Checklists, guides, web-sources, training manuals and local people, public services, agencies and NGOs with experience of supporting/working with persons with disabilities.  A search will be required from which to determine the extent of resources available and, importantly, to show deficiencies in resources (for which additional investment may be required). This will comprise one part of planning, and will arise from ‘Key action #1.1.2 above’. |

**\*Note.** This example action sheet will be one of 24 (#1.1 to #7.3) required for the example matrix described in Table 4.1.

**Part 5. Recommendations for Practical Action**

***Planning leads logically to action and this has to be shared by everyone involved. Part 5 of the guide provides some brief pointers to ‘who-should-do-what’ within the network of persons with disabilities and those who serve them. Empowering persons with disabilities becomes more of a reality and success in the low-income countries where responsibilities are recognised and, importantly, resources can be marshalled and channelled more effectively.***

**5.1 Innovative Investments**

Implicit in reporting herein is one of making the Organization more effective in the way that it may be able to help persons with disabilities living in rural (and peri-urban) communities to lead more fulfilling lives. These are the largely forgotten people – the deprived, malnourished, the aged, the very young, women and, importantly, people with disabilities. With an estimated 430 million people thus affected (i.e. 13% of the world’s people), the mandate for doing so is a firm one. Persons with disabilities represent one of the easiest groups to identify but, equally, one of the hardest to target with development opportunities. This does not, however, preclude the efforts of a host of agencies, NGOs, companies and others who focus upon the same people and the same sectors[[21]](#footnote-21).

A large part of the investments made are in support of social, medical and health activities and more so where issues of emergency, disease eradication, reparation of war damage and similar apply. Therein is a pragmatic approach given the relative short period of investment that can sometimes be made and, importantly, the quick returns that are practical. For example, landmines can be cleared, small workshops can be established, prosthetics can be manufactured – and the work can sometimes be undertaken entirely by people within the affected communities. There is less investment directed into rural development given the open-ended nature of the investments required and the generation-long timelines that are frequently involved. Commercial agriculture is a highly successful international business; subsistence agriculture represents safety net systems that have largely failed as numbers of people overwhelm their natural resource base. Increasingly, there is less direct investment funding available for rural development and the individual recipients, agencies and beneficiary low-income countries are obliged to innovate in the way in which they access and use funds.

So, what can FAO (and other similarly-placed organizations) do? Where can it leverage, add value and catalyze? What level of funding is required? What technical and human resources are required? What should be done during the next period? The questions are many. Consider the work of the Organization in two logical parts – but parts which link implicitly together, viz. working independently, and working in partnership with others.

**5.2 Opportunities for FAO**

A number of opportunities continue to present themselves within the work of the Organization – considered largely within a ‘business as usual’ approach or, more interesting and innovative for the future, within some out-of-the-ordinary and imaginative programmes and activities. Consider:

**(1.) Business-as-usual**

Business as usual means continuing to do what has been done during recent years – but doing it better. Considering a number of opportunities, the Organization should:

1. Human resources. Re-establish a full-time Technical Officer (TO) post centred on persons with disabilities in Agriculture (and/or rotate this into Forestry and/or Fisheries as appropriate). This post provides a focal point. If the TO post is biased towards the recruitment of a person with physical disability, there will be visual and focus value with a better understanding of persons with disabilities in the sector. This was the case until 2003 when the most recent incumbent retired. It follows that the TO should be based within a Technical Service in which development for the persons with disabilities sector will be supported with interest, people and funds.
2. *Ad Hoc* Group Persons with disabilities. Re-vitalize the role of the *ad hoc* Group for persons with disabilities within the Organization. In the past, the Group has performed on the basis of a small core of people (4-5) – mainly networked to the TO Persons with disabilities in Agriculture. The *ad hoc* Group for persons with disabilities should take ownership of all disability initiatives in the Organization including regular management of the SD Dept persons with disabilities website.
3. Regional Office representation. FAO HQ is too distant from the field to make a difference to the sector, and the same may hold true for representation in the FAO Regional Offices. Distant (i.e. non-HQ) representation is, however, essential. Herein is scope for volunteer representatives in the regional offices and/or in selected sub-regional and/or country offices. Clearly, numbers should be small, for example, 1-2 people/region. Volunteer people are preferred to people who have been instructed to take responsibility.
4. Regular programme funds. In addition to the TO post - working funds will be required. These should be sufficient to provide travel, publications, networking and similar.
5. Field programme activities. Minimum one project focused upon the sector should alway*s* be active – this is essential. A project provides funds, publicity and, importantly, experience of sector development. This helps with motivating people and/or provides leverage for additional resources (within or outside the Organization). It follows that a handful of projects should always be in discussion, debate and/or planning – that 1-2 become successful. Project execution requires the support of the host government. Projects should target the different regions. Project design should follow recommendations described in Section A2.2.
6. Publications. Publications are essential. These can be:
   * Brochures, etc. publicizing the sector, FAO action, persons with disabilities projects, etc.
   * Publications lists of all material focused upon persons with disabilities sector.
   * Technical bulletins, promotional materials, videos/CDs, etc. describing findings, etc. from key projects. Example Thailand/mushrooms, Cambodia/village processing, Sierra Leone/blacksmiths, Ethiopia/cottage industries, Bhutan/gardens, Bosnia&Herzegovina/fisheries, etc.
   * Web-based publications. All material considered for hard copy should first be published in e-copy on the Internet. The existing SDpersons with disabilities site is out-dated.
7. Networking. Attending international meetings, sharing publications, remain involved, etc. with other agencies, NGOs, etc. that focus upon the persons with disabilities sector. Play a major role within persons with disabilities/agriculture*.*

8. Shared ventures. Working in support of others in the persons with disabilities sector – where parallel work/targeting is available, e.g. health, disease mitigation, social development, pro-children, WATSAN, etc. These all link into agriculture.

Estimated biennium costs to the Organization. Full-time TO (US$300 000), RP activities (US$100 000), FP activities (US$250 000), non-human resources (US$50 000) and misc. costs US$20 000. Total US$720 000.

***Recommendations. That activities #1-#7 be re-activated and/or revitalized and/or re-funded that FAO continues to provide minimum services in agriculture for persons with disabilities.***

**(2.) Imaginative activities**

Additional activities will only be practical if activities #1-#7 above are undertaken. It will be impractical to explore further innovation if there is no logical partner group/service within the Organization. Consider:

9. National development. Establishing a country office in the host country in which the FAO/govt project for persons with disabilities is working. (For example, for 2005-2007 this would be Ethiopia). Funds to be sourced from the project, RP and from local resources. ToR (1.) To shift project activities from pilot-scale to national-scale; (2.) To focus investments, and (3.) To gain field experience at national level. National development will include:

* Working in partnership with the appropriate national NGO(s).
* Establishing political support for persons with disabilities/existing laws.
* Establishing appropriate laws (if not already available).
* Identifying existing organizations of persons with disabilities and/or opportunities for establishing organizations of persons with disabilities.
* Preparation of popular publications in support of the persons with disabilities sector.
* Leaving social welfare and/or medical/health-based sectors to others.
* Focussing upon agriculture/employment in rural and peri-urban areas.
* Experience/value from designing and executing a national/pilot-scale project.
* Experience/value of planning with suitable matrix and activity sheets methods.
* Focussing upon empowerment, independence and income generation.

10. In-house representation International NGO. Undertake all FAO-related persons with disabilities work with an in-house partner; trial periods; invitation of interest, etc; leveraging the joint advantages of both types of organization working in partnership.

*Estimated biennium costs to the Organization. Minor. Overhead/service costs provided to the invited NGO (US$50 000); support costs for national development/part-time national/PP consultants – not supplied by project (US$40 000); misc. US$20 000. Total US$110 000.*

***Recommendations #1. That activity #9 be introduced as part of planning required for the next persons with disabilities FAO/govt project; that activity #10 be explored informally with a suitable international NGO; that funding for the latter be solicited from the host nation in which the HQ of the NGO is located and/or from the Govt of Italy.***

***Recommendations #2. Ethiopia. Action the development of a national plan to stimulate the empowerment of persons with disabilities in Ethiopia – as part of the current FAO/Govt of Ethiopia project (and as described in Section 4.3 above).***

**(3.) Publications**

Notwithstanding Section 5.2 (1.) Item #6 ‘Publications’ above such is the importance of the sector for the long-term value of the work of the Organization that it is given separate listing here. This is exemplified by the FAO/govt project ‘Thailand/mushrooms’ and the production of the high quality texts, manuals, handbooks, articles, etc. that resulted. This reporting has been country-, region- and/or technically-specific but, nonetheless, has considerable value within the host country and region and (sometimes elsewhere) and, moreover, provides considerable opportunity for boosting the reputation of the Organization. By comparison, the publications output from project ‘Sierra Leone/blacksmiths’ has been poor. Opportunities for technical sector, country and region have thus far been lost. For project ‘Ethiopia/cottage industries’ publication opportunities remain available – whilst the project is operational. It is essential to provide ‘persons with disabilities/agriculture/Africa’ with a similar selection of texts, etc. to those developed by the ‘Thailand/mushrooms’ project.

Every investment made in support of persons with disabilities is reported. The key issues are those of tracking, recording and making use of material published from elsewhere. (The same is patently true of all large organizations, however, and particularly where decentralization has separated and empowered regional- or national-decision-makers.) Much information is available; much remains hidden from new practitioners and resources are wasted when people are not informed – and are unable to learn from what has gone before. Annex A9, for example, contains SME information which, with review and modification, has application to communities elsewhere working within other socio-economic frameworks. Publication has, however, remained project-specific and has *not* been shared.

Publications recommended per project/sector/country:

* Manual focused upon persons with disabilities within specific technical sectors (e.g. Hanko, 2001).
* Handbook focused upon training persons with disabilities in the country/region (e.g. Hanko & Polman, 2003).
* Survey of persons with disabilities in …country….
* How to establish an organization of persons with disabilities/network in …country….
* Vocational training resources available and/or required for persons with disabilities.
* Commercial apprenticeship opportunities for Persons with disabilities/… country ….
* Modules for SMEs and income generation suitable for persons with disabilities (e.g. Steele, 2002a & 2000b).

*Estimated biennium costs to the Organization. Minor. All publications to be listed and costed within the budget of future projects. Some additional post-project costs are likely for missed opportunities (US$50 000). Total US$50 000. (More may be required depending on the extent of retro-active publishing.)*

***Recommendations. That the Organization moves quickly to prepare and publish information based on recent projects in which persons with disabilities have been the main beneficiaries. That operational projects quickly shift to the preparation of appropriate publications focused upon sector, country and/or region (with budget revisions where necessary).***

**5.3 Opportunities for External Partners**

Without inviting a discrete number of external partners to become further involved with the work of the Organization in support of persons with disabilities, there is no way of knowing where these opportunities may lead. Invitations of this kind can, if necessary, be undertaken informally. An FAO/international NGO partnership is recommended in Section 5.2(2.) for FAO HQ activities and an FAO/national NGO(s) partnership recommended for any country in which an FAO/govt project for persons with disabilities is operational. For both options office, people, travel and administrative costs and opportunities will arise.

The Organization may like to consider publishing an open letter on the Internet to interested people to seek advice and/or interest of how the persons with disabilities sector should be handled into the next period. Many thousands of responses will be received – which can be handled within a FAQ reply – with the more promising opportunities taken up on a one-to-one basis.

Further R&D information is clearly required before making a blanket approach of this kind, to ensure that the Organization is *au fait* with any similar initiatives currently underway from others. See, for example, UNENABLE (2004) and Section A1#(12.). Numerous networks in support of persons with disabilities already exist, for example. An alternative route may be one of e-conferencing with the aim of promoting persons with disabilities in agriculture and seeking proposals/mandate as one outcome of the debate. The main difference between an FAO-led initiative and those from others would be one of sector focus. No other agency has access to the agricultural experience, networks, resources, etc. of FAO; others focus almost universally on the social, medical and health issues and rights of persons with disabilities development.

**5.4 Opportunities for Everyone Else**

Persons with disabilities face discrimination whatever the extent of their disability; much the same is true for all disadvantaged people in the low-income countries. There are simply insufficient resources available to share with everyone *‘*as-of-right’ (no matter the well-meaning legislation, dedicated governments and/or the hardworking NGOs involved). The only secure long-term opportunity available is that of exploiting markets for goods and services available – making a success of a business venture in the private sector. This brings challenges for individuals and groups alike. Many initiatives have been made by the agencies, NGOs and governments concerned in support of disadvantaged communities in the low-income countries. Some are successful (see, for example, InfoChange India, 2006)[[22]](#footnote-22); others less so.

Small communities require support for ventures of this kind to succeed. Accessing the sector, marshalling the resources needed and establishing a business venture is largely outside the scope of reporting here, although there is a wide choice of material available. See, for example, Hanko & Polman (2003). FAO has regularly explored the range of opportunities available based upon existing resources in many parts of the world. Most are linked to project execution, as exemplified by the business modules describing requirements for two small-scale enterprises in two countries described in Annex A9. Additional modules are available from similar surveys undertaken in other countries.

**5.5 Access to Skills Training and Support Resources**

A review of project design in FAO-executed projects (and those implemented by others) shows focus almost universally upon the provision of skills training for small numbers of persons with disabilities in pilot-scale initiatives. (See, for example, Annex A2 and the project descriptions.) The principles behind project design have been explored in Section A2.2. Notwithstanding the learning experience from the handful of projects implemented (for the Organization and the national people concerned)*,* little effort has been made to document the success and/or failures of the different features of project design.

With no exception, all FAO projects have made use of existing public resources - experienced people/trainers, vocational training centres, colleges, line ministries and similar. Project investment has been high when compared to the value of output, for example in Sierra Leone, a ratio of US$2 240 invested/trainee was required. What options exist for making better use of existing resources – in the public and private sectors? How to shift training into cost-recovery with the trainee paying for training (either in kind, credit or subsidy)? An informal apprenticeship training focus is described in Section A2.3. Herein, organizations of persons with disabilities working in support of local communities were able to provide training, etc. with little more than willing employers and minimum investment from the state/agencies. Nothing can be achieved without investment funds – no matter how small – and here it is that the appropriate financial resources have to be available. Again, however, these can be sourced from the private sector (i.e. with loans, credit, funds, etc. available for trainees and trainer alike). (Lessons learned from this approach are described further by Albu, 2005.)

**5.6 End Note**

Persons with disabilities require access to small investments to enable them to better integrate into their local communities. Where practical, these should focus upon providing persons with disabilities with the life-skills that will enable them to make a reasonable living. FAO has a not inconsiderable track record of investment in the persons with disabilities sector over the years but this has, in recent times, declined as budgets have come under increasing demand for other priority sectors. Therein are opportunities for networking with others in-country and in-FAO HQ that will help leverage small investment opportunities for the benefit of recipient persons with disabilities. This is particularly so for FAO project investments which have not generally taken advantage of the interest raised and promotional opportunities for extending findings within the recipient country and within the persons with disabilities sector worldwide. More could be done.

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**Abbreviations and Acronyms**

AGFUND Arab Gulf Programme for United Nations Development Organizations

AU Alameya University (in Ethiopia)

BOND British Overseas NGOs for Development

CAP Community action planning

CAHD Community approaches to handicap in development (ex-HI)

CBO Community-based organization

CBR Community-based rehabilitation

CFC Common Fund for Commodities

DALY Disability-adjusted life year

DDP Disability and Development Partners

Dept Department

DfID Department for International Development (of the UK Government).

DFW District field worker

DPI Disabled Peoples’ International

EA Employers’ agenda

EFPD Ethiopian Federation of Persons with Disability

Est. Estimated

FAO Food and Agriculture Organization of the United Nations

FAQ Frequently asked questions

FP Field programme (of FAO)

GAPs Good agricultural practices

GDP Gross domestic product

GNP Gross national product

Govt Government

GP General practitioner (i.e. medical doctor)

ITGLWF International Textile, Garment & Leather Workers' Federation

HDI Human development index

HI Handicap International

H&S Hides and skins (of livestock)

HIV/AIDS Human immunodeficiency virus/acquired immunodeficiency syndrome

HQ Headquarters

IASC Inter-Agency Standing Committee (Task Force on Gender & Humanitarian Assistance)

IPD Internally displaced person

ILO International Labour Organization of the United Nations

IDDC International Disability and Development Consortium

LE Live expectancy

MC Member country

MDGs Millennium Development Goals

M&E Monitoring and evaluation

MPH Make Poverty History (movement from 2005)

MSSF M S Swaminathan Foundation (of Chennai, India)

MSSSW Ministry of Social Services & Social Welfare (of Sri Lanka)

NCPEDP National Centre for Promotion of Employment of Persons with disabilities

NGO Non-government organization

OECD Organisation for Economic Cooperation and Development

PI Power International

PRA Participatory rural appraisal

PRSP Poverty reduction strategy paper

PWB Programme of work & budget (of FAO)

PWD People with Disabilities (of Uganda)

RESNA Rehabilitation Engineering & Assistive Technology Society of North America

R&D Research and development

R&M Repair and maintenance

RP Regular programme (of FAO)

SD Sustainable Development (Dept of FAO)

SME Small and/or medium enterprises

Source Source International Information Support Centre

SR Standard rule(s) (of the UN)

T&S Touch and smell (garden, MSSF, Chennai, India)

TA Technical assistance

TATCOT Tanzanian Training Centre for Orthopaedic Technologists

TDVA Tigray Disabled Veterans Association (of Ethiopia)

ToR Terms of reference

UK United Kingdom of Great Britain and Northern Ireland

UN United Nations

UNENABLE World Programme of Action Concerning Person with disabilitys (of the UN)

UNWG United Nations Women’s Guild (of Rome)

USA United States of America

VFP Village food processing (centre in Cambodia)

VO Voluntary organization

VT Vocational training

VTC Vocational training centre

WATSAN Water and sanitation

WHO World Health Organization of the United Nations

WTO World Trade Organization

WTTC Wheelchair technologists training course

**Units**

g gram

l litre

kg kilogram

km kilometre

t tonne (1,000 kg)

**Symbols**

< Less than

> More than

**B.** **Annexes: Index and Summaries**

**A1. Sources of additional information**

*In two parts, viz. review of 12 websites and 10 documents describing sources, agencies, NGOs and others working in support of persons with disabilities. Herein are many hundreds of additional links into the world of information that will help with sector-specific investigation, and further encourage support for empowerment of persons with disabilities.*

**A2. FAO field activities in support of persons with disabilities**

*Contains a review of seven FAO-executed projects in support of persons with disabilities, and highlights and describes some of the principles of design that have proven successful in practice. Issues of cost, investment and opportunity are considered in the context of what can be achieved by FAO in support of the sector.*

**A3. Disabilities in the low-income countries**

*Contains exploratory information to describe a key terms of reference (annex ToR #1) required of the current study, viz. to place persons with disabilities in context within community development in the low-income countries.*

**A4. Linkages between disabilities, rural livelihoods and food security**

*ToR annex #2 explores issues of disability within society, the provision of public support for persons with disabilities and opportunities that exist for them to access their rights, social reform and, importantly, commercial markets that can be developed that will provide the basis for employment and income. The complexity of the many issues involved is exemplified in the summary actions recommended for empowerment.*

**A5. Agricultural sector responding to the needs of persons with disabilities**

*Annex A5 (ToR #3) focuses upon persons with disabilities and agricultural production and services, and highlights the practicalities of people interfacing with the industrial opportunities involved. Much of this information has come from the experience of FAO and other agencies working in support of the sector.*

**A6. Role of agriculture vis-à-vis persons with disabilities**

*Annex A6 ToR#4 summarises some of the information collated and reviewed, and provides some firm recommendations that underpin the strategy required for encouraging persons with disabilities to become more involved with agricultural production, agro-industries and services Priority sectors for investment are described.*

**A7. United Nations Standard Rules on equalizing opportunities for people with disabilities**

*Contains some standard text to describe the three sectors and 22 rules as adopted by the UN in support of persons with disabilities worldwide. The rules form the basis for legislation in favour of persons with disabilities in most UN countries. Also contains a summary review from WHO for the quality of application and take up of the UN rules that apply to health, medicines, etc.*

**A8. Employers’ Agenda for disability**

*The second annex containing standard text; describing 10 key points in support of fair employment opportunities for persons with disabilities. Sourced from the UK in the early 1990s, the Agenda has subsequently been adopted by >50 countries worldwide.*

**A9. Example income generating activities for persons with disabilities**

*Included in support of small-scale enterprise development in rural communities, the annex contains exploratory ventures in seeds production/processing and poultry-keeping with recommended frameworks for investment, size, technologies, etc. with supporting budgets and projected earnings. Information sourced from FAO project experience*.

**A10. International development at the UN in support of persons with disabilities**

*Describes the outcome of the Seventh Session of the Ad Hoc Committee (in support of persons with disabilities) from early 2005, and the Articles and comments drafted in support of the rights of persons with disabilities. Annex included because of the importance of this Committee as the prime supporter of persons with disabilities within the UN system. Outcome of the Convention provides thinking and, potentially, investment into the sector during the next period; and in preparation debate at the Eighth Session scheduled for August 2006.*

**Annex A1. Sources of Additional Information**

***The annex contains a brief overview of some of the more interesting web pages searched during the preparation of this report, and information sourced/read but to which reference has not been made or made only in passing. The information is by no means exhaustive and many additional organizations, centres, institutions, universities, NGOs and other groups working in support of persons with disabilities have been omitted. Many can be sourced courtesy of those already listed. The extent of the information available to describe the sector is considerable.***

**A1.1 Websites Recommended**

**(1.) British Overseas NGOs for Development (BOND)**

[www.bond.org.uk](http://www.bond.org.uk)

Directory of NGOs in the UK working in support of persons with disabilities in the low-income countries. Contains information, networks and separate page listings for approximately 300 NGO-members of BOND. Provides supporting and down-loadable information and notes on project management tools that will assist NGOs when working with, or seeking funds from, the donor community. Provides employment opportunities within the network. Additional advantages of membership are described.

**(2.) Disability and Development Partners (DDP)**

[www.disabilityanddevelopmentpartners.org](http://www.disabilityanddevelopmentpartners.org)

‘DDP’ is the new name to what was previously called the *‘Jaipur Limb Campaign’*. DDP works with partner organizations in support of persons with disabilities – to help strengthen their capacity to implement programmes/projects and to advocate for rights and services. Development and manufacture of the Jaipur foot and other low-cost rehabilitation aids and appliances has raised the profile of DDP since the Campaign began in 1992. The DDP has, consequently, focused effort particularly on war-damaged countries and people, with people working in support of themselves. Limited information available on the web.

**(3.) Food and Agriculture Organization (FAO)**

[www.fao.org/waicent/faoinfo/sustdev/ppdirect/rurald](http://www.fao.org/waicent/faoinfo/sustdev/ppdirect/rurald)

Links directly to the FAO database on the rural disabled via WAICENT, but limited first hand information available. Provides links to 100 other disability-focused sites. Brief list of 28 projects (of which only four describe FAO activities – and then simply showing title, budget, country, etc. - that is, without supporting text). Publications list is more valuable with >300 items listed and most with down-loadable facilities. Further, many are linked into additional material. Of the order 25 photographs are available for use. The pages are not up-to-date, however, with reference to FAO contact people who are no longer available and with material dated from 2000 and earlier. Herein is scope for review/update of material to inform and, importantly, to provide an improved image/representation of what the Organization has to offer. (The information from five years and earlier exemplifies the decline in interest and investment in the sector in recent times.)

**(4.) Handicap International (HI)**

[www.handicap-international.org.uk](http://www.handicap-international.org.uk)

Assists with the development of national policies in support of persons with disabilities. Currently working in >55 low income and/or post-conflict countries. Importantly, HI is a partner in ‘Source’ - an international information support centre/library designed to strengthen the management, use and impact of information on health and disability. Source provides access to a bibliographical and contacts database, key lists and newsletters. Networking sources provide access to ‘disability’ in the context of a range of key topics including poverty reduction. Much information is down-loadable and free of charge. A search of HI France showed 13 documents for agriculture. Case studies are valuable.

**(5.) International Disability and Development Consortium (IDDC)**

[www.iddc.org.uk](http://www.iddc.org.uk)

Self-managing group of 18 Europe-based NGOs with significant resources and activities in >100 countries. This includes, for example Save the Children UK, World Vision UK, Handicap International, etc. The Consortium follows a loosely managed rationale to ensure commonalities of interest and approach towards disability and development work. Annual meetings are held to ensure that people are talking one-with-the-other. Internet links into the different NGOs are available on site. No publications options. Access provided to an ‘Enabling Education Network’ with emphasis on social and educational opportunities for persons with disabilities.

**(6.) International Labour Organization (ILO)**

[www.ilo.org](http://www.ilo.org)

The ILO is the definitive source of information and expertise for most of the disability employment issues that relate to the UN system. The ILO has been instrumental in establishing standards, raising issues and generally promoting the role of persons with disabilities in society/workplace since its inception in 1919. The work of the ILO supports the empowerment of persons with disabilities. This extends over the complete range human development including grass-roots initiatives, as exemplified with the production of manuals and hand books that enable countries and employers alike to better understand the issues required of providing employment for persons with disabilities. This report has drawn heavily upon material – from a host of sources – that has been found courtesy of the ILO website. The ILO produces a disability publications list containing purchase and gratis texts. This is an excellent starting point for collecting a library of texts that will provide some understanding of the many issues involved. Available at: [www.ilo.org/employment/disability](http://www.ilo.org/employment/disability).

**(7.) Mobility International**

[www.miusa.org](http://www.miusa.org)

Typical of the well-organized and funded international NGOs, MIUSA presents a competent website containing a selection of easy-to-source information, publications, contacts, etc. A short list of publications is available for purchase and/or free download. Strong on rights, gender, education and similar issues. Opportunities for participation are posted – for people to become involved, and particularly college-linked people in North America. More focus given to the industrial world – but also looking into the low-income countries and linking both groups of countries. Invites browsers to seek information, access to resources, funds, exchange programmes, etc. The Human Resources Toolbox is of value – and available as a free download.

**(8.) Motivation**

[www.motivation.org.uk](http://www.motivation.org.uk)

Started in 1989 as the result of an award-winning design for a wheelchair suited to users in the low-income countries, Motivation have promoted the construction and use of wheelchairs with a number of wheelchair technologies training courses (WTTCs) leading to local manufacture in >25 countries. Estimates vary, but there may be >20 million people worldwide who would benefit from access to a wheelchair, with an additional 20-40 million injured people who will become paralysed each year. Paraplegics without access to a wheelchair have a life span of the order 2-3 years. A wheelchair can extend this >10 times. The site provides access to curricula and application forms for the WTTCs on offer, but there is little additional information and contact should be made directly with the organization.

**(9.) Power International (PI)**

[www.power4limbs.org](http://www.power4limbs.org)

Formed in 1995 in support of people disabled largely as the result of landmines PI has, in recent times, shifted to advocacy and to support for persons with disabilities providing for themselves. PI has been particularly active in Laos where it was formed, and continues to support five centres servicing >1 500 people annually. More recently, PI has been working in Africa where similar demand exists for providing services to amputees. Artificial limbs wear out and growing children require a new limb every six months. The site contains little additional information that can be down-loaded; it is more of a fund-raising website.

**(10.) Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)**

[www.resna.org](http://www.resna.org)

North American site for persons with disabilities in North America and those who serve them. Begun as the result of a supportive conference of rehabilitation engineering from 1979, RESNA has shifted into the technical support industries of those who provide the standards, information and innovation with which to target the high investment end of persons with disabilitiess’ industries. Wide range of resources. Selection of publications available but only for purchase. A subscription to the official journal and material costs about US$100/year.

**(11.) Source International Information Support Centre (Source)**

[www.asksource.org](http://www.asksource.org)

Source is an international information support centre designed to strengthen the management, use and impact of information on health and disability. Extensive library resources linked into social, health, rights, women, HIV/AIDS and similar relating to persons with disabilities. Search for agriculture, however shows just four sources (one of which is the FAO database on rural disabled and the 10 UN agencies and 10 NGOs/others available).Useful links to a manual for how to establish a *‘*Resource Information Centre’.

**(12.) UNENABLE: World Programme of Action Concerning Person with disabilitys**

[www.un.org/esa/socdev/enable](http://www.un.org/esa/socdev/enable)

The ‘UN Programme of Disability’is the lead programme on disability within the UN system, and represented by the UNENABLE website. It is housed in the Division for Social Policy and Development of the Dept of Economic & Social Affairs of the UN Secretariat. The programme is the definitive place to source the definitions, laws, norms, protocols, policy guidelines, etc. that relate to persons with disabilities within their communities. Sessions of the ‘Ad Hoc Committee … Protection & Promotion … Persons with disabilities’are planned and recorded here. (See Annex A10.) The site is mainstream with text, legislature, rights, etc. but less so with the practicalities of ‘how-to’ in the host countries. Here it is that the networks of information span the globe and reach into every UN member country. Languages are formal. An extensive database of websites is available – all information can be downloaded.

**A1.2 Further Reading Recommended**

***The 10 texts selected for review are not definitive, but simply reflect some of the more interesting and valuable resource materials reviewed in the preparation of this report. They tend to represent the more sector-specific and technical resources for the subsectors identified. Many others are available.***

**Cornell University. (2002). *Community-based rehabilitation as a participatory strategy for Africa.* Paper Gladnet Collection. Cornell University, Ithaca,USA.**

**Available at:** [**http://digitalcommons.ilr.cornell.edu/gladnetcollect/60**](http://digitalcommons.ilr.cornell.edu/gladnetcollect/60)

*Arising from a conference held in Uganda in 2001, the text provides summary views on CBR from 14 different African countries. Information is recorded from the proceedings and re-interpreted in the context of need – it reflects a ‘state-of-the-art’ of CBR at time of production. Messages include the dilemma of definitions, value of participation, paradoxes, the need for action and where-to-go-from-here. CBR may not be the only solution to issues of empowerment, but it does provide a reasonable starting point for community action*.

**ILO. (2004). *Assisting people with disabilities in finding employment.* Resource book for trainers of employment service personnel. ISBN 2-2115387-8. InFocus Programme on Skills, Knowledge & Employability. International Labour Organization, Geneva, Switzerland. January.**

*Ring-back folder training manual with pull-out modules and overhead plates designed for trainers and others practically involved with training persons with disabilities. In two parts, six chapters and 10 training sessions, the manual is an excellent starting point of ‘how to train persons with disabilities’. Contains many references and weblinks.*

**Jones, H. & Reed, B. (2005). *Water and sanitation for persons with disabilities and other vulnerable groups: designing services to improve accessibility.* Manual. ISBN 1-84380-079-9. Water, Engineering & Development Centre, Loughborough University, Loughborough, Leicester, UK. Available at:** [**www.lboro.ac.uk/wedc/publications/**](http://www.lboro.ac.uk/wedc/publications/)

*Definitive treatise on all things water and sanitation for persons with disabilities in the low-income countries. Prepared under a contract to the UK DfID and in collaboration with eight experienced sources in the industrial and low-income countries. Manual provides 300 pages of simple text, diagrams, photographs and people experience. Each section supported by references, weblinks, texts, etc. A text that should be on the shelf of all organizations of persons with disabilities and WATSAN technical people in the low-income countries. High quality technical material – easy to use.*

**Medi, E. (1998). *Mozambique experiences and issues: study of vocational rehabilitation, training and employment programmes for persons disabled by the conflict.* Report. ISBN 92-2-110757-4. ILO action programme on skills and entrepreneurship training for countries emerging from armed conflict. International Labour Organization, Geneva, Switzerland.**

*One of several country texts available from the ILO concerned with the rehabilitation of people disabled as the result of wars, civil conflict, etc. Describes the considerable effort and funds that were provided to help with a return to normality. (The FAO persons with disabilities report herein draws attention to the inequalities of social assistance provided – with the greater the disability the less the help provided; for reasons that were more to do with area security. Relatively small numbers of people were involved with rehabilitation – notwithstanding the extent of the war, people killed and infrastructure damaged.)*

**Office of Disabilities Issues. (2005). *Work in progress 2004-2005.* Fifth annual report from the Minister for Disability Issues to the House of Representatives on implementing the New Zealand Disability Strategy. Ministry of Social Development, Wellington, New Zealand. Available at:** [**www.odi.govt.nz**](http://www.odi.govt.nz)

*Report represents an up-to-date approach to social development that is empathetic to persons with disabilities, but without being overtly sympathetic and/or patronising. Taking the view that persons with disabilities will be provided with a social platform that will enable them live alongside and compete with neighbours without disabilities. Representing a small industrial country with limited wealth, but high social ethics and the choice of opportunities, approach, etc. that can be considered by the low-income countries. Text sprinkled with some valuable ‘real-life’ stories.*

**Tynan, A. (1997). *Adventures in disability*. Book. ISBN 0-9530430-0-2. Tynan Publishing, London, UK.**

*Friendly and easy-to-read text describing one woman’s approach to disability in society; the use of terminology, codes and inter-action typical of the industrial countries. Non-technical language.*

**UNAIDS. (2005). *2004 Report on the global AIDS epidemic.* Report. UNAIDS, Geneva, Switzerland. Available at:** [**www.unaids.org**](http://www.unaids.org)

*Extensive collation of information, etc. on the extent/impact of the international HIV/AIDS epidemic >25 years after recognition of urgency of the many issues involved. Epidemic has transformed extensive sectors of the low-income countries in the poorest parts of the world – sub-Sahara Africa and South Asia. Strong links into ‘disability’ in affected communities. Challenge for organizations of persons with disabilities is recognition of the massive international investment marshalled (est. >US$20 billion) for estimated 40 million people thus affected and annual death rate est. >4 million people****.***

**UNPERSONS WITH DISABILITIES. (2004). *Gender & energy for sustainable development: a tool kit and resource guide.* Manual. UN Development Programme, New York, USA. December.**

**Available at:** [**www.unpersons with disabilities.org/energyandenvironment**](http://www.undp.org/energyandenvironment)

*Described as a ‘tool kit’, but more of classic textbook in approach. Contains descriptive text for raising awareness of the many environmental, gender and energy issues of energy supply in rural communities in low-income countries. Resource guide section contains numerous links and references. Not ‘persons with disabilities’ as such, but useful ‘gender/impoverished’ approach to disadvantaged people.*

**UNPERSONS WITH DISABILITIES & WHO. (1994). *Food, water and family health: manual for community educators*. Manual. Available from WHO; ref: WHO/HEP/94.2. UN Development Programme, New York, USA & World Health Organization, Geneva, Switzerland**.

*Comprising a useful reference text for all food, water and family health-related issues in small communities in low-income countries. Not a ‘persons with disabilities’ document as such, but links firmly to issues of public health - preventing illness and disability. Excellent treatise for access to safe water, sound waste disposal, nutritious food, food security, mother & child healthcare issues, etc. Makes use of simple one-line text and pictures.*

**Venter, C.J., Sentinella, J., Rickert, T., Maunder, D. & Venkatch, A. (2004). *Enhancing the mobility of persons with disabilities: guidelines for practitioners.* Overseas Road Note #21. ISBN 0-951-8797. ORN21 prepared by TRL Ltd, Crowthorne, UK for Dept for Int’l Dev., London, UK.**

*Extensive treatise of mobility in the context of access to structures, transport, etc. applicable to persons with disabilities everywhere, but with particular value to the low-income countries. More applicable to modern land-based transport systems, etc. in urban/peri-urban settings than issues of actually providing mobility to people. Extensive use of diagrams, sketches, photographs, etc. many with dimensions, spacing, etc. shown. A highly practical text for everyone involved with issues of persons with disabilities facing physical barriers.*

**Annex A2. FAO Activities in Support of Persons with disabilities**

***The annex describes some recent field activities undertaken by FAO in support of persons with disabilities. The list of projects is not exhaustive, but covers some of the more interesting findings – both successful and otherwise. Underlying many of these are some firm principles for project design that will further promote opportunities for empowering persons with disabilities. These are described for the directions that may be followed for future initiatives of similar kind.***

**A2.1 Selected Projects**

The design and outcome of seven projects are described herein – in no particular order of priority. All have issues of success and lessons learned that warrant further exploration and/or priority that others are able to learn from the experience gained by the few beneficiaries and the host countries involved. The projects described are:

1. Cambodia (TCP/CMB/2902). Capacity building of a community centre in Cambodia with village food processing facility.
2. Thailand (TCP/THA/8821). Mushroom production training for persons with disabilities.
3. Ethiopia (TCP/ETH/3003). Training persons with disabilities in cottage industries.
4. Sierra Leone (TCP/SIL/2903). Emergency assistance for the reintegration of war-handicapped and other persons with disabilities.
5. Sri Lanka (TCP/SRL/3003). Training of persons with disabilities for sustainable livelihoods.
6. Bosnia and Herzegovina (GCP/BIH/03/NOR). Support to income generation through establishment of a fish hatchery in Bosnia and Herzegovina.
7. Bhutan (TCP/BHU/6611). Kitchen Gardening for Better Nutrition.

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**(1.) Cambodia (TCP/CMB/2902)[[23]](#footnote-23)**

***‘Capacity Building of a Community Centre in Cambodia with Village Food Processing Facility’***

**Design**

The main principle of design was one of boosting added value to local produce with the aim one of raising the economic wealth of the community. Lack of facilities, information and ability precluded local people in the target communities from making investments of these kinds from their own resources. A successful pilot-scale venture – it was reasoned – would provide sufficient encouragement to enable others to follow. The provision of a ‘village food processing (VFP)’ centre was a key feature of design. There would provide the facilities with which the trainers could be trained – and to which others could use when extending the skills and knowledge of processing into new communities. Given the large numbers of damaged people as the result of wars and civil strife, the project targeted trainees who were disabled and/or demobilized and families of disabled/demobilized soldiers and, because of the importance of gender issues, impoverished women in rural areas[[24]](#footnote-24). Socio-economic development would come, it was reasoned, by providing trainees with the resources with which to establish mini-enterprises in food production and processing. The project invested of the order US$350 000 during a period of two years. Further information to describe the project is available from Tongsiri (2000).

**Outcome**

The pilot-scale VFP centre was established as planned as a facility of the National Training Centre and provided with equipment for processing fruits and vegetables. Of the order US$190 000 (54% of budget) was spent on equipment and consumables. The VPF provided facilities for teaching trainees, for research and development, for demonstration, for learning and for technology transfer. An international consultant Team Leader took overall responsibility for project management, and provided guidance to staff for the equipment to purchase, how to use it, curricula required, training methods and similar. Five additional consultants provided advice with markets, product development and food processing. Trainees and staff undertook two study tours to Thailand, a national workshop was held, and of the order 50 people were trained in practical food processing and preservation skills. Six training courses were held at the VFP centre. The VFP centre has continued to function satisfactorily post-project and has been replicated elsewhere in the country. Wealth has been created for communities of trainees.

**(2.) Thailand (TCP/TCP/8821)**

***‘Mushroom Production Training for Persons with disabilities’***

**Design**

Project design was well-targeted into the production of foods that were already part of the Thai diet, where excellent markets existed, where the work required could, with small changes to production techniques, equipment and similar, be handled comfortably by persons with disabilities and where it was possible to begin on small-scale with minimum investment and effort. These proved to be practical options and the project was efficiently and effectively executed by the FAO Regional Office (RO) in SE Asia/Pacific in cooperation with government counterparts. It helped that FAO RO contained the best organized and motivated ‘persons with disabilities’ team in the Organization at time of implementation. Further, the reception of local counterparts including the support of the Thai Royal Family made success a certainty. The project was based at the NE Training Centre for People with Disability in Ubon Ratchathani. Training facilities were constructed, and curricula and strategies developed that provided tuition for two months. An investment of US$190 000 was made during a period of 20 months 1999-2000.

**Outcome**

Of the order 200 disabled trainees were taught commercial mushroom production in two courses, and helped to establish small-scale units back home. Within one year of graduation, 70% of all trainees were making profits with earnings of up to U$12/day mushroom sales. Others growers have specialised in providing services to growers (disabled and non-disabled alike), others still have remained as trainers. Social successes have mirrored commercial success with three pairs of trainees marrying.

Both physically and mentally persons with disabilities were successfully taught to become mushroom entrepreneurs. More people were directly involved as skills were extended into their families. The training centre gained resources and increased its capacity and tuition skills. The production model has been replicated elsewhere in Thailand and SE Asia.

The project generated a host of valued publications, texts and manuals courtesy of workshops, consultancies, author’s contracts and similar. These have been in demand around the world. Reporting has been extensive, and can be found listed and described at FAO (1999) and FAO (2000)[[25]](#footnote-25).

**(3.) Ethiopia (TCP/ETH/3003)[[26]](#footnote-26)**

***‘Training Persons with disabilities in Cottage Industries’***

**Design**

Ambo College of Agriculture (ACA), now part of Jimma University, is the national counterpart implementing agency for a project designed to train persons with disabilities and their families in poultry and beekeeping. The rationale is one of helping rural persons with disabilities to establish small-scale agro-industrial ventures from which they can make a reasonable living. The project was >12 years in planning, and was implemented in 2004 with an investment of US$395 000 during a period of two years.

**Outcome**

Slow delivery and a revision of the budget in late 2005 have enabled the project to extend until end of 2006; thus it remains active at time of reporting. International consultants have undertaken missions in support of beekeeping, sericulture, persons with disabilities and training. The poultry unit at ACA has been provided with hatchery equipment. Of the order 120 students and/or representatives of their families have been trained in six courses of 20 each from 12 of the 14 districts in the region, with trainees provided with start-up kits (of birds and/or bee colonies) to help establish a production unit back home. Follow-up field visits have been made.

The project is following classical training procedures suited to persons with disabilities. Issues to arise thus far include lukewarm reception by trainees for training in poultry and/or beekeeping (there is preference for small ruminant production), birds lost from start-up kits when returning home, options for re-training all students in short revision courses, and future plans for institutionalizing teaching/facilities for persons with disabilities at ACA. There may be scope for establishing an agricultural faculty for persons with disabilities to service the country. A project document in support of sericulture development has been prepared. More information is available at Oodally (2006) and Hanko (2006).

**(4.)** **Sierra Leone (TCP/SIL/2903)**

***‘Emergency Assistance for the Reintegration of War-Handicapped and Other Persons with disabilities’***

**Design**

An emergency people-rehabilitation project was designed that focused upon the brutal nature of the 10 year civil conflict in the country during the 1990s and into the early 2000s. Brutality had manifested itself in the large numbers of rural people who had been deliberately maimed *(rather than killed)* by amputation of limbs. FAO was one of many agencies, NGOs and others to become involved, and provided resources for re-establishing village blacksmiths and boosting food processing expertise. The rationale was one of rehabilitation of rural communities through income generation. The project had an investment of US$269 000 and was implemented during the period 2002-04.

**Output**

Four training and production centres were established in four separate districts of the country at which an estimated 120 people were trained. Recognising the important cultural role of blacksmiths within local communities *(in addition to their technical skills*), particular effort was made to modify the working environment, equipment and tools to enable amputee trainees/artisans to work. With >250 000 estimated war-persons with disabilities in the country the project was able to assist only a small fraction of the people affected. Success has its own rewards, however, and the international NGO Handicap International was quick to follow the FAO example, with a focus on disabled children and schooling, with the provision of mobility aids and prosthetics, and with income generating activities. FAO produced manuals and texts on blacksmithing and food processing, and offered to implement investment for a database on persons with disabilities – to better determine the extent of people in need. Further information is available at FAO (2004).

**(5.) Sri Lanka (TCP/SRL/3003)**

***‘Training of Persons with disabilities for Sustainable Livelihoods’***

**Design**

A period of prolonged civil war in the country during the 1990s and into the 2000s (which continues) has resulted in large numbers of young persons with disabilities. Government, NGOs and others have made efforts to provide rehabilitation facilities, but none have focused upon agriculture. This is illogical given that more than 75% of all persons with disabilities live in rural areas. The project aimed to change this focus. The project was implemented at the vocational training centre (VTC) at Angunukolapellessa - one of eight in the country. A pilot-scale project was designed and executed by the Ministry of Social Services & Social Welfare (MSSSW) with the support of experts from the Ministry of Agriculture, the aim being to shift emphasis to agriculture and horticulture production for income generation. An FAO-funded project of US$301 000 was implemented in four phases during a period of two years. This ended mid-2006.

**Oucome**

The conceptual nature of the project dominated throughout the period – developing working arrangements between the participating ministries, preparing the training materials and facilities required, undertaking training and review of outcomes, revision of materials, national workshop, up-scaling, etc.. Design and testing was generally successful but targets for persons with disabilities trainee numbers were, rather surprisingly, not met. The project had proposed minimum 60 trainees, but in the event only 35 suitable people were found (from more than 80 households considered). Disabilities of all kinds were accepted, and this slowed teaching given an inability to adopt methods and systems that would suit all trainees. Practical training proved more valuable than classroom studies. Training in agri-horticultural production and food processing was provided initially, with trainees then making a choice of preference partway into the course for enterprise development and investment post-training. Twenty trainees chose horticulture and 15 chose food processing. The project helped trainees establish post-training and then provided outreach. Parental support was essential for success, with estimated 90% of all trainees successfully establishing small enterprises. Mushroom production and packaging proved the most successful enterprise with monthly earnings of about US$20 (i.e. SLR2 000) recorded.

Given difficulties with finding sufficient trainees with disabilities, the project provided training for 35 field officers – to raise awareness of the many issues involved with training persons with disabilities, etc. An additional course and a national workshop for MSSSW are also planned.

**(6.) Bosnia and Herzegovina (GCP/BIH/03/NOR)**

***‘Support to Income Generation through Establishment of a Fish Hatchery in Bosnia & Herzegovina’***

**Design**

The government of Norway funded a combined humanitarian and natural resources project in support of people disabled as the result of the war – during the break-up of the former Yugoslavia in the 1990s. A budget of US$ 988 000 was provided for a period of two years for the establishment of a fish hatchery for the production of brown trout, grayling and Danube salmon yearlings for restocking local rivers for sports fishing and service industries. The hatchery constructed in the municipality of Bosanska Krupa in which there are more than 700 war-registered persons with disabilities in a population of 32 500. The hatchery has been designed with employment of persons with disabilities in mind. The municipality was one of the worst damaged towns in what is one of the poorest countries in Europe. Around 88% of the population is unemployed or supported from outside with remittances, war pensions, etc. Levels of poverty are high.

**Outcome**

The construction of the hatchery was sub-contracted to a local engineering firm and to be built on the banks of the Krusnica River. When stocked and operational it will employ

8-10 persons with disabilities. Ownership of the hatchery has been vested in a newly created local company registered with the Ministry of Agriculture &Water Resources. Technical assistance and training is being provided by the University of Sarajevo. When fully operational, the hatchery will be producing more than 600 000 yearlings annually for sale to sports fishing associations for river restocking with follow-on benefits for employment, increased supplies of food, tourism and similar. Projected budgets have shown commercial viability.

**(7.) Bhutan (TCP/BHU/661)**

***Kitchen Gardening for Better Nutrition***

Support for the role of home gardens and for the consumption of home-grown fruits and vegetables in Bhutan exemplifies the design of many small-investment pro-people projects funded by the Organization. Here it is that persons with disabilities are indirect beneficiaries – as one minority within the many disadvantaged groups in local communities. The rationale is one of targeting all people who may be impoverished and/or malnourished - that everyone benefits.

**Design**

The project exploited the favourable agro-ecological conditions for horticultural production in Bhutan with the promotion of ‘kitchen-gardens’ as a means of boosting food security for rural people. Provide access to a range of fruits and vegetables, teach people how to harvest, store and utilise them in the home and, so the reasoning goes, they will become more food secure and, moreover, eat a more nutritious diet. The project was a direct result of a national survey undertaken during the late 1980s that identified numerous food-related issues in rural communities – people suffered anaemia, malnutrition, vitamin A deficiency and iodine deficiency. Notwithstanding access to resources and to excellent growing conditions, people were generally ill-informed of the potential of the home garden as a base for feeding the family well.

The project set out to identify and highlight potential, establish pilot-scale gardens, introduce appropriate production, storage and processing technologies (and, where applicable, novel crops), improved crop-care practices and aim for sustainable production. Underpinning these developments was the preparation of technical material that would provide for information extension country-wide post-project. The project networked with people from the Ministry of Agriculture, the Ministry of Health, the Ministry of Education., from NGOs and, importantly, from UNICEF. An FAO budget of US$264 000 was provided for 18 months – a period later extended to 24 months.

**Outcome**

The project was successfully implemented during the period 1996-98; it achieved all that was expected of design and outputs. This included re-emphasis of investment in the horticultural sector (i.e. in a UNDP-funded programme that was completed in 2002) and continuity for support within the national rolling ‘five year plan’ and the National Plan of Action for Nutrition. Firm links were established between security of nutrition, food and economic well-being and successful gardening. Pilot-scale activities in two areas provided the basis for training programmes undertaken (for both farmers and extension advisors) – at which estimated >300 people were trained in garden production. Cooking and gardening competitions involved >200 people. South-south exchange was encouraged with missions to Vietnam and Bangladesh. An end-of-project workshop was held. A three-part ‘how-to’ manual was prepared for distribution. Recommendations were made in support of school programmes and the importance of forest foods, technology transfer and multi-sector collaboration.

**A2.2 Principles of Project Design that have Proven Successful[[27]](#footnote-27)**

Experience has shown the success of development programmes which are well-proven and well-received, which extend from a base that is already well-accepted, and which bring results quickly. Mistakes in design or implementation help with decision-making, but it also helps if these mistakes are relatively minor in practice and quickly absorbed into the general well-being of progress made. Good leadership within the project team is essential. So too is the confidence of the recipients. Communication is a key factor with making progress.

**(1.) Work with a willing host/partner**

Development cannot be imposed. The more willing and capable the host/partner in project execution - the better the outcome. It also helps if the host/partner already has resources available and if project activities can quickly (and easily) be implemented, but this is not essential.

**(2.) Build upon what people may already have available**

Extend existing information, knowledge and skills. Use existing facilities in different and/or novel ways. Encourage the host/partner to re-think what it is that is being done, and to explore new opportunities. Where possible have the host/partner claim ownership of innovation that is developed and progress made.

**(3.) Build confidence**

Persons with disabilities frequently lack confidence in their ability to achieve. They may come from communities where traditions preclude openness, discussion, competition, etc. and where novel ideas are always a source of inhibition. Time is required with which to create confidence in any group, before shifting to new ventures/tuition.

**(4.) Provide education, vocational training and income-generating skills**

People need socio-economic facilities and livelihoods to survive. Leave the former for the public sector and/or NGOs to supply. Focus project investment on providing small-scale eco-technical resources, capacity building, etc; the more discrete and easy-to-provide, the better.

**(5.) Explore new ventures with pilot-scale activities**

Begin new ventures on small-scale in pilot activities that changes to practices can quickly and easily be made; that people learn from experience without loss of confidence. This provides for cost-effective investment. Maintain a hands-on approach that people who are new to the venture(s) be guided through it/them. Skill will be required in managing people who are already competent in their respective fields.

**(6.) Make everything simple**

No matter the conceptual issues involved or the complexity of the tuition required, keep everything simple, viz. design, curricula, tuition, practical activities, programmes, etc. Ensure that people achieve the simple tasks before shifting to more demanding tasks. Build confidence by doing. It follows that time factors should be extended for persons with disabilities, as appropriate; provide opportunities for trainees to learn from each other. Simplicity’ has to be considered in context; with emphasis upon suitability, appropriateness, practicalities, likelihood of take-up, etc. If the base-level remains too complex for people to understand, then shift to an alternative approach, activity, product, etc.

**(7.) Streaming disabilities**

Given the wide differences in practical abilities of persons with disabilities with different disabilities, experience has shown the value of streaming people by disability. This provides for more cost-effective use of trainers and facilities, of modules that are suited to the disability/people concerned and, importantly, of enabling trainees to achieve and progress at a similar rate. The result is a selection of experienced trainers, facilities that are best-used by selected disabled groups and the development of a range of modules, materials, etc. that help persons with disabilities to compete more successfully in the external markets.

**(8.) Literacy and learning**

Given their social disadvantages, most persons with disabilities will be illiterate (and many people without disabilities too). Training materials and methods should not depend upon the written word. Pictures are better. Much the same holds true for use of international languages and local languages. Ensure that messages are delivered in an appropriate manner that people can easily understand them. Take issue with the attention span of people who may be illiterate.

**(9.) Copy systems and methods that have been successful elsewhere**

Within the development industries little is new and much can be achieved by shifting technologies, methods and skills from one place to the next. Make full use of ‘south-south’ expertise and study tours; with the value that comes from sharing regional information/expertise. Try to catalyze and add-value to resources that may already be available at relatively low cost.

**(10.) Free market opportunities**

All kinds of life-skills and income-generating skills can be introduced to willing trainees. Persons with disabilities require both to survive. For long-term economic security, however, income earned has to relate to markets for goods and services that are available in their community. Before any post-pilot-scale investment is made, ensure that markets exist for the training/manufactures proposed. Determine the extent of those markets. Ensure that training includes market awareness and business acumen. It is irresponsible to train people in skills, etc. for which there is no (or only limited)demand.

**(11.) Ownership of skills and experience**

The gulf between trainees and trainers can be wide. This sometimes creates barriers with shared ownership of the skills and experience available. Trainees do not always recognise their ability to be trained in the curricula available/skills provided. This can be overcome with trainees and trainers from the same or similar background working together. This is particularly so with persons with disabilities who may not – at first – be able to easily undertake the work required of them. Disabled trainers provide example, synergy and understanding of the many issues involved.

**(12.) Provide external expertise**

The piecemeal nature of rehabilitation and/or integration of persons with disabilities within host communities is reflected in many national programmes. Much of this assistance is focused upon providing social welfare. There is less effort to understand and/or to provide people with commercial skills training, etc. Build expertise into projects that will provide for external experience, advisors and/or technical assistance – particularly where this may offer longer-term NGO involvement. External advisors may be expensive, but can quickly help provide the planning, guidance and tuition within which national advisors are able to benefit. This is cost- and time-effective.

**(13.) Follow-up/monitoring**

Many rural people with disabilities remain isolated in their home communities. They find it difficult to seek external advice and assistance, and will probably not be able to return easily to the training centre. Provide back-up advisors who will be able to travel and follow developments of trained people in their home communities. There may be opportunities for linking disabled trainees to a district field worker (DFW) or similar – who may be part of the original venture. There may be scope for building a district network of disabled entrepreneurs around the DFW, and to finance this post from the earnings of the persons with disabilities working together.

**(14.) Promoting success**

Nothing succeeds like success. Ensure that success is recognised, promoted and rewarded, that everyone in the host community and in the disabled group of trainees is made aware of success. Here are opportunities for awarding ‘certificates’, of the publicity value of local newspapers, radio and/or television and of using successful people as an example to others. A successful entrepreneur from a previous venture, for example, makes an excellent speaker or trainer for the next.

**(15.) Communications**

With a network of people in the focus districts, between the districts and the national capital and between the capital and the agency headquarters, regular and reliable communications are essential. Keep people informed at all times that they feel part of the team. Fail to maintain communications and they may begin to lose interest, faith and confidence in the original proposals – particularly if programmes and/or activities do not always meet expectations. A routine of communicating is essential from the outset – that everyone is kept in contact. Failed communications should quickly be resurrected.

**A2.3 Providing Skills Training**

Persons with disabilities are unable to improve themselves and to attain an income without help and some kind of training. Usually this is for acquiring skills in a chosen profession or trade. FAO projects (and many others from the agencies, NGOs, etc.) have relied mainly on the use of existing training centres for providing persons with disabilities with access to the skills, facilities and training of experienced people – people trained in teaching, etc. Thus national facilities have normally come under pressure to provide resources, with the project providing some additional inputs. The key issue, however, is how to provide skills training, etc. when the public sector is unable to provide resources (whether gratis or subsidised by the state)? There is no issue that all countries benefit from the availability of well-supported vocational training centres (VTCs). They represent the classic route into skills training – for all people. A country will, however, never have enough places at VTCs to provide for all those who wish to access them, and VTCs will never be able to cover the whole country. Inevitably, VTCs (and other institutions of learning) will, in any case, be linked mainly to urban communities – which make them less valuable for rural people. Can skills training be found elsewhere in the country? This is a challenge.

Albu (2005) describes opportunities for informal apprenticeship training whereby persons with disabilities are attached to successful companies, to business people or to artisans and trained by doing. A key feature has been confidence building and linkages developed between the organizations of persons with disabilities and the small-scale commercial sector. This includes two-way dialogue, placement and support for trainees, access to commercial (and donor) funds and, importantly, the success of the first trainees providing role-models to everyone else. Trainees are, in principle, required to pay for their training (and sometimes for the materials used). A sympathetic employer is of value, but not essential once the persons with disabilities is engaged and able to function. Two main objectives predominate:

1. Acquisition of relevant marketable vocational skills.
2. Access to appropriate financial services.

The assumption is that enterprise-based training services are an effective means of providing skills and experience of working environments for persons with disabilities, and that micro-finance institutions will provide the appropriate lines of credit for trainees – where needed. Herein is the basis for the delivery of economic empowerment services – in the local community (and without access to a VTC). Training on-the-job was provided for periods of 3-6 months with costs of the order US$0.40/day training (i.e. Uganda Shs 500/day). The initiative described by Albu (2005) included training in electronics, handicrafts, carpentry, bike repair, beekeeping, bakery, welding, motor mechanics, tailoring, shoe repair and mushroom production – of the order 50% which can be linked to rural people.

Trainees borrowed the funds required for training and, in some cases, were able to repay loans within weeks of completing training and establishing a business or finding work. Reporting from Albu (2005) highlighted the value of successful role models, the presence of a viable organization of persons with disabilities, access to local institutions with robust capacity – that a coordinated approach could be made to market exploitation, the importance of self-promotion of persons with disabilities (i.e. boosting worth, visibility, ambition, etc.) and the long-term approach required. The immediate outcome was a cadre of economically-active persons with disabilities, with longer-term value for empowerment and integration.

Costs from the Ugandan initiative described by Albu (2005) can be considered within the range US$30-60, for example, for 3-6 months training for bakery skills (i.e. 6 days @ US$0.40 = US$2.50/week & US$10/month). Compare this to blacksmith training for the FAO-executed project in Sierra Leone – US$269 000 for 120 trainees, i.e. US$2 240/trainee; and/or horticulture in Sri Lanka – US$301 000 for 70 trainees (of whom only 50% were persons with disabilities), i.e. US$4 300/trainee; and/or beekeeping in Ethiopia – US$396 000 for 120 trainees(thus far) i.e. US$3 300/trainee. This is of the order 40-60 times[[28]](#footnote-28) that reported for Uganda (Albu, 2005).

**A2.4 Value of Operational Projects**

There are firm advantages for executing projects with a focus upon persons with disabilities, not least of which are sector promotion, experience gained, resource accumulation, and the motivation that comes for teams in FAO HQ and in the field from working practically with beneficiaries with disabilties. Persons with disabilities are part of all communities with which FAO rural development projects have worked, but it is only during the past 15 years that FAO has focused a small number of projects on persons with disabilities (as it has also done for other groups of disadvantaged people – women and children, people living with HIV/AIDS, young people, etc.).

Discrete projects provide focus and lessons are quickly learned – from which a number of principles can then be developed. Discrete projects have a catalytic function and can capture the interest of others for further investment – with donor and/or government interest shifting a successful pilot-scale activity, for example, into regional or national use. Successful projects enable additional resources to be leveraged. The Ethiopian cottage industries project – described in Section A2.1(3) - for example, will eventually provide training for an estimated 150 people; the country has >7 million persons with disabilities. Success with the project, however, is publicized and helps stimulate further investment (for everyone working in the sector in the country).

Small project resources can be use to produce the materials, curricula, texts, videos, etc. with which others can be informed and/or make use for attracting additional investment. As a leading technical agricultural agency, FAO materials can expect to be of value internationally. The Thai mushroom project – Section A2.1(2) – provided material that has regional benefit for Asia; the Ethiopian project is expected to do the same for Africa.

With reduced institutional support for the FAO *ad hoc* Group Persons with disabilities, the challenge is one of continuing to design and execute small numbers of pro-disability projects – to enable the sector to remain viable and, equally important, visible. Links into in-house and external NGOs will be essential. Each year, the existing portfolio of FAO-executed projects should be reviewed for projects in-preparation, beginning, on-going and finishing. Given that all FAO projects require the support of the host country government, the challenge facing the FAO *ad hoc* Group for persons with disabilities is one of tracking, focussing, preparatory work and promotion. If this can be done with shared responsibility from an experienced NGO, this will comprise part of the terms of reference (ToR) required of the proposed FAO/NGO partnership. See Section 5.2(2).

**A2.4 FAO Focussing on the Future**

FAO works best in support of persons with disabilities in partnership with others. Here are the opportunities for synergy, for leverage of limited resources (shared across the partnership) and for projecting into levels and sectors that are logically within the mandate of the partnership groups, but beyond their respective resource base. FAO, routinely and successfully, works in international partnership with governments, agencies, bi-lateral groups, the private sector and, importantly, NGOs. According to Stloukal (2005), a partnership with FAO is able to offer:

* Technical experience in selected sectors of agriculture, forestry and fisheries; the Organization has a 60 year track record in production, natural resource management and utilization, sustainable rural development, emergency, rehabilitation, etc.
* Policy advice that is apolitical, neutral in approach and relevant to issues of food and agriculture in the host country.
* Synergy across a number of technical issues and sectors that link dynamically into rural development; this includes agriculture/forest/fisheries technologies, extension, R&D, nutrition, resource management, livelihoods development, etc.
* Access to an international network of >185 member countries across the globe; with representation, people and other resources in >80 low-income countries; therein are firm opportunities for ‘south-south’ and ‘south-north’ exchange.
* Development and promotion of rural institutions such as NGOs, local governments, cooperatives, farmers’ organizations, women’s organizations, youth organizations, etc.
* Advocacy and promotion of persons with disabilities (and other disadvantaged groups) in rural communities; promoting schooling, vocational training and employment creation.

**A2.5 Linking FAO with the NGOs**

Increasingly, persons with disabilities everywhere will be serviced and served by communities of sector-specific NGOs which will promote, manage and provide according to their respective mandates. These NGOs will be staffed and directed by persons with disabilities themselves. This is already a reality in many countries – both low-income and industrial. FAO is likely to follow similar procedures and, as in-house resources in support of persons with disabilities continue to decline, shift to working with key NGOs. Boosting partnership arrangements with selected NGOs s already included within working models proposed for the Organization. The FAO Programme of Work and Budget (PWB) 2005 contains proposals for *‘strengthening FAO’s cooperation with partners, particularly in the UN systems and civil society organizations.’* The parallel NGO/CSO Forum held mid-2002 at the time of the World Food Summit: five years later emphasised the value of partnership arrangements for alleviating hunger, flora policy and, importantly, policy dialogue. Herein are opportunities for sharing support with a focus upon persons with disabilities in agriculture (FAO, 2005a).

In reality, FAO already works in partnerships with NGOs – covering the larger context of macro-investments, and the micro-sector with small catalytic interventions. Within FAO HQ, for example, the 1% Fund for Development routinely provides of the order >US$120 000 for an average 30 small-scale projects annually. The 1% Fund is an NGO owned by the staff of the Organization, who provide funds from their salaries (i.e. 1% of their salaries). Staff organize and manage the 1% Fund part-time (in addition to normal work routines), provide the technical clearance required of requests for projects and later supervise and monitor them. There is simplicity in design, and projects are handled quickly and professionally. In principle there is little difference between the projects of the 1% Fund and those of mainstream FAO TeleFood investments, but with the more cost-effective approach of a small enthusiastic group of 1% Fund managers and their network of advisors. There are similar 1% Funds at the UN in Geneva, New York and Vienna. The 1% Fund at FAO was established in 1983 (FAO, 2006b).

A similar, but smaller, NGO exists with the FAO UN Women’s Guild (UNWG) – an association of spouses of UN employees and associates based in Rome. There are UNWG groups in all the major international UN cities. The group was first recognized as an affiliate of the UN in 1948 – and the name bestowed as a right. The FAO UNWG undertakes fund raising activities and annually makes awards to 20-30 projects that focus upon women and children. Of the order US$35 000 may be available each year depending on the results of fund raising in the previous period. Again, the success of this NGO is based largely upon the enthusiasm of the people involved (UN, 2005).

NGOs are logical partners within the disability sector – given the strictly limited resources that are currently available from within the Organization. With the loss of full-time (x1) and part-responsible (x1) professional posts, respectively, in FAO HQ and in the Regional FAO HQ in Bangkok – the most active of the field stations (with x1 full-time Associate Professional Officer and x1 part-responsible professional), the separate persons with disabilities focal points have been largely eliminated. The FAO HQ-based *ad hoc* Group for Persons with disabilities has declined in value and mandate as key people have been replaced from previously strategically-important Technical Services (and as the Technical Services across the Organization have been re-developed).

The issue arises of how to maintain an interest in the sector when the focal points have gone? One means of doing this is to subcontract disability work to a dedicated NGO and one, moreover, that could be established within FAO. Given that there is no in-house or associated NGO with sufficient international standing, world coverage, experience and resources currently available, one would need to be identified and invited to the debate. A draft ToR would need to be prepared to cover an introductory phase – and the longer-term basis for the partnership developed thereafter. Choice remains open, but one such international NGO with whom the Organization has previous worked in Cambodia (and perhaps elsewhere)is Handicap International (HI) – co-winner of the Nobel Peace Prize in 1997. HI is described briefly in Section A1.1(4). Further information to describe this NGO is available at HI (2006)a, (2006)b and (2006)c. Note the views of HI for linking community with development and disability as described by Krefting (2001).

**Annex A3. Disabilities in the Low-Income Countries**

***Aim. To explore the dimensions of the challenges involved in various countries/regions and the demographic profile of persons with disabilities in specific rural contexts.***

**A3.1 What is disability?**

Definitions of disability are complex and, sometimes, controversial given the extent of the social and economic implications that may link to the physical or intellectual impairment of people. Herein are issues of human rights, and the way in which people may be excluded socially, lack access to resources or be exposed to poverty. Disability can be considered multi-dimensional in context, and it may arise as a result of the impact of the social and physical environment on the actual or implied condition – physical, intellectual or mental - of the people concerned. Disability cannot simply be categorized as a medical/health condition affecting people. In reality, the working definition quoted from DfID (2000) in Section 1.5 and shown here again is apt. It captures both the mood of the current times – persons with disabilities in society at the beginning of the 21st century – and, importantly, links directly to the role of persons with disabilities in agriculture in the low-income countries. This is:

***‘Disability is long-term impairment leading to social and economic disadvantages, denial of rights and limited opportunities to play an equal part in the life of the community.’***

It follows that society-at-large is obliged to recognise the constraints contained in the definition and to make effort to overcome them – including the provision of resources with which to do so. DPI (2002) has provided goals that neatly encapsulate moves of this kind as:

***‘Goals to promote the human rights of persons with disabilities, to promote the economic and social integration of persons with disabilities, and to develop and support organizations of persons with disabilities.***

**A3.2 Impact of Poverty**

Poverty can be both a cause and, importantly, a consequence of disability. Therein is a cyclic relationship in which disability can exacerbate poverty - poverty making people more vulnerable to ill-health and disability (for example, with limited access to education, proper healthcare and/or civil security).Breaking away from this cycle of disadvantage becomes all but impossible for people who are physically isolated, poorly educated and without social support. Within the many categories of disability that can be defined, it is disabled women and girls who are frequently the most disadvantaged. Singleton, *et al* (2004) describe the vulnerability of disabled women to physical and/or sexual abuse, the lack of concern for their reproductive health and assumed links between disability and reproduction – as if disability precludes normal sexual awareness and/or interest.

Further, disability is frequently preventable. Injuries arise from road accidents, disregard to safety at work, from lack of care in the home, from war and violence that follows civic breakdown and from inadequate healthcare. Again, in most cases it is women and girls/children who are most at risk – from birth trauma, from infectious diseases and from malnutrition. Many of these avenues of disability no longer arise as the community (or society as a whole) becomes better informed, more assertive and, importantly, richer.

**A3.3 Scale and Nature of Disability**

Scale and nature of disability varies with analysis and focus. The challenge is one of recognizing the extent of the numbers of people involved and their impact upon the communities within which they live. There is a cycle of invisibility within many communities whereby persons with disabilities are kept hidden from the normal discourse of the community and the issues, support, etc. required of persons with disabilities are not perceived as a priority activity. Thus no services are provided in support of these groups and there is *de facto* discrimination and lack of awareness. This further encourages persons with disabilities to be kept hidden away.

There are also constraints that link into the actual numbers of people involved. FAO (2006) describes individual country statistics that are >10 years old, which may be of value where trends and percentages are available but are less helpful when defining actual numbers of people. Estimates backed by qualified experience suggest:

1. Numbers persons with disabilities**.** Estimated 600 million (i.e. about 10% of the world’s population) are disabled including an estimated 100 million disabled as the result of poor nutrition.
2. Low-income countries. Of the order 80% of all persons with disabilities live in the low-income countries. Persons with disabilities as a proportion of total population are higher in countries which are poor, those that have lived with conflict/insecurity and those with high prevalence of HIV/AIDS. There is divergence of income between rich and poor countries, and this will see the proportion of persons with disabilities rising in the low-income countries.
3. Children with disabilities. Of the order 85-90% of all children with disabilities live in the low-income countries. Many are disabled as the result of poor nutrition.
4. Disability and ageing. Ageing brings disability as people become less capable physically and mentally. There is a worldwide demographic trend towards ageing. Aged populations are expected to increase >120% in the low-income countries and of the order 40% in the industrial countries during the next 30 years.
5. Trauma and other factors. Impairment arising from natural or human conflict, from diseases (e.g. HIV/AIDS, malaria, etc.) and from traditional malpractices (e.g. female genital mutilation, etc.) that disables people in their communities and raises risk. If trauma is included as a function of disability, prevalence rates become more pronounced.

**A3.4 Costs of Disability**

The more affluent the community (or the individual or his/her family), the more support will be provided to persons with disabilities in that community. There are three intrinsic costs associated with disability, viz:

1. Direct costs due to the person with disability.
2. Indirect costs associated with caring for that person.
3. Opportunity costs from income lost as a result of disability and time spent providing care.

There is normally inequality with shared costs of disability in a family with the women and girls providing care; this at the expense of schooling and, importantly, when extending the normal daily work-load. Work-load increases with more time spent on unproductive activities (i.e. caring for the person with disability) with the result that less is produced, less is earned and the family less effectively serviced. The outcome is one where less food and/or cash are available and the family more susceptible to increased poverty.

The corollary is also true that a reduction in disability (or the impact of disability), increased mobility and/or access to external services may help increase productivity, provide for improved access to employment and/or income and give a boost to the well-being of the family hosting a disabled member.

There is no easy or logical route to qualify either local or global costs of disability in the community. All estimates will be hedged with conditions. Reporting for Disability KAR, for example, Yeo (2005) refers to the Make Poverty History (MPH) movement of the same year. The author is strong on moral principle with an interpretation of findings that are heavily weighed in favour of the major institutions and richer countriesdoing more. (There is less emphasis on persons with disabilities themselves taking charge, responsibility, etc. It is as if they remain victims of their environment – and separated from reality; which, it can be argued, is de facto reality.) The author used the widely quoted MPH data of 50 000 poor people dying each day from lack of basic services and, using World Bank data, suggested that 10 000 of these will be persons with disabilities. Poverty is considered as earning <US$1/day (although, increasingly, this is being shifted to <US$2/day by some reporters). On the basis of there being an estimated 500 million persons with disabilities worldwide of which 80% live in the low-income countries – and assuming all are living in poverty – then the daily costs of disability will be of the order US$400 million/day – in lost earnings, opportunities, etc. With short life expectancies, etc. and earnings based on post-schooling over a period of just 10 years (say, from 15-25 years of age, i.e. the ‘commercial’ period of working),earnings lost will be of the order US$100 000 million/annually or US$100 billion/annually (i.e. 250 working days/year by US$400/day). For a working life of 10 years this shifts to US$1 000 billion or US$1 trillion in lost earnings.

The models used and assumptions made are extremely simple. Models assume all persons with disabilities are a cost to society (which is patently not true). They take no account of the additional costs of the carers required for persons with disabilities (and of persons with disabilities who are economically successful with their lives). They consider a period of 10 years lost earnings, when many persons with disabilities will live/work for much longer. There is no link to the many other costs of servicing persons with disabilities; only lost earnings are considered (i.e. costs #3 above)[[29]](#footnote-29). Earnings too, have a social value within a community and re-value when these same monies are used locally (of the order 1.5% or more first time round). Thus costs to communities in which persons with disabilities live will be considerably higher than those speculated herein. Globally, costs for persons with disabilities in the low-income countries may be 3-4 times the US$1 trillion shown here for a period of 10 years.

**A3.5 Social Exclusion and the Rights of Persons with disabilities**

Rights can only be expressed by people who live within societies that encourage empowerment. Herein are firm links to the wealth of that society, for it is only with access to social investment that persons with disabilities are able to mobilize, form the groups that will enable them to promote themselves and challenge for social inclusion[[30]](#footnote-30). An empowering society without access to public funds for persons with disabilities will not succeed. See Box A3.1 ‘Ethiopia’.

Notwithstanding access to public funds, persons with disabilities face considerable barriers when seeking equal opportunities. Social exclusion can be manifested within disadvantages that are based on location, institutional barriers, legal and social issues and the attitudes of people within the community. There is a sense of negative stereotyping that applies to persons with disabilities and they are made to feel shameful, fearful of rejection and generally neglected. A sense of worthlessness arises.

**Box A3.1 Ethiopia: Stories of Change – SME Development**

The Ireland Aid/ILO Partnership Programme included the project ‘Developing Entrepreneurship amongst Women with Disabilities’, which worked directly with persons with disabilities in Addis Ababa and in the rural districts of Tigray Region in Northern Ethiopia. Ethiopia is one of the poorest countries in the world with a population estimated >75 million, per capita income annually of <US$115 and low social indicators. Poverty, lack of resources, illiteracy and high incidence of HIV/AIDS confront >97% of all people.

Working to promote the economic empowerment of women with disabilities and women with disabled dependents, the project provided training in micro-enterprise skills, arranged access to credit and vocational expertise, and supported business start-up. Importantly, the project became an indirect supporter of two local NGOs ‘Ethiopian Federation of Persons with Disability (EFPD)’ and the ‘Tigray Disabled Veterans Association (TDVA)’ who shared implementation. The project was executed during the late 1990s and early 2000s.

The oral history of the some of the people involved is testimony to the perseverance of poor people who have overcome wars, poverty, discrimination and stigmatism to succeed in life (Irish Aid/ILO, 2003)a.

**A3.6 Different Needs**

The needs of people will differ as the result of their disability and the way in which the disability may affect their respective lives – with considerable dependency upon society around them and their ability to integrate and/or be accepted for being different. Much will depend upon the resources available to that community; and the provision of funds, etc. that will provide for special needs – for mobility, for aids, for vocational training, for care, for employment support and so on.

Differences will also arise from the time of the disability – whether, for example, disability is from birth or has been imposed at a later date upon a normal life. The experience of disability will affect women, men and children differently, with resilience dependent upon social or economic status, for example, and upon the resources and wealth available. In many countries pre-puberty girls, for example, continue to be subjected to harmful traditional practices linked to reproduction. Early child-bearing can also bring impaired function, infection and infertility and this can further disable the woman later in life - with marginalization and neglect.

Different needs come from people who are mentally disabled, from the elderly and from those subject to the civil issues of wars, conflict and natural disaster. Whole communities can be marginalized – disabled and non-persons with disabilities alike - when socio-economic change impacts upon a fragile demography or when national management changes exacerbate economic and/or environmental issues. World Bank & UNDP (2003) exemplify issues in Somalia after >15 years of mixed development (and without access to the resources of a national government).

**A3.7 Persons with disabilities in their Society**

There are issues herein for the way in which society at-large is able to view persons with disabilities and, importantly, may be willing to make the changes required to enable persons with disabilities to better integrate into their community. This is in preference (or at least as one alternative) to changing persons with disabilities themselves - to enable them to better integrate into their society. In reality, the approach required will be both ways – with persons with and without disabilities meeting on common ground. Given the differences in numbers of people, however, the validity and logic of society changing to accommodate a minority becomes a challenge that may be slow to overcome and may never be achieved in practice.

Implicit in the need for persons with disabilities to make all the changes required is recognition that they are different in some way and therefore in need of special treatment. In reality, these differences link logically into the same differences that society accepts with social development for gender, for age, for traditions/customs and for priority alternatives. Because of limited numbers, however, marshalling the resources to help persons with disabilities with better integration into their community becomes more of a challenge than, for example, finding the funds to build a primary school, health centre or sports field.

Whether congenital or induced, disability in the community can be minimized by the implementation of preventative practices. Whether in the home, school or work-place, accidents leave large numbers of people with disability each year. Others are disabled as a result of poverty or malnutrition, from infections diseases and the absence of effective treatments, and as a result of conflict and/or natural disasters. And, further, others are the victims of the breakdown in law and order that follows natural or humanitarian crisis. This is particularly serious for women and girls. See, for example, IASC (2005).

There is value in emphasising the similarities between persons with and without disabilities (in preference to the differences) – and celebrating the diversity of the community (in much the same way that change is underway to celebrate people from different racial and cultural backgrounds). Herein is need to encourage social change within the population at-large; adapting everyone to view diversity as an advantage and asset. There will continue to be need for technical innovation and improved healthcare – given the multitude of differences that may affect persons with disabilities – but this is likely to be within the context of social acceptance leading to empowerment, participation and equal opportunities for persons with disabilities (to match those of their fellows without disabilities). Thus disability shifts from being simply physical or mental differences on the part of a few people - to that of the approach taken by the majority population and the barriers erected as the result of discrimination, traditional views, indifference and lack of knowledge. Clearly, the changes required of society at-large will take time. Changing the attitude of society has come to be called a social model of disability, wherein ‘it is the society that disables, not the impairment’ according to Light (2003) and Albert (2004)[[31]](#footnote-31).

The social model of disability is characterised by the complex way in which societies re-act within themselves and with others considered external to that society. Discrimination is endemic in all societies and not least because of disability (but also because of age, skin colour, language/accent, appearance, origin, gender, wealth, ability and so on). There are rights issues that underlie much of this discrimination, with the more powerful sectors of the community unwilling or unable to share a position of power. In the context of persons with disabilities three types of discrimination normally apply, viz. discrimination as a result of institutional barriers, environmental barriers and attitudes. The underlying basis for this discrimination is obvious (such as lack of legislation, physical barriers to buildings, transport and similar, and indifference on the part of society-at-large). Persons with disabilities themselves also discriminate with low self-expectations, with minimum effort taken to boost well-being and with attitudes which tend to discredit the implicit capabilities of persons with disabilities.

**A3.8 Involving the Whole Community**

Again, barriers can be overcome, but issues of time and team work always dominate. Combining an approach that seeks to make use of appropriate technologies, medical advances and social change can be cost- and resource-efficient, but it can be difficult to qualify and to implement. Here it is that persons with disabilities themselves should be marshalled to assist with decision-making, to provide alternative ideas and to generally encourage the teams that evolve. It is essential that everyone – those with and without disabilities alike - is aware of the best practices available – that they can help combine these into an integrated programme for making change.

Involving the whole community within the debate for making change has been described as community-based rehabilitation (CBR) (WHO, 2004), although the actual meaning can change depending upon context and practitioners. Therein is logic with the resources of a CBR programme available to the community - replacing those previously available from the host family. Issues of community wealth and resources will continue to dominate, however, particularly in low-income or resource-poor countries. CBR makes an attempt to link social empowerment, social inclusion and interest on the part of the community with the medical or technological help required of the individual or group of persons with disabilities – within a context of ‘rehabilitation’. (But here too are issues of who is being rehabilitated – the community or the groups of persons with disabilities – or both?)

The advantages of a CBR programme can be seen in awareness raising, in positive thinking and in changes of attitude on the part of the community towards persons with disabilities. But external assistance will also be essential – particularly for resource-poor people. How to mobilize the technical and/or medical resources needed? How to share a small community budget so that persons with disabilities are not further discriminated against, and how to cater for the majority (at the expense of a minority)? It may not be sufficient to raise awareness, etc. of disability issues without some form or external assistance – and preferably assistance that is linked to an inflow of funds. There is only so much that a community can do to build upon local knowledge and share information; incoming funds, for example, can help fund an income generating SME, improved latrines, healthcare centre or school. Equally important, may be the establishment of a persons with disabilities support group, club or union. Small funds spent in support of promotion help build long-term confidence.

CBR, however, is never likely to provide a panacea for all issues ‘disabled’. The community may be no more likely to succeed than the family before it. Without some form of income the groups of persons with disabilities (and the CBR programme that encouraged them) are likely to fade as public funds become scarce. Estimates that up to 80% of all persons with disabilities in the community may gain benefit from CBR have been made (WHO, 2004) but much depends upon context, access to funds, simplicity of action and, importantly, the attitudes of the people themselves. Based on work in Bangladesh, Handicap International - HI (2001) have prepared a manual which describes how to evaluate the needs of a community and how to introduce an appropriate programme in support of an expanded version of CBR – termed CAHD (i.e. Community Approaches to Handicap in Development. Whatever the improved understanding that may follow within a CBR programme there is no issue, however, that the establishment of a commercially viable SME in which persons with disabilities are able to participate and/or take control will far out-perform the social value of an approach, network, community club or promotional committee. See Box A3.2 ‘Thailand’.

**Box A3.2 Thailand: Mushroom Production for Persons with disabilities**

Shared activities between the Government of Thailand and FAO resulted in the implementation of a project focused upon commercial mushroom production. The project was located at the Rehabilitation Center for Persons with disabilities at Ubon Ratchathani in the impoverished NE of the country. Of the order 200 people were successfully trained during a period of 2-3 years during the late 1990s – early 2000s. An estimated 90% returned home, provided training for family and community members (estimated >150 people) and established farms and shops. Five trainees remained on site – as trainers and, further, six trainees married each other – as one indication of confidence in their joint future.

Strong commitment from the Thai Government in support of persons with disabilities, and technical assistance and funding from FAO of US$190 000 provided a boost for a minority group working in the domestic mushroom industry. The project model is now being replicated elsewhere (FAO 2000). The project is described further in Section A2.1(2).

**A3.9 Demographic Profiles**

Every group of persons with disabilities is a special case – whether by disability or demography. Whatever the gender, age, disability, cause and/or environment involved, there will be those that are more disadvantaged than others. Women and children are always at a disadvantage to men, rural people to urban people, and the severely disabled to those less incapacitated. The demographic profiles are less relevant than access to the resources available with which to make a difference in the community (and, in any case, most reporting is highly subjective for the actual numbers involved). Given that there are 500-600 million persons with disabilities worldwide (of which an estimated 80% live in the low-income countries) and given an estimated 50% will be women – thus more than 250 million people will be seriously disadvantaged and impoverished simply by gender.

Reporting for the ILO in Asia and the Pacific, Sim (1999) described disabled women as three-times more disadvantaged than their menfolk, viz. female, poor and disabled. This frequently precludes life as a home- and family-maker, but does not detract from sexual and/or gender abuse. The disabled woman may remain ostracized for her entire life – unable to find a partner, unable to work and unable to become part of her society. Sim (1999) quoted findings from Tunisia where 85% of all disabled women between 15-64 years remain unemployed; it proved four-times as difficult for them to find work when compared to their disabled menfolk in the country.

Ostracization begins with childhood, for almost all disabled children in the low-income countries remain uneducated. Sridhar (2003)b reported only 2% of the estimated 77 million persons with disabilities in India as having a basic education. Assume 30% of the population in the low-income countries are aged <15 years. For India, this represents >20 million children with disabilities without an education (in addition to numbers of uneducated or poorly educated children without disabilities).

Displaced people are at a further disadvantage and there are an estimated 10 million refugees and internally displaced people (IDP) worldwide as the result of man-made disasters, according to UNENABLE (2004). Most of these are in temporary or semi-permanent camps where services are minimal and persecution, violence and similar hazards endemic. A refugee or IDP with a disability is doubly handicapped.

Local wars within society bring their own portfolio of permanent persons with disabilities. These are mostly young people (18-30 years) – and sometimes children – who are left to the support of the state and their families. All countries which have suffered conflict face issues of how to assimilate and accommodate the needs of people who have sometimes been forced into wars and, once disabled, essentially discarded. Summaries of projects undertaken by FAO/govt in Cambodia, Ethiopia, Sierra Leone, Bosnia&Herzegovina and Cambodia – all war linked - are described in Annex A2. In Mozambique, for example, the 17 year civil war finished in 1975 with >US$4 billion damage to infrastructure (in what it the poorest country in Africa), >1 million dead, >5M refugees/IDPs and an estimated 95 000 demobilized combatants. Of the latter 2.9% were physically disabled, but Medi (1998) reported focus upon combatants without disabilities for rehabilitation because of issues of banditry, social discord, etc. that could arise. Persons with disabilities were deemed as potentially less ‘troublesome’. Treatment for persons with disabilities was later provided, but reported as lacking in extent and respect and with few rehabilitation opportunities.

It is not as if disability is inevitable, but may simply be a feature of local poverty. River blindness in NE Guinea for example (as reported by Yeo, 2005) inflicts unemployment on 79% of the blind population, compared to just 2% of sighted people. The fly responsible can be controlled and the blindness in children repaired if caught earlier enough – for just US$45/community (Sightsavers, 2006).WHO (1992) reported of the order 110 million people with impaired vision and 45 million blind worldwide, with the main causes due to infectious diseases, cataract, diabetes and degenerative disorders. The issues become those of national poverty. Similarly, poverty is an issue in Cuba. With anaverage income of just US$17/month, people are unable to purchase mobility aids such as wheelchairs. There is political impasse with the USA 150 km to the north, and Cuba is unable to gain easy benefit to the humanitarian aid available (not least of which comes from the many ethnic Cubans who have settled in the US) according to Jeserich (2003). This is poverty linked to geo-politics for which persons with disabilities are an easy victim.

Malnutrition is a cause of disability for an estimated 100 million people globally (Turmusani, 2003). An additional 200 000 children become blind because of vitamin A deficiency in their diet and iodine deficiency in areas of Jordan, for example, results in high levels of mental retardation in children. Iodine deficiency is also a cause of goitre in southern Ethiopia – and relatively easy to check - with the addition of iodine to table salt at time of manufacture (Gobezie, 2006).

The 21st century will see an ageing world – in both the industrial and low-income countries estimated >12% in the low-income countries and about 40% in the industrial countries. Fewer children are being born, and life expectancy (LE) is growing. ILO (2003) for example, describes LE in Japan at a medium of 81 years – the highest in the world. Even the poorer countries of Asia (e.g. Mongolia and Cambodia) have citizens today who will live past 55 years of age. People growing old become incapacitated by infirmity and demand the same services as those who are disabled at an earlier stage of life. This creates issues for countries everywhere; whether rich like Japan (average income >US$26 000) or poor like Cambodia (>US$1 400). World populations continue to expand and age. One scenario suggests population stability at 9-10 billion people by 2050, of which 25-30% will be elderly (i.e. 2.5-3 billion people), with a large proportion infirm/disabled. This is more than twice current populations. Challenges indeed for the next generation of world managers.

**Annex A4**

**Linkages between Disability, Rural Livelihoods and Food Security**

***Aim. To explore the evidence available linking disability with security of income and food, to identify gaps where information resources are weak or non-existence and to highlight the critical issues that require action.***

**A4.1 Introduction**

Disability has many faces and not least those projected from the persons with disabilities themselves and those seen by the majority looking in from the outside. Conveniently, persons without disabilities are sometimes disabled for periods (due to injury, etc.) and able to appreciate the view of the minority. Position colours the concept of linkages that place disability in context (whether for rural livelihoods, food security or any number of other factors). Much also depends on the wealth of the community in which the persons with disabilities are living. For many people in the industrial countries, disability is not a tragedy – but simply an inconvenience. There is a protective social environment available that is patently not available to persons with disabilities in the low-income countries. This, notwithstanding the same rights in international law.

Disability in the low-income countries is likely to be a ‘life and death’ situation if the host family is impoverished and, here it is, that the resources available in support of the persons with disabilities are crucially important. Assuming no state benefits, what can the host family do to provide for their family member with disability? This challenge faces >60% of the estimated 600 million people worldwide living with disabilities – those in the low-income countries. Self-help with food and/or income generating opportunities within a friendly environment may be the only option available. Failure is no option.

**A4.2 Provision of Rights, Employment and Income**

Disability is fundamentally a human rights issue – but this may be difficult to project within a poor economy. Persons with disabilities are best served where they or their carers are provided with security of income. This is normally the responsibility of the state in the industrial countries, but support of this kind is not available within the low-income countries. Services should be supplied to enable persons with disabilities (those who are capable of working) to seek work. This will require access to education, healthcare, training and/or technical aids, transport, etc. – all of which may be difficult to obtain in practice. Further, many employers are slow to provide equal opportunities to persons with disabilities, no matter the legislation in place which requires them to do so.

**A4.3 Issues with Numbers**

The proportion of persons with disabilities in a community is always difficult to determine with accuracy, with numbers link firmly to the meaning or definition of disability. People do not like to be labelled and, if not visibly disabled (e.g. with an easy-to-manage disability such as partial deafness), they will keep their disability hidden. Whatever the actual numbers, it is the persons with severe disabilities in the community who face discrimination, and particularly those who are less able to protect themselves – mainly women and children. Wherever the community and location, it is normally rural people who are less well served than urban people. Total numbers are not always important, however, except for the availability of funds that can be marshalled in support of the sector – here actual numbers may help. Ultimately, however, this information will be less valuable than success with investments made on behalf of the community – investments in support of both disabled and non-persons with disabilities alike where minorities of persons with disabilities may benefit.

Qualifying numbers of persons with disabilities actually employed is always a challenge and not least because persons with mild disabilities will not identify themselves (to employers or to others). The ILO (2004)b surveyed methods of statistical compilation used by 95 countries in 2003 with the aim of clarifying the quality of national data on persons with disabilities in employment. They found countries relied upon national census data collected on a 5-10 year cycle (for best) and one-off (for worse). Defining disability within internationally accepted norms proved difficult, with >50% of the countries surveyed using alternative and less specific norms. It follows that qualifying and comparing disability from one country to the next thus raises issues of interpretation; with much information open to conjecture.

So it is that the WHO (2003) and others make estimates of the numbers of persons with disabilities per country, region and internationally, and quote 10% of the world’s population of 600 million people and another similar size group working as carers. They estimate 25% of the world’s population thus affected by disability within the family. Data is a deal more accurate the better the quality of the collecting systems and, particularly where the state is paying disability pensions. According to CSREurope (2006) the UK, for example, has an estimated 6.8 million people with disabilities of working age (i.e. 20% of the working population). The UK pays state benefit to 2.7 million persons with disabilities of working age. It quotes >40% of all persons with disabilities in the country without qualifications (compared with 18% of persons without disabilities).

**A4.4 Prevention of Disability**

There are lessons to be learned for prevention of disability between the industrial countries and the low-income countries. Here it is that disability in the low-income countries may arise from conditions that no longer apply in the richer countries. It follows that many disabilities in low-income countries can, with access to discrete information and sometimes small investments, be prevented relatively easily. Thus the value of policies and practices that can be implemented that will provide the preventative socio-medical treatment (e.g. immunization, etc.), the appropriate technologies (e.g. access to clean drinking water and sanitation – WATSAN, etc.), the laws that will limit exploitation (e.g. of workers in hazardous conditions, etc.) and access to adequate nutrition (e.g. that pregnant women produce healthy children, and that children are able to grow normally).

**A4.5 Management of Disability**

Rehabilitation of persons with disabilities to enable them to better integrate within their community remains a logical objective, but it is one that is difficult to attain given the discrimination that persons with disabilities may face. In reality, society at-large is required to meet persons with disabilities more than half-way with an approach that is able to celebrate the differences of these people, and to appreciate their contribution. This is relatively easy to promote, but hard to achieve in practice and particularly where the community is resource poor and/or traditional in outlook. Central government has a responsibility to motivate change – and to provide the resources with which to do so. Community-based rehabilitation (CBR) strategies and approaches are promoted as one means of doing so.

**A4.6 People in the Workplace**

Costs of disability are intrinsically linked into the poverty of the focus people (in context and in comparison with others in their community). Poverty is evident to the extent that people may have to place themselves at risk in order to seek economic and/or food security. For selected groups of persons with disabilities the poverty issues are exacerbated by the barriers in place that further contribute to marginalization and exclusion. (These issues, of course, are not simply ‘disabled’ issues, but concern disadvantaged groups of people of all kinds – the common thread is one of poverty.)

Families that have a disabled member tend to be worse off than the typical family without disabilities in the host community because of loss of income and opportunity (from both the individual with disability and from his/her carer), the additional costs resulting from the disability (i.e. medicines, treatments, travel, etc. required) and as a result of exclusion from services and/or from social and community resources. For the person with disability, poverty normally begins with restricted access to the educational and training resources that would (in an ideal situation) enable him/her to compensate for disability and to be trained in an appropriate income generating skill or profession which would provide for financial security. Herein are mainly issues of gender, marital status, location and opportunities for the people concerned.

Comparisons of income between persons with and without disabilities of working age is poorly reported according to Elwan (1999) but general trends show distinct disparages between the two groups in levels of employment. These were of the order 30-50% and 60-75% respectively for persons with and without disabilities in the small number of industrial countries reported during the period of the 1980s-1990s. Information from the low-income countries suggested working populations of the order 50% below that of the industrial countries at 15-30% and 50% respectively for persons with and without disabilities[[32]](#footnote-32).

Whatever the statistical validity of these trends, persons with disabilities find paid employment at a rate roughly equal to half that of persons without disabilities and, the corollary, about twice as many persons with disabilities will be out-of-work at any one time compared to persons without disabilities. The situation is further exacerbated when considering under-employment, given that most persons with disabilities are actually employed part-time.

When work is available persons with disabilities tend to work for longer periods than persons without disabilities – they will work harder to compensate for sometimes lower productivity. Further, persons with disabilities will typically accept lower rates of pay for the same work – as one indicator of desperation. (This, notwithstanding legislation to the contrary, and the risks that have to be taken when contesting these rights with the prospective employer.) Persons with disabilities are also more likely to accept a poorer working environment with the greater risks that this may have for their health and welfare. Risks may include working in hazardous conditions, working without due protection from equipment, structures and materials, and following practices that are perceived as dangerous – notwithstanding laws and regulations that are sometimes in-place to protect the worker. Thus people continue to lose limbs from working alongside unprotected equipment, suffer from the affects of hazardous materials such as asbestos and farm chemicals and face death or mutilation from working in dangerous areas. See Box A4.1.

the greater part of their lives.

**Box A4.1 Sri Lanka: Coir Processing – Outdated Technologies**

Natural fibre is extracted from the coconut husk. Manufacture of ropes, fabrics and fibres from coir is an ancient industry that has provided the peoples of the Indian and Pacific Oceans with a durable and low-cost material that is well-suited to the marine environment in which many of these traditional societies live. The development of alternative fibres from low-cost petro-chemicals during the mid-20th century effectively stemmed the development of industrial coir extraction, and left >20 million people dependent upon coconut industries that have changed little in >150 years of industrialization.

Coconut husks are retted in large tanks, ponds and stagnant in-land waterways. Controlled rotting may take up to nine months under normal conditions. People are required to routinely turn and wash the husks to remove contaminants and unwanted organic materials. This normally requires immersion in the retting water at waist or chest level for long hours – it is hard and unsavoury work with risk of contamination.

In Sri Lanka fibres are extracted from the retted husk by large diameter wheels with spiked nails set around the periphery and turning at high speed. People work standing adjacent to the wheel, pushing, turning and feeding the husks. Hands are millimetres from the moving nails. Loss of fingers and hands is not uncommon. Workers return to their wheels after periods of recuperation, working with hands that lack fingers. Earnings are as low as US$4/day and generally not sufficient to encourage young people into the industry. There is insufficient investment to encourage the development of reliable and low-cost auto-feed machines.

A CFC/FAO project executed during the mid-1990s set out to explore some of the many opportunities for making changes to improved industrial practices (Steele, 1997 and van Dam, 2002). With the commercial price of a barrel of oil rising (currently >US$70), natural fibres are likely to become more cost-competitive and to receive further scrutiny for industrial development. With this will come the development of improved processing technologies (van Dam, *et al*, 1994).

**A4.7 Access to Employment and Income**

There is paradox in the costs attributable to servicing and caring for a person with disability and the comparative level of income of the host family. Notwithstanding legislation to the contrary – where laws are in place to ensure equality of opportunity – persons with disabilities, in general, earn of the order 60% that of their work colleagues without disabilities (Elwan, 1999 citing a number of surveys from the 1980s). For household income this largely depended upon whether the householder or a family member was disabled – with the disability of the householder having the major impact. Surveys showed that few persons with disabilities were house-owners, and fewer still had access to pensions and other state benefits notwithstanding the intrinsic needs of families with members with disabilities. Persons with disabilities were also generally unable to plan for their future with confidence, and remained at risk (and dependent on the family and the state) for the greater part of their lives.

There are few state security opportunities for persons with disabilities living in the low-income countries, notwithstanding the efforts of some of the rapidly industrializing countries to begin to provide services of this kind (ILO, 1996). See, for example, Box A4.2. The impoverished nature of persons with disabilities in the countries in transition (i.e. the countries of Eastern and Central Europe previously part of the Soviet Union-linked economy) is moot testament to the changes that can quickly overtake people who were previously secure and well-cared for[[33]](#footnote-33).

The labour codes and state pensions available up to 1989, which provided employment and/or security of income, have been largely lost as market economies have been established in the separate (and now independent) states. Sheltered employment and employment-related opportunities have been eroded as societies at-large have cut public sector funding. The concept of the ‘welfare state’ that was embraced with enthusiasm by East and West Europeans alike post-1945 catered for disabled (and other disadvantaged) groups, but later became lost to the East Europeans as one indicator of the impoverishment of central economic planning in its ability to generate the wealth required to meet external competition for markets.[[34]](#footnote-34)

**Box A4.2 Azerbaijan: Law for the Social Protection of Persons with disabilities**

The Law comprises 12 articles (viz. 5, 6, 15, 19, 21 & 24-30) established in an effort to guarantee Azerbaijan citizens with disabilities the same rights and opportunities as a citizens without disabilities. The articles described public funds available, the social protection provided by the state, the availability of education and vocational training, access to work and employment, the obligations of the employer to provide services, facilities and resources that will enable the disabled worker to work safely and competently, and the special conditions that may apply to employment (e.g. consideration, additional leave, etc. for medical reasons, training, etc.).

Herein are some of the many social support mechanisms that have been adopted from the ex-Soviet systems of protected employment that previously applied. The reality is one, however, of an impoverished public sector unable to maintain either the reality or the implication of the Law, with the sheltered employment procedures of earlier times collapsing as existing workshops/enterprises attempt to become more competitive. This raises issues of whether they should be subsidized or become part of the non-profit sector (and thus the realm of the NGO). Source: Cornell University (1996).

With a decline in state-provided assistance the role of the NGO (and the CBO) becomes obvious – a move recommended by the ILO (1996). In many cases there is *de facto* recognition by the state that the NGOs are able to better accommodate the needs of persons with disabilities within programmes of support and assistance (frequently sponsored and financed by the state) than the state itself. Here it is that persons with disabilities are able to better mainstream into their local communities where, for example, they may become part of the NGO and help with shaping and implementing the policies and strategies that will influence change. It helps that there may be large numbers of voluntary people involved, and that the formal procedures required of the state administrative systems can effectively be by-passed. This does not detract the state from its responsibilities towards disabled and other disadvantaged peoples within the national population, however, but it makes for more cost-effective and better-targeted action on-the-ground. Whatever the social services or sector concerned – education, medicine, social welfare, employment, access to credit, services, etc. and/or the encouragement of self-employment – the NGO/CBO has a firm role within the socio-economic choices that have to be made. The experience of NGOs/CBOs in the richer economies can help point the way to improving life opportunities for persons with disabilities in the low-income countries – and particularly those living in the towns or within reach of towns where cost-effective services can sometimes be provided. Box A4.3 describes innovation in Vietnam.

**Box A4.3 Vietnam: Poverty Alleviation through Enterprise Development**

Vietnam has estimated >5 million people with disabilities (i.e. of the order 6% of the population) of which >85% live in rural areas. Disability has traditionally come as the result of wars, disease, malnutrition, etc. and, more recently, from road traffic accidents. The country has made impressive economic progress during the past 25 years and has seen the numbers of people in abject poverty fall to <10% of the population by 2004. Enterprise development has been identified as a prime route out-of-poverty for people everywhere.

In rural areas efforts have been made during the past 10 years to boost income generating opportunities by providing poor people with economic assets. One such initiative has been the establishment of a cow bank, poor people with (and without) disabilities entitled to receive a cow. Conditions apply, but the model has created considerable dynamism and confidence, and helped with community integration.

In the towns >400 enterprises have been established to cater for >20 000 persons with disabilities. These include offices, telephone services, computer services, security guard services, etc. Issues have arisen with the lack of education of persons with disabilities given that <3% have formal schooling.

The lessons from Vietnam are worth promoting, viz. poverty can be alleviated for all people with the provision of social security, sustainable livelihoods and people empowerment. Source: Xuan Tue (2004).

**A4.8 Sheltered Employment**

One feature widely introduced by the Soviet Union and its network of socialist states was the provision of sheltered workshops. These provided employment for persons with disabilities. Many of them were, in reality, state enterprises linked to organizations of persons with disabilities – managed and staffed largely by persons with disabilities themselves – with commercial viability second to issues of social care. Given that all enterprises were state run in the USSR and largely operating outside the normal principles and practices of commercial market competition at the time, the degree to which sheltering was applied at the time was one of gradual distinction. The approach taken was more long-term – leastways up until the dissolution of the Soviet Union – but systems were in place that lasted >50 years and therein are models that can, with merit, be further explored.[[35]](#footnote-35)

Elsewhere there were always issues with sheltered employment for short-term employment – preparing the worker for working alongside persons without disabilities in the workplace and, importantly, providing a more secure or benign place-of-work where persons with disabilities were better protected, etc. The role of sheltered employment was codified in local and national legislation and generally provided for people working in separate establishments or ‘sheltered’ within a typical commercial enterprise. Whatever the extent to which sheltered employment has been provided in the past, the reality of the period post-Soviet Union, the general impoverished social services of many of the ex-Soviet network of states (and particularly those in Central and West Asia), the worldwide shift of large-scale manufacturing (of all kinds) to a number of rapidly industrialising Asian countries and the general scepticism for the potential and/or desirability of sheltered employment as a concept - has led to a decline in interest. This is exemplified by support for investment funding for the sector that has also declined in recent years.

Notwithstanding the decline of sheltered employment in the industrialised and industrializing states, the sector offers a number of key advantages for focused investment for supporting persons with disabilities in the low-income countries where safety net facilities are few. This includes identifying and establishing suitable enterprises, providing the support services required for training persons with disabilities into these enterprises, helping them to re-locate to communities close by, etc. and providing the socio-economic support that is unlikely to be found outside the public sector. Here government and/or NGOs have a clear role, although ultimately, the enterprise will also need to link successfully into commercial markets for long-term survival. (See, for example, Section A2.1(2) and reporting on the FAO/Govt Thailand mushroom project.)

**A4.9 Role of NGOs and Private Sector**

Persons with disabilities in the community have become the domain of the NGO in both the industrial and the low-income countries. As public resources and services have refocused in support of the role of the private sector in public life across much of the world (for example, as market economic development has been seen as a panacea for much socio-economic investment), so the NGO has been promoted as an avenue for both investment and management. NGOs undertake a variety of roles that seek to inform, influence, provide services and channel the interests of their host members. NGOs are rarely without a focus issue, and normally always promote firm positions that can sometimes be narrow in context (to the exclusion of a more moderate/balanced approach to the same issues).

NGOs working in support of persons with disabilities may provide help and services either independently or under contract to a relevant public body - providing sheltered work, rehabilitation, guidance and/or family support. Some NGOs may be militant in approach; others are less confrontational. Some may work within the community – providing help/services to discrete disability groups; others still may act as umbrella organizations divorced from the day-to-day issue of direct people support.

In all industrial societies and many industrializing societies the private sector is made up of employer and employee associations, each of which seeks to promote the strength and interests of their respective groups. These are, respectively, the employers’ organizations and the trade unions. There are complex and dynamic relationships between the two groups as the rights, issues and rewards of the one are compared and negotiated against the other. Herein is the basis of organized industry within democratic communities with the choices that relate to investment, to responsibilities for workers, to management choices and to the risks that are shared within the worker-employer networks. The advantages of well-established negotiating procedures (that have, in the past, arisen from the disharmony of undisciplined, irregular power-sharing and confrontational policies) are those of market advantage and stability of investment where everyone in the community benefits from shared rewards (and shared responsibilities where industries are in decline or become lost).

Persons with disabilities stand to gain from the harmony of employer/employee negotiation whatever the level - from the echelons of international meetings at the ILO where representatives of both sectors are able to debate some of the most profound issues that relate to employer/employee relationships, for example, to negotiations for working conditions within a local enterprise. Organized debate brings formality, guidelines and policies such as the ‘Agenda on Disability’ provided by the UK Employers’ Forum on Disability. (See Annex A8.) Implicit in this kind of statement is the sense of caring that comes from collective debate and mutual solidarity. Issues can be a deal wider than simply the rights of persons with disabilities in the host industry and may relate to social legislation, to the provision of education and health and other, less obvious sectors, such as urban development, planning, construction and/or revival – making the urban sector more-friendly for persons with disabilities, for example.

There is constant change within the employer/employee industrial relationship that determines decision-making in the workplace. With the right approach from organizations of persons with disabilities, there will be sensitivity and appreciation of the role of the disabled worker, and greater opportunity for people with disability to be treated as equals. Cooperation between the different groups and between NGOs and the relevant public sector helps people with disability to better integrate and to boost opportunities for well-designed policy-making, information exchange and, importantly, more employment.

The private sector works, however, in a risk environment with investment targeted at perceived returns – determined by profits, market share, innovation, product development and so on. To participate as equals with their colleagues without disabilities, persons with disabilities need to remain aware of their role within the portfolio of risks and opportunities available. It is not sufficient for workers – whether with or without disabilities – to remain passive recipients of procedures, policies and methods, but to strive to improve and to identify with the company, enterprise or sector concerned. Herein there is security of tenure long-term.

**A4.10 Policies for Persons with disabilities**

Notwithstanding recognition of need (for the estimated 600 million persons with disabilities worldwide) and the many initiatives taken at international and national level in many countries (but mainly in the industrial countries), it is clear that the record of ratification and successful implementation of policies in support of persons with disabilities has been mixed in many countries. There is considerable divergence between policies and support available in the industrial countries and those that have largely failed to be achieved in the low-income countries. Not so much indifference on the part of the poorer economies (although this is a feature of many countries – see comment Annex A7), but more simply one of lack of resources and budgets that are already stretched to service existing majorities. Lack of position or profile on the part of persons with disabilities in the community results in invisibility – and the persons with disabilities sector will continue to be ignored.

There are policies and insurances in the industrial countries that largely cater for persons with disabilities within and outside the workplace. This includes policies to encourage those disabled from birth or childhood – to enable them to better integrate within their communities. There are codes of practice for people with disability within all countries which place responsibility on the employer not to discriminate against disabled employees and to provide the resources within which he/she is required to work. Payments, conditions of service, principles, etc. are firmly stated – and also required of the disabled employee in return. (See, for example, SAC, 2006.)

Work-related disability may be linked to compensation, to pensions, to re-training and to the multitude of financial and physical support resources available to the employee and to his/her family in the event of disability. In some countries policies are pooled nationally; in others there is separation between work-related injuries and general disability. Either way the worker is assured an income from his/her disability. This will normally include an incomes-related pension.

Workers in the low-income countries are less well serviced, with little if any public-sector support available and limited liability required of the employer within the formal labour market. Herein is risk. People working in the informal labour market or working on farms – for themselves or others – rarely have access to external supporting mechanisms apart from themselves and their families. There may be a handful of NGOs and others available – many of which are urban and/or sector specific (e.g. catering for war-wounded, orphans, etc.) – but resources available will be strictly limited for the large numbers of people available. See, for example, Box A4.4 ‘Uganda’.

**Box A4.4 Uganda: NGO – *‘People with Disabilities’***

People with Disabilities (PWD) is a non-profit, non-partisan, peace and disability rights organization which was founded in the capital city Kampala in 1989. From there it has spread countrywide to form chapters in 10 districts, and it currently reaches an estimated 35% of Uganda’s 21 million people. PWD is financed largely by international volunteer/donors, private donations and commercial enterprises, but also has access to limited public funding.

PWD has objectives for encouraging the organization of persons with disabilities into viable groups who are better able to cater for their particular needs. It does this by acting as a watchdog on government policies, informs people of change, etc., provides training and technical assistance – in disability issues – conducts information campaigns, serves as a clearing centre for consumer products, etc. linked to disability and generally promotes the disability sector to society-at-large.

Membership is made up of organizations of persons with disabilities and their families. Herein are the grass-roots communities that strive to raise living standards, improve education, provide training, establish SMEs and boost incomes and employment for persons with disabilities.

PWD present a slick face on the sector, raises moral and funds and generally promotes persons with disabilities across the country. The model is of value for others seeking to do the same in other low income countries (PWD 2001).

Prevention of disability is always a logical approach to follow within communities that are poor – poor in terms of resources available from the state and limited income in the home. Prevent the disability (or at least minimize its effects) and both the individual and his/her family gain benefit. Some of the easiest causes of disability to counteract are those linked into preventative medicines/treatments/interventions, access to improved nutrition and/or access to the most basic of technical assistance – a balanced diet, adequate food, basic healthcare, clean water, appropriate sanitary facilities and, crucially, access to a basic education.

**A4.11 Community-Based Rehabilitation Networks**

Community-based rehabilitation (CBR) provides a mainstreaming approach to the issues of disability focus; it is applied and introduced into, and undertaken by, the community with the aim of providing rehabilitation, equal opportunity and social inclusion of all local people with disability. CBR networks people from within the disabled community, from families providing care and from NGOs, community-based organizations (CBOs) and the relevant government offices that provide services in health, education, vocational training, and social and technical services. It helps focus attention on opportunities for helping persons with disabilities to better cope with their disability within the context of community well-being. This enables persons with disabilities to maximise their abilities, to seek access to the services available and, in return, to make a contribution. CBR raises awareness within the community of the rights and opportunities of persons with disabilities participating within the social discourse of the community. Further information to describe CBR strategies is contained in WHO (2004).

The strong correlation between poverty and disability is acknowledged - with linkages in both directions; people who are disabled can rapidly slide into poverty; and poor people can rapidly become disabled (or at least severely disadvantaged). Poor and/or persons with disabilities normally have neither the resources nor the ability to escape a cycle of degradation, and little or no way of attracting services in education, skills training, credit, employment and/or healthcare that may provide a basis for escape. Implicit in CBR is the principle of inclusion whereby persons with disabilities (and disadvantaged people generally) are included in the share of community resources for healthcare, education, etc. CBR is the community taking responsibility for helping their persons with disabilities to overcome their barriers to progress. (And this is more than simply the physical barriers that may prevent entry to a building or travel from the district; it includes overcoming the laws and policies that also represent the conceptual barriers found in society.)[[36]](#footnote-36)

**A4.12 Support Service Networks**

Persons with disabilities in the community will be better served following the establishment of organizations of persons with disabilities working within the community with the appropriate CBR procedures. The organizations of persons with disabilities should be encouraged to network with others in the community (and outside the community) that the resources of the combined public sector can be brought to bear on prevailing issues. Support services of this kind are successful in the longer-term when linked into the establishment of a commercial SME within (and with) which persons with disabilities are able to seek employment.

CBR works best in communities in which organizations of persons with disabilities have been formed and remain active. The organization of persons with disabilities provides the catalyst with which CBR is able to flourish in the focus community. In practice two types of organizations of persons with disabilities have proven resilient according to WHO (2004) viz: 1. Those that represent persons with disabilities of all kinds (i.e. cross-disability), and 2. Those that are disability specific and which may have a gender or age bias (e.g. women with disabilities or parents who have children with disabilities). Both types of organizations of persons with disabilities are important. It may be the organizations of persons with disabilities within the community which first tackles the issues of disability - that will help persons with disabilities to participate. This may include, for example the use of sign language, access to transport, distribution of reading glasses and mobility equipment, and so on.

Networks of organizations of persons with disabilities working with a CBR approach within local communities cannot succeed without external services when the community is, by definition, poor. Here it is that the policies implemented by the state and state resources are essential. National policies provide the basis for management, for access to services and funds, and encourage others to become involved – including NGOs, CBOs and, where applicable (and important), access to external sources of expertise and funds. CBR thus extends outside of the immediate community and may have a national, regional and district dimension. Each of the major sectors (e.g. education, health, social services, etc.) has a separate role as a service provider, but they are more effective when working within a multi-sector support approach. Depending on which service may actually be ‘in charge’ of CBR within the host ministries, the CBR programme manager will normally provide the focal point around which the other services will operate. It will be his/her responsibility to implement, supervise, monitor and generally encourage the network of community workers to take action.

Expanding and scaling up CBR activities within resource-poor communities can be a challenge (notwithstanding the considerable competition for competent people and funds for a host of alternative, but similar, initiatives – HIV/AIDS awareness, gender equality, malaria eradication, soil & water conservation, etc.). Here are roles for socially responsible NGOs and for access to donor-funded initiatives (that may, for example, help with devising and supporting separate model’ CBR/organizations of persons with disabilities networks that can be used as an example for others to follow). CBR is an effective means of shifting persons with disabilities off-the-shelf to encourage them to participate within their local communities but, with its dependency upon public funds and sometimes over-worked and busy public service people with limited resources and competition from other equally-valued public funded activities, it can at best be considered a means to an end.

Ultimately, persons with disabilities will be obliged to integrate into their community and this means earning a living and providing for self and family. Given competition for funds, the extremely limited numbers of motivated people available to a community and demands on their time (for a multitude of excellent reasons) CBR/organizations of persons with disabilities networks may have only a short window of opportunity available in which to establish that all-important SME or income-generating opportunity. Herein the disabled community can flourish and plan for longer-term security.

**A4.13 Small and Medium Enterprise Development**

Small and/or medium enterprises (SMEs) succeed on the basis of the markets that can be recognized and exploited commercially. The establishment of an SME may be beyond the ability of local CBR/organizations of persons with disabilities networks. Here are opportunities for government and/or donor-assisted initiatives to provide the funds, equipment, technical information and guidance required with which to provide start-up assistance.

If the CBR/organizations of persons with disabilities network is capable of establishing a viable (i.e. a commercially-viable) SME then a period of longevity can be assured, and more persons with disabilities can be absorbed into the network. An NGO, however, by definition is a not a commercial entity (although the differences can be marginal at times), and it is essential that the commercial activities established by the network are not swamped and/or lost within the objectivities of SME profit-making. This is covered elsewhere within this study, but it is essential to note at this point the importance of separating the management of the SME from the management of the network. The former has firm guidelines to provide commercial services and to make profits; the latter is required to work largely with social services and to seek support – financial and technical - from the public sector. The two have obvious areas of overlap (e.g. with training workers, etc.), but the separate mandates should be clearly demarked and understood. Failure can result either from the loss of the SME (e.g. from mis-management and/or loss of profits) or from loss of support from the public sector. In practice both are possible, with the considerable loss of confidence that may follow for persons with disabilities and their families in the community. Confusion can arise with workers and supporters alike if management of the SME and the associated organizations of persons with disabilities are not kept separate one-from-the-other.

**A4.14 Agricultural Enterprise Development**

With >80% of all persons with disabilities worldwide living in the low-income countries and an estimated 90% of these based in rural areas, agricultural production remains important as a means of providing employment and income to persons with and without disabilities alike. Working land and/or animals is difficult for most persons with disabilities, and they remain dependent upon others for their sustenance and keep. This raises priority issues for families and further impoverishes communities of rural people. Farm work creates issues for people who may have moderate to serious disabilities and, given the opportunity, disabled rural people are better employed in SMEs and/or craft enterprises that are home-based or off-farm.

Actually establishing a suitable enterprise with commercial potential requires considerable effort, technical information/equipment and local knowledge of markets if the enterprise is to be more, for example, than small-scale trading of surplus farm goods. Herein is need for firm support from the public sector. The example described in Box A4.5illustrates the complexity of some of the key issues involved.

The principles underlying the success of the enterprise described in Box A4.5 remain the same whatever the extent of the disadvantages of the people concerned. In this case the focus was on gender, but it could equally have been poverty or disability. Principles include:

1. Access to external resources of technical expertise.
2. Support funding for the investments required – manpower, equipment, planning, etc.
3. Community ownership – the value of PRA, CAP, problem identification, etc.
4. Planning, monitoring and evaluation.
5. Selecting activities that have a good chance of commercial success from the outset.
6. Existing experience within the community for the activities selected.
7. Focussing upon the people most likely to succeed as a first choice priority.
8. Access to a reliable market close to point of production.
9. Transparency in action; reporting and sharing experience within the focal group.

**Box A4.5 Uganda: Marketing Farm Surpluses Commercially**

People in the target community in Hoima District in Uganda were classified into four groups on the basis of household poverty/wealth – from less poor (i.e. the richest poor) to destitute (i.e. the poorest poor). Participatory rapid appraisal (PRA) and community action planning (CAP) resulted in the selection of a number of enterprise opportunities focused upon improved production of a range of crops (i.e. tobacco, bananas, beans, etc. – that were demonstrably more profitable) for sale into local markets. Producers acknowledged their production skills, but also recognized their limitations when selling profitably as a community. IFAD-funded projects focused upon market linkages were introduced; and were successful with the more market-orientated farmers within the ‘middle poverty’ groups. The key identifying characteristic of success was the dynamic approach of smallholder farmers in the focus community groups. Neither the richest nor the poorest groups demonstrated this characteristic. An additional key factor was the proximity of the host village to Hoima Town – 8 km by road. In reality it enjoyed a peri-urban location. Source IFAD (2002)a.

**A4.15 Economic and Food Security**

With an estimated 450 million persons with disabilities in the low-income countries, issues of economic security logically dominate the sector. Yeo (2005) argued that Millennium Development Goals (MDGs) notwithstanding, levels of poverty in areas that have little or no opportunity for economic growth will increase by 2015. The author considered that really poor people remain outside normal GDP or GNP methods of accounting; these were people who barter, subsist and rarely purchase or sell for cash. Where there is increasing inequality in a country, the number of really poor people will be increasing. The treatise developed by Yeo (2005) is largely outside current reporting except for recognition that persons with disabilities are implicitly and *de facto* part of the really poor; and that the majority persons with disabilities will be unable to train or work themselves out-of-poverty. IFAD (2002)b highlighted the 1.2 billion people currently in extreme consumption poverty of which 44% were in South Asia and 24% in sub-Sahara Africa - and the Agency quoted just 10 million people leaving poverty annually during the 1990s (which is <30% the target required to meet the MDGs). With 75% of poverty found in rural areas and the economic value of agriculture falling (by >65% during 1987-98) there is no way that impoverished rural people can be expected to succeed economically when left to themselves.

Security comes from reliable earnings/income that the family, community, nation, etc. is able to purchase and/or produce what is needed. This remains a challenge for both the nation state and >90% of populations in most low-income countries (i.e. the poor). Linking economic security with national income was the basis of the ‘Poverty Reduction Strategy Paper (PRSP)’ prepared jointly by the IMF and the World Bank (ILO, 2002)a. This approach to poverty reduction provided concessional funding through the two institutions courtesy of the in-country PRSP teams that would be/were formed. The PRSP process envisaged participation by the poor at all stages – formulation, implementation, monitoring and evaluation. Implicit and *de facto* recognition included persons with disabilities as a forgotten group within the partnership programmes. The ILO (2002)a described the initiative as multi-sectoral and aimed at encouraging the formation of persons with disabilities, better health services, more vocational training and so on – in reality a pro-persons with disabilities/social protection approach to persons with disabilities.

A number of issues arose with implementation of the PRSP programme, however, as the result of national interpretation of different disabilities and of confusion over welfare support linking through to productivity enhancement in a cross-spectrum of development opportunities. There is the impression that well-meaning programmes such as the PRSP become lost in debate and interpretation by those trying to implement them. Where do concessions and funds go when they become part of the budget of the line ministries responsible (for health, education, etc.)? The ILO (2002)a made no reference to the role of national NGOs with delivery of programmes – apart from the ‘empowerment of the organizations of persons with disabilities (which may or may not have been established by those implementing national programmes).

Work undertaken by FAO in support of a number of poverty-alleviation projects is exemplified in Annex A9 (and contrasts with reporting that small-scale semi-subsistence agriculture cannot provide a living for poor people). For the small numbers of target people involved, enterprises can be devised and established in the most impoverished of communities – and people can make a small but reliable living; in this case – with poultry and seeds production. A key issue is one of community planning that the different income generation/enterprise choices match the markets available for the goods and services provided.

**A4.16 Issues of Food Security**

Whether people produce food for consumption or for sale, the key basic issue for impoverished households is one of access to a reliable food supply - feeding the family. Increasingly, this has become a challenge for many low-income countries. In a review of food security through to 2010, FAO (1995) found no resource constraints that would preclude expanding world populations being fed (with a projected population of 7.2 billion by 2010). There was a measure of confidence for the sustainability of food production systems globally. However, FAO (1995) referred to the marginalization of regions – regions that were likely to fail to adequately feed their people.

An estimated 800 million people at risk were later identified during the World Food Summit held in Rome in 1996. This proportion of the world’s population has been carried over in reporting by WFP (2003), with sub-Sahara Africa identified as the least successful region – and containing 200 million vulnerable people (about 33% of total in the region). Environmental degradation, inept governments, issues of disease and malnutrition and, importantly, inadequate commercial investment dominate – and seem unlikely to change in the short-term. A business-as-usual approach to piecemeal development will not help the lives of the persons with disabilities involved. WFP (2003) described the risks of national famine – as exemplified by Ireland 1860, Ethiopia 1985, Somalia 1992 and North Korea 2002 – and implied that regional famines will continue. The Agency quoted more people dying from hunger than from wars during the past 50 years. In Ethiopia in 2005, >60% of the population gained benefit from food aid programmes at some point during the year.

An understanding of the global picture is of little benefit to the disabled family in the impoverished host community. Here it is that people require food each day and herein is the urgency of human misery and need.

**A4.17 Critical Action Required**

Making a difference for impoverished people of all kinds means moving from understanding to action. Whether with or without disabilities – people living in impoverished regions of the world without the economic skills of survival will die. According to WFP (2004) of the 800 million food insecure people, 60 million face starvation and require emergency feeding at any one time. More than 18 million people die each year from starvation. During the past 50 years, starvation has killed an estimated 400 million people. Recommendations of what to do include:

1. Protecting people from famine by providing emergency food.
2. Reducing underlying poverty with economic development – education, training, etc.
3. Teaching people how to eat a well-balanced diet.
4. Raising the productivity of farming – to produce more food.

There is no ‘one-solution-fits-all’ approach to the complexity of the many issues involved for providing for disadvantaged people, notwithstanding firm agreements to the rights of access to food (i.e. Article 25 of the Universal Declaration of Human Rights). Additional action required for persons with disabilities includes:

* 1. Raising awareness of persons with disabilities-in-society issues.
  2. Implementing programmes in favour of persons with disabilities, etc.
  3. Providing resources, etc. with which persons with disabilities are able to better lead more independent lives.
  4. Providing resources, etc. with which persons with disabilities are able to develop economically.
  5. Promoting success stories.
  6. Putting successful people with disabilities into visible positions of authority.
  7. Providing good quality publications that will inform and promote disability, etc.

**A4.18 End Note**

It is not difficult to establish and describe the linkages that exist between disability, rural livelihoods and food/economic security. As societies everywhere have developed economically, the insecurity of the past has changed. The key issue is one of economic development – the more successful the society the more food secure it becomes. (This is a *de facto* part of the development process.)An understanding of macro-development is essential if sectors of a population are to succeed – including persons with disabilities – and for this it is the economic success of the state that determines outcome. Bowe (1990) provides the basis for an end note in his comparison of democratic industrial societies, socialist-led semi-industrial societies and societies in the low-income countries. Herein are issues of integration and normalization of persons with disabilities within their respective societies, and of national policies that encourage accessibility and adaptability. As societies become richer, there are more resources available for investment in minority groups. The faster the economy grows the quicker minorities can be accommodated; with cost-effective solutions that link technologies, information and human rights for all. The ultimate example is the comparative economic success of the two Koreas during the past 50 years. The one is now a member of the Organisation for Economic Cooperation and Development (OECD) – the organization or rich countries – with the 11th biggest economy in the world; the other is one of the most impoverished societies available.[[37]](#footnote-37)

**Annex A5. Agricultural Sector Responding to the Needs of Persons with disabilities**

***Aim. To analyze the lessons emerging from the work of FAO and other development agencies, and to determine what works, what does not work, the adaptation required of approaches that have been taken and of how to make a difference.***

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**A5.1 Introduction**

Poverty is endemic for rural people throughout the low-income countries. Of the order 70% of the people for which the Millennium Development Goals (MDGs) have been targeted live on the land, with livelihoods based on agricultural production. Much of this is subsistence level. These are the poor, the malnourished, women (in women-headed households), young people and the elderly. Persons with disabilities represent a cross-section of all these people - they are the poorest of the poor. Numbers vary with source, but may comprise as many as 420 million people worldwide. Helping these people to help themselves is the responsibility of governments, NGOs, agencies and, importantly, the people themselves.

Countries implement laws in support of persons with disabilities, and the national agencies establish and promote within the context of the laws to help marshal the resources with which persons with disabilities are better able to integrate into local communities. Support for persons with disabilities has traditionally focused upon social and welfare development but, notwithstanding the efforts made by many well-meaning programmes (mainly NGO-based), persons with disabilities continue to be marginalized within their home communities.

There has been a shift in effort in recent times towards making persons with disabilities more economically independent – of the state, of the community and of the family. This requires that people become more assertive, more pro-disability/opportunity and more prepared to lobby in support of their rights as ‘people who are different’. The approach is more one of ‘people-first’ and less of ‘disabled person’. Key issues for persons with disabilities have become access to education, to vocational training and to employment.

There is no lack of experience available, much of it widely reported from different national and international resources. Herein FAO has a small contribution to make with an understanding of the sector, with investments into discrete country programmes and with mainstreaming rural development (for all peoples). FAO has a mandate to produce and disseminate the information that will help persons with disabilities towards self-determination. Ultimately, this will come from market opportunities in which persons with disabilities are able to make a reasonable living - working alongside (and in competition with) persons without disabilities. Therein is the long-term security that comes from people making a reasonable living. The challenges are considerable, but so too are the rewards.

**A5.2 Promoting Persons with disabilities in-Country**

Pro-persons with disabilities laws are an intrinsic part of the legislation of all countries. These laws are essential if persons with disabilities are to be encouraged and, importantly, empowered to take a role within local society. Few laws deviate from the premise that disability is a human rights issue, with persons with disabilities entitled to the same life opportunities as non-persons with disabilities. Theory and practice, however, diverge and particularly in the low-income countries where resources are few and systems of feedback, etc. may be weak.

In a technical consultation to review the impact of legislation on the employment of persons with disabilities in East Africa, for example, the ILO (2002)b found that pro-disability laws were too general in meaning and application, poorly enforced, and provided little or no provision for taking affirmative action in support of persons with disabilities. Notwithstanding legislation in the seven countries reviewed, persons with disabilities were poorly understood, poorly represented, discriminated against, lost out on vocational training, remained outside employment quotas and were unable to access resources, etc. In reality, existing laws were marginalized and un-enforced.[[38]](#footnote-38)

Similar issues have surfaced in India where an estimated 70 million people are disabled. Sridha (2003)b reported <1% employed (of which >90% earned <US$25/month). Notwithstanding legislation and the efforts of national organizations such as the Nation Centre for Promotion of Employment of Persons with disabilities (NCPEDP) to shift support for persons with disabilities into employment, traditional views at all levels continued to see disability issues in terms of charity and welfare.

Messages are clear: notwithstanding the ability of well-meaning national organizations that support persons with disabilities and their role in society, insufficient funds, support and advocacy are available in the low-income countries. Therein are issues that depend upon socio-political support, but much remains to be done by persons with disabilities themselves and those who support them. Reporting from India, Sridhar (2003)b described >99% of domestic NGOs working in the sector continuing to focus upon welfare-rehabilitation-service-orientation to the exclusion of education-vocational training-employment*.* A change of investment may require new players including a greater role for the private sector. This, again, will create issues for entrenched participants (e.g. ministries, NGOs, people, etc.) with alternative mandates and/or funds becoming lost as investments shift to service delivery elsewhere.

**A5.3 Promoting the Development of Persons with disabilities**

Eight Millennium Development Goals (MDGs) were established by the UN family of countries to meet the challenge of the 21st century (UN, 2001). These range from halving extreme poverty, improving food security, providing improved services to people, halting the spread of HIV/AIDS and other diseases and providing universal education. Targets have been established for 2015 and agreed as a basis for action by leading international development institutions and by >190 countries. The MDGs have galvanized efforts to focus attention on the plight of the poorest people in the world. There is, however, no direct reference in the MDGs to support for persons with disabilities. Governments, agencies and others involved are obliged to seek secondary messages within, for example, MDG #1 (poverty), #2 (primary education), #6 (disease mitigation) and #7 (environment). This notwithstanding the negative impact of persons with disabilities (representing an estimated 10% of humanity) upon, for example health, welfare and governance and, importantly, the impact that this has on national and/regional economies, basic human rights and the well-being of poor communities.

Depending upon interpretation, there is clearly a conceptual matrix of linkages between the eight MDGs and Agriculture. Implicit within the matrix is the impact of agricultural production upon persons with disabilities. There are an estimated 1.1 billion people living on >US$1/day of which 70% live in rural areas according to the World Bank (2002)[[39]](#footnote-39). For the majority of rural people a key livelihoods strategy is one of food production from subsistence agriculture. Poverty in the sense of people being without resources – whether with or without disabilities – is largely due to lack of productivity and the non-commercial approach of the production systems involved. Subsistence agriculture is simply a safety net of last resort for people who have no welfare alternatives. It follows that the routes out of poverty are those that seek to boost rural productivity, etc. with the engine of economic growth directed into commercial production. This is largely outside the current debate on the opportunities available to persons with disabilities (and representing all poor people generally*)* in agriculture and the experience of the agencies with support for the sector, but suffice to note that long-term developments of rural diversification and transformation will eventually benefit persons with disabilities and non-persons with disabilities alike. Time is of the essence, however, and the achievements of the MDGs are set for 2015 – just nine years hence. In many cases it is clear that the actual objectives of the MDGs will not be attained, notwithstanding trends that are in place that may show optimistic shifts in the right direction.

Poverty reduction is put into practice by redistributing incomes and wealth and, more practically for the low-income countries, by economic growth according to the World Bank (2005). Given the abject poverty of many people in the low-income countries, there are simply not enough resources available for sharing; the majority people do not have sufficient to meet their basic needs. The only logical route to increased productivity is one of economic growth. The introduction of improved technologies, more effective production, market competition leading to food self-sufficiency and, ultimately, to reduced food prices and increased income eventually lowers poverty. People move out of agriculture as more employment is offered in other economic sectors. Again, time is a crucial factor as populations continue to expand within a fixed resource base.

**A5.4 Promoting Persons with disabilities in FAO Programmes**

With almost 60 years of development in support of agriculture and food production worldwide, FAO has unrivalled experience with working in partnership with donor and recipient governments alike. National progress in many countries has been measured in expanding populations, rising socio-economic wealth, industrialization and the additional income that comes from the development of an educated labour force, technical application, the processing of domestic goods and materials, and the provision of international services. The economic development of persons with disabilities has remained a small but valued part of this progress.

Challenges remain and evolve as nations develop. In partnership with governments of member countries, FAO has undergone change over the years, reassembled resources and refocused its objectives to match client demand. The Organization is currently undergoing a profound period of change in an effort to provide services where they can be used effectively (FAO, 2003). Recognising the importance of food security as a fundamental right of all people, the Organization proposed initiatives to halve the number of hungry people worldwide by 2015 as one outcome of the World Food Summit held in Rome in 1996 (FAO, 1997). This aim was re-affirmed five years later in the follow-up World Food Summit +5 (FAO, 2002). There are already indications that the proportion of food insecure people is declining, no matter that the actual numbers are unlikely to match projected targets (from the 825 million estimated in 1995).

FAO has always promoted opportunities for persons with disabilities within a mandate to boost food production and agricultural productivity in FAO member countries. Promotion and support of this kind, however, should be seen in the context of an organization required to follow the management direction of its member countries. FAO always seeks the advice and guidance of member countries when establishing work programmes within the constraints of the budgets that apply. FAO has always promoted food security of people and has made this a platform for all agency-led development during the past 12 years.

Investment takes place within a strategic framework that has been designed to boost cost efficiency, provide decentralized services and to form more partnerships with others in the UN family of agencies, NGOs and the private sector. Bi-lateral and multi-lateral relationships with member governments remains the basis of the way in which in-country projects and programmes function; success herein is exemplified in the way in which extra-budgetary funds are raised for a host of activities (FAO, 2005a).

Resources are allocated on the basis of the strategic objectives of the Organization which, for the next period will primarily be directed into support for rural livelihoods, poverty alleviation, food security, appropriate technologies, information resource development and natural resource/environmental management. Funding for the period 2006-2007 remains to be reconfirmed given the number of dynamic issues which continue to arise (mainly due to delivery of donor contributions), but it is likely to be within the range US$750 000-807 000 assuming no real growth in allocation from the previous biennium period. The various budget allocations are essentially beyond a brief review of persons with disabilities in agriculture, but suffice to note that investments in staffing, technical information and, importantly, projects come as a result of allocation to Technical & Economic Programmes, Technical Cooperation Programmes (TCP) and Cooperation and Partnerships. For the current biennium investments are, respectively, likely to be of the order US$307 000, US$99 000 and US$134 000. Therein the small allocations required of persons with disabilities investment compete for resources (FAO, 2005a).

Access to the funding resources of the FAO/TCP and TeleFood project programmes remains a particularly valuable route for investment for persons with disabilities. Launched in 1997, TeleFood has implemented >2 140 projects in 127 countries and invested of the order US$20 million. Projects are small-scale, for example, helping AIDS orphans to become self-sufficient in vegetables in Zambia, providing ducks for a village in China and breeding rabbits in Egypt. Project design is simple; supervision is strictly limited; investments are limited to equipment, materials, hardware, etc. supported by invoices/receipts; recipients provide labour, etc. FAO budget/execution is managed by the FAO in-Country Representative and is limited to a maximum of US$10 000. Here are opportunities for people with disabilities and their organizations (FAO, 2006c).

The TCP projects represents a flagship activity and, since inception on 1976, the programme has invested >US$1 billion in >8 700 projects in all low-income FAO member countries. Project budgets range from a few thousand dollars to a maximum of US$400 000. During the 2004-06 biennium, FAO made an investment of the order US$98 million. The typical TCP project provides an immediate and tangible result, it catalyzes, solves problems, intercedes with emergency assistance and enriches people and their communities. With the one exception all the FAO persons with disabilities-focused projects described in Annex A2 have come as the result of TCP investment. TCP investment is FAO at the leading edge of development assistance in technical agriculture (FAO, 2006d).

FAO/TCP projects have routinely provided funds for emergency purposes, but the Organization also has a regular number of bi-lateral donors (such as governments and development banks) that provide ‘fast-track’ funds that can quickly be channelled into mainly humanitarian assistance – in case of natural or civil disaster, where rains fail, where livestock or crops are suddenly under pressure from disease or pest attack and where quick interventions can help alleviate misery or hunger. Over recent years the scale of emergency relief and rehabilitation investment has risen. FAO solicits donor support on behalf of countries affected by disaster, and frequently in partnership with the World Food Programme (FAO, 2006e). Persons with disabilities are one of the many disadvantaged groups assisted.

FAO has continued to maintain a watching briefon the development of persons with disabilities in member countries since it first came into being. In recent times, this has reflected in the designation of responsibilities to a dedicated Technical Service and, equally important, the recruitment of a full-time Technical Expert as part of the resources of that Service. This post is no longer available since the retirement of the most recent incumbent in 2003, and downsizing of human resources that has followed as a feature of the budget constraints of the ensuing years. The FAO *ad hoc* Persons with disabilities Group continues to function, however, with a mandate to promote the sector, to network with others inside and outside the Organization, and to remain abreast of socio-techno-economic developments that relate to persons with disabilities in rural communities. During recent times this has enabled the Organization to implement >10 projects in direct support of persons with disabilities. A focus upon rural development in context, however, has enabled the Organization to provide socio-techno-economic assistance to many thousands more disabled beneficiaries in FAO member countries.[[40]](#footnote-40)

Further information to describe the recent work of the FAO *ad hoc* Group for persons with disabilities and the Organization is contained in Annex A2.

**A5.5 Disability and Agriculture**

Persons with disabilities in the industrial countries do not normally choose to work in agricultural production but, when they do, social support services are sometimes available with which to assist and encourage them. (See, for example, Box A5.1 describing an initiative in the USA.)The technically advanced agricultural technologies and production systems required of farming in the industrial countries make agriculture one of the most hazardous of occupations. Notwithstanding mandatory regulations and well-adopted procedures for handling machinery, farm chemicals and livestock, each year many thousands of people are injured and sometimes killed on the modern farm. Many other workers are injured and killed off-farm in road accidents, as the result of illnesses and from decreased physical ability as people age and continue to work and are not replaced by younger workers. Impairment, injuries and similar can seriously impede the productivity of the experienced worker. Few recognize the changes taking place over time, and continue to put themselves at risk.

Programmes for re-training, rehabilitating and supporting injured farm people have been established in many industrial countries for those wishing (and able) to return to an active life. Others gain benefit from farm-linked therapy in which persons with disabilities are able to interact and/or work with farm livestock or recreational animals. Field & Delks (1996) further described the value of human-animal interaction, animal science learning, child development and related sectors where persons with disabilities (particularly young people) were able to spend beneficial learning time with animals in a farm or recreational setting.

**Box A5.1 USA: Rehabilitating Disabled Farmers and Rural People**

The US Department of Agriculture estimated that >200 000 rural people in the country were injured and/or off-work from work-related accidents and illnesses each year. Of the order 5% were permanently disabled. Further, many thousands of children with disabilities are born into rural families. The Breaking New Ground (BNG) Resource Center at Purdue University estimated that >500 000 people working in agriculture have physical disabilities that interfere with their ability to work satisfactorily.

There is frustration with the lack of opportunity for rural people who wish to remain as part of their families, but who may be obliged to shift to the towns because this is where rehabilitation resources are normally found.

Established in 1991, the National AgrAbility Project has spread to >25 states across the Union with the aim that of providing the resources, guidance, training, rehabilitation, etc. with which persons with disabilities can continue to follow a chosen course of work – despite their disability. The project provides people with ideas for safe and affordable modifications and solutions to structures, equipment and self that helps them maintain current businesses and life-styles.

The BNG Resource Center focuses investment in Indiana State with outreach services that provide advice, assessments, technical information and resources including a newsletter and a travelling ‘Rural Assertive Technology’van according to Field & Delks (1996) & Richards (2001).

Horticulture-linked therapy has long been recognized and exploited for both able-bodied people and persons with disabilities alike. There is a sense of fulfilment with turning soil, setting out seeds and nurturing them into plants that give pleasure or crops that can be eaten. The plant-people link provides a special relationship for people seeking to gain confidence, to integrate socially and, importantly, to gain some form of economic independence. The value of the sector in the context of urban agriculture in Canada was described by Levenston (1988) and Whyte (1988).

In India, the M S Swaminathan Foundation (MSSF) has a touch and smell (T&S) garden at their Chennai Headquarters that is especially adapted for people who are visually impaired. Part of the ‘every child is a scientist’ programme, strategically placed Braille boards direct people through the garden and inform people what they have around of them. The T&S garden is only one of seven of its kind in the world. It emphasises the joy of the senses – touch with serrations, texture, thickness and so on, and the many smells that characterise the different plants (Padmanabhan, 2003).

The Canadian and Indian experience has merit for persons with disabilities in the low-income countries; therein are opportunities for copying principles and models and introducing similar persons with disabilities vocational, entertaining, informative and/or enterprise opportunities.

Boost agricultural production with the use of recommended production techniques and the land-owner gains the additional crop or livestock produced. Herein will be demand for improved seeds, access to fertilizers and crop care agrochemicals and, as applicable, to the harvesting equipment and crop storage infrastructure that is not normally required for small-scale (meaning peasant-scale)production. Shifting from subsistence production (and sometimes sales of small quantities of low-quality produce) to commercial production (and sometimes contracted production of high quality produce) represents a changed approach to production that will be beyond the ability of many households and many communities. Box A4.5 describes an IFAD-funded initiative focused upon the exploitation of known markets. Others report the development of production strategies that recognize market opportunities, but provide little in the way of information of how these markets can be exploited. In many cases production is linked into agro-processing, with the farmer/group/community expected to produce, select and subsequently to process and trade the crops available. In many cases, these tasks are far beyond the ability of the host community (without external assistance in all sectors).

Semple (1999), for example, analysed commercial agricultural and horticultural production and processing opportunities for persons with disabilities in Cambodia. Cambodia is one of the poorest countries in SE Asia with a *per capita* income <US$250/year. About 80% of all cropping is rice based, and rice comprises >60% of the daily diet. For the rural poor, once their stored crop is exhausted rice purchases are of the order 50% of food budgets. Rice is an excellent traditional crop that feeds people, but provides little opportunity for them to work their way out-of-poverty. Persons with disabilities, by definition, do not find it easy to work paddy rice. Boost the production of high value fruits and vegetables, however, as an alternative to rice and earnings per unit of land increase appreciably. Semple (1999) described a range of crops that can be grown adjacent to the main centres – and the different NGOs and others who already provided support to growers. Herein is a key issue; without external advisors (and their funds, seeds, equipment and marketing skills),the risks involved for the small-scale producer are simply too great and people will not become involved – either with or without disabilities[[41]](#footnote-41).

**A5.6 Agriculture and Manufacturing**

With an estimated >85% of persons with disabilities living in poverty in the rural sector in the low-income countries, the experience of on-farm and off-farm support programmes of the rich countries may be of limited value. Times are changing, however as wealth is created, information is exchanged and people everywhere become more aware of their civic rights as persons with disabilities. The issues are complex and largely beyond a simple treatise on agriculture in the service of persons with disabilities, but suffice to recognize four categories in which manufacture may link to agriculture for persons with disabilities with access to production skills, land and finance. These are:

1. Storage. Exploiting seasonal markets for agricultural produce by storing and selling.
2. Agro-processing. Establishing agro-industries for manufacturing agro-goods.
3. Service industries. Opportunities for exploiting service industries with the manufacture and/or supply of farm goods, materials and/or equipment.
4. Equipment for persons with disabilities. Opportunities for manufacturing equipment required by persons with disabilities to enable them to better handle their disability.

The categories are self-explanatory and the mix of opportunities that may apply to a particular community will depend largely upon the resources available and distance from markets. The many opportunities will vary and can be considered within the context of the examples previously provided by Semple (1999) for Cambodia as follows:

**(1.) Storage**

Production, grading and/or cleaning of easy-to-store crops, viz. roots – carrots, onions, garlic, sweet potatoes, Irish potatoes, etc; grain crops – maize, rice, etc; dried crops (leaf, seeds, bark, fruits, etc.) - spices, flavourings, leathers, chews, etc.

Consider household storage and/or community storage and the appropriate storage systems, equipment and plant required for both sectors. Quality will be linked into the investment available with requirements for structures, washing plant and choice of cleaning, storage and packaging equipment linked to market demand and opportunity.

**(2.) Agro-Processing**

Processing of seeds, roots, grains, sugars, oil crops, fruits, vegetables, timber, etc. and also livestock products – meats, dairy products and non-edibles.

Consider also ‘stand-alone’ industries such as beekeeping (for honey and wax production and for pollination services), sericulture, mushroom production, handicraft manufacture, etc. that have traditionally been identified and successfully exploited commercially on behalf of persons with disabilities.

Linked to storage in #1 above, the range of activities, information, equipment and technologies required is as varied as the market opportunities available. Consider grain milling, cooking, baking, manufacture of snack foods, pastas, etc; oil extraction for human consumption (oil) and animal feed (wastes); coconut processing – oils, soaps, copra, dried meat, health drinks, shell/fibre handicrafts, charcoal, etc; nut processing – fresh, cooked, salted, etc. edible and industrial uses (non-edibles) for nut oils, shells, etc; sugar extraction from cane – sweetners, jaggery, confectionary, etc; fruit/vegetable processing – cooked, fresh, pickles, chutneys, jams, distillates, snack foods, etc; livestock products – meats; fresh and cooked, sausages, mixes, etc. and non-edibles (hides and skins, leather, bone meal, dried blood, hair, wool, stomach contents, etc.); drinks – fruit juices, wines, etc.

Extensive agro-industrial opportunities exist for service industries processing, for example, for animal feed mixes (e.g. poultry, cattle, pigs, etc.), manufacture fertilizers/feed from waste livestock materials; production of energy/gas/fertilizers from digestion of crop and livestock wastes, etc.

**(3.) Service Industries**

A mix of manufacture, trading and service industries dominate agricultural production and processing in the industrial countries and will eventually do the same in the low-income countries (as subsistence production is replaced by commercial production).

Consider the supply of inputs required for farm production – equipment and tools, fertilizers, agro-chemicals and information. As the public sector declines in importance, so the private sector is encouraged to replace it with trading and manufacturing – all of which has to be paid for within the crop and livestock budgets that will apply. Thus the value of maximizing production and selling into viable markets – that profit can be determined with minimum risk.

Manufacturing will be linked to rural blacksmiths producing the basic tools and equipment required of land cultivation, harvesting and processing – and the repair and maintenance required of worn equipment and plant (according to the extent of resources available). Production manufacturing is more likely to be found in towns or peri-urban areas – where markets are more buoyant and the production services – materials, water, labour, electricity and finance is more certain and cost-effective.

Manufacturing will also be linked into the raw materials required of production – to the livestock feeds, fertilizers, fibres, agro-chemicals, protective clothing, packaging and similar that may be required. Herein are the waste streams from the one process (e.g. spent oil seeds) that can become the basis for the next production cycle (e.g. livestock feed).

Information industries are an essential service to the producer and one, moreover, in which persons with disabilities can take a lead – providing the technical, economic and financial networks of people and information that are essential for market exploitation. An ability to work well with telephone and computer represent key opportunities for persons with disabilities.

**(4.) Equipment for Persons with disabilities**

Opportunities for copying other initiatives exist and, more particularly, where a measure of ownership by persons with disabilities is practical (and, more so, where income can be earned).Harper & Momm (1989) surveyed 53 enterprises run by persons with disabilities in support of persons with disabilities in Africa and Asia. Sixteen enterprises provide case studies - that others are able to follow the experience gained. A manufacturing opportunity exemplifying this kind of enterprise is described in Box A5.2 ‘India’.

**Box A5.2 India: Jaipur Foot - Manufacture of Prosthetics/Orthotics**

A project shared between the Jaipur Limb Campaign UK and Mobility India has resulted in the preparation of a manual with which communities with access to small-scale engineering works (for access to the machining equipment and dies required) can establish a small-scale production unit for prosthetics/orthotics, the most famous of which is the Jaipur Foot (a development of the conventional solid ankle cushion heel foot).

Jaipur Foot manufacturing units have been established in >20 countries worldwide – and particularly those in which wars have been fought. Demand for prosthetic limbs and feet has grown in recent years as one outcome of the increased and indiscriminate use of land mines (that damage rather than kill their victim).

Jaipur limb/foot manufacture has always been taught by apprenticeship and practical tuition, but such has been recent demand that supply has not kept pace with demand. Short-term training of artisans has not produced the quality required. The production of a training manual – book and video – has been made to augment the lack of tuition available with short-term training. The manual enables the newly trained artisan to continue his/her training in the workshop back home (Jaipur Limb Campaign, 2006).

Manufacturing artificial limbs and similar mobility aids for persons with disabilities is a logical industrial initiative in which persons with disabilities and their advisors are able to take a leading role. There is a steady demand for equipment and aids of this kind in countries that continue to experience war or the after-effects of war, and funding from international resources is normally always available for well-prepared investment proposals. Every low-income country has demand for this kind of industrial development, with the more successful initiatives selling manufactured goods and services into international markets.

Much the same holds true for wheelchair manufacture and supply to non-mobile persons with disabilities. In the industrial countries wheelchair services are an integral part of socio-health services available to the host population; people accept these assistive technologies as a right. The same is patently not true in the low-income countries where wheelchairs are normally imported/gifted to meet demand (from the industrial countries) or made in local workshops working in isolation (frequently copying designs that are unsuitable for local conditions).

Estimates show that there are >20 million people in the low-income countries worldwide who would benefit from access to a wheelchair – but who do not have one. Wheelchairs can extend life almost indefinitely for those needing them. Without a wheelchair non-mobile people with disabilities in poor communities live <3 years on average. Many of the wheelchairs currently available are either donated/supplied by the industrial countries or, if made locally, simply copies of overseas designs. All wheelchairs are of value to recipients whatever the source, but local manufacture to an appropriate design is a more cost-effective option and, moreover, provides work and income. Box A5.3 ‘Tanzania’ describes a recent initiative to improve wheelchair technologies in the low-income countries.

**Box. A5.3 Tanzania: Manufacture of Wheelchairs**

In an effort to make a difference, the UK-based NGO ‘Motivation’ has helped the Government of Tanzania to establish the first international wheelchair technologists training course (WTTC) of its kind at the Tanzanian Training Centre for Orthopaedic Technologists (TATCOT) in Arusha. Trainees are shown how to design, manufacture and service wheelchairs that suit the low-income countries. The WTTC is in a 4th year of operation, with the successful graduation of >50 trainees, most of whom have returned to help establish manufacturing facilities in their home countries. At time of reporting five manufacturing units were under construction in five separate countries, and TATCOT had received requests for training specialists from an additional 17 other African countries.

With up to 10% of a national population disabled in one form or another, the development of a comprehensive programme for manufacturing assistive equipment that will enable persons with disabilities to be more active, etc. is a logical sector for development. If these same industries can be owned and/or staffed by persons with disabilities therein are firm issues of ownership, information and knowledge transfer and confidence building according to TATCOT (2006), Beattie (2006)a & Beattie (2006)b. See also ‘Motivation’ in Annex A1.

For all but the most simple technologies and processes in sectors #1-#4 above, access to a reliable electricity supply, and to a source of fuel and clean water will be essential. Access to roads and transport will also be essential. Persons with disabilities may be marginalized for many of the work tasks required – depending on the extent of disability - and will need to work together with persons without disabilities.

**Annex A6. Role of Agriculture vis-à-vis Persons with disabilities**

***Aim. Recommendations of action that should be taken by those working in support of persons with disabilities.***

**A6. 1 Introduction**

Notwithstanding the increasing importance of urban centres within national development and the socio-techno-political strength of towns and cities for demanding and receiving investment (into all sectors – services, infrastructure, education, health, employment, etc.) poverty usually remains endemic in the rural areas of the low-income countries. Poverty for the majority people who continue to live in rural areas has shown little or no indication of change. Reporting in 2002, IFAD highlighted the plight of >75% of the world’s poor living in rural areas and of their dependence on subsistence agriculture (essentially a safety net of declining value as environmental degradation overwhelms the numbers of people involved). Rural people become captive to isolation and neglect (at worse) or to a remittance culture (at best) which sees the innovative and young migrate and the infirm, elderly, very young and disabled remain captive to their inability to escape the poverty of their surroundings. IFAD (2002) suggested little change would be likely between now and 2020 when an estimated 60% of the world’s poor will continue to occupy the (increasingly inhospitable) rural hinterland or live in extensive areas of slum dwellings surrounding socially viable cities (and by so doing, make those same cities less viable).

Clearly, the social issues of an inadequate resource sharing scenario are untenable, and effort has to be made to boost the economic income of people living in the country – if both town and country are to live one-with-the-other – with the interaction that comes from the organized and regular movement of people. MDGs notwithstanding, of the order 30 million people will have to work their way out of poverty each year during the next 10 years to attain the MDG #1 *‘*poverty’. This seems unlikely, but strategic planning and investment in support of agricultural progress can make a difference - with the MDG ‘poverty’ simply put back an equivalent number of years. The key issue is one of agricultural planning. A strategy is required – understood and accepted by all involved in national and/or sector planning for the host people concerned – in which to focus on the principles for reducing poverty, of creating wealth and of boosting incomes in the home.

There is danger with the current *ad hoc* approach to development – as agencies, national programmes and budgets shift to the next investment programme; no matter their validity and importance in the wider debate. If rural people in the low-income countries are not helped where they are – in the rural areas - lack of food, opportunity and future will eventually force them out; and they will overwhelm the richer but no less fragile regions within easy reach. Economic migration is essential to community/national well-being, but movement of people has to be made in organized manner with numbers that can be handled and assimilated.

Herein persons with disabilities in rural communities are likely to remain part of the development programmes that will be implemented. The messages are clear – help to eradicate poverty in rural communities and persons with disabilities will benefit (together with everyone else).

**A6.2 Importance of Agricultural/Rural Development**

Poverty can be beaten by creating and sharing wealth. People create wealth by the efficient use of their natural resources – in an environmentally stable manner – and their personal creativity. Effective poverty reduction comes from provision, re-allocation and sharing of productive assets – to all the poor in the target communities. Produce and exploit viable markets and economic growth follows. Theory is easy; practice more difficult - but the directions of choice remain clear. Reducing poverty in rural areas comes from:

* Focus upon agricultural development.
* Responding to the needs of rural people.

Therein are issues of empowerment that rural people gain access to productive resources such as land, water, information, technology and capital. Empowerment means gaining insight into (and perhaps influence over) the decision-making institutions and procedures that serve them. Care has to be taken with allocating resources that conflicting issues do not arise, for example, with introducing labour saving technologies. Farmers in the low-income countries predominantly use their labour as a productive asset. Invest in labour-intensive (but high value) agriculture – so the argument can be made – and economic growth will follow. More people will be employed and for longer periods. Capital investment in the market can follow when the cost of labour rises. Economic investment of this kind will be beyond the mandate of persons with disabilities (apart from their being an intrinsic component of the rural poor), except that they will gain benefit as rural incomes rise across the community. Wealthier communities are also able to invest in additional facilities (such as vocational training centres, etc.) which will further help persons with disabilities.

The immediate need is one of helping poor people to escape their poverty. A multi-target approach was recommended by IFAD (2002), World Bank (2004), FAO (2005) and others that centred upon a number of logical issues for making people more productive within existing systems. In summary, these are:

**(1.) Focus on food staples**

Cultivation of staples dominates the day’s work activities for most people. These foods provide >70% of daily energy requirements. Staples are rarely a source of income, however, with peripheral cultivation of cash crops, raising livestock, labouring, trading and similar off-farm activities providing the main source of cash earned. Raise the productivity of food cultivation – and there is time/labour for more productive activities.

**(2.) Improve access and use of water**

This is easier said than practiced. Fresh water is a crucial commodity the world over, and generally not given the economic value it demands. Impoverished rural people are neither able to migrate in search of water resources nor are they able to access the technologies that will provide for more efficient use of water. They can adopt water-saving methods and grow less water-demanding crops, however, if the information and advisors are available. This, generally, requires a generation-period change (which logically begins in the schools).

**(3.) Boost access to existing rural resources**

Many low-income countries are unable to share existing resources given the overwhelming numbers of poor people involved and the insignificant numbers in the middle and/or richer classes. Whole countries and/or regions are already essentially bankrupt, and live on the basis of continuing degradation of assets, emigration of quality people and increasing impoverishment. National management that is able to provide the poor with access to assets, decision-making, technologies and markets is moving in the right direction. One classic example is ownership of land that may currently be vested in the hands of the few – including the government. Again, it is relatively easy to highlight land distribution as a means of boosting incomes (e.g. land is collateral and can be used to raise credit) with the establishment of small commercial farms. Land re-distribution, decentralization and market reforms, however, bring their own risk.

**(4.) Focus on disadvantaged groups**

These are the women, ethnic minorities, mountain and/or semi arid peoples, nomads, elderly, disabled and others who may remain peripheral to mainstream development opportunities. Provide a biased focus in favour of the development required of these people with access to programmes and assets. Women, for example dominate the agricultural sector, they provide for homes and children and literally feed the world, but they remain persistently dominated by their men folk. The messages are well-understood but the changes will be generation long; and rural poverty will continue to prevail in many traditional communities.

**A6.3 Developing Strategies for Engaging Persons with disabilities in Rural Communities and Agriculture**

The development of a strategy for mainstreaming persons with disabilities is logical. All communities of persons with disabilities should be striving to work within a local (or national) development strategy. It helps provider and beneficiary alike if a common framework for the appropriate development approach that will be taken is known and accepted by everyone. FAO and others have made effort to provide a suitable strategy on the basis of the prime economic sector (i.e. agriculture), the people involved (i.e. persons with disabilities and other disadvantaged groups) and the people living within their environment (i.e. rural communities). Of the order 150 sector-specific technical people contributed to strategic reporting of this kind as one outcome of a key Round Table meeting held in Bangkok in 1997 (FAO, 1998 & Hanko, 1998)[[42]](#footnote-42). The achievements of the Organization in support of the sector were further reported by Polman (2003) as a contribution to a regional review of the achievements of the Asia & Pacific Decade of Disabled Persons (1993-2003). See, for example, UNENABLE (2003).

Not surprisingly, there are similarities in reporting between the different sources given their basis of the same work activities, same origin and similar findings. Issues, principles, targets, resources and priority action can be summarized as follows:

**(1.) Barriers exist**

Barriers exist within contemporary society that restrict persons with disabilities from participating more fully in their community. Barriers are physical and psychological. Barriers are frequently traditional and cultural, and may stem from widely-held negative attitudes that persons with disabilities are unable to achieve. Some of this comes from persons with disabilities themselves and their frustration at their inability to make a difference. Persons with disabilities lack the support and/or resources to overcome barriers. There is lack of reliable statistics, particularly in war-damaged countries. Apart from war, many disabilities are preventable – they result from poverty, accidents, negligence, malnutrition, disease and similar. Social assistance from the state or sympathetic NGOs is rarely available outside the towns.

**(2.) Principles involved**

Key principles relate to self-assertiveness and action, and can be summarized:

1. Barriers are not permanent and can be overcome – whether physical or conceptual.
2. Self-awareness, assertiveness and the formation of organizations of persons with disabilities provide a basis for action.
3. Organizations of persons with disabilities need to understand and work within the framework of existing policies and legislation that support persons with disabilities; if these policies, etc. are weak, the issues become one of advocacy and promotion.
4. NGOs and voluntary organizations (VOs) have a comparative advantage over public sector institutions when providing services, etc. for persons with disabilities.
5. Partnership arrangements between government, NGOs and VOs help provide the services needed for persons with disabilities (i.e. a network of service providers is required).
6. Persons with disabilities are neither less nor more important than other groups of people in the community. Everyone has a right to participate, to share, to become empowered and to lead a meaningful life.

**(3.) Resources**

Resources available will ultimately depend upon the wealth of the community and the host country. In summary the normal resources available to persons with disabilities are:

1. Persons with disabilities. Separately and/or organised into pro-action organizations, NGOs, civic and other groups. Individuals may reach positions of authority as the result of their capability, education, standing or wealth irrespective of their disability.
2. National laws, policies and other pro-poor/persons with disabilities civic advantages. Without some understanding of how to seek this information, persons with disabilities will neither be aware of their rights nor be able to assert them.
3. Host community**.** Persons with disabilities within their host community will have access to families, carers, friends, councillors and others who may be prepared to support them – at least initially.
4. Public and international agencies. Information, technical and financial resources are normally provided by the formal public sector (i.e. departments, ministries, schools, etc. representing health, social welfare, agriculture, etc.). Working in partnership with the international agencies, government can leverage additional resources within well-defined programmes and projects. These are typically short-term and within some well-defined objectives.
5. NGOs. National and selected international NGOs provide resources similar to those of the public sector. Depending on context – they can be available short-term or long-term. Resources of this kind are always competitive (between countries and regions, and between sectors).
6. Commercial companies. Normally linked into enterprise development, domestic and/or international companies will sometimes provide funds for ‘socially-responsible’ investments. The more commercially viable the enterprise, the more the opportunities of attracting investment and retaining it long-term.

**(4.) Targets**

There are firm links between resources and targets with, for example, targets specifically designed to eradicate barriers and/or provide resources that may not already be available. Targets aim to better integrate persons with and without disabilities in the host community, gain independence and lead meaningful lives. Consider:

1. Elimination of barriers – cultural, attitudinal and physical barriers that restrict access to rights, facilities, information and so on.
2. Provision of support services – that provide the rights, facilities, information, etc. that are required, etc. to enable persons with disabilities to assimilate, etc.
3. Introduce and promote self-help and awareness raising movements amongst persons with disabilities – leading to the establishment of organizations of persons with disabilities.
4. Establishment of organizations of persons with disabilities – that will encourage mutual support for persons with disabilities and help with the formation of partnerships amongst the service providers in the community and, further, provide links to national NGOs.
5. Opportunities for CBR-type projects - that will provide additional resources to the whole community; provide facilities, etc. that will enable persons with disabilities to better assimilate, etc.

**(5.) Priority sectors for investment**

Social investments are likely to be provided by the host government – at all levels; economic investments will be linked into opportunities for business ventures in which persons with disabilities may have a role. Whatever the sector, a matrix of different opportunities will arise with the need for building capacity and building institutional facilities within the host communities. Much the same holds true for commercial or quasi-commercial investment from NGOs, agencies and companies. Given the focus of reporting herein, most of these investments should target agricultural production and service industries, and/or the provision of skills, technologies, etc. with which to enhance the exploitation of agriculture. Key sectors are likely to be:

1. Information– to determine the numbers of persons with disabilities available and the extent of disability. Information is also required for developing production and/or processing initiatives with which to exploit local markets. Poor quality information will slow investments.
2. Establishment of organizations of persons with disabilities – that are legally registered as NGOs with organizational structures, facilities and other resources. Access to small funds will be essential. Access to a organization of persons with disabilities building and to office facilities is desirable.
3. Education and vocational training – that previously uneducated and/or illiterate people are able to gain a basis for employment and/or earn a living; a mix of social, economic and technical training will be required – persons with disabilities frequently lack the confidence to begin. It follows that persons with disabilities require access to the schools, institutes and similar facilities required of training; and that they are provided with the resources to enable them to attend on a regular basis.
4. Institutional support – from service providers so that persons with disabilities have access to the investment projects, etc. with which they are able to gain benefit. If this is done with a CBR-approach, then initiatives can be pro-poor and everyone in the community will gain benefit.
5. Appropriate technical support – so that persons with disabilities are provided with the mobility aids, prosthetics, etc. and with the appropriate technologies that will enhance their capability within rural activities – both social and income earning. This may come from project investments, public sector support or, more likely, from the support of a persons with disabilities-focused NGO. Where possible, investment should centre upon known and/or easy to assimilate technologies. Herein will be scope for ‘south-south’ ventures between organizations of persons with disabilities with different experience.
6. Resources– that will provide the specialist people (in extension and other technical sectors), the curricula, information and training facilities for income generating activities and, importantly, community goodwill and other support services. Implicit in resource demand is the need for technical and service people skilled with handling persons with disabilities. Experienced people will always be in short supply.
7. Infrastructure– that will enable persons with disabilities to lead normal lives, for example, to move around, meet, be trained, gain access to services (e.g. water, power, sanitation, etc.) and, when working, to gain access to markets, materials, clients, etc. (In an ideal situation these resources are required for everyone in the community. Equally unrealistic for a poor society, these resources will be strictly limited.)
8. Networks – that link organizations of persons with disabilities with opportunities for training, exchanging ideas, etc. and provide opportunities to boost local investment in communications, shared CBR experience and shared access to external funds, etc. (e.g. from government, companies, NGOs and/or the international agencies).

**(6.) Recommendations for action**

There is logic in making recommendations for action to be taken by persons with disabilities themselves and by those who provide services to them – that follow from sectors where investment should be made. In a resource-poor community and/or a low-income country, many of these recommendations will be utopian and unattainable, but this does not detract from distant targeting and seeking to make small (and/or catalytical) changes that may eventually help to achieve them. Consider, for example, recommendations in favour of:

1. Strategy for supporting persons with disabilities. That a strategy be devised, promoted and established in support of persons with disabilities across the nation (or, if this is too demanding, then for the region and/or local community). That the strategy be in five parts, viz. #1. Establishing organizations of persons with disabilities and encouraging all persons with disabilities to become members; #2. Providing education/vocational training for all persons with disabilities; #3. Promoting small-scale income generating opportunities for all persons with disabilities; #4. Linking organizations of persons with disabilities one-to-the other in a regional/national network; and #5. Promoting the sector.
2. Providing resources. That the facilities, resources and services required for boosting the well-being and independence of persons with disabilities be provided from public, voluntary, NGOs, companies and international providers.
3. Education and vocational training. That all persons with disabilities are provided with an opportunity for learning the life-skills required for social development and the techno-economic business skills required for making a reasonable living.
4. Economic independence**.** That all persons with disabilities are provided with the minimum resources required with which to earn a self-sustaining living in agricultural production, processing, services or similar. That this includes post-training support where practical and, equally, where this assistance can be covered by the commercial earnings of the local/regional persons with disabilities group.

**Annex A7**

**United Nations Standard Rules on Equalizing Opportunities for People with Disabilities**

***The annex briefly describes the 22 UN Standard Rules that provide guidance to national governments and others for boosting opportunities for persons with disabilities within the domestic economy. It concludes with a summary of a survey undertaken by WHO in 2000 to explore the impact of the four Standard Rules that come within their UN mandate.***

The UN Standard Rules were adopted by the UN General Assembly in 1993. They were developed on the basis of the experience of the UN Decade of Disabled People during the period 1983-1992, and provided rules/guidelines/framework which can be followed by UN Member Countries in support of persons with disabilities. The rules are not compulsory but encourage states to accept the strong moral and political commitments that are implied – to work on behalf of persons with disabilities everywhere for equalization of opportunity and for empowerment.

The UN Standard Rules have been modelled on other international agreements (in support of women, children, cultural rights, employment, etc.) with all that this implies for equality of opportunity for persons with disabilities with non-persons with disabilities living in the same communities. Herein are firm links to poverty, disadvantages, lack of representation, lack of resources and/or exclusion and how these impact upon persons with disabilities (UN, 1993).

**1. Preconditions for equal participation\***

**Rule 1. Awareness raising.** States should take action to raise awareness in society about people with disabilities, their rights, their needs, their potential and their contribution.

**Rule 2. Medical care.** States should ensure the provision of effective medical care to people with disabilities.

**Rule 3. Rehabilitation.** States should ensure the provision of rehabilitation services to people with disabilities in order for them to reach and sustain their optimum level of independence and functioning.

**Rule 4. Support services**. States should ensure the development and supply of support services including assistive devices for people with disabilities, to assist them to increase their level of independence in their daily living and to exercise their rights.

**2. Target areas for equal participation**

**Rule 5. Accessibility.** States should recognize the overall importance of accessibility in the process of equalization of opportunities in all spheres of society. For people with disabilities of any kind, states should 1. Introduce programmes of action to make the physical environment accessible, and 2. Undertake measures to provide access to information and communication.

**Rule 6. Education.** States should recognize the principle of equal primary, secondary and tertiary educational opportunities for children, youths and adults with disabilities in integrated settings. They should ensure that the education of people with disabilities is an integral part of the education system.

**Rule 7. Employment**. States should recognize the principle that people with disabilities must be empowered to exercise their human rights, particularly in the field of employment. In both rural and urban areas they must have equal opportunities for productive and gainful employment in the labour market.

**Rule 8. Income maintenance and social security.** States are responsible for the provision of social security and income maintenance for people with disability.

**Rule 9. Family life and personal integrity**. States should promote the full participation of people with disability in family life. They should promote their right to personal integrity and ensure that laws do not discriminate against people with disabilities with respect to sexual relationships, marriage and parenthood.

**Rule 10. Culture.** States will ensure that people with disabilities are integrated into, and can participate in, cultural activities on an equal basis.

**Rule 11. Recreation and sport.** States will take measures to ensure that people with disabilities have equal opportunities for recreation and sports.

**Rule 12. Religion.** States will encourage measures for equal participation by people with disabilities in the religious life of their communities.

**3. Implementation measures**

**Rule 13. Information and research.** States assume the ultimate responsibility for the collection and dissemination of information on the living conditions of people with disabilities, and promote comprehensive research on all aspects including obstacles which affect the lives of people with disabilities.

**Rule 14. Policy-making and planning**. States will ensure that disability aspects are included in all relevant policy-making and national planning.

**Rule 15. Legislation.** States have a responsibility to create the legal basis for measures to achieve the objectives of full participation and equality for people with disabilities.

**Rule 16. Economic policies.** States have the financial responsibilities for national programmes and measures to create equal opportunities for people with disabilities.

**Rule 17. Coordination of work.** States are responsible for the establishment and strengthening of national coordinating committees or similar bodies to serve as a national focal point on disability matters.

**Rule 18. Organization of people with disabilities.** States should recognize the rights of organizations of people with disabilities to represent people with disabilities at national, regional and local levels. States should also recognize the advisory role of organizations of people with disabilities in decision-making on disability matters.

**Rule 19. Personal training**. States are responsible for ensuring the adequate training of people, at all levels, involved in the planning and provision of programmes and services concerning people with disabilities.

**Rule 20. National monitoring and evaluation of disability programmes in the implementation of Standard Rules.** States are responsible for the continuous monitoring and evaluation of the implementation of national programmes and services concerning the equalization of opportunities for people with disabilities.

**Rule 21. Technical and economic cooperation.** States, both industrialized and low-income, have the responsibility to cooperate in and undertake measures for the improvement of the living conditions of people with disabilities in low-income countries.

**Rule 22. International cooperation.** States will participate actively in international cooperation concerning policies for the equalization of opportunities for people with disabilities.

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**\* Disability Support and UN Standard Rules in Context**

Four of the 22 Standard Rules (SRs) are directly related to health, viz, #2. Medical care, #3. Rehabilitation, #4. Support services, and #19. Personal training. As part of the celebration of ‘International Day of Disabled People’ in 2000, WHO surveyed its 191 member countries (MCs) to request information of governments and organizations of persons with disabilities for an update on activities linked to these four SRs. Responses were received from 104 MCs and 115 organizations of persons with disabilities (WHO, 2000).

The results of the survey were sobering. Consider:

1. Major differences in support for the SRs were found between the industrial and low-income countries for access to medical care and services. Industrial countries – good/reasonable; low-income countries - indifferent/poor.
2. Similar differences were found between urban and rural areas in all countries; they were dramatically worse in the low-income countries.
3. General practitioners (GPs) and nurses were available in all urban and rural areas; more were available in towns.
4. Specialist practitioners and services – orthopaedists, speech therapists, psychologists, paediatricians, etc. were few in number in the low-income countries. All practiced in towns.
5. More than 30% (of the 104 MC responders) did not provide training for medical/health staff working with persons with disabilities. GPs in 20 countries, nurses in 21 countries, paediatricians in 26 countries and social workers in 12 countries (of the 104 MC respondees) received no training with persons with disabilities. (Note: that 87 WHO MCs did not reply to the survey).
6. Only three out of 104 WHO MC responders involved domestic organizations of persons with disabilities fully in the planning and health services required of persons with disabilities. Twelve countries never consulted their domestic organizations of persons with disabilities.

**Annex A8. Employers’ Agenda for Disability**

***The annex describes the 10 key points of the Employers’ Agenda in support of persons with disabilities. The Agenda provides a pragmatic and morally-sound approach to the employment of persons with disabilities in the work place and one, moreover, that has been widely accepted internationally*[[43]](#footnote-43)*.***

**1. Equal opportunities policy and procedures statement.** The employment of people with disabilities will form an integral part of all equal opportunity policies and practices.

**2. Staff training and disability awareness.** The company will take specific steps to raise awareness of disability throughout the organization, particularly targeting all staff involved in recruitment and selection processes.

**3. Working environment.** The company will take all reasonable steps to ensure that the working environment does not prevent persons with disabilities from taking up positions for which they are suitably qualified.

**4. Recruitment.** The company will review and develop recruitment procedures which encourage application from, and the employment of, people with disabilities.

**5. Career development.** The company will take specific steps to ensure that persons with disabilities have the same opportunity as other staff to develop their full potential within the organization.

6**. Retention, retraining and redeployment**. Any employee who becomes disabled will be given the fullest support to maintain or return to a role appropriate to their experience and abilities within the company.

**7. Training and work experience**. The company will ensure that persons with disabilities are involved in work experience, training and education/industry links.

**8. People with disabilities in the wider community.** The company will recognize and respond to persons with disabilities as customers, suppliers, shareholders and members of the community at large.

**9. Involvement with persons with disabilities.** When implementing the 10 points for action, the company will encourage the participation of disabled employees to ensure that, wherever possible, employment practices recognize and meet their needs.

**10. Monitoring performance.** The company will monitor its progress in implementing the key points. There will be an annual audit of performance received at board level. Achievements and objectives will be published and available to employees in the (UK) annual report.

**Annex A9. Example Income Generating Activities for Persons with disabilities**

***Two income generating modules are described, viz. 1. Seeds production and processing, and 2. Poultry production. Reporting shows the approach that should be taken when considering the suitability of an income generating enterprise for persons with disabilities working in isolation and/or in cooperation with persons without disabilities. In reality, much will depend upon the extent of the disabilities of the people concerned. Key issues to note are those of market exploitation, the complexity of the planning sometimes required, the approach required of financial management and, for best, access to advisors, equipment and funds during learning/start-up phases. An additional 20 modules are contained in references cited. Others are available.***

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**A9.1 Ethiopia: Seeds Production and Processing[[44]](#footnote-44)**

**(1.) Summary**

The establishment of seeds production and processing ‘centres’ at pilot sites within the areas covered by the project remains a major activity, and will be undertaken within the work plan. It behoves management of project /062 to plan this activity with care for the longer term potential that exists for seeds services post-project /062. Given the limited information available, the commercial viability of either production or processing remains highly speculative. Production of seeds is unlikely to raise incomes significantly until Year 4 on. Processing of seeds will be linked to production, but services for seeds cleaning, bagging, etc. within local communities may arise separately from seeds production. This is to be encouraged. Seeds cleaning will be based upon a selection of imported (and subsequently locally-made) equipment. The economic model shows modest profits of the order 1 000 Birr in Year 1 for the three-man team involved.

**(2.) Sector profile**

Year after year in Ethiopia there are papers and reports published that draw routine attention to the need to place greater emphasis upon the provision of high quality seeds within agricultural production systems. Access the crops, to the gene stock – species, varieties, etc. and to the technologies is required to provide for even greater output to enable agro-production to keep pace with a growing population. There have been, and there are, many players within the models proposed over the years, and still food insecurity remains - as land is further fragmented, subsistent systems of production remain entrenched and people are unable to break out from an impoverishing cycle of environmental degradation, low income and social deprivation (e.g. low/mal-nutrition, gender inequality, outdated technologies, etc.). The issues are many - and overwhelm local communities. Given the macro-images of climate change, of lack of markets for local goods, of population growth >3%, etc. in Eastern Hararghe, the issues of high quality seeds remain an important if side issue to the need to provide employment, to increase incomes and, above all, to provide markets for goods/services that can be produced/exploited by everyone. This will be a considerable challenge for the zone long-term.

Seeds production and processing then can be linked to food self-sufficiency and to exploitation of markets. In reality they are one-and-the-same, with people producing/providing/selling services and goods of all kinds, and then buying in their feed requirements. With land holdings on average <0.5 ha and declining, there is little or no logic in continuing to promote food security on the basis of low intensity cereal production. Others have recognised this quandary (for example, see Anon, 1999). Higher valued crops (including seeds crops) can be produced on small blocks of land and, where markets exist for the products available, sold profitably. For the Eastern Hararghe, this has to include the production of fruits and vegetables. Domestic markets are awash with local farmers selling the same selection of temperate crops (e.g. tomatoes, potatoes, onions, etc.) and smaller selections of semi-tropical crops (e.g. sunflower, groundnut, oranges, etc.) and demand for high-quality seeds is firm. These are mainly bought-in/imported.

The market issues are those of over-production of the same low-quality goods, with a static or diminishing customer base. Urban centres that are not industrializing/expanding remain with fixed demands for goods and services. Nationally there are few centres where local goods can sell easily – long haulage effort and costs will be incurred. Others are producing the same crops closer to these markets. A search eastwards into Djibouti and further a field is logical. Here will be need for high-quality – uniformity, rigorous selection, low damage coefficients, nil pest/diseases, high-quality packaging, labelling, etc. First impressions therein are poor, with few resources marshalled in readiness to make these changes. Change, however, is long overdue and essential, that the food deficiencies facing the 15 million people in the region in late 2002 do not grow 2-3 times during the next 10 years.

A start with the production of high-quality seeds is a useful objective. Herein are the rationale and activities for project /062. What steps should be taken? Here, choices will have to be made within which this module may have a small role. The module will focus upon seeds production and processing of vegetables and oil seed crops.

**(3.) Recommended technologies, enterprise size and location**

Begin with crop production. Demonstration pilot site plots will be planned and established in two districts where, with the teamwork provided by community farmers, different crops and crop technologies can be demonstrated. Herein will be a role for production of selected vegetable and fruit seeds. Given the high levels of production of onions and potatoes in Eastern Hararghe during earlier times and the potential that exists for markets elsewhere (and the handling durability of these crops), they should feature in any R&D introduced by project /062. The Vegetable Crops Improvement Programme at Alemaya University (AU) has also included onions for seeds production in recent years. AU reported that the Alemaya area was a strong producer of vegetable seeds – of all kinds – during the 1960s and earlier (AU, 1999).

Conventional production techniques will be used – with vegetables allowed to run to seed during the second annual production cycle, and the seed heads harvested by hand and allowed to dry without loss of productive seed. Production will be entirely hand-based. Where seeds are contained in a wet/fresh environment (such as tomatoes) they will be harvested, opened and sun-dried to enable seeds to be captured without deterioration. These techniques will need to be taught, and a range of clean surfaces, containers, hand-tools, etc. will be required. And too, some facilities for crop harvesting, drying, threshing, etc. Seed packaging will require access to clean working surfaces, packaging, etc. Ownership of the ‘seeds production/processing centre’ will be vested in a suitable ‘Seeds Production/Processing Group’, which will be contracted to work on behalf of the project supported by project /062.

Much the same will hold true of seeds cleaning – for oil seeds, for cereals and for legumes; depending on choices made for work to be undertaken. Here the project will focus upon the purchase of three small imported commercial-scale seed cleaners for use within communities and at the project pilot sites. These will be stand-alone, engine-powered and robust and simple. They should be of a design that can be copied by local artisans (if necessary with purchase/importation of screens).For mobility, each will be mounted on a hand cart. This will enable them to be used within the community, and will provide a measure of security with use – with the unit standing clear of the ground, and providing scope for direct bagging of seed and tare, working room around the equipment, space, etc. Management of the seed cleaners should be the responsibility of individual owner/family-users that technical skills are assimilated, and equipment life will be respected. Equipment should not be given to local communities or become group-owned. Owner-users will be contractually obliged to operate the equipment on behalf of the project/seeds production/processing centres.

Initially two seeds production/processing centres will be established at project pilot sites proposed for Kersa and Dedder. The mobile seeds cleaning equipment can also be located here – one at each site – with a third available for use elsewhere in other districts. Scale, for all activities, will begin small and expand as success is demonstrated. For example, the new (and unused) Danish-made Westup seed cleaner in store at the Ministry of Agriculture Region 13 Hararghe will be resurrected and may find use within the project where large quantities of seeds require to be cleaned. Similarly, World Bank supplied seeds handling equipment currently in store and unused at AU should be reviewed, itemised for condition and use and, if practical for project use, assembled and put to work. This could, with a measure of technical assistance, become a useful asset to the project and the university. Herein may be a suitable FAO project that would link to project /062.

**(4.) Financial viability**

Considered on the basis of an area seeds production/processing centre and a mobile seeds processing unit.

**#1. Seeds production/processing centre**

Comprising a small seeds production unit located on-site and managed/operated by a group of farmer/producers vested with responsibility for the unit. The group owners-users will have financial responsibilities for ownership.

Start-up costs year 1 (Birr)

Equipment. Hoe, fork, trowel, rake, watering can, bucket, etc. 60

Fencing/construction materials, timber, wire, etc. 230

Water tank, 200 l 110

Wheel barrow 250

Miscellaneous 50

Subtotal 700

Working capital year 1 (Birr)

Seeds (beet, cabbage, tomatoes, onions, etc.). 20 50 g packs @ 15 300

Tubers, bulbs, etc. from non-seed crops 180

Fertilizer/chemical (12:12:10). 50 1 kg packets @ 40 2 000

Pesticides/chemical (Malathion, blight control, etc.). 3 1 litre packs @ 40 120

Water costs 120

Transport 180

Packaging 200

Market fees 200

Subtotal 3 300

Total costs year 1 (Birr) 4 000

Income year 1 (Birr)

Seeds production/preparatory activities only; no sales nil

Income (loss) over costs year 1 (Birr) (4 000)

Note # 1: It is difficult to develop a trading budget for the seeds enterprise with confidence, given the lack of information available. What is certain, however, is that few seeds will be available for sale until Year 2. It may be that the seeds production centre will take five years to become profitable with annual costs of labour, etc. being supplied by the farmers/owners, and unit inputs, packaging, overheads, etc. being supplied by the project. This clearly will not suffice to encourage farmer/owners given that they will not be receiving any cash income for their efforts.

Note # 2: Alternatively, put the cost of two workers into the annual working capital budget each year. At 8 Birr daily per worker and two people for 250 working days, this increases costs by 4 000 Birr annually. Costs for Year 1 thus become 8 000 Birr.

Note # 3: Debit costs against the unit should be allowed to accumulate – thus over the first two year period of similar low income and similar outgoings, debit costs will be 16 000 Birr. From year 3 on, income can be expected from seeds sales. These will help to off-set debit costs. Income should relate to the value of seeds purchased commercially, with seeds sold at lower prices than those of the imported alternatives. Tuber and bulb sales should be priced accordingly. A measure of skill will be required with book-keeping, and this should be taught to the managers of the centres from the outset. Fail to do this and the seeds centres will not survive post-project /062.

**#2. Seeds processing unit**

Comprises a small capacity motorized seed cleaning unit based on a hand cart. Owned by user/operators, with financial responsibilities for operation.

Start-up costs year 1 (Birr)

Handcart, locally made, flat deck, loan 2 000

Seed cleaner, small capacity, replacement parts, etc. (US$3 500) 30 000

Tools, containers, fuel drums, utensils, etc. 1 000

Subtotal 3 000

Working costs year 1 (Birr)

Repayment credit, 50 % total capital, 2 year loan 1 000

Interest on credit for total borrowed at 15% 300

Labour, 300 days at 15/day for 3-man team 4 500

R&M 600

Fuel & oils, various 2 000

Miscellaneous 100

Subtotal 8 500

Total costs year 1 (Birr) 11 500

Income year 1 (Birr)

Seeds cleaning activities; estimated 1 t/day 250 day year @ 50 B/t 12 500

Income over costs year 1 (Birr) 1 000

Notes # 1: A number of crucial unknowns exist within the model. We remain uncertain of the extent of the demand for services – this will dictate income earning potential. Similarly, we cannot be certain of purchase costs of consumables for the seed cleaner. Estimates are shown. The seed cleaner is shown without debit costs to the owner/users, but remains a project cost.

Note # 2: The handcart upon which the seed cleaner is mounted comprises a deck and a single axle with jacking stands. Here the owners/users are provided with some financial responsibilities. Earning sufficiently to cover the costs of loan repayment for the handcart will depend upon the extent of demand for seeds cleaning. The handcart will not be a freight cart, and owners/users will require sufficient income to cover these costs. Again, project /062 may have to consider the costs involved during Years 1-3. In principle, the owners/users should not be given a handcart gratis.

Note # 3: A small labour cost is shown against running costs for the handcart and seeds cleaner. Thus the three-man team responsible for operation/use of the unit will receive small annual earnings – of the order 500 Birr each.

**References cited in module**

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**A9.2 Zambia: Poultry Production[[45]](#footnote-45)**

Poultry production is a logical sector to promote for persons with disabilities. Chickens and eggs are popular local foods everywhere, and the expansion of the small-scale industry will provide opportunities for employment and income generation.

**(1.) Summary**

A flock of 14 laying hens will produce of the order 2 400 eggs annually. Eggs sell for ZK250 each in local markets. This is insufficient an income to cover the costs required for a small enterprise, and losses will be made during the first two years of production. Keeping a larger flock of hens, diversification into meat and breeding stock or into exotic poultry is recommended once the newcomer has gained some experience with laying hens. A small flock is an attractive sideline to the horticultural producer/gardener, however, with the availability of poultry feed from surplus and/or low-grade produce from the garden.

**(2.) Sector profile**

Poultry are kept throughout the Luapula Valley, but the numbers are strictly limited with an average household keeping of the order 12 hens. A few families keep ducks, pigeons or guinea fowl. Surprisingly, the humble garden fowl typical of many other African agrarian communities remains under-exploited in the Valley. There is considerable demand for poultry products in the township markets, however, and the production of birds for meat, eggs and breeding stock has considerable potential for the entrepreneur. The urban fast food industry has expanded enormously during the past five years, and most Zambian towns have a number of take-away/diners specialising in chicken dinners, including the main international brands and domestic look-a-likes. Poultry meat for the restaurant trade comes from a few commercial producers or is imported (mainly from South Africa). Eggs form part of the local diet when available, and prices are high. Again, most eggs available domestically in the main towns are supplied by large-scale producers in Southern Zambia, although eggs are also imported.

Demand is buoyant for both chickens and other birds such as guinea fowl and ducks. There is a demand for more breeding stock for all birds, but particularly so for the exotics.

The corollary to the demand for more birds and poultry products is the need to have high quality poultry feed available. Poultry on the small farm typically scavenge for food or, at best, are fed occasional table wastes and handfuls of grain each day during the dry season. Again, proprietary feeds available on local markets are either manufactured in Lusaka or are imported. There is, however, every opportunity for making feed in regional Zambia either within local communities as a small-scale enterprise and/or (given sufficient investment) the introduction of a more industrialised regional feed supply industry. For example, there may be opportunities for working in partnership with Lusaka feed companies, with the establishment of feed plants or depots in the Luapula Valley. On small-scale, there is sufficient local foods available for the preparation of suitable poultry feeds (and for other livestock such as pigs), with the importation of selected supplementary inputs (e.g. vitamins). Recommendations for local feeds are available from the Ministry of Agriculture & Cooperation. Without the use of high quality feeds for birds (i.e. chicks, 8 week olds, growers, layers, broilers, etc.) production will always remain below potential.

**3. Recommended technologies, enterprise size and location**

Given the scope and resources available to the household, the most suitable starting point is the establishment of a small laying flock, i.e. 15-20 birds kept in a secure pen with shelter from the elements and with a minimum 5-6 nest boxes available. Birds can be purchased at point-of-lay or fertile eggs can be put beneath a brooding hen. Expect 40% losses from egg to point-of-lay bird. Of the order 50% chicks will be hens and 50% cocks, with the latter separated out and raised for meat production.

The flock can be smaller than 15-20, and can be kept as an addition to the vegetable garden with the birds eating any damaged or waste leave vegetables as a supplement to their normal feed. Feed troughs are required, with covers to prevent perching and contamination of food. Plentiful water is essential - with the use of proprietary drinkers – to ensure cleanliness. Hygiene is essential that the pen, house and nest boxes are kept as clean as may be practical and protected from vermin. The same is required for egg collection and storage. Eggs will spoil if handled and stored badly. Old hens can be sold for meat at the end of their second or third laying season, and should be fattened prior to sale. Meat hens should be worth of the order ZK5 000 each in the markets of the small townships (with ducks and guinea fowl worth twice this value).

An alternative to the penned flock is the use of wire cages for egg layers. Wire cages are popular for small-scale production in many countries, but the demands of welfare and feed are considerably higher with the birds entirely dependent upon the services provided by the keeper. Yields of eggs are appreciably higher, and a flock of 12 good quality birds kept well can produce of the order 80 eggs/week.

Given the need to store feed (e.g. in secure bins), for containers for feeding and watering birds, for other equipment, for somewhere in which to store (and clean) eggs or live birds prior to transport, and for somewhere in which to kill, clean and dress birds for meat production, a considerable measure of investment in facilities will be required. For the small flock, facilities in the homestead garden or kitchen may suffice, but this will quickly become untenable with a larger flock.

Alternative business ventures can focus upon the production of 6-8 week old growers or on the production of broilers (or simply on males/meat birds). Specialised requirements exist for the supply of birds to restaurants and other outlets for ducks and guinea fowl for meat. Herein there is a demand for breeding stock and/or meat birds (from 10 weeks on). Markets should be explored, however, before attempting to service this specialised trade.

Security will be essential given the value of the enterprise (i.e. the equipment and birds) and, as a result, the birds should be housed in a secure location within the homestead compound. Theft may be a problem if the birds remain at a distance from the homestead.

The small producer should aim to mix his/her own poultry feed from garden and household resources, particularly if he/she is already a farmer and has access to home-grown grains. Recommended mixtures should be rigorously followed that the birds are provided with a balanced ration. Access to grit as an aid to digestion is essential where the birds are penned fulltime. A selection of suitable recipes for the different feeds required should be obtained from the Ministry of Agriculture & Cooperation and this information shared with poultry producers in the Valley.

**(4.) Financial viability**

Birds are currently kept largely on the basis of a scavenger flock. Eggs from hens sell for ZK250 each and from guinea fowl for ZK300 each. Meat hens weigh about 2 kg and sell for ZK5 000 each. Guinea fowl sell for ZK9 000 each. Duck eggs sell for ZK300 each and ducks for meat at ZK10 000 each.

**#1. High value birds kept for eggs**

Consider a small flock of local chickens as the logical starting point given their robustness, low cost and immediate availability. Exotics should only be purchased after gaining experience with local breeds (and even then with caution – they are frequently more susceptible to disease and/or mismanagement). Yield of eggs will be lower for local birds but adequate healthcare, good quality feed and access to water and grit at all times will help boost yields. Flock to be kept in a pen made from local materials, with improved shelter and wooden nest boxes available.

Start-up costs year 1 (ZK)

Birds, 14 layers @ 15,000 210 000

Equipment, water & feed troughs, buckets, etc. 150 000

Pen materials, timber, wire, etc. 200 000

Shelter & nest box materials 200 000

Miscellaneous 50 000

Subtotal 810 000

Working capital year 1 (ZK)

Feed 400 000

Grit 150 000

Healthcare & drugs 200 000

Water costs 50 000

Transport 300 000

Packaging 50 000

Market fees 200 000

Miscellaneous 50 000

Subtotal 1 400 000

Income year 1

Est. production 60 eggs/week for 40 weeks @ 250/egg sold market 600 000

Margin (loss) expenditure over income year 1 (1 610 000)

Note # 1: No credit finance is recommended. Year 1 will be difficult financially with ZK810 000 to pay for start-up costs. This assumes that all eggs produced are sold; none are consumed at home. Yields will vary and it may be possible to boost production over 60 eggs/week. Savings on feed may also be possible. A few additional birds may be kept. From Year 2 on earnings will grow. Yields per bird will improve and minimum costs will be required for structures or equipment. Sales may be possible to local supermarkets, thereby raising income. Estimated income for Year 2 is break-even, i.e. with income and expenditure even at about ZK1.5 million.

**#2. Guinea fowl for eggs and meat (10 layers & 10 meat birds)**

Consider the production of exotics such as guinea fowl. Herein is demand for birds, meat and eggs that will command higher prices in local markets.

Start-up costs year 1 (KZ)

30 eggs @ 600 20 000

Equipment, etc. (as per laying birds) 600 000

Subtotal 620 000

Working capital year 1 (KZ) (as per laying birds) 1 400 000

Income year 1

Est. production 10 birds, 30 eggs/week, 25 weeks @ 300/egg sold 225 000

10 meat birds @ 9,000 90 000

Subtotal 315 000

Margin (loss) expenditure over income year 1 (1 700 000)

Note # 1: Here again, it is the costs of start-up and feed, etc. for Year 1 that will result in a loss for the poultry producer. The messages are the same as before - that the producer should aim to break even during Year 2 and make profits later. Equally, it may be that the producer will have to keep more birds, and sell more meat and more eggs. Further savings are practical where the producer is prepared to make up his/her own feed from garden and farm resources.

**Annex 10**

**International Development at the UN in Support of Persons with disabilities[[46]](#footnote-46)**

***Negotiation and consensus comprises the modus operandi of the UN system. The UN and its agencies promote the welfare, development and progress of people around the globe. Support for persons with disabilities within this context is exemplified by the UNENABLE programme, which is described briefly under ‘information resources’ in Annex A1.1(12.). This is an important forum for the priority given to the sector and, it follows, for the resources that will be provided by national governments and their international supporters. Strong and well-defined support is beneficial. Thus it is that the outcome of the regular ‘Sessions’ of the ‘Ad Hoc Committee … Protection & Promotion … Persons with disabilities’ are important for investment into the next period. This annex summarises some of the findings from the Seventh Session held 16 February – 3 March 2005, and planning proposed for the Eighth Session scheduled for 14-25 August 2006.***

**A10.1 Summary**

Discussing the final stages required of drafting for the ‘International Convention on the Rights of Persons with Disabilities’, the Seventh Session/Ad Hoc Committee set out to change the general perception of people with disabilities within communities at-large. Reinforcing the value of persons with disabilities as people who are differentprovides liberation from discrimination, prejudice, neglect and pity, and provides them with a rightful place as equals with the rest of humanity. In essence, this is policy of ‘what is good for one is good for all’. Achieve this change in perception and belonging, so the delegates at the Session argued, and a re-interpretation of human values will follow that will be unequivocal. Behind this development is need for the monitoring mechanisms that will consider the national, regional and international context of change. A Convention containing a number of Articles has been drafted, with modifications and changes requested/suggested by UN member countries and other groups participating. This will comprise the basis for decision-making at the next Session.

**A10.2 Convention**

The International Convention in draft comprises 33 Articles that cover the context of purpose, definitions, principles, obligations and rights, for example, for equality for well-defined groups of people (e.g. children, etc.), recognition of equality, selected freedoms (e.g. from exploitation, etc.), liberties, mobility, education, privacy, health, rehabilitation, work, political choices, etc.[[47]](#footnote-47) An additional 19 Articles (#34-#53) have been proposed by the Chair in support of the monitoring mechanisms required. The Articles have evolved over a number of Sessions.

Rights for work and employment (as described in Article #27) recognise much that has been previously reported including equal opportunities, prohibition of discrimination, access to union support, access to training, promotion, seniority, etc. on the basis of merit/performance and access to reasonable conditions of working, accommodation, privacy, sanitation, etc. in the workplace. For people who are temporarily disabled there are rights for job retention and/or return to work options. Issues of forced labour/slavery are also covered.

**A10.3 Modifications to the Convention**

Proposed changes have been prepared by 29 countries and groups of countries in support of the Convention. Additional changes have been requested by NGO, national human rights institutions, Intergovernmental Organizations, UN agencies and the Special Rapporteur on Disability. A number of interventions are extensive and particularly from the industrial countries – the EU, USA, Australia and others. Of the low-income countries, Kenya provided a comprehensive package of suggestions – and particularly for personal freedoms, access to education, healthcare and employment. The contribution from South Africa focused exclusively upon support for women and children, highlighting failure to curtail discrimination and to encourage empowerment of these groups. (The South Africans wanted equal status to be given to women/girls with disabilities – because of gender discrimination.)

Comments and changes requested have been generally supportive of the original draft Convention, and changes recommended were mainly those of linguistics and ‘shading’ rather than outstanding difficulties. The definition of disability continues – and remains essentially dynamic whatever the outcome for the current debate. The Chair suggested a possible definition as follows (but recognised that this would also change with time):

***‘Disability’ results from the interaction between persons with impairments, conditions or illnesses and the environment and attitudinal barriers they face. Such impairments, conditions or illnesses may be permanent, temporary, intermittent or imputed, and include those that are physical, sensory, psychosocial, neurological, medical or intellectual.***

Issues also arose with a handful of other terms such as ‘social protection’ (when compared to ‘social security’), with ‘health services’, with ‘universal design’ and with ‘language’.

Determining what may actually be the best description for an Article is a challenge in the context of traditional practices, cultures and/or national laws of some member countries. This was exemplified by discussion for Article #23 ‘home and family’ and rights issues that link to marriage and choice; and for Article #24 ‘education’ and whether persons with disabilities should have access to an inclusive education. Article #27 ‘work and employment’ did not provoke significant debate for change – and will, presumably, be accepted in current form.

**A10.4 End Note**

The reality of the discussion on behalf of persons with disabilities and their rights belies the living conditions that are typical of persons with disabilities in the low-income countries. Notwithstanding rights in law for access to resources with which to make difference, the reality is that little will change and only a minority of persons with disabilities are likely to benefit from the new International Convention. Issues of time arise – for the longer-term value of clear recommendations and laws – when compared to the immediate requirements for food/economic security and access to work. Herein are opportunities for FAO to participate within the debate – as resources may allow – and provide that practical edge that describes persons with disabilities in context and needs-of-the-moment. Without more investment in training, SME, markets exploitation, etc. in which persons with disabilities may have a role, many thousands of persons with disabilities will continue to lead wasted lives and die before realising their potential.

1. **Use of language.** The guidelines contain a number of different terms to describe *‘persons with disabilities’*. Many different terms are used in practice; with a shift in recent times towards terms that are more disability sensitive, more in-keeping with the political correctness of the current period and more relevant to people in the context of their social environment (in preference, for example, to *type* of disability). *‘Old fashioned’* language does not, however, mean *‘old fashioned attitudes’* and the use of the term *‘persons with disabilities’* (frequently abbreviated to *‘PERSONS WITH DISABILITIES’*) within this report is simply recognition of the popularity of the term during the past 10-20 years – the period from which most of the supporting information has been sourced. It remains popular but, increasingly, the term ‘*people with disabilities’* is also coming into general use. Both terms are important. Much of modern language takes a euphemistic approach and, as a consequence, is less definitive than before. Some groups of persons with disabilities continue to prefer (and to use) the more precise definitions of earlier times. Tynan (1997) provides a useful up-to-date treatise on terminology. [↑](#footnote-ref-1)
2. **Disadvantaged people**. Persons with disabilities represent the largest easily-identifiable minority group of disadvantaged people worldwide. Magnitude, notwithstanding, there are complex issues behind the services and resources provided with which to better serve persons with disabilities. In many cases issues of priority arise, and other equally-deserving groups of disadvantaged people are better served. Much will depend upon context, however, and the approach generally recommended from reporting has been one of raising issues in support of persons with disabilities wherever they will benefit the target people concerned – collectively as disadvantaged people and separately as persons with disabilities.Sadly, persons with disabilities will always link into other descriptor sections as the result of gender, age, food insecurity, impoverishment, lack of education, disease-afflicted, etc. Persons with disabilities are nearly always doubly-disadvantaged within their community (and, tragically, women with disabilities may be ‘triple-disadvantaged’). [↑](#footnote-ref-2)
3. **Sector.** Sector, in this case, can be used to describe both the persons with disabilities’sector (i.e. the persons with disabilities themselves) and the agricultural sector from which the majority persons with disabilities in rural communities seek to make a living. Both are relevant. Thus development has to be two-fold and, importantly, cross-sector. [↑](#footnote-ref-3)
4. **People with impairment.** The term ‘disability’ is frequently used interchangeably with the less common term ‘impairment’; and it is thus used in this report. The term ‘people with impairments’ is rarely used, although it is a more accurate description of ‘people who are dis-abled’ by their society as the result of barriers, access, conventions, etc. The key issue with reports of this kind is one of understanding the underlying concepts and not to become overwhelmed by language. [↑](#footnote-ref-4)
5. **German social resources.** Representing one of the richest economies in the world and one of the most socially advanced societies, Germany has a wealth of resources with which to help persons with disabilities to lead as normal a life as may be practical. The authors describe, for example, 590 authorised workshops with places for >160 000 trainees annually. A workshop should typically offer minimum 120 places each year with the resources, personnel and funds to undertake the training required. Social resources are essential so that trainees are not disadvantaged. This includes, for example, daycare centres for children of trainees. Workshops are intended to provide training for persons with disabilities to re-enter the non-disabled economy/world. If this is impractical, the workshop should have socio-economic functions for providing supported/occupational therapy/work – leading to commercial production. Additional papers are available at Internet sites quoted for Messrs Muhl, Bleindick & Rath (1999). [↑](#footnote-ref-5)
6. **Disability and agricultural practice.** The complex issues of matching disability with capability (and, it follows, with suitability for task) for working with agro- and/or agro-industries is covered – to some extent – in the findings and outcome of the FAO/govt projects described in Annex A2. Successful training and integration comes from selecting those people who are motivated, those who adapt quickly and, importantly, from mainstreaming people with similar disabilities and training them together. Herein are opportunities for self-support and mutual interest by the people in the group – for the achievements of the group. [↑](#footnote-ref-6)
7. **Gross national product.** Highlighting the importance of agriculture as a source of wealth in the low-income countries, the World Bank (2005) compared Ethiopia and Zambia with the agricultural sector contributing, respectively, 52% and 22% to national GDP. Rural people make up 86% and 55%, respectively, of total populations. Boosting agricultural production to increase rural wealth is a challenge; and not simply one of making agricultural markets available. Rural poverty in Zambia is 86% and that of Ethiopia 45%. Skewed investment in mining over the years in Zambia, for example, has resulted in marginalization of the agricultural sector and, given the current downturn in metals, it is unable to provide the resilience required of impoverished people. Throughout sub-Sahara Africa 65% of all people derive their livelihood from agriculture. The immediate challenge is one of food security - with economic revival and/or wealth creation trailing badly. [↑](#footnote-ref-7)
8. **Child deaths.** Qualifying the extent of the issues involved with child killing is difficult according, for example, to Ariyo (2006) when describing lost children in Africa. Notwithstanding the UN Convention on the Rights of the Child, African statistics are sobering, viz. 40% children without schooling, 3.5 million working children in Kenya, 12 million in Nigeria, etc., >10 million children orphaned and 20 million living with one parent (because of the HIV/AIDS pandemic), and unknown numbers who die at birth (from neglect, disease, malnutrition, etc.)but with national data that shows 10-15% losses of all live births across much of sub-Sahara Africa. UNICEF (2006) cites 60 million girl children missing due to prenatal sex selection, infanticide and/or neglect. Infanticide is discussed further by Groce & Paeglow (2005). [↑](#footnote-ref-8)
9. **Numbers of persons with disabilities.** Quantifying numbers brings its own challenges given the many definitions of what is meant by disability. Reporting in 1999, Elwan reviewed a number of different sources of data and reiterated the findings of others that it was impossible to determine numbers more accurately than an estimated 10% of the population. Numbers are appreciably higher when ‘learning’ disabilities are included. Proportions fall to <5% of a population when only moderate to severely persons with disabilities are counted. Limited disability enables most people to accommodate their disability, and people remain largely productive. WHO (2003) suggested that 25% of the world’s population is affected by disability in one way or another. [↑](#footnote-ref-9)
10. **DALYs**. DALYs are used as a means of quantifying the burden of disability upon a particular community, profession, region or similar. This information can be used for economic analysis – to help with comparative allocation, for example, of resources. The simplicity of the analysis, however, belies context and cannot easily take account of the issues that may impact upon findings – the economic, social and/or political conditions that may contribute to disability (and severity of disability) within the focus group. Further, there is only limited basis for exploring links that may exist between, for example, agricultural production and persons with disabilities or for providing some understanding of the impact of disability upon a family or community. Rau (2006) explores the value of DALY as a means of comparing the disease burden facing people in different regions of the world – based on reporting from WHO (2002). Definitions of DALY are provided by Homedes (2000). [↑](#footnote-ref-10)
11. **Language**. Language is a considerable barrier to progress with empowerment of persons with disabilities because of the way in which language is used to ‘*label’* or describe different disabilities and, importantly, in the way it is used to describe *groups* of persons with disabilities. Language changes with time. The revolution in racial tolerance of the USA from the 1960s-on has ultimately impacted upon the way in which persons with disabilities are largely seen in the industrial societies of the 2000s – as people with rights. This has shifted language away from denigration, offence, expressions of pity and victimization, etc. It has introduced the language of *‘political correctness’* where the feelings of persons with disabilities – as *people* – have taken priority. This has generally been a good move. [↑](#footnote-ref-11)
12. **Income generation activities and SMEs**. Annex A2 describes a number of FAO-funded and executed projects in support and empowerment of persons with disabilities (PERSONS WITH DISABILITIES). Note the basic principles listed for exploiting markets for goods and services that can be provided by PERSONS WITH DISABILITIES. Note the training and other resources required with which to prepare PERSONS WITH DISABILITIES for these kinds of ventures. Expectations should be realistic for what can be achieved with existing resources – people, institutions, funds, etc. At the outset, project investment in agriculture should link to asset/wealth creation in *addition* to revenue earning. The focus can change once assets have been created. [↑](#footnote-ref-12)
13. **Identifying disability.** In recent years the generic wheelchair symbol of a line figure supported by a wheel has come to be used as a mobility disability symbol worldwide. This is convenient (for example, for identifying lavatories, access routes, equipment, etc.)but it is not always accurate and it is not universally liked. Reddisability (2006) raised some of the many issues involved with these symbolic linkages. Describing developments in support of persons with disabilities in Gallup USA, Peter (2006) highlighted limited progress with making city facilities ‘disabled friendly’ and, moreover, reported the offence taken with the use of the words ‘handicapped access’beneath the wheelchair symbol on public signs. Thompson (2000) provided an overview of stereotyping typically found in practical use – most of it unfounded and unreasonable. [↑](#footnote-ref-13)
14. **External Assistance**. There is always a measure of ‘good fortune’ with access to the resources of the national and/or international agencies, NGOs and similar sources, much of which depends upon people linking to people (i.e. issues of who knows who). Much also depends upon the perseverance of the people concerned seeking to explore every avenue available. The FAO/Government of Ethiopia project described Section A2.1(3) exemplifies this approach. More than 12 years in the planning and supported by numerous people at different times over the years, the project was finally implemented in 2004 to a design that was radically different from that first proposed. The project remains a testimony to the tenacity of the host national counterpart organization, the FAO Representative of the time and the technical people involved. ‘Good fortune’ thus equates mainly to perseverance and good teamwork (and rarely to chance). [↑](#footnote-ref-14)
15. **Good agricultural practices (GAPs).** This source contains >100 references for GAPs at websites, universities and industries throughout the USA. Good agricultural practices are not the same as good practices for persons with disabilities, but there are many similarities – and particularly when considering persons with disabilities in agriculture*.* The extent of the information available is beyond the scope of this report but, in the way in which good environmental, work and people practices apply to both persons with and without disabilities in the work place, an understanding of GAP within the work and built environment is essential for the protection of self, colleagues and for the work involved – and for the production of high quality goods and safe foods. [↑](#footnote-ref-15)
16. **UN Standard Rules.** The UN Standard Rules are described further in Annex A7. Pragmatism suggests that over-burdened national governments will be slow to implement them, notwithstanding rapid acceptance into law by most UN member countries. [↑](#footnote-ref-16)
17. **Landmines.** Opportunities for employment as the result of war damage have become a sad reality for many low-income countries worldwide – Cambodia, Afghanistan, Ethiopia, Angola, Mozambique and others - with the manufacture of prosthetics, orthotics and mobility equipment. See Boxes A5.2 and A5.3 in Annex A5. [↑](#footnote-ref-17)
18. **Designing equipment for persons with disabilities**. There are wide variations in the stature of persons without disabilities, with considerable effort made by civic society at-large to ensure that most people are able to interface with the structures, equipment, vehicles and tools with which society is familiar. Considerable variation exists with the geo-racial background of people – and this is taken into account when people-specific designs are required. Traditions, cultural practices, preferences, etc. bring additional demands to design. Persons with disabilities present a particular challenge, and a considerable portfolio of expertise and engineering experience is available to provide persons with disabilities with the best possible options. The sector is important for the rights of empowerment inherent within choices of lifestyle that are available, but it is largely beyond the brief introduction provided herein. Sadly, people in the low-income countries frequently do not have access to the many options available. The RESNA website described in Section A1.1(10) is a good starting place from which to search for further information. A particularly useful text in support of children and play is provided by Werner (1987). For a guide to mobility see Venter, *et al* (2004). [↑](#footnote-ref-18)
19. **Seeking advice.** There are numerous sources of information, expertise and experience available – and much of the advice provided will be free-of-charge. Much depends on where the request(s) is/are being made and, importantly, the status of the people/organizations making them. This report is one example of the many choices available from a host of well-funded, well-meaning and well-informed sources. Access to the Internet provides a seemingly infinite selection of choices. Source advice from local or central public sector people; from organizations of persons with disabilities working within the locality, region or country; from the international NGOs and from experienced people who may have ‘been-there-done-that’*.* Nothing beats the enthusiasm of a well-motivated practitioner already working in the same field. [↑](#footnote-ref-19)
20. **Livelihoods approach**. Notwithstanding the choice of matrix planning for improved understanding of persons with disabilities in the context of agriculture, it would have been equally valid to consider options for livelihoods. A livelihoods approach is regularly used by a number of implementing agencies, etc. for analysis and programming of investments (including FAO). Livelihoods embrace a number of factors that can enhance the lives of the people concerned, their families and communities. External factors such as markets, business decisions and/or national policies can all impact on the viability of a livelihood – and this will determine the ability of the individual or household to cope. A livelihoods approach linking persons with disabilities to agriculture may include: 1. Capabilities (of people and groups), 2. Resource portfolio (i.e. physical, social and financial assets) and 3. Activities/opportunities (for boosting income, creating assets, etc.). Livelihoods modelling, for example, is discussed further in the context of *‘Agriculture & Health’* by Rau (2006). [↑](#footnote-ref-20)
21. **Agriculture-led development**. Comparing the economic performance of agricultural production in a number of sub-Sahara countries, the World Bank (2005) highlighted the relative resilience of the typical rural dweller in Ethiopia (where >80% live on <US$1/day and are described as in absolute poverty) and Zambia (where 60% live on <US$1/day - described as basic needs poverty)*.* Adjust income to purchasing power parity, however, and the largely urban dweller in Zambia is far less capable of working his/her way out-of-poverty compared to a typical Ethiopian citizen. Agriculture is, respectively, 22% and >50% of national GDP in the two countries. Paradoxically, the agricultural productivity of Zambia remains under-exploited, whilst Ethiopia remains locked into subsistence production systems that are intractable. Neither country can escape poverty without the socio-economic upheaval that will be required for large-scale agriculture-led investment. Persons with disabilities and their issues remain insignificant within the complexity of the many development issues involved for both countries. FAO is, however, well-placed to become further involved and to lead socio-industrial change in both countries – but this is, again, largely beyond the reporting required here. [↑](#footnote-ref-21)
22. **Garment manufacturers India.** Of the order 50 persons with disabilities in a work force of >300 are employed by the Balloons Company making clothing. Disabled workers are provided with facilities and working conditions that help with mobility, medical demands and/or sanitary healthcare. They undertake work that is compatible with disability, for example in packaging, office work, mailing and similar. The company makes every effort not to differentiate between disabled and non-persons with disabilities for management, career progress, performance, etc. [↑](#footnote-ref-22)
23. **Cambodia.** A Cambodian project for‘rehabilitation of persons with disabilities’won the second prize in the prestigious AGFUND (Arab Gulf Programme for United Nations Development Organizations) in 2002. The project was not dissimilar to the FAO/govt project and provided adults with disabilities with income generating skills, prosthetics and mobility aids and children with disabilities with schooling courtesy of clinics, work-stations and facilities provided by the Cambodia Trust. Substantial NGO investment is reported to have followed. Publicity of this kind provides considerable leverage from what may have originally been limited investment (given >40 000 landmine amputees and a further 50 000 people disabled from polio and other diseases in Cambodia, the majority of which are <30 years old). The award/prize is one example of the kind of opportunity for which FAO-funded projects should be submitted (AGFUND, 2004). [↑](#footnote-ref-23)
24. **Landmines**. As a legacy of war, Cambodia as an estimated 4-6M unexploded landmines in the country. They kill or injure of the order 80 people/day. Most are ‘anti-personnel’ and designed to maim – destroying a foot or leg. Removing a landmine costs, on average, US$1,000. There are persons with disabilities everywhere walking with home-made prosthetics (made from all materials – even spent munitions). Source: WFP (2004). [↑](#footnote-ref-24)
25. **Information resources**. FAO has a wealth of information resources to describe the Thai project and others at the FAO World Agricultural Information Centre. More than 1 300 sites are available by feeding ‘persons with disabilities’ into <http://search.fao.org/opensearch?=disability+people>. Also search: [www.fao.org/sd/search](http://www.fao.org/sd/search) with the same key words for access to the SD dimensions newsletters. More than 65 sites are available, many of them reporting on the Thai project. A useful summary of the project is also available at: [www.fao.org/sd/ppdirect/PPre0066.htm](http://www.fao.org/sd/ppdirect/PPre0066.htm). [↑](#footnote-ref-25)
26. **Promotion Ethiopia persons with disabilities’s project**. At time of reporting the FAO/govt project remains operational, but examples of similar projects implemented earlier by Irish Aid/ ILO/TDVA highlight the value of promotional reporting to describe what is achieved. Quality literature remains long after activities in the field have been completed. Reporting helps to share experience and, importantly, helps promote similar sector investment into the future. See Irish Aid/ILO (2003)a & (2003)b and Irish Aid/ILO/TDVA (2003). [↑](#footnote-ref-26)
27. **Success with design.** Many of the points listed #1-#15 are little more than common judgement based on experience. There is logic in adopting findings that have proven successful and using them for new investment. Wherever their position within the *‘development industries’* people are quick to learn from experience and persons with disabilities are no exception. A more extensive treatise on lessons learned is provided by Hanko & Polman (2003) as the result of the Thai mushroom project described in Section A2.1(2). This project has been pivotal in defining the design of FAO-funded projects for persons with disabilities since inception in the mid-1990s. A similar approach to pro-disability people projects was provided earlier by Sim (1999). [↑](#footnote-ref-27)
28. **Comparative costs/training.** Comparisons have to be made in the context of investment, market potential, trainee demands, etc. with clear opportunities in most communities for both low-cost and high-cost training opportunities. Agency/government investments provide facilities, access to novel technologies, external expertise, innovation, etc. with long-term potential. Investments of this kind are not simply one-off with all costs attributable to the initial period of training and the numbers of trainees first involved. Clearly, there is scope for many more commercial/artisanal/apprenticeshiptraining routes where local markets exist for the numbers of trainees involved. These can, with planning, be linked into the provision of infrastructure from the higher level investments that may come from agency or government projects; with the one complementing the other. [↑](#footnote-ref-28)
29. **Costs of disability India.** Sridhar (2003)b reported Indian NGOs working in support of persons with disabilities nationwide and providing services in welfare, schooling, vocational training, etc. at a cost of the order US$157M/annum (IRs 72,000 crore/annum). persons with disabilities comprised a population of 77M people (in a national population estimated at 1.2B). Notwithstanding this investment, <2% of persons with disabilities received an education. Emphasis upon *‘charity/social welfare’* assistance has been challenged in recent years with one of treating people who are *‘differently abled’*. Existing vocational training efforts have been criticised – that candle-making, envelope sticking, etc. is no longer valid; and cannot provide economic independence for people in what is a rapidly industrializing society. [↑](#footnote-ref-29)
30. **Sapporo Declaration.** The challenge for social inclusion comprised the basis of the Sapporo Declaration that concluded the 6th World Assembly of Persons with disabilities at Sapporo Japan in 2002. The declaration was supported by a 10 point ‘platform’, which linked human rights to independence, to raised public awareness and shared knowledge, and emphasised the role of international development for lobbying and encouraging all governments to provide for the full participation of persons with disabilities within their society. The messages were neither new nor novel, but came with an assertiveness that mirrored the beginning of the new century. The Sapporo Declaration represented a wake-up call to society-at-large that persons with disabilities were no longer prepared to be the largest and most discriminated minority/disadvantaged group in the world (DPI, 2002). [↑](#footnote-ref-30)
31. **Social model of disability**. This has evolved from pro-disability developments from the 1970s on in an effort to shift thinking from the medical model of disability where persons with disabilities could be cared for, rehabilitated and/or serviced to restore normal functioning. It provided a transformation in approach that showed persons with disabilities as disadvantaged not because of impairment, but because of limitations imposed upon them by social, cultural, economic and environmental barriers. Both models continue to arise in reporting. Both are important for an understanding of how to encourage society (and particularly traditional society) to change. [↑](#footnote-ref-31)
32. **Working populations.** Comparisons between working populations in low-income countries and industrial countries is fraught with difficulty given definitions for people employed in the informal and formal sectors. A large proportion of people working in the low-income countries remain at subsistence level – working to feed and/or support a family in employment that is outside the money economy. With urbanization and industrialization this is slowly changing, but the informal/black economy may still dominate within transition stages. The challenge facing many governments is one of qualifying change and ensuring that people are registered and able to pay the normal dues and taxes required of the state as incomes rise. Comparisons of persons with and without disabilities made here should be taken as indicative only. The ILO (2006) provided a more robust evaluation of employment in context. The ILO estimated 2.85B people aged 15 years and older in employment in 2005 – including paid and unpaid work. [↑](#footnote-ref-32)
33. **Social support**. Central planning in support of social development took a paternalistic and largely protective approach to persons with disabilities; as if they were ‘wards of the state’. The reality of the resources and facilities provided for care, employment, social progress, etc. did not match the rhetoric of reality, and many disadvantaged people of all kinds remained insecure, impoverished and isolated. The social services (such as health, education, sheltered employment, etc.) provided during the period up until the collapse of the Soviet systems should be seen within the context of the costs of living of the man in the street. A measure of protectionism prevailed and the small wages, pensions and security payments available to people were more valuable and cost-effective at the time (when compared to the present day). [↑](#footnote-ref-33)
34. **Countries in transition.** The sector and the impact of the failure of the welfare systems of the ex-Soviet states during the past 15 years is beyond the scope of this paper, but therein are messages for the low-income countries and particularly for the industrializing countries as people shift from the land and become more state dependent once formal employment has ceased. The earlier safety nets enjoyed by persons with disabilities in the ex-Soviet states have largely become lost. Urban poverty and the lack of social services is described further by the ILO in a number of papers. The source of current reporting is largely taken from ILO (1996), which provides background on the reality of what actually existed during the period prior to 1992 (and the dissolution of the USSR). [↑](#footnote-ref-34)
35. **Social models ex-Soviet Union.** A measure of scepticism applies to ex-Soviet reporting and the reality for support provided by the state to employees of all kinds – and not least to persons with disabilities working/living in socially-supported enterprises. The geo-political reality of the era clouded much reporting (from all sources – and not least from the UN agencies) for the messages that were required by the Soviet Union for the way that the state worked. Countering this was the propaganda provided by the anti-Soviet Union lobby. Fifteen years on the messages are those of token social examples working satisfactorily, but with the majority people living with the barest of resources at the time. Whatever the reality, the extensive support provided for social development by the state only becomes practical within the richest and most successful of the industrial countries – but herein are objectives and/or models that should be explored for what is attainable as development progresses. [↑](#footnote-ref-35)
36. **Community-based rehabilitation.** CBR is the subject of numerous texts, reports, books, etc. that are largely beyond the reporting required here. Note, however, Cornell University (2002) and a proposed/opportunistic role for CBR as a strategic participatory tool for boosting development opportunities in Africa. Originally considered within a top-down approach, CBR programmes have demonstrated the importance and potential for persons with disabilities and their families of taking ownership or charge. Power sharing of this kind frequently meets resistance from the public sector professionals involved. CBR is sometimes described as the de-professionalization of rehabilitation. Others argue that it is simply an official approach to existing cultural and/or traditional practices that have always seen families and communities caring for their own people. CBR is, however, pro-social development in outlook and context, and can continue to promote a dependency syndrome for persons with disabilities in preference, for example, to making persons with disabilities more focused upon the independence that can come from successful SME development and/or market exploitation. [↑](#footnote-ref-36)
37. **Democratic People’s Republic of Korea/North Korea**.HDI – not ranked; per capita GDP US$1 700; unable to feed its people adequately; >30% people undernourished; >11 years of food deficit; in 2004 WFP provided 350 000 tonnes of food assistance (CIA, 2006). [↑](#footnote-ref-37)
38. **Uganda.** Uganda, one of the seven countries reviewed in an ILO-supported Technical Consultation (ILO, 2002)b, is one of few countries that recognises sign language in its constitution. It also has a Minister of State for Persons with disabilities and, moreover, a quota system that provides a number of parliamentary seats for ‘representatives of the army, youth, workers and persons with disabilities and other groups …’(ILO, 2004). This, however, did not detract from the many recommendations made by the ILO (2002)b in support of improved advocacy, consultation, the R&D required to promote employment, and more affirmative action in support of the sector in Uganda. (Similar recommendations were made for the other six countries scrutinized.) [↑](#footnote-ref-38)
39. **People affected by disability.** The UN (2006) projects greater impact of persons with disabilities on their host communities in coming years. They estimate of the order 80% of all persons with disabilities worldwide live in isolated rural areas in the low-income countries, i.e. about 350 million people. They highlight some communities with 20% disability and, where carers and families are accounted for, of the order 50% of the host community affected by disability in some form. [↑](#footnote-ref-39)
40. **HIV/AIDS.** Issues of priority always occur, of which a current focus upon the impact of HIV/AIDS in rural development is a classic case in point. FAO works closely with UNAIDS (and others) in support of prevention, mitigation, etc. of AIDS-affected communities. Worldwide an estimated 38 million people were living with AIDS in 2003 and an estimated 20 million people have died during the period since 1981 – when the disease was first identified (UNAIDS, 2004). Global funding from the agencies had risen to US$5 billion by 2003 with an estimated US$20 billion incoming for 2007. Sub-Sahara Africa has been severely affected with loss of productive people. More than 75% of all infections and deaths are Africa-based. HIV/AIDS infection and effects have caught the imagination of the donor and recipient communities alike; support for the estimated 600 million people living with disability has not. Investment in both sectors is important for human development. [↑](#footnote-ref-40)
41. **Cambodia project.** The findings from the report by Semple (1999) provided the basis for a project that was designed by Tongsiri (2000) and later funded and executed by the FAO/Government of Cambodia. A brief description of the project and its outcome is described in Section A2.1(1). [↑](#footnote-ref-41)
42. **Round Table Meeting ‘Empowering the Rural Disabled in Asia & the Pacific’.** The proceedings from the meeting provided resource papers from seven countries in South and SE South Asia, and position papers centred upon women with disabilities, horticultural crops, agro-industries and strategies. Meeting and reporting reflected the importance of the FAO regional team of focused specialists at that time and, importantly, the considerable priority given the sector by host governments in the region. Meetings and papers represent the only time in recent years where FAO has focused specifically on persons with disabilities and agricultural/rural development. There is scope for undertaking similar reporting from Latin America and Africa; the latter to coincide with an appraisal of achievements for the current ‘Africa Decade of Disabled People’ (2000-2009) (UNENABLE, 2003). [↑](#footnote-ref-42)
43. **Employers’ organizations.** These have a crucial role with support for persons with disabilities in the workplace and, according to country, hold a formal and/or advisory role with government for the development of the appropriate policies. It is in the interest of employers to promote the employment of persons with disabilities, equal opportunity and social fairness not least because of the public support and finance that may be available. The Employers’ Forum on Disability in the UK published this short Agenda in January 1992 and, within one year, it had been adopted by >50 organizations worldwide. Source ILO (1996). [↑](#footnote-ref-43)
44. **Ethiopia seeds processing**. Study undertaken in support of project GCP/ETH/062/NOR ‘Seeds Supplies’ for communities without disabilities, but equally viable in the context of persons with and without disabilities working in harmony. Proposal was one of several income generating/SME activities explored by Steele (2002)a. Budgets in Ethiopian birr. At time of reporting US$1=EthBirr8.6. [↑](#footnote-ref-44)
45. **Zambia. Poultry production.** Study undertaken in support of project TCP/ZAM/2802‘Improving Household Food Security and Nutrition in the Luapula Valley (IHFSAN)’ for impoverished communities without disabilities, but equally viable in the context of persons with and without disabilities working in harmony. Proposal was one of several income generating/SME activities explored by Steele (2002)b. Budgets in Zambian Kwacha. At time of reporting US$1=ZK1,430. [↑](#footnote-ref-45)
46. *Based on information available at:* [*www.un.org/esa/socdev/enable/rights/ahc7evamend.htm*](http://www.un.org/esa/socdev/enable/rights/ahc7evamend.htm) [↑](#footnote-ref-46)
47. **Convention of Rights**. The extent of the Convention is more than simply a collection of headings shown here, and represents current international thinking and support for the rights of persons with disabilities. Work and employment has been explored further within this FAO persons with disabilities/agriculture report, but largely to the exclusion of the other ‘rights’ that are being promoted herein. For a better understanding of context, viability, importance, concern of countries participating in the Session/Ad Hoc Committee, further information is available at: [www.un.org/esa/socdev/enable/rights/ahc7ann2rep.htm](http://www.un.org/esa/socdev/enable/rights/ahc7ann2rep.htm) [↑](#footnote-ref-47)