

**The Second Annual Report
on the Implementation
of the
USAID Disability Policy**

Presented to the Administrator
February 15, 2000

Table of Contents

Table of Contents

Background

Report of Second Year Activities

Summary of Mission Responses

Summary of Global Bureau Responses

Activities of the Coordinator

Assessment of 1998 Recommendations

Status of Disability Policy within USAID

Recommendation

Appendix A: Administrator's Statement

Appendix B: Mission and Global Bureau Input

Africa

Asia and the Near East

Europe and Eurasia

Latin America and the Caribbean

Global Programs

Appendix C: Coordinator's Trip Report

Appendix D: GAO 1991 Report Recommendations

Background

The World Health Organization (WHO) estimates that up to 10% of the world's population has a disability. An estimated 80% of these live in developing countries. In a press advisory released on the occasion of the International Day of Disabled Persons, WHO reminds us that "Poverty and disability are closely intertwined and these two issues must be tackled together."

In a recent review of Poverty and Disability commissioned by the World Bank, the author concludes: "Disabled people have lower education and income levels than the rest of the population. They are more likely to have incomes below poverty level than the non-disabled population, and they are less likely to have savings and other assets... The links between poverty and disability go two ways -- not only does disability add to the risk of poverty, but conditions of poverty add to the risk of disability." The impact of this relationship is apparent in every development sector. This, in a nutshell, tells why disability is a USAID issue.

1999 witnessed several important successes for people with disabilities (PWDs) around the world. On March 1, The International Treaty to Ban Landmines became international law having been ratified by 40 countries in just eight months. In July, the Organization of American States ratified the Inter-American Convention on the Elimination of All Forms of Discrimination Against Persons with Disabilities. This convention aims "to prevent and eliminate all forms of discrimination against persons with disabilities and to promote their integration into society."

In the 18 years since the original Year of Disabled Persons, the rights of disabled people are beginning to get more attention. President Clinton has been a staunch advocate, appointing more people with disabilities to senior positions in his administration than any previous president. He has also endorsed legislation removing barriers in employment, education, and transportation. And, President Clinton has issued two executive orders urging federal agencies to aggressively open up employment opportunities for people with disabilities.

1999 has also seen many challenges for PWD's and those not yet disabled. Thousands in Central America still suffer from the aftermath of Hurricane Mitch and continuing heavy rains. We are still learning the extent of devastation caused by the Civil War in Kosovo and the war in Chechnya. Multiple earthquakes in Turkey have captured headlines, made some heroes, and torn apart the lives of thousands. And, the AIDS pandemic is changing the face of our world.

A 1991 GAO report on "Assistance to Disabled Persons in Developing Countries" characterizes U.S. assistance as "sporadic." As of 1999, this assessment remains accurate.

USAID missions and partners have been involved in strengthening organizations of PWDs to advocate for their human rights. However, while several USAID organizations have included PWDs in their development programs with great success, others still deny any potential linkage between disability and development issues.

USAID has been deeply involved in humanitarian and remediation efforts around this year's disasters. Again, sensitivity to PWDs is inconsistent. While many are disabled as a result of these large disasters and those already disabled are disproportionately affected, USAID and its partners are unprepared to focus on their special needs. In Central America, for example, it was reported that humanitarian assistance to PWDs was provided solely by their own organizations from within existing budgets.

In September 1997 USAID issued a policy promoting inclusion of PWDs in all development activities. The First Annual Report submitted in December 1998 noted minimal progress and urged the following goals, which were immediately endorsed by then-Administrator J. Brian Atwood:

1. Every mission will have a specific disability plan by the end of calendar year 1999.
2. Eighty percent of missions will have at least one contact organization in the disability community.
3. There will be an increase in the involvement of PWDs in USAID activities as measured by self-reporting, and a survey of activities in at least three organizations.
4. Training on disability and sensitivity to disability will be a part of the regular training program for leaders and for leadership development.

5. PPC/CDIE will commission an evaluation of the impact of inclusion of PWDs on the overall implementation of at least one of the five USAID strategies.

On December 3, 1999, the new Administrator J. Brady Anderson issued a statement affirming his support of the USAID Disability Policy and inclusion of people with disabilities at every level in USAID. (Appendix A)

This Second Annual Report is an update of progress toward these goals.

Report of Second Year Activities

Toward the end of 1999, Assistant Administrators asked each Mission and Global Bureau Office to report on their progress toward meeting these goals. To date, 28 Missions have responded. These responses include 16 that were not included in 1998. Three Global Bureau Offices have also replied. These responses are given in their entirety in Appendix B.

Of the 28 Missions responding, three are in Close-Out status and one has been in Evacuation Status. One of these missions offered no further report. USAID/Poland, however, outlined a five-point plan to carry the message of the USAID Disability Policy forward in Poland's transition activities and for staff to retain this awareness as they move on to their next assignments.

In the remaining 24 Missions, disability was considered in a variety of activities. Fifteen missions reported having formal Disability Action Plans. Ten missions report specific Objectives in the area of prevention of disabilities with seven recognizing AIDS as a disability. Fifteen missions cite other specific disability activities.

Conclusions cannot be drawn from a sample of 28 out of 74 missions. Anecdotally, however, the following may be offered:

Summary of Mission Responses

Prevention of diseases and their derivative disabilities has long been a major strategy for USAID. Several missions recognized in their responses that AIDS is a disability to be prevented. However while working with people with AIDS, our Zambia mission has recognized that these PWD's can contribute to a successful program, stating that "...their involvement has been critical to point out the problems of disability as well as living with and reducing stigma in the community."

USAIDs still have little experience with organizations of PWDs. There are, however, notable exceptions. USAID/Russia has a five-year history of working to empower people with disabilities and highlights in its report "two new bold activities designed to respond to the needs of disabled portions of the population." The first activity serving orphans benefited in the development stage from input from PWDs and will serve children with disabilities who are disproportionately represented in the orphanage population. A second activity will use social marketing for AIDS prevention. The mission partnered with a U.S. organization that has been prominent in serving people with AIDS and hopes that "increased knowledge and awareness of AIDS will make it easier for those afflicted with the disease to find help."

Under its Strategic Objective to Improve Sustainability of Social Services and Benefits, USAID/Romania, which also has a long history of association with PWDs, has been involved in a variety of projects to improve their status. Recent outreach activities have included PWDs and the representatives of organizations tasked with assisting them. This outreach has led to the development of activities to improve services available for PWDs in the community and a \$14 million project to improve conditions in institutions.

A few missions have looked broadly at their strategies to see how PWDs might be included. Nicaragua plans to expand its efforts to work with PWDs in its civil society and health objectives. Nicaragua's Basic Education activity will "provide training for master teachers, school directors and supervisors on two topics directly addressing the needs of PWDs: (1) how to integrate special needs students into the classroom and (2) how to respond to different learning styles." Bolivia has tried to find links to everyone of its SOs.

Several missions have recognized the importance of strengthening relationships with the international community in disability advocacy. USAID/Tanzania, for example, sponsored "a week-long workshop for NGOs and government officials from the U.S., Canada and 10 African countries to discuss the role of leadership in

improving the quality of life for people with disabilities... Subjects of discussions included workforce development, equal rights advocacy, and technology tools for the disabled. There was agreement among delegates that sensitivity to the needs of the disabled in designing and implementing projects can assure that the disabled have equal access and can participate as a stakeholder and full partners in achieving sustainable development."

Madagascar is working with other U.S. government agencies "to create an enabling regulatory environment for people with disabilities into ensure that their rights are respected, while permitting their access to USAID-funded activities."

In general, USAID is not involved in major construction activities. Recently however, reconstruction activities have been warranted in areas devastated by war. While enabling legislation limited the scope of reconstruction activities in Bosnia, efforts were made to ensure that "health facilities have external handicap accessible entrances, and where feasible, the project has accommodated or adapted bathrooms to be handicapped accessible." Using similar legislation, USAID/Kosovo "is designing an activity to rehabilitate community facilities that deteriorated over the past decade or that were damaged during the NATO bombing campaign in Kosovo. USAID will give particular attention to ensure that any facilities repaired will respond to the needs of the disabled."

Angola, Bolivia, and Mali have each proposed inclusive hiring as a key part of their disability strategies. Four missions also mentioned the need for training, with two specifically requesting help from AID/W with training design.

Summary of Global Bureau Responses

The Office of Women in Development has continued in its role of advocacy for women with disabilities. In June G/WID sponsored a public meeting with Assistant Secretary Judith Heumann who spoke about "Untapped Resources for Development: Women with Disabilities." Approximately 60 people were in attendance. Many were from outside organizations but at least 20 people from within USAID came to hear this important message.

In addition, G/WID has provided a \$100,000 grant to Mobility International USA, an organization of people with disabilities, to conduct a "ground-breaking survey documenting the extent to which women with disabilities participate in the international development efforts of U.S.-based organizations from field programs to the organizational level." Results of this study will be used to help G/WID to further develop its gender strategy.

G/HCD has continued to provide leadership in donor coordination by providing seed funding and nurturing the consolidation of the International Working Group on Disability and Development. The Center also is serving on the Steering Committee for the Sixth World Congress on Serving Children with Disabilities, which will be held in Alberta, Canada in October, 2000. G/HCD has provided support to international conferences, assisted persons with disabilities to pursue training in the U.S., and promoted inclusive education within its basic education programs.

G/PHN's War Victims Fund has redefined its mission to include, in Vietnam, work with the government and others to address issues of empowerment and accessibility for people with disabilities. In 1989, the Displaced Children and Orphans Fund, also managed by G/PHN, added a new category of vulnerable children, namely "children with disabilities." This new emphasis will provide new opportunities to address the needs of these most vulnerable children.

Activities of the Coordinator, Team for Disability Policy

During 1999, the Coordinator position was allocated .8 FTE -- an increase from .3 FTE in the prior year. This increase was offset by the departure from the Agency of the PPC team member who had provided considerable technical support. Activities of the Coordinator generally fall within four areas, though few fit exclusively in any one category:

-- Briefings and Training of USAID personnel;

-- Cooperation with other U.S. government organizations to enhance opportunities for PWDs in developing countries to participate in international advocacy efforts;

-- Outreach to people with disabilities;

-- Follow-up to the First Annual Report.

Some highlighted activities are as follows:

**Met with incoming Administrator J. Brady Anderson to describe the USAID Disability Policy. The Administrator affirmed his personal support for inclusion of PWDs and committed to making a statement of support for people with disabilities on December 3, 1999 -- the U.N.'s International Day of Disabled Persons. (Appendix A) He further promised to appear in an event overseas that includes people with disabilities.

**Provided briefings on the Disability Policy to the Deputy Administrator, the new AA/ANE and his Deputy.

**Briefed the Administrator's senior staff, the staffs of G/PHN/HN and ANE/Ops. Joined a G/EGAD/AFS staff meeting to discuss USDA's Agribility Program which recognizes that farming produces more disability than any other industry in the U.S. and provides disabled farmers with accessibility and other options that make it possible for them to continue work in their chosen profession.

**In furtherance of the goal to train the Agency "on disability and sensitivity to disability," spoke with two new Mission Director training sessions. Also met several times with representatives from Karley Corporation, a contractor that is developing plans for Agency-wide training programs. Researched materials that might be used for a training module. Materials were eventually passed to EOP in an effort to collaborate on an Agency-wide sensitivity training effort.

**With help from M/IRM, launched an Agency Disability WEB Page including useful resources and links for implementing the Disability Policy. The Web Site has been visited around 500 times each month since it was launched.

**Participated in the National Council on Disability's International Watch conference calls, which bring together U.S. government agencies and disability-related NGOs to advocate for a foreign policy that is consistent with the values and goals of the Americans with Disabilities Act and the Standard Rules on the Equalization of Opportunities for Persons with Disabilities.

**Collaborated with other U.S. government and disability organizations to plan follow-up activities to the International Leadership Forum for Women with Disabilities. Participants in the 1997 Forum (of which USAID G/WID was a sponsor) concluded that a most pressing need is for the increase of secure employment. In response organizers have developed "Global Employment Strategies for Women with Disabilities" -- a plan for eight follow-up regional conferences; four in the U.S. and four around the world. Two U.S. conferences were held in 1999. It is anticipated that the first international conference will be held in Egypt in 2000.

**Collaborated with other U.S. government and Canadian organizations to plan the Sixth World Congress on Serving Children with Disabilities which will be held in Canada. Five prior Congresses have been held in the U.S. under the primary sponsorship of the U.S. Department of Health and Human Services. USAID missions sponsored several participants to the Fifth World Congress. G/HCD has also been involved in this planning.

**Addressed members of the Independent Living Summit that was held in Crystal City in September. 150 participants from 60 countries discussed the future of independent living movements in the new millennium. G/HCD worked with the Department of Education to sponsor and arrange travel for 20 participants

**Visited USAIDs in Russia, Egypt, the West Bank, Nicaragua, Guatemala, and Honduras to discuss the Disability Policy and its implementation. Met with NGOs and local activists in each country. Produced trip reports that described the conditions found and potential future activities with people with disabilities. A compilation of these reports is attached at Appendix C.

**In response to suggestions arising from several site visits, worked with PPC and G/WID to include "people with disabilities" in the definition of "customer" in a revision of Chapter 202. This revision was adopted in November 1999.

**In response to questions from missions, met with authorities in M/OP to discuss how reference to the disability policy could be included in standard contract language. Heretofore, a standard clause to implement sec. 504 of the 1979 Rehabilitation Act has been added to all contracts. This clause is generally interpreted to refer to hiring

practices. Clarification has been requested that might broaden this interpretation to include inclusion of people with disabilities in program activities.

**Met with disability advocates from around the world, including participants in several study tours that were sponsored by USIA, to familiarize our in-country partners and advocates with the Americans with Disabilities Act (ADA) and the Individuals with Disabilities Education Act (IDEA).

Assessment of 1998 Recommendations

Based upon the above reports and verbal self-reporting, the following results are reported:

I. There has been some increase in the number of disability plans in place. However this sample, while not statistically significant, suggests that the total is still less than 50%.

II. Even fewer missions can point to one organization of PWDs with whom they have a conversational relationship, though some can name several.

III. The increase in activities which include PWDs appears to be slight.

IV. Work to include disability in Agency-wide training has yet to bear fruit. In the interim, the Coordinator has spoken to two New Mission Director training sessions. Late in the year, the Coordinator agreed with the Office of Equal Opportunity Programs to cooperate in the development of a multi-purpose diversity training module to be used in 2000.

V. Design problems and funding constraints have prevented attainment of this goal. Data does not exist to provide a useful evaluation. PPC/CDIE has developed a plan for the similar case study in FY 2002.

Status of Disability Policy within USAID

In 1982, the United Nations adopted the World Program of Action Concerning Persons with Disabilities which focused on prevention, rehabilitation, and equal rights. In 1991, in response to Congressional Requesters, GAO produced a report detailing U.S. Assistance to Disabled Persons in Developing Countries. This report made no recommendations. However it included suggestions made by the Agency that were deemed "to give AID staff the flexibility to choose the best way to integrate disabled people into developmental programs." These suggestions are included in Appendix D, though it is unclear that they have been otherwise disseminated to USAID staff or partners.

In 1994, the United Nations adopted The Standard Rules on the Equalization Opportunities for Persons with Disabilities. Rule 22 includes the statement: "Whenever appropriate, States should introduce disability aspects in general negotiations concerning standards, information exchange, development programmes, etc." USAID's Disability Policy is consistent with these Standard Rules.

Specific disability programming has taken hold only in response to congressional mandates: i.e. the Patrick J. Leahy War Victims Fund. "Sporadic" examples of inclusion are available, and may be increasing slightly. However egregious exclusion can also be discovered. In one case, a cooperating agency proposed working with a disability NGO and was vehemently opposed by the mission.

Efforts at promoting the USAID Disability Policy have been disjointed and minimally effective. Strong words at the highest levels dissipate rapidly. Opportunities for personal contact with PWDs, while fruitful, have not been deemed a priority. And, a reward structure does not exist to promote adherence to this policy.

While the Disability Policy and the World Program of Action call for inclusion rather than distinct disability programming, feedback to Team members strongly suggests that in this time of conflicting priorities, specific funding must be attached to this target.

For USAID to become an instrument in the global trend toward inclusion, the USAID Disability Policy must become an Agency-wide effort, not merely the campaign of a small group, or even one person. The new Administrator has indicated a willingness to lead, but Agency systems, most notably training and the various

Mission Director and regional conferences, must be there to support him.

Recommendation

Based upon these observations, the Agency Team for Disability Policy recommends that a new team be formed to analyze and recommend an ongoing strategy for implementation of the USAID Disability Policy. Specific issues to be addressed by the team should be:

- ▶ The Policy currently has no relevant home. More effective possibilities include: the Bureau for Program and Policy Coordination (PPC) and the Global Bureau, Office of Women in Development (G/WID), the office within the USAID with a distinct advocacy role.
- ▶ Upon establishing a home base for activities under the Policy, creation of expanded program support through securing additional direct hire or contracted support to follow-up plans for communication and training activities with bureaus and missions to include PWDs in program planning and activities.
- ▶ Potential Program funding mechanisms to promote this policy should be examined, with special emphasis upon establishing a fund for training to strengthen national NGOs formed by or serving PWDs and to link them better with USAID field missions and bureaus.
- ▶ Opportunities should be investigated and developed to explicitly incorporate language encouraging programs benefiting and including PWDs into application guidelines for various bureau "funds," such as the Africa Bureau's Education for Democracy and Development Initiative (EDDI) and E&E's planned support for partnership between non-governmental organizations in the U.S. and in Central and Eastern Europe. The BHR/PVC Matching Grants Program should be examined to determine whether programs to support inclusion of PWDs could be incorporated among the options to fulfill this NGO partner requirement.

The goal must be to institutionalize inclusive behaviors and systems. Individual advocacy and random goodwill are not proving to be adequate to assure inclusion of this vast and still largely disenfranchised population.

2nd Annual Report on Implementation of the USAID Disability Policy

Appendix A

USAID/General Notice

ADMINISTRATOR ES

12/2/1999

SUBJECT: International Day of Disabled Persons

We celebrate December 3rd as the United Nations International Day of Disabled Persons. On this day in 1982, the U.N. adopted the World Program of Action Concerning People with Disabilities which affirmed the rights of people with disabilities to a full and productive life.

It is estimated that around 10 percent of the world's population live with a disability. We recognize, on this day, that people with disabilities are a significant and important part of us.

Empowerment of people with disabilities is an issue that is important to President Bill Clinton. He has appointed more people with disabilities to high-level positions in his Administration than any prior President. He has issued two Executive Orders to encourage full and non-discriminatory employment of people with disabilities and, through Vice President Gore, has tasked the Office of Personnel Management with the development of a plan, released on October 16, 1999, "for Employment of People with Disabilities in the Federal Government."

A few weeks ago, I spoke at a ceremony at the State Department observing Disability Employment Awareness Month. At this event, I affirmed USAID's commitment to carry out a continuing affirmative employment program, including recruitment, promotion opportunity, assignments, and training for people with disabilities. In addition, I would like to affirm my support today for USAID's commitment, expressed in the USAID Disability Policy, to include people with disabilities in our development programs. Programs designed to be inclusive and sensitive to the needs of individuals with disabilities will strengthen USAID's development achievements.

An essential component in the achievement of these goals will be recognition of the value and ability of each person. We are not defined by our hair color or by our mother's maiden name. These are things that are true about us, but they are not "us." We must be careful when we are interviewing for a position or designing a program to recognize the skills and abilities of people and not be limited by our misperceptions concerning disability.

USAID has several employees with disabilities, and the Agency is strengthened by their efforts. With an aggressive, affirmative employment program, I hope to see even more.

On this International Day of Disabled Persons, I ask each of us to recognize that our job is not done if we have not opened the door for the inclusion of people with disabilities in all that we do.

J. Brady Anderson

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Notice 1210

Appendix B

Mission and Global Bureau Input

to the

Second Annual Report

on the

Implementation

of the

USAID Disability Policy

AFRICA BUREAU**ANGOLA**

USAID/ANGOLA, as of this writing, does not have a Disability Program in place. The Mission plans to comply with the stated five goals, beginning with a "specific disability plan" by the end of calendar year 1999.

We are engaged in various development sectors and projects that involve sensitivity to the general needs of a country at war, a country that has suffered more than twenty-five years of civil war. USAID/Angola programs have been designed specifically to address the whole spectrum in alleviating the human misery caused by war, starvation, sickness, poverty, lack of food and potable water, economic deprivation, inadequate health facilities, and to provide for the improvement of both of body and mind of the people of Angola.

We are engaged in a struggle for the survival of a country, reducing morbidity and mortality of millions of people, food security, immunizations, including the rehabilitation of those most in need -- women, children, and those displaced or disabled by the war.

If we limit the term "disability" to mean only physical disability, then we can point to at least two organizations, Norwegian People's AID and the Veterans of America Foundation as our partners in this effort. This first organization deals with de-mining the countryside and reducing the number of potentially handicapped persons. This is a preventive project. The second one is a prosthetics and fitting operation for those who have lost limbs by anti-personnel mines. We also have a LSGA with the government of Angola to fund vocational training programs for demobilized soldiers, many of whom are handicapped through war-related injuries.

For the year 2,000 we are in the process of formulating a strategy for a HIV/AIDS Awareness and Prevention Program in Luanda. Even now we are supporting the Association of People Living with HIV/AIDS. We are also instituting an Awareness Program for U.S. Mission Employees.

In matters of personnel recruitment and hiring practices, USAID/Angola is an equal opportunity employer. In our future advertisements for vacancies, however, we will add a phrase to the effect that encourages anyone with a physical handicap to apply.

Unfortunately, we are in a building where the elevators are too narrow. A person in a wheel chair can enter, but not with an attendant. The elevator has Braille numbers for the floors.

KENYA**USAID/Kenya Activities that Support Agency Disability Policy**

USAID/Kenya resources are accessible to and utilized by persons with disabilities. Last year saw an increase in the number of activities undertaken by the Mission that target people with disabilities. The Mission's social service

programs all aim to assist the physically and mentally disabled. For example the International Red Cross provides counseling services and school fees for children of persons disabled by the bombing at the American Embassy in 1999. African Medical Research Foundation provides follow-up medical treatment to help prevent permanent disabilities and to help rehabilitate injuries sustained during the bombing. This includes physiotherapy, reconstructive surgery, prescription medication, eyeglasses, back support devices and preventative investigations. One of our partners, Family Health International has developed a program to increase blood safety in Kenya to prevent debilitating diseases being transferred through blood.

USAID/Kenya is working closely with Adventist Development and Relief Agency (ADRA) to provide various services to the disabled people. Additionally, ADRA provides information to other NGOs, donors and the Government of Kenya about the work being done by disabled persons.

The following are examples of organizations funded by USAID and exclusively providing services to the disabled people.

1. United Disabled Persons of Kenya

- ▶ Training in management and credit to disabled persons and groups
- ▶ Provision of grants and affordable credit to disabled persons and groups (small enterprise development)
- ▶ Job Placement
- ▶ Counseling

1. Kenya National Association of the Deaf

- ▶ Rehabilitation of the deaf to day to day functionality (sign language)
- ▶ Provision of basic aids to the deaf
- ▶ Integration of the deaf to into society at large

Kenya Society of the Blind

- ▶ Rehabilitation of the blind to day to day functionality. Includes training in walking, reading, writing.
- ▶ Counseling
- ▶ Vocational training such as telephone and computer operations.

Association of the Physically Disabled of Kenya

- ▶ Rehabilitation of the disabled including physiotherapy and occupational therapy at home or at a center depending on the situation.
- ▶ Advocacy on behalf of victims at their previous place of employment
- ▶ Sensitization of employers.

USAID, in collaboration with UNICEF and WHO, is assisting the Kenya Expanded Program on Immunization to put in place a surveillance system that tracks cases of acute flaccid paralysis. The aim is to ensure that follow-up medical care can be carried out to prevent disabilities due to polio and to manage such disabilities as they occur. As we continue to work with our donor partners, including the Government of Japan, to improve quality of health care, we will continue to encourage them to ensure that there are wheelchair ramps and other facilities to improve the access of services to disabled clients.

MADAGASCAR

Over the last year, USAID/Madagascar has made significant progress in implementing its Disability Action Plan submitted in October 1998. First and foremost, the Mission has strengthened its relationship with the lead national organization of disabled people, the Ikoriantsoa Foundation. Since 1997, continuing support has been provided to this foundation through the sponsoring of leadership training and participation in the major international conferences for disabled people (the Forum for Women with Disabilities in June 1997, and the Fifth World Assembly of Disabled People in December 1998). These conferences enabled the Ikoriantsoa Foundation to establish useful contacts within the international disability community and to learn about best practices which are being replicated in Madagascar. A successful example of such replication is the development of the activity described below.

In accordance with its Disability Action Plan, the Mission is committed to work closely with the other USG agencies and partners in the effort to address issues regarding the disability community. In FY 99, the Mission worked actively with the Democracy and Human Rights Fund to develop an activity to create a National Federation of Disabled persons gathering some 150 associations of disabled persons from all over the country to give them a more effective lobbying voice. The grantee is the Ikoriantso a Foundation which lobbied effectively for passage of a national disability law by the National Assembly (Law No. 97044 of February 2, 1998). The National Federation of Disabled Persons is working actively with the Mission to implement the Disability Action Plan.

Therefore, a fruitful collaboration has been established between the USG agencies to create an enabling regulatory environment for people with disabilities and to ensure that their rights are respected, while promoting their access to USAID-funded activities. It is expected that this synergy between the USG agencies' activities will bring about more sustainable results than those they would have achieved individually.

In the coming year, the Mission plans to work with the Team for Disability Policy in USAID/W to use the existing mechanisms for the training of relevant staff and partners on the programming for people with disabilities. The focus will also be on the advocacy for an increased inclusion of disabled people both within USAID-funded activities and its partners' programs.

MALI

Background – In keeping with the spirit of the Americans with Disabilities Act of 1990, USAID/Mali complies with the existing USAID policies regarding disabilities. While there are no programs that directly focus on the disabled, the Mission's programs promote the participation and equalization of opportunities of individuals with disabilities in both policies and activities and foster a climate of non-discrimination.

Activities – USAID/Mali, through its approved Country Strategy Plan (1996-2002), is working towards the long-term goal of helping Mali eliminate its need for foreign aid in our sectors of involvement. Implementation is focused on the direct delivery of services to communities and businesses: (1) to help youth under age 25 acquire the knowledge, skills and practices necessary to ensure Mali's sustainable development, (2) to increase economic growth through the private sector in selected sectors, and (3) to develop the capacity of community organizations to assist in democratic governance. Additionally, the Mission is providing assistance through two special objectives: promotion of local development in the North of Mali and increased use of rural radio and Internet for development. Assistance is provided under the umbrella of five over-reaching objectives and specific activities under each of these objectives. The USAID/Mali Country Strategy Plan covers the period from FY 1995 – FY 2002. Bilateral and Field Support assistance funds for FY 1998 totaled \$37.55 million and for FY 1999 funding totaled \$38.4 million.

USAID's strategic programs are summarized as follows:

- ▶ Strategic Objective 1: "Youth" -- Improved Social and Economic Behaviors Along Youth (shown through increased access to child survival services, access to basic education and life skills, and increased access to reproductive health services, especially for youth)
- ▶ Strategic Objective 2: "Sustainable Economic Growth" -- Increased Value-Added of Specific Economic Subsectors (shown through improved production, processing and trade of cereals, livestock and alternate commodities, and expansion of microfinance facilities)
- ▶ Strategic Objective 3: "Democratic Governance" -- Community Organizations in Targeted Communes are Effective Partners in Democratic Governance, including Development Decision-Making and Planning (shown through effective community organization operations and decentralization)
- ▶ Special Objective 1: "Information and Communication" -- Improved Access to, and Facilitated Use of, Information (shown through increased Internet access and community radio communications)
- ▶ Special Objective 2: "Development in the North" – Peace and Development Sustained the Northern Regions (shown through expansion of economic opportunities and access to basic social services)

The Strategic Objective "Youth" has several components that focus on increased access to community health services, including maternal/child health, early childhood interventions, family planning and STD/AIDS prevention. These interventions are, in part, efforts to reduce the potential for physical and mental deficiencies of Malian youth. Chronic malnutrition and disease are major causes of disabilities, as are problems relating to birthing. These problems are being tackled through improvements of the national and community capacity in the areas of basic education, child survival, reproductive health (including sexually transmitted infection/AIDS, family planning

and safe motherhood), environmental education and life skills development.

USAID has made significant investments and achieved important results in the sectors of child survival, reproductive health (including family planning) and basic education. Reducing population growth and increasing economic growth cannot be accomplished without targeting those younger than 25 years old. The program includes activities in three ongoing projects--Community Health and Population Services, AIDS and Sexually Transmitted Diseases Awareness and Prevention, Basic Education Expansion, and grants under the Private Voluntary Organization Co-Financing project. Other important activities include support to the Center for Disease Control (CDC) for STD/AIDS prevention, funding to UNICEF for vaccination programs, and contracted technical assistance to the Ministries of Basic Education and Health. Resources granted in FY 1998 for Youth Activities totaled \$18,650,000 in direct bilateral assistance. The level of funding for FY 1999 is \$16,461,000.

Youth (ages 0-25) are the major beneficiaries of this program. People suffering from disabilities are definitely included. USAID is implementing these activities through contracts with private firms, such as John Snow, Inc., and grants to U.S. PVOs such as Plan International, CARE, Cooperative League of the USA, Population Council, Africare, CEDPA, World Education and Save the Children. Also included are the CDC, UNICEF, and Government of Mali.

With USAID assistance, infant mortality has decreased, in some targeted areas dropping from 108/1,000 in 1989 to 40/1000 in 1998. Out of each 1,000 girls entering primary school, the average number enrolling in primary school grade has increased from 190 in 1989 to 410 in 1998. Between 1990 and 1998, the number of girls entering first grade increased by over 100% and enrollment in grades one through six increased by 75%. As the major donor in the family planning sector, USAID claims much of the credit for the increase in access to family planning services from 20% in 1996 to 42% in 1998.

USAID supports a UNICEF program entitled USAID-UNICEF Initiative For Equity (a WA regional effort). The Equity Program is designed to develop appropriate policies and operational strategies for protection of the poor and vulnerable groups, mainly by promoting equitable access to health services. This program covers Mali, Guinea, and Burkina Faso. Also, USAID/Mali has collaborated with the Disabled Persons Support Unit in the Malian Ministry of Health.

Beyond the Youth Strategic Objective, the Mission is exploring ways of more explicitly encouraging non-discrimination of people with disabilities, through hiring within the Mission of disabled Malian citizens, promoting such hiring by development partners and Malian government counterpart institutions, by including non-discriminatory clauses in agreements for new activities, and by generally fostering an enabling environment for disability advocacy and services. USAID/Mali's policy is shared with all its development partners and concurrence with its mandate has been universal. All grantees and contractors are expected to embrace its tenets and to develop specific non-discriminatory policies (and possible support to government and non-government organizations assisting the disabled) which relate to their individual programs.

Conclusions – While USAID/Mali does not have activities which specifically target assistance to the disabled, many health-related initiatives work toward reducing the potential of further disabilities, especially among the more neglected rural population, as well as serving the disabled through increased access to basic social services. Also, USAID/Mali encourages a policy environment supportive of non-discrimination against the disabled and supports efforts of the Malian government and other donors in addressing the needs of affected people throughout the populace.

SOUTH AFRICA

USAID/ South Africa Plans for making its Programs more Inclusive and Responsive
to the Needs of Persons with Disabilities

I.Purpose:

The purpose of this document is to outline the ways in which USAID/SA will work to make its strategic objectives, programs and activities more inclusive and responsive to the needs of persons with disabilities. The plan lays out the approach USAID/SA will take to implement the Agency's disability policy and plan of action.

II. Background:

In September 1997, USAID approved a new policy with respect to persons with disabilities. The policy articulates the Agency's commitment to pursue outreach to, advocacy for, and inclusion of people with physical and cognitive disabilities, to the maximum extent feasible, in the design and implementation of USAID programs.

The Agency policy responds to the growing awareness that a substantial segment (often ten percent or more) of any population has some form of physical or cognitive impairment, and that obstacles in the physical and social environment act to limit individuals' full participation in and contribution to society. Since people with disabilities have the same needs as others for nutrition, AIDS education, family planning, health care, housing, education, training, and employment, failure to recognize and take action to mitigate the impact of the constraints imposed by those impairments limits the effectiveness of programs in these areas since a substantial portion of any target population is excluded. Not only does failure to recognize and accommodate disabilities deprive those individuals of opportunities to benefit from development programs, but it also robs society of the contribution those individuals can make. The premise for this policy is that a more thoughtful approach to program planning and implementation, including the involvement of the disabled themselves in the planning process, will help to eliminate many obstacles inadvertently created in program development and implementation.

A. The South African Context: In South Africa, disability issues are a significant concern as evidenced by the rights of the disabled embodied in the Constitution, the issuance in November 1997 of a National Integrated Disability Strategy White Paper, the prominence of disability representation in drafting legislation and policy across many sectors, and the significant level of resources directed to the disabled, in particular through the Labor and Welfare Departments. An example of the vigor of the South African response to the concerns of the disabled community is the Employment Equity legislation which gives to the disabled community protection from discrimination and affirmative action assistance equal to that accorded to those historically disadvantaged by race and gender.

Not only are the rights and issues of the disabled being fully integrated into the South African legal and policy frameworks, they are also vigorously championed by prominent individuals and organizations at the highest levels. The Office of the Status on Disabled Persons (OSDP) in the Deputy President's Office takes the lead in promoting the rights of the disabled. In addition, South Africa has a host of private organizations represented primarily by Disabled People South Africa (DPSA -- an umbrella organization of 150 grassroots organizations representing the disabled) and the South African Federal Council on Disability which play a significant role in disability policy making and implementation. Taken together these institutions provide a strong and articulate voice for the disability community in South Africa.

B. USAID/SA Actions: In response to South African concerns (and in some cases prior to the issuance of the official Agency disability policy) USAID/SA has undertaken a number of interventions to support and promote the needs of the disability community. From voter education for the blind prior to the 1994 elections to support for Employment Equity legislation in 1998, USAID/SA has been a supporter of the disability community. Most recently, a visit was arranged for the Director of OSDP and five others to travel to the U.S. under the BNC Transitional Support Fund to learn more about American disability legislation and its implementation.

Although the USAID/SA activities in support of the needs and concerns of the South African disability community have been responsive to expressed needs of that community, there has been no consistent approach or overarching plan to guide the allocation of resources; nor has there been a known avenue for representatives of the disability community to follow in seeking USAID support. This plan seeks to remedy both these shortcomings.

III. The Plan

- A. The objective: The goal of the USAID/South Africa policy is inclusion. The keys to making programs more inclusive are:
- ▶ maximizing awareness of disability issues within USAID, host country counterparts and other stakeholders, including contractors, grantees, and other donors;
 - ▶ disseminating information and facilitating outreach to the disability community;
 - ▶ including the disability community in stakeholder discussions and program and activity planning; and
 - ▶ leveraging assistance available under current programs to the needs of the disability community.

B. The Parameters: As stipulated in the Agency policy, the USAID/SA plan will focus on outreach to, advocacy for and inclusion of the disabled within the context of existing program, budget and personnel parameters. USAID/SA

has neither the human nor the financial resources to embark on a major new initiative in support of the needs of the disabled. Nor does Agency policy call on the Mission to do so. Rather, the Agency guidance calls for the elimination of barriers which inhibit persons with disabilities from actively participating in development in general, and USAID programs in particular, and to make USAID programs more inclusive. The Agency policy also calls for Mission consultation with the disability community. It is in these areas that USAID/SA will focus its efforts.

C. The Principal Elements: The USAID/SA disability plan will seek to implement the Agency strategy of inclusion by maximizing awareness within USAID and facilitating outreach to the disability community in South Africa. In order to make the program more inclusive, the principal elements of the program and some illustrative examples of activities which may be undertaken are as follows:

*Building awareness among USAID and counterpart staff

- ▶ developing an institutional base for disability awareness within the mission and its contractors and grantees through available Agency training resources and further training and on-going dialogue with the local disability community;
- ▶ building an awareness of disability issues with our host country counterparts by supporting the advocacy work of the local disability community, governmental and non-governmental, and, when possible, by supporting training and the development of disability-friendly policies through the provision of appropriate technical assistance.

*Information, consultation and outreach:

-preparation and distribution to inquirers of a brochure on USAID/SA policy/program and placement of the brochure on the USAID home page;

-making information on USAID participant training and other support services more accessible to the disabled by disseminating information about those opportunities via appropriate mechanisms (print and electronic) to the disability community;

-participation in meetings of the disability community organizations and briefings on the USAID program to members of the disability community;

-preparation of a mailing list of organizations of the disabled to receive RFPs and RFAs;

-inclusion of representatives of the disability community in USAID's meetings with partners and stakeholders.

*Inclusive Program and Activity Planning:

-making USAID-supported conferences and training activities more accessible to the disabled through disability-friendly venues and support, as well as through provision of discussion and policy documents in formats accessible by the disabled;

-including the provision of disability specialists when providing TA for activity and policy development to ensure policies and programs are disability-friendly;

-consideration of disability issues during program design;

-ensuring that RFAs and RFPs emphasize the importance USAID attaches to the inclusion of the disabled.

*Leveraging assistance for the disability community through current programs:

- disability awareness campaigns through ongoing activities such as those that are occurring through human rights and democracy education programs;
- assisting our counterpart ministries/departments to develop disability friendly policies and programs by providing appropriate technical assistance;
- supporting opportunities for training on disability issues.

Although the USAID disability policy does not require that Missions direct additional resources, either financial or human, toward addressing the needs of persons with disabilities, USAID/South Africa will remain receptive to special opportunities which complement and leverage South African Government or other donor programs which advance the cause of persons with disabilities. This could be supported through the BNC program.

IV. USAID/SA Management:

Overall management and oversight of this disability plan (including training of USAID staff) will be carried out by the disability working group organized and directed by the Office of Program and Project Development. This working group has general responsibility for liaison with and outreach to the disability community. The programmatic elements of the plan, however, such as response to disability concerns in program design and implementation, will rest with the individual strategic objective teams.

Some of the specific responsibilities of the disability working group are as follows:

- oversee implementation of the Mission's disability plan;
- act as contact point for dissemination of information on new Mission activities which might offer "windows of opportunity" for involvement by the disability community;
- formalize relationships with the disability community to facilitate their involvement in USAID stakeholder consultations and USAID involvement in meetings of the disability community;
- provide technical input to the SO teams in making their programs more inclusive and responsive to the needs of persons with disabilities;
- develop a Mission Order which clearly defines the Mission's framework of support with respect to implementation of the Disability Policy and provides guidance to staff, contractors, and grantees in implementing the USAID disability policy; and
- draft a Mission Disability Awareness Training Plan.

TANZANIA

USAID/Tanzania is committed to including in its programming people with disabilities and those who advocate and offer services on behalf of the people with disabilities. USAID's approach has the following components:

1. To seek means of making the USAID/Dar program more accessible to the disabled.
2. To have Mission SO Teams work with partners and encourage them to identify and work with NGOs that are interested in issues of concern to people with disabilities.
3. To work with GOT partners to increase their awareness of the issues which people with disabilities are concerned.
4. To ensure that USAID offices and residences (as necessary) are equipped to ensure the safety, comfort and access of people with disabilities.

Training for People with Disabilities: In the past we have ensured that the disabled are actively recruited as part of USAID's participant trainee program. Last year USAID successfully lobbied that practices be changed to allow special assistance for a visually impaired trainee visiting the US.

This year, we continued to highlight the importance of the concerns of the disabled. USAID sponsored -- with the Africa America Institute -- a weeklong workshop for NGOs and government officials from the US, Canada and ten African countries to discuss the role of leadership in improving the quality of life for people with disabilities. The keynote speaker was the Honorable Mrs. Karumuna, a Member of Parliament who is visually impaired. Her remarks were both thought provoking and inspiring.

Thirty delegates representing Cape Verde, Guinea, Togo, Ghana, Nigeria, Cameroon, South Africa, Malawi, Uganda and Tanzania who are working in leadership positions shared their experiences and exchanged information on the activities and policies of the ir countries aimed at assisting the disabled. During the workshop they developed strategies to increase the involvement of people with disabilities in the development process in their countries.

Subjects of discussions included work force development, equal rights advocacy, and technology tools for the disabled. There was agreement among delegates that sensitivity to the needs of the disabled in designing and implementing projects can assure that the disabled have equal access and can participate as a stakeholder and full partner in achieving sustainable development.

Copies of the final report will be shared widely by participants in Tanzania as well as the other countries represented.

ZAMBIA

1. While this Mission does not as yet have a formal Disability Plan, it is an issue which has been of considerable concern, particularly due to the problem faced by people living with AIDS, including our own staff.

2. Our PHN Office has been working with an organization named the Zambian Network of Persons Living with AIDS (ZNP+), on strengthening their policy discussions to determine how they can be more involved the HIV/AIDS prevention programs here in Zambia. ZNP+ was involved in a "Workshop on Sharing Lessons in Community Care and Support for People Living with and Affected by HIV/AIDS in Zambia" from 26 - 30 July, 1999. Though not all members of ZNP+ are disabled, many are, and their involvement has been cr itical to point out the problems of disability as well as living with and reducing stigma in the community. PHN are also working with Orphans and Vulnerable Children (OVC) in Kitwe and Livingstone. There are children in this group that are disabled and being provided help (community schools, income-generation projects, health care support) through our program. This program will be expanded to other areas over the next three years.

In USAID/Zambia's Education Office, our Basic Education School Nutrition Plan contains a "place-holder" for identifying children with special needs -- especially those who have difficulty seeing or hearing in school. As the program evolves, we will ha ve specific activities and teacher training to help us do this. BESSIP, which has USAID support, acknowledges the need to improve the status of children with special needs as part of its overall program. That area just does not happen to be one of the s pecific areas in which we are currently programmatically involved, outside of school health and nutrition.

3. USAID/Zambia has not made any extra special effort in its ongoing involvement of people with disabilities on USAID activities. We have not yet surveyed activities of this nature in any organization.

4. Training on disability and sensitivity to disability is part of our regular training programs for leadership development.

5. We are not aware of PPC/CDIE's evaluation findings on the inclusion of PWDs on the overall implementation of our strategy.

ASIA AND THE NEAR EAST

BANGLADESH

Ongoing and planned program activities which will be pursued include the following:

- Working with the blind (HKI - office/employment/vocational training).

- Polio-related activities
- Title II - feeding children with disabilities under the Food for Education program.
- Under our family health programs, targeted improvement in prenatal care lowering potential for physical/mental damage to newborns.
- Funding of annual conference attendance, short-term training in USA.
- Planned contribution to One Family International/Bangladesh Protibandhi Kallyan Somity (BPKS) for employment of persons with disabilities in self-sustaining village water and sanitation program.

Each of the above organizations serve as Mission contact points in the disability community.

In FY-00, the USAID/Bangladesh mission will make a concerted effort to develop a Disability Plan that will be integrated within the existing strategic objectives (Population & Health, Economic Growth and Agricultural Development and Responsive Government).

- The mission is in the process of adapting and formalizing the agency's Disability Policy in the form of a Mission Order.
- The PHN and Responsive Governance teams will review further options to enhance support for health and human rights approaches toward assisting the disability community.
- The SO teams will further the dialogue with members of our Partner community, both US PVOs and local NGOs, in order to expand existing relations and establish new relations with contact organizations, and to ensure that disability concerns are addressed in their programs.
- The USAID Human Resources Team will conduct diversity training for all Mission staff, to include training on disabilities, and will follow up on Mission Order procedures to enhance employment opportunities for persons with disabilities.

CAMBODIA

1. USAID/Cambodia continues to have a Special Objective on Enhanced Assistance for War and Mine Victims that supports primarily, activities for people with disabilities.
2. Support is provided to the following organizations which conduct the activities: Vietnam Veterans of America Foundation (VVAFA) for the manufacturing and fitting of new and replacement prosthetics, orthotics and wheelchairs, including appropriate follow-up care as well as an income-generating project for disabled women and their families; United Cambodian Community Development Foundation (UCCDF) provides vocational/business training and credit facilities to people with disabilities; American Red Cross (AmCross) provides technical assistance to the National Center for Disabled Persons (NCDP) that provide services to link disabled persons with employment and training opportunities as well as rehabilitation services; and Handicap International for the functioning of the Disability Action Council which was formed for the policy-making, planning and coordination of activities for people with disabilities.
3. In random informal interviews conducted with other USAID/Cambodia grantees in the areas of micro-finance and health, it was found out that people with disabilities are also included in their respective programs.
4. USAID/Cambodia participated in seminars-workshops conducted by the International Labor Organization and the Asian Development Bank to promote the inclusion of people with disabilities in their respective programs and projects in Cambodia.
5. USAID/Cambodia was instrumental in the planning and implementation of activities for the celebration of the International Day of the Disabled held in Phnom Penh, Cambodia on December 3, 1999.

INDIA

USAID/India is actively funding programs related to population, health and humanitarian assistance focusing on polio eradication and social development issues (such as the program on violence against women, micro-nutrient Vitamin A, child survival, HIV/Infectious Diseases etc.), thereby both directly and indirectly working towards preventing disabilities. We continue to strongly support this policy. In major ways we financially support Rotary Club efforts at polio immunization and the PVO, CRS (Catholic Relief Services) in its blindness, leprosy and other programs.

On the logistical/administrative side, during the past year USAID/New Delhi was intensively involved in planning and coordinating USAID's move from leased premises to USG owned premises. In planning, USAID in consultation with A/FBO/We ensured that the new office space (located in Embassy premises) with an open office environment, complied with Federal Accessibility Standards to include wide and accessible hallways, ramps, restroom for the disabled, elevator, appropriate door signage package with markings in Braille, etc. We now have excellent offices, which comfortably accommodate movement of the disabled. Recently, Ms. Deidre Davis, State's Assistant Secretary for Equal Employment, Opportunity and Civil Rights was here; we joined the Embassy in meetings with her. She used our new office's disability friendly facilities to her satisfaction.

In the distant past, the Mission supported a major NGO-Railway initiative called the "Lifeline Express" which actively sought to identify disabled people in the rural areas and provide them with aid. USAID expects further discussion in this area with the NGO Impact India Foundation as one way to cover hard-to-reach rural children.

NEXT STEPS: USAID/New Delhi's Disability Plan is to conduct the following activities during CY-2000:

- ▶ Arrange discussions with Mission staff and partners such as CARE, CRS and other NGOs, to discuss disability issues and possible interventions;
- ▶ Maintain Rotary Club International and CRS and their Indian partners as our specific contact organizations in the disability community for eradication of polio as acripler of children, especially, and addressing blindness and leprosy;
- ▶ Expand awareness and participation in training programs on disability (and sensitivity to disability) for USAID staff, partners, and selected counterparts;
- ▶ Encourage involvement of programmatic Mission offices to collect information on programs for people with disabilities (PWDs), to facilitate annual reporting to the Agency, as required;
- ▶ Assure employment opportunities are open to the disabled on USAID's OE (operating expense) and program funded efforts.

Mr. John Peavy has been designated as the Mission Disability Policy Coordinator at post and will in future be responsible for coordinating, initiating and reporting on the implementation of the USAID Disability Policy both from the administrative and programmatic angles. This report was prepared with the assistance of Aparna Mohan, ANE's Disability Issues Coordinator.

INDONESIA

This Plan of Action is designed to direct the implementation of the Agency's Disability Policy set forth in the USAID Disability Policy Paper dated September 12, 1997. As such this plan lists several steps the mission will take to encourage and support the inclusion of persons with disabilities (PWD) in USAID activities.

This Plan of Action does not require additional personnel, large operating expense outlays, or any elaborate reporting systems. It is designed to be used within the existing level of resources of the mission and to complement programming and reporting already in existence.

The following is USAID/Indonesia's Disability Plan.

- A. Determine the extent to which our current activities encourage and support persons with disabilities and find ways to enhance that support:

1. Conduct a survey or assessment of all Special and Strategic Objective Teams and their implementing agencies to determine whether any of their activities and locally funded NGOs encourage the inclusion of or directly support PWDs. For example, the Democracy and Governance team might have civil society strengthening activities that include local organizations that provide support and advocacy for PWDs in the area of labor, consumer rights, human rights, legal services. The Economic Growth team may have activities that include organizations dealing with economic issues faced by PWDs. The urban/employment generation team and the food team, as implementers of the social safety net initiative, might also have activities that support PWDs (e.g. World Vision's food for work program may include PWD workers or involve construction that makes urban areas more accessible to PWDs). The Health team already has programs that are directed at preventing disabilities. For example, programs that combat malnutrition and vitamin deficiency prevent blindness and other physical impairments. However, there is a possibility that considerably more support is provided to PWDs under our existing activities than we are able to identify and report on at this time. For this reason, an assessment or survey should be conducted to determine the extent to which our programs already support PWDs. (Action: Program Officer)
 2. Obtain materials from the Agency Team for Disability Programming (ATDP) to disseminate within USAID/Indonesia and among partner organizations to foster awareness regarding the importance of including persons with disabilities in USAID programs. (Action: Executive Officer)
- B. Leverage our support for PWDs with those of other donors and stakeholders by:
1. Meeting with other U.S. Government agencies at post to see if they have a disability plan or activities that support PWDs;
 2. Contacting bilateral and multilateral donors (AUSAID, Japanese, UN organizations, World Bank, EU and Great Britain) to determine if they have disability plans, programs or activities for Indonesia; and
 3. Identifying complementary activities or areas of synergy that might benefit from collaboration to enhance the support of PWDs. (Action: Program Officer)
- C. Seek guidance from the Office of Procurement on the merits of including language in contracts (and possibly assistance instruments) that encourages the inclusion and support of PWDs in activities funded under new contracts and assistance awards. (Action: Contracting Officer)
- D. Prepare a Mission Order or notice that informs the USAID/Indonesia staff of this plan and the Agency Plan and guidance and sensitizes the staff to this subject matter. (Action: Regional Legal Advisor)
- E. Examine, recommend and implement low-cost measures to make the Mission Buildings more accessible to persons with disabilities. (Action: Executive Officer)
- F. Develop an element in the current personnel system that enables Mission management to identify and better support employees with disabilities. (Action: Executive Office)
- G. Designate a person or office/team in USAID/Indonesia to act as the focal point for all matters related to the implementation of this Plan and related follow-up. The Disability Office(r) will maintain the flow of information concerning this subject matter to the mission staff, respond to external inquiries, alert mission staff and partners of windows of opportunities for enhanced programming in this area, monitor and annually report to Mission management and USAID/Washington on progress in implementing this plan and follow-up actions. (Action: The Deputy Mission Director will designate an office and/or individual)

This Plan will be monitored by the Deputy Mission Director and fully implemented no later than December 31, 2000.

JORDAN

The purpose of this note is to affirm USAID/Jordan support to USAID's Disability Policy within the parameters established by the Washington-approved USAID strategy in Jordan. It should also be regarded as representing the USAID/Jordan plan for addressing disability concerns within the context of our three Strategic Objectives.

The current USAID/Jordan program was conceived and remains tightly focused on three major development issues facing the country, namely (1) too little water; (2) too rapid population growth; and (3) not enough jobs. All activities funded under the bilateral program must address one or more of these three concerns.

Retaining this focus makes sense not only from a development perspective; it also is imperative, given the ratio of

staff to program size at USAID/Jordan (for comparative purposes, it is worth recollecting that we continue to manage one of the three or four largest OYBs in the Agency with the 41st largest staff).

Within the existing strategic construct, there are areas in which we can and should look for opportunities to advance Agency disability concerns. Some of the most obvious ones include the following:

1. **TRAINING PROGRAMS:** The policy here is unambiguous. USAID/Jordan can and will support an inclusive approach to training, whether in-country, third country, or in the U.S. Qualified prospective participants should be selected without reference to disability. If disabilities do exist and additional expense is required to accommodate them (e.g., provisions for signing at seminars and workshops, special assistance that may be required to participate in an overseas training course, etc.) it is an allowable expense and our contractors and grantees should be strongly encouraged to cover them.
2. **MICROFINANCE PROGRAMS:** Already, there is evidence that our ongoing microfinance programs are benefitting disabled Jordanians. For example, disabled Jordanians have been able to access various USAID-funded microfinance initiatives. Also, a local NGO with Prince Ra'ad as its patron approached one of the USAID microfinance grantees, with a view toward expanding opportunities for disabled Jordanians. The fact that the royal family takes an active interest in issues affecting the disabled in Jordan is a plus. Creative efforts of this type can and must be encouraged and, where possible, expanded.
3. **SMALL PROJECT ASSISTANCE (SPA):** The SPA program managed by Peace Corps represents an opportunity to support grassroots development, in this instance through program initiated by Peace Corps volunteers in conjunction with the local community. In some cases, Peace Corps volunteers work with disabled Jordanians, providing opportunities for the USAID-funded SPA program to support Jordan's disabled population a community level.
4. **OTHER ACTIVITIES:** From time to time, opportunities may emerge within other elements of our three Strategic Objectives to promote greater access and participation on the part of Jordan's disabled population. SO teams need to be alert to these opportunities and, where possible, help promote them.
5. **EXPANDED REPORTING/SUCCESS STORIES:** On occasion, SO team members will become aware of specific instances in which disabled Jordanians participate in USAID-funded development activities within the country, whether in training, microfinance, the SPA program or other areas. When this occurs, team members are strongly encouraged to provide a quick e-mail summary of the details to the Office of Program management for possible use in the R4 or other documents. Such information is also vital in providing our input into the annual disability report issued by Washington.

These examples are illustrative only and give some sense for how USAID disability policy concerns can be directly addressed within the context of the ongoing USAID program in Jordan. From time to time, this basic policy statement and disability plan will be updated to take into account new opportunities that may emerge or new information that may become available.

MOROCCO

A counterpart at the Ministry of Health has a physical disability. USAID/Morocco assures that meetings are in a location convenient to him (usually his office) rather than asking him to come to our office. We also provide a program-funded airplane ticket if he needs to attend a workshop or other event outside of Rabat in the context of the program.

USAID/Morocco is currently developing a disability policy that will explore potential broader application of this approach, as well as other cost-effective approaches to help achieve the Agency's goals.

EUROPE AND EURASIA

ALBANIA

During the reporting period, USAID/Albania was in evacuation status for much of the time and so was unable to put in place actions described. We were not at full complement until 10/99. Additionally, during the reporting period, the Kosovo crisis caused an influx of over 450,000 refugees for which basic services had to be supplied.

In the coming year, USAID/Albania will take measures to incorporate the goals as stated. To the extent practicable, USAID will look for opportunities to involve peoples with disabilities and to incorporate sensitivity to disability as part of appropriate training programs for leaders and leadership development. Lastly we will explore with NGOs opportunities for inclusion of peoples with disabilities.

BOSNIA

USAID/Bosnia's program is largely at the "macro" level. The vast majority of the Mission's development interventions revolve around economic and democratic reform. However, the Mission strives to include the physically and mentally handicapped in its programs whenever possible.

o USAID/Bosnia Mission Order No. 106 requires USAID/Bosnia staff to apply the Agency's disability policy, when applicable, to programs and projects. The Mission Order also requires that handicapped access be included in design and construction when making improvements to USAID owned or leased office buildings and other structures.

o Inadequate conditions prevailed among recreational facilities after the war. With a USAID grant, the American Refugee Committee (ARC) designed and installed playhouses that were accessible to children in wheelchairs. The playhouses encouraged contemplative and pretend play as well as encouraging physical activity.

o The post-war period brought limited revenues for local governments which are responsible for social welfare institutions. With USAID-funded and managed Title II Emergency Feeding Program support, the International Orthodox Christian Charities (IOCC) included the most vulnerable institutions in its feeding program. The institutions included: the Center for Deaf Mute Children, "Rada Vranjesevic" orphanage, "Miroslav Zotovic" Rehabilitation Clinic in Banja Luka, the School for Mentally Handicapped Children, the Home for the Blind in Derventa, the Hospital for the Mentally Ill in Modrica and three geriatric centers. The IOCC provided the essential commodities which enable adequate nutrition.

o Through the Municipal Infrastructures and services Project, USAID/Bosnia reconstructs or repairs municipal infrastructure damaged by the war or neglect. The project reconstructs structures consistent with pre-war standards. However, in some of the larger schools, ambulancias, clinics and hospitals which have been reconstructed, USAID/Bosnia has incorporated handicapped accessible features in reconstruction design. In general, the Project ensures that health facilities have external handicapped accessible entrances, and, where feasible, the project has accommodated or adapted bathrooms to be handicapped accessible. A recent example of this is found at Grajska hospital where the Project installed ramps at the main and emergency entrances. In larger schools, the Project has incorporated ramps and, where feasible, modified bathrooms to be handicapped accessible. A recent example of this is Gymnasium Three in Sarajevo where the Project has installed internal and external ramps on the ground floor and modified bathrooms.

o USAID/Bosnia's Business Development Program (BDP) requires that each business loan recipient have in place employment policy, procedures and practices which are non-discriminatory in ethnic origin, religion, nationality, sex, age, or of any kind. The following BDP loan recipients employ physically handicapped people: "Konjuh", "Fabrika soli" and "Ramex" all located in Tuzla, "Agrosidex" and "Mirjam" located in Brcko, "M.P. Fortuna" in Gracanica and "Arting-Gradnja" from Lukavac.

o USAID/Bosnia has received approval to relocate its offices in Sarajevo to a new, larger and more secure building. Renovation is planned to start in 2000. The planning and design process will include provision for entry and facilities for disabled persons.

HUNGARY

The USAID Bilateral Program to Hungary closed at the end of FY 1999; therefore no long-term disability plan was developed. However, through the Mission's post-presence TANGO (Targeted Assistance to NGOs) activity, organizations which serve the physically or mentally disabled at the local level are being supported through the "niche social services" component. Examples include the Down Foundation, Handicap Foundation, Association of Handicapped Persons of Jasz County, and the Association of Bekes County Handicapped Persons.

In addition to reporting on the areas requested in the reference e-mail, in January of 1999, USAID/RSC/EXO completed the Accessibility Checklist Survey. The Office Building where the USAID Offices are located is for the most part accessible. Potential deficiencies are as follows: There are only two parking spaces available to

persons with disabilities. Public transportation is not accessible for people in wheelchairs. There is only one public telephone and one public water fountain in the building, however, both are accessible. The security doors are very heavy and do not have automatic openers. There is only one bathroom that is accessible to people in wheelchairs and it is located on the main floor level of the building and would require leaving USAID office space to use it.

KOSOVO and MONTENEGRO

1. Mission Disability Plan.

USAID Kosovo is responsible for the design, implementation and monitoring of U.S. assistance provided to both the Former Yugoslavian provinces of Kosovo and Montenegro. The Mission, established following the ending of the NATO bombing and the passage of UN Resolution 1244 in July 1999, is still in the initial stages of start-up. A full Disability Plan will be prepared as part of the Mission's future development strategy. This responds to the main points in the request for information on our activities involving the disabled.

2. Contact with one organization in the disability community:

- A. Kosovo – The Mission's primary contact with the Kosovo disability community is through HANDIKOS (the Kosovo Disability Association). USAID's Office of Transition Initiatives (OTI) through its Civic Initiative Councils encourages the disabled community to participate in community building work as much as possible.
- B. Montenegro – There are no current contacts with the disabled community in Montenegro as there are no resident USAID personnel in Montenegro.

1. Activities with disability oriented organizations funded either directly by USAID or through its grantees:

A. Kosovo

- 1. International Rescue Committee (IRC) Community Initiatives Project purchased a photocopier for HANDIKOS-Mitrovica as an income generation activity for the community's disabled.
- 2. OTI funded a key cutting machine for a HANDIKOS key store in Vushtri.
- 3. OTI is also funding a candy store for HANDIKOS-Lipjan.
- 4. DART interfaces with the disabled community in Kosovo through funding with Handicap International. Its program is the distribution of humanitarian commodities and began in the fall of 1998.

5. USAID has an umbrella grant with Save the Children to respond to Kosovo's social rehabilitation needs. We will explore the possibility of providing grants to community-based organizations dealing with problems of the disabled.

B. Montenegro - There are no disabled associated activities currently funded by USAID in Montenegro.

- 1. Training in disability and sensitivity to people with disabilities will be incorporated in the design of future training programs for leaders and for leadership training. None has been conducted to date.

5. USAID currently is designing an activity to rehabilitate community facilities that deteriorated over the past decade or that were damaged during the NATO bombing campaign in Kosovo. USAID will give particular attention to ensuring that any facilities repaired will respond to the needs of the disabled.

POLAND

Owing to the fact that USAID/Poland is a Close-Out Mission, due to cease operations on 9/30/2000, our Year 2000 Disability Plan is abbreviated in scope.

Actions to be Undertaken in Support of USAID/Disability Policy (1/1/2000 to 9/30/2000)

- 1. Furnish Website location on Disabilities to all USAID/Poland staff for current and future use.

2. Sensitize exiting Polish and American employees of the high-value and productivity of employing disabled employees and of their special needs in the work place.

3. Share USAID Policy and Reports on Disability Activities with progressive Polish firms and with sister USG organizations that will continue to operate in Poland after the USAID/P closure.

4. Within existing staff and resources, support any activities, meetings and conferences for people with disabilities scheduled during our remaining days here.

5. Carry anecdotal information, experiences and proactive policy on disabilities issues to our next assignments.

ROMANIA

BACKGROUND

Services for people with disabilities in Romania are severely under-funded and highly inefficient. People with disabilities face significant problems including the lack of communities services, lack of information about the disabilities and legal rights, emotional and financial support, early screening and intervention programs and special education. However, the category of people with disabilities that is most affected by the current situation is represented by institutionalized children. A key component of USAID/ Romania strategy on Child Welfare focuses on assistance to institutionalized disabled children.

ACTIVITIES THAT BENEFIT PEOPLE WITH DISABILITIES

Under Strategic Objective 3.2, Improve Sustainability of Social Services and Benefits, USAID/ Romania addresses the issues of institutionalized disabled children and young adults.

Two programs developed and funded by USAID/ Romania and carried out by World Vision had the following objectives:

- ▶ Improve the quality of life in the institutions ("camin spital") housing children with disabilities through a comprehensive program of therapeutic interventions and in-service training, renovation and technical endowment of therapy and recuperation rooms;
- ▶ Establish "Life Skills" centers where children with disabilities were taught those basic life skills that are learned in a family as well as skills to help them finding and staying in a job;
- ▶ Technical skills training for youths in "camin spital" to enable them to assume increased responsibility in moving towards their independence from the institution hosting them;

Another program funded by USAID/ Romania and carried out by Project Concern International focused on creating model Transitional Living Centers for handicapped children and youths. The objective of this program was to minimize the number of institutionalized children and to provide Romanian authorities with a visible, workable, Romanian oriented option to the current practice of institutionalized handicapped children and young adults.

In the same area, Feed the Children, through a program funded by USAID/ Romania, assisted the local authorities in the rehabilitation of facilities for children with disabilities and monitored commodities shipment, storage and distribution for the institutions housing handicapped children.

As part of its Health strategy on HIV/AIDS prevention, Mission focused on optimizing care and reducing the impact of infection among children residing in hospitals, Pediatric AIDS wards and other facilities. The program that was implemented by World Vision included assistance to families in order to care for their HIV/AIDS infected children at home, as well as media campaigns meant to increase public awareness on HIV/AIDS prevention.

Through its NGO and Volunteers coordination activities, USAID/ Romania organized a meeting of US Mission representatives and representatives of more than twenty local organizations of various categories of disabled people. Participants in this meeting were also representatives of the Romanian Government as well as of International Donor Organizations. This meeting was organized in honor of the Romanian participants to the Special Olympics. It was also used as an opportunity for the organizations of handicapped people to share their problems and concerns with the representatives of the institutions and organizations that must or may assist them

in overcoming their current problems.

One of the objectives of USAID/ Romania's strategy on Improved Child Welfare addresses the development of adequate community services for handicapped children. Technical training for the key staff to implement community-based systems is considered an important tool in achieving this objective. Thus, in order for the Romanian authorities to become an agent of change and for developing skills in advocacy and management, USAID/ Romania provided technical training to the major actors in the handicapped system. A group of state officials policy makers and leaders in the NGO community, visited U.S day care centers and group homes for the handicapped. Among the participants to this training, people with disabilities were included. The intent of this study-tour was to teach the participants the managerial skills as well as different levels of systemic approach in the triangle of responsibilities between federal, state and local authorities that would further help them improve the community services for handicapped children.

It is USAID/ Romania's plan that, under one of its most recently initiated and funded programs , Humanitarian Commodities for Kosovo, people with handicaps in Kosovo will be provided wheelchairs that are manufactured in Romania by small workshops where the workers are disabled people.

As part of the Emergency Assistance programs initiated by US Government as a result of the conflict in Kosovo, on September 22, 1999, the US Government, through The U.S Agency for International Development signed a \$14 million agreement with the Government of Romania (GOR). Although the purpose of this agreement was to relieve Romania 's balance of payment situation, it was agreed between the two Governments that GOR will make available the local currency equivalent of the amount granted by the USG in order to carry out programs to improve the quality of life in the institutions housing orphaned children and children with disabilities.

DEVELOPMENT OF STRATEGY FOR PEOPLE WITH DISABILITIES

During calendar year 2000, the Mission will formulate its next multiple-year Strategy. Within that process , the Mission will develop a specific section covering people with disabilities. More importantly, USAID/ Romania will examine possibilities to incorporate people with disabilities in program elements beyond the social sectors activities to open more opportunities for these individuals.

RUSSIA

-Orphans

USAID/Russia enters into the 20th century with two new bold activities designed to respond to the needs of disabled portions of the population. The first new activity is Assistance to Russian Orphans (ARO). Many children with disabilities in Russia are still automatically put into state institutions soon after birth, and cared for outside of families and communities. Reintroduction into society often never occurs. The ARO project, begun in FY99, will support activities to prevent abandonment, promote the development of community services, and encourage organizations involved with orphan issues to share ideas with each other. While ARO serves all orphans, and not just the disabled, USAID expects that disabled children will benefit considerably from the program's efforts to support families and communities to better care for children outside of institutions. US organizations, Holt International Children's Services and Mercy Corp International, will work to implement this \$1.5 million project with leading Russian non-governmental organizations in Novgorod, Samara, and the Russian Far East, including Magadan.

-People with HIV/AIDS:

The second activity, a new \$2 million HIV/AIDS project will focus on preventing AIDS among high-risk groups (drug users, CSWs, MSMs) and vulnerable groups (adolescents). The primary implementer of this AIDS prevention project is Population Services International which will manage this \$2 million effort in Moscow and Saratov. This project will use social marketing and training to increase the awareness of care givers and the general population about AIDS prevention. In addition, increased knowledge and awareness of AIDS will make it easier for those afflicted with the disease to find help. PSI has already prepared AIDS awareness materials for adolescents. USAID supports the GORF's AIDS slogan, "Listen, Learn, and Live". The project also features a partnership the Lower East Side harm Reduction Center and NAN (the equivalent of the United States' "Just Say No to Drugs" campaign) in Moscow. In Saratov a partnership between the Whitman Walker Clinic and several U.S. NGOs and the AIDS center in Saratov will work on implementing joint HIV/AIDS programs there.

-Mentally Ill:

A ongoing partnership between The Human Soul House in Moscow and Fountain House in New York works with the mentally ill. The goals of this partnership are to

strengthen the Russian network of clubhouses serving the mentally ill by increasing their

capacity and building relationships with local authorities, sponsors, and the psychiatric

community.

Since 1998, the partnership has already achieved:

- ▶ Maintenance of regular contacts with representatives from Clubhouses in the regions.
- ▶ Quarterly issues of the newspaper "Clubhouse".
- ▶ Improved quality of social work at Human Soul House (HSH) -- An international certificate was awarded to HSH on August 20, 1999 by the International Center for Clubhouse Development for the high quality of their rehabilitation programs in relation to the standards of the International Standards for the Clubhouse Program.
- ▶ The total number of examined mentally ill is 115. All data from these evaluations are used for further program development (how to obtain Transitional Employment Placements for mentally ill members, develop a member leadership program, and increase responsibility of mentally ill members.)

Physically Disabled:

USAID funding for the partnership between World Institute on Disability—WID (Oakland, CA), Perspektiva (a Moscow based NGO), and three All-Russia Society of the Disabled (ARSD) regional boards in Krasnodar, Perm and Syktyvkar (Komi Republic) ended in July, 1999. The partnership accomplished the following:

- ▶ Active Disabled Youth Programs are supported by 46 Disabled Youth Activists (DYA) and many volunteers in seven Russian cities, including: Ukhta, Syktyvkar, Perm, Nytva, Krasnodar, and Krymsk.
- ▶ DYAs and volunteers participated in 13 workshops held by Perspektiva, WID and other trainers, as well as in an additional 3 workshops conducted by ARSD trainers in the regions.
- ▶ 46 DYAs and 10 volunteers conducted disability awareness workshops to 10,451 Russian school children in 370 classrooms from 76 schools in Krasnodar, Krymsk, Perm, Nytva, Ukhta, and Syktyvkar.
- ▶ An intensive media campaign yielded: 70 print articles in local and international newspapers, 5 TV segments on local, national and international stations, and 3 radio pieces on local, national and international stations. Through their efforts with the media, the DYAs in each region have acquired new skills and practical experience in interacting with the media in order to improve public attitudes about disability issues.
- ▶ The DYAs have become more independent in their daily lives, have employment skills and experience, and are personally involved in their communities.
- ▶ The DYAs are beginning to be treated as leaders in their community. One indicator of this new status is that the ARSD leadership in the three regions has accepted the DYAs as colleagues, instead of consumers or clients. This is essential since the ARSD is going to improve their ability to serve young people with disabilities. Both ARSD and Perspektiva have received funding from other donors, including the Ford Foundation, to continue their work. USAID funds helped them strengthen themselves to the point where they could raise other funds.

-Small Business:

Through a recent grant from USAID's Targeted Grants Program in the Russian Far East, Krechet, a small company in Khabarovsk, has introduced a new product line—flash frozen berries from the forests of the Far East. Not only has Krechet increased its revenues, but it also provides much needed income for disadvantaged groups, including the elderly, indigenous people, and the blind. The berries are collected by the elderly and by indigenous groups, whose livelihoods depend on collection of forest products. In addition, the packaging boxes for this new line of frozen berries is manufactured by an association of blind persons living in Khabarovsk.

-NGOs:

The Novosibirsk Center for Independent Living (FINIST) has developed into strong, independent NGO. Together with its specialized center for disabled women, ARIADNA,

FINIST serves as an advocate for disabled people in the region. FINIST uses Polyclinic #6 to provide peer counseling, medical treatment for disabled people, and current information on rehabilitation and medical supplies for practitioners who work with the program. FINIST's U.S. partner, International Institute for the Disabled, arranged for translation of informational materials into Russian for the Disability Resource Center, the main repository for all disability-related information.

LATIN AMERICA AND THE CARIBBEAN

BOLIVIA

I. INTRODUCTION

USAID/BOLIVIA is pleased to develop its first Action Plan to assist the needs of the disabled in Bolivia. For this purpose, the Senior Management Team (SMT) assigned the Strategy and Operations Office (SOS) to take the lead in developing such document with support from the Executive Office (EXO) and the Health SOT as members of a specific Task Force. Based on consultations with AID/W on pertinent guidelines, the Task Force developed an outline and schedule in early August 1999 to produce this document. The outline included minimum contents, length for each section, drafting responsibilities and recommended methodology (e.g., research, field work and sensitivity training) for preparing the Mission's first Disability Action Plan. The schedule included the key steps in the process, lead persons for each step and timeframes for completing the tasks involved in time for submitting the document to AID/W (i.e., December 31st, 1999).

The purpose of this Action Plan is to identify specific interventions within the Mission's current portfolio that can be undertaken to promote the prevention of disability, its treatment and access to services for disabled people in USAID programs. This will be accomplished by preventing and treating disabling diseases, by promoting non-discrimination against the disabled in programs funded by USAID/Bolivia and by increasing awareness on this issue with our partners, the Government of Bolivia (GOB) and the donor community.

Although USAID/Bolivia does not include specific activities that address disability in its Strategic Plan and framework, the Mission has been involved in implementing programs in the health sector that prevent disabling diseases. Disabled people are already beneficiaries of our programs to some extent as reported in the First Annual Report on Implementation of the USAID Disability Policy (submitted to the Administrator on December 23, 1998) and as further described in Section II below. However, USAID/Bolivia expects to promote the inclusion of people with disabilities further, as well as those who advocate and offer services on their behalf through various activities herein identified. These activities do not require additional human or financial resources as noted in the Agency's 1997 Disability Policy Paper.

II. USAID/B PAST EXPERIENCE WITH DISABILITY

For some time, USAID/Bolivia has been actively and successfully involved in implementing health-related programs to prevent disabilities from occurring. For example, during the last five years, the Mission implemented prevention programs in the areas of Chagas and malaria with Title III funds. Chagas disease is a disabling vector-borne parasitic disease almost unique to Bolivia that can lead to serious myocardial impairment and disability. Repeated bouts of cerebral malaria have been shown to be associated with significant permanent reduction in cognitive ability. Malaria also may lead to low birth-weight babies and permanent growth stunting.

In addition to Chagas and malaria, through its new infectious disease initiative, USAID/Bolivia is working with partners toward developing sustainable prevention and control programs for the following disabling infectious diseases. In tropical Bolivia, sufferers of espundia, an insidious manifestation of a vector-borne parasitic disease known as muco-cutaneous leishmaniasis, may acquire permanent gross facial disfigurement if not treated early. Bolivia has one of the highest incidence rates for tuberculosis in the Americas. Tuberculosis can lead to long-term disabling disease, and even paralysis, if untreated. Further, certain sequelae of measles can lead to

blindness. Mumps can lead to deafness and infertility. Chronic lack of vitamin A can lead to xerophthalmia and permanent visual impairment, while chronic lack of iodine among women can result in cretinism in their newborns, a permanent condition that includes serious cognitive disability. Through its partners, USAID/Bolivia has been long supporting maternal health, reproductive health, and child survival programs toward preventing all of these disabling diseases.

Furthermore, PROSALUD, an NGO service deliverer of primary health care services created by USAID, is currently engaged in the production and sale of orthopedic devices, and prostheses at low prices. PROSALUD also offers physiotherapy programs at three centers in its network (Santa Cruz, Riberalta/Beni and Cochabamba). The workshop for the production of these devices was transferred to PROSALUD by DeWaal Foundation (FDW), a Dutch non-profit institution devoted worldwide to physical rehabilitation of polio victims. In Bolivia, FDW started its activities in Riberalta, Santa Cruz and Cochabamba with a heavy outreach component to nearby communities. In 1997, FDW decided to end its direct assistance in Santa Cruz and left its patients and equipment to PROSALUD; the work in Cochabamba was similarly ceded to PROSALUD at the end of 1997.

With this donation, as a starting point, PROSALUD implements the physiotherapy services in Santa Cruz, Cochabamba and Riberalta on a risk-sharing scheme with traumatology specialists and social workers who do the follow-up and support to the patients. FDW covered the operating costs up to 1998. A new agreement between PROSALUD and FDW is to be signed shortly. Under it, FDW will cover 75% of complete treatment to disabled persons up to a ceiling of US\$1,000; the other 25% will be cost-sharing financed by USAID through PROSALUD. USAID/BOLIVIA's support is through a grant given to PROSALUD to meet operating costs in general.

In summary, USAID/Bolivia's overall experience with disability has concentrated on preventing disabling diseases from happening coupled with some rehabilitation interventions through its partners. Although these interventions have been provided in an appropriate manner, they have not formed part of a concerted effort to help alleviate the problems faced by the disabled in Bolivia, nor as part of an explicit Disability Policy.

III. BOLIVIA'S DISABILITY PROFILE

a. The Legal/Institutional Context

The legal framework under which the disabled are included is Law # 1678 of December 15, 1995. This law creates the "Comité Nacional de la Persona con Discapacidad" (The National Committee for Persons with Disabilities) as the institution responsible for the implementation of policies and activities to benefit and protect the rights of the disabled in Bolivia. The law has not been properly operationalized nor enforced; in fact, since it was passed by the Bolivian congress only a few mostly private organizations and the disabled themselves have been aware of it.

Interviews with representatives of various institutions that work with the disabled in La Paz, Santa Cruz and Cochabamba and documents reviewed support the following major findings:

- ▶ It is primarily the private sector that coordinates and programs activities to address the needs and rights of the disabled. An estimated 40-60 small private institutions including a few NGOs, almost entirely located in the urban centers, work with the disabled nationwide.
- ▶ Also, it is these institutions that do most of the sensitivity and advocacy interventions for the disabled, mostly in the cities. RIC (Integral Rehabilitation into the Community) is taking the lead on this effort nation-wide.
- ▶ It concentrates its efforts on prevention and rehabilitation of disabling diseases with financing coming mainly from private local and international NGOs (e.g., the Delgadillo Foundation/CONSIPE in Cochabamba, Foundation DeWall in Santa Cruz and Cochabamba).
- ▶ The GOB, municipalities and local prefectures (analogous to state governments) have been and continue to be virtually inactive regarding the implementation of the law and/or programs related to the disabled in Bolivia. For example, the Municipality of La Paz has issued a number of ordinances aimed at providing employment opportunities to the qualified disabled but these ordinances have never been put into practice.

- ▶ It is worth mentioning that the local prefectures support some of these institutions with mostly in-kind contributions (e.g., salaries for specialized teachers and physiotherapy technicians). In La Paz, the IDAI (Instituto de Adaptacion Infantil) located in Obrajes receives limited operational support in addition to in-kind contribution from the local prefecture and the central government. This is one of the biggest institutions in La Paz (330 persons with mainly physical and mental disabilities) that has been providing institutionalized rehabilitation services during the last 20 years.

b. The Statistics

Based on the standard international formula provided by the World Health Organization (WHO), which estimates the proportion of disabled in a given society at about ten percent, there are probably about 800,000 disabled in Bolivia. Of those only about 6.8% (54,400) likely receive some type of care and services. The estimated disabled population in Bolivia is further broken down as follows:

- ▶ With physical disability 3% (240,000);
- ▶ With mental disability 3% (240,000);
- ▶ With sensory disability 3.5% (280,000); and
- ▶ Other disabilities 0.5% (40,000) .

Currently, there are no reliable nor comprehensive statistics on the disabled in Bolivia. An attempt was made to measure the extent of disability in the 1998 DHS (Demographic and Health Survey) which included some questions on disability. The results showed that only one percent of the total population had some type of disability, and they were located mostly in the urban areas. These statistics are considered very preliminary and should be taken with a lot of caution because of the incomplete questionnaire and the large discrepancy with standard statistics.

c. The Key Problems

As a result of the fieldwork carried out in La Paz, Santa Cruz and Cochabamba, the following key problems facing the disabled in Bolivia were identified:

- ▶ There is lack of adequate support by the GOB to enforce the law;
- ▶ There is insufficient information on the real number and types of disabilities;
- ▶ Civil society and government entities at all levels are unsensitized and somewhat complacent about the disabled as part of the total population;
- ▶ Social barriers (education, work) and structural barriers (roads, streets, lights, doors, stairs, ramps, elevators) are not being addressed by any entity.

d. A New Fresh Approach

A sign of hope and a reason to be optimistic is the creation of a highly active organization called RIC (Integral Rehabilitation into the Community) which, departing from the old concept of institutionalizing the disabled in segregated sites, is seeking to educate the population and the families of the disabled to promote the inclusion of the disabled into regular community life and activities, allowing them the opportunity to have access to education, employment and social activities. The new approach emphasizes development of the skills of the disabled to the maximum extent possible instead of focusing on fixing the disability.

RIC is a national association of 65 institutions (21 from the public sector and 44 from the private sector) that are involved with disability. RIC's National Executive Office is located in Cochabamba and is run by a small but highly motivated cadre of experienced professionals in the disability area. The group receives most of its financial support for operating costs from the DeWall Foundation and CARITAS. Also, RIC has signed an agreement with PROSALUD to work on rehabilitation. In addition, RIC has a National Board composed of volunteers from some of its members, many of

them disabled, who are vehemently working towards a community rehabilitation approach to address the needs, interests and rights of the disabled with the participation of the civil society. The work RIC has done since 1994 with its associate members is impressive. They are rethinking the old biomedical/segregating approach to disability and opening their minds to a rehabilitation paradigm that focuses on the family and community. RIC hopes to win over the GOB and the donor community to become part of this new approach.

In sum, the disabled remain among the most disadvantaged of the Bolivian population, unable to access educational and employment opportunities with little or no chance to live a normal life. The donor community has been uninvolved and detached from the problem, probably as a result of program priorities and the lack of involvement in this matter by the GOB itself.

IV. USAID/B DISABILITY PLAN OF ACTION

During the fieldwork in Santa Cruz in late October 1999, PROSALUD agreed to become USAID/BOLIVIA's contact organization to coordinate our Mission disability efforts. Once this Action Plan is approved by the Mission, it will be shared with PROSALUD to incorporate specific actions into its own disability plans.

As part of the development of this Action Plan, USAID/Bolivia designed and implemented the first ever Sensitivity Training on Disability (November 18, 1999). Some 25 Mission employees participated (around 17% of total Mission staff) in this two-hour training event. Staff were divided in three groups, representing all Strategic Objective Teams (SOTs) and support offices. The groups were highly participatory and motivated, providing excellent ideas for specific actions on how to include people with disabilities in our current portfolio. As a result, USAID/Bolivia proposes to implement several actions by the end of CY 2000 to address disability in the areas of prevention, access, treatment and advocacy, in compliance with the Agency's Policy paper and Action Plan on Disabilities, as follows:

- ▶ USAID/Bolivia, through the Regional Contracts Officer, will research the legality of including clauses dealing with disability in all existing Cooperative Agreements and Grants. The RCO has already found pertinent text from the Federal Acquisition Regulations that will be inserted into contracts (i.e., 52.22236 Affirmative Action for Workers with Disabilities (a) General (1) regarding any position for which the employee or applicant for employment is qualified, the Contractor shall not discriminate against any employee or applicant because of physical or mental disability. "
- ▶ USAID/Bolivia, through the Democracy SOT, will explore, time and resources permitting, the development of a municipality mechanism to publicly recognize those civil works that are disabled-friendly (e.g., public/private buildings, hospitals)
- ▶ USAID/Bolivia, through PAS (Ex-USIS), will regularly advertise the rights of the disabled stemming from the law to promote social awareness on this issue.
- ▶ USAID/Bolivia, through the Health SOT, will program training activities with RIC and NGO health providers (e.g., PROCOSI, PROSALUD, CIES) to better serve the disabled.
- ▶ USAID/Bolivia, through the Health SOT, will recommend that local NGOs (e.g., PROCOSI, PROSALUD and CIES) adapt their infrastructure (e.g., health centers) to the needs of people with disabilities in ways that are cost-effective.
- ▶ USAID/Bolivia will disseminate its Disability Policy to its partners (GOB, NGOs etc).
- ▶ To lead by example: USAID, through the Executive Office/Human Resources, will include a non-discrimination clause for the qualified disabled in all job openings including the news media. Also, USAID and the Embassy will adapt their infrastructure (e.g., modifying the sidewalk in front of the USAID building, bathroom doors, modifying the Chancery sidewalk) to make them disabled-friendly. Further, the Mission will recommend that other agencies adopt these physical improvements.
- ▶ USAID/Bolivia, through the Health SOT, will continue to put emphasis on prevention of disabling diseases through the new infectious disease initiative (e.g., malaria, Chagas, tuberculosis, espondia). In addition, the Health SOT, through its family planning interventions, will continue to improve prenatal care to reduce

high-risk pregnancies, which in turn will lower the risk of physical and mental damage to newborns.

- ▶ USAID/Bolivia, through the Environment SOT, will obtain the U.S. Law for the disabled and recommend adaptations to the Bolivian Law especially in the environment area.

DOMINICAN REPUBLIC

The World Health Organization estimates that there are about 800,000 people in the Dominican Republic who are suffering various disabilities and require rehabilitation programs. Sixty five percent of those are of working age.

The needs of the disabled and the identification of interventions to address those needs were discussed and agreed upon at a forum organized in 1998 by the Dominican Secretariat of Labor. The forum, sponsored by the Organization of International Labor (OIT), was attended by organizations of the handicapped, employers and international organizations. A key outgrowth of the forum was a national action plan designed to achieve socio-economic integration of disabled people in the Dominican Republic. Specific objectives of the action plan include (a) a national diagnostic on access to education and employment, (b) an analysis of the legal system to look not only at the laws that protect the disabled but also their implementation and enforcement, (c) a national public campaign to sensitize society on equal opportunities for people with disability, and (d) the identification of mechanisms for participation and dialogue with the disabled. The national action plan will be managed by a national committee made up of government agencies, organizations of employers, and organizations of/for disabled people. Funding will come from the participant organizations and national and international sources.

The approved national strategic plan of action for the integration of the disabled is based on the full participation of handicapped individuals and their organizations and the incorporation of disabled groups traditionally excluded such as women, elderly, and disabled people living under extreme poverty.

The Government of the Dominican Republic will be seeking to address a number of key issues and concerns. These include (a) the lack of statistical information on the disabled population, (b) the need to increase the coverage, support, technical assistance, and lack of human resources of government entities dealing with the disabled, (c) poor inter-institutional coordination between organizations dealing with the disabled, (d) physical (architecture, transportation, communication), socio-economic and cultural barriers to access to resources and services, (e) the desirability of sensitizing organizations of workers, disabled individuals, families and society in general about the rights and potential of people with physical impediments, (f) the deficit in social security coverage for the disabled, (g) the poor quality of education and technical/vocational training for the disabled, and (h) the need to identify workable alternatives to promote integration of the disabled community in the formal and informal economy.

A number of concrete achievements already can be reported: 1) The Dominican Republic is a signatory to the Inter-American Convention for the Elimination of all Forms of Discrimination Against Disabled Individuals signed under the auspices of the Organization for American States in 1999. This convention establishes policies at the international level addressing disability matters. 2) The National Council for the Prevention, Rehabilitation, Education and Social Integration of Disabled Individuals (CON APREN) worked with the National Association of Disabled Dominicans (FENADID) in the drafting of a very modern piece of legislation on disability. A Senator and candidate to the vice-presidency, Milagros Ortíz Boch, recently introduced this General Law on disability to Congress. 3) Civil society advocacy efforts are proceeding. The Asociación Dominicana de Rehabilitación (ADR), the oldest Dominican NGO that works with the disabled, launched a public campaign through national television designed to change the image of individuals with disabilities. The messages of the campaign, funded by the USAID Democratic Initiative Project (PID), were very powerful, reaching a wide audience. Four, training of the disabled is underway. Since March 1995, ADR has received under the Mission's PVO Co-Financing intervention \$129,633 to support the "Extension of Professional Services" activity; through this activity more than forty disabled individuals have been trained and incorporated into the active labor force. Also, via the USAID/W-funded Cooperative Association of States for Scholarships (CASS) intervention, eight disabled persons have participated in overseas training. Five and last, USAID is renovating its building, including the construction of ramps that can be utilized by individuals in wheelchairs.

GUATEMALA

USAID/G-CAP Progress toward Implementation of USAID Disability Policy

Report on 1999 Activities

1. Support to the National Council for the Disabled

Under the Democracy SO, USAID/G has provided technical and logistical support to the National Council for the Disabled (CONADI) in the review and drafting of the bylaws of legislation passed in 1996 in support of the disabled. The legislation was contemplated in the Peace Accords signed the same year. Support is being provided through a \$55,000 subgrant to the Human Rights Legal Action Center (CALDH), a local NGO that also employs people with disabilities (PWDs).

2. Meetings with Organizations of the Disabled

USAID staff met three times in 1999 with organizations of PWDs in Guatemala. One such meeting took place with members of the National Council for the Disabled. A 1996 disability rights law established CONADI as a multisectoral National Council for the Disabled. CONADI members represent several disability organizations, and as a Council are responsible for ensuring implementation of the disability rights law. The legislation, however, needs revisions, still has no bylaws and the national budget includes no funding for this organization, which severely limits its effectiveness. The meeting served to discuss progress in the drafting of bylaws that will allow for the enforcement of a 1996 Disability Law. USAID has had a limited relationship with CONADI, but in relation to this task is supporting CALDH through the grant agreement mentioned above to provide technical assistance to CONADI in the legislative lobbying process.

There is ongoing communication with CONADI, CALDH, and ASCATED, a local NGO that provides assistance to the disabled nationwide, to identify strategies and mechanisms to enhance access by PWDs to resources and services offered by USAID/G-CAP and key partners' programs.

3. Efforts to Include the Disabled in the Electoral Process

USAID provided \$950,000 to the Electoral Tribunal in support of this year's election, including technical guidance to better include the disabled in the electoral process through CALDH that also supported improvements in the Braille ballot developed earlier by the Tribunal. Over 7,000 voting tables were each equipped with three Braille ballots for the November General Elections.

4. Support for Technical Degrees in Special Education Under the Education SO

Through the Cooperative Agreement with Rafael Landivar University, university scholarships have been granted to 58 indigenous men and women to obtain technical degrees in fields important for serving the needs of physically and cognitively disadvantaged persons. These fields include physical therapy, hearing and language impairment, and nursing (with courses that focus on physical disabilities and rehabilitation). A total of 114 persons are registered in a technical degree program in Social Work and 21 at the Bachelor of Arts level. At both levels emphasis is placed on preparing professionals to work with PWDs.

If funding is made available, next year the University will offer a one-year degree program in Mental Health for persons working in highland communities ravaged by years of armed conflict.

5. The SpO for Peace Supports a Mental Health Rehabilitation Program

USAID/G-CAP efforts to support commitments made under the Peace Accords include a \$300,000 program designed to address mental health problems and disabilities caused by the war through a community-based rehabilitation program. The activity is being carried out in cooperation with the International Office on Migration (OIM) and has already produced an assessment study of the six highland communities in Quiché and Chimaltenango where the rehabilitation program is being implemented.

The Peace SpO is also supporting Policy discussion leading to increased State funding for mental health activities that include technical assistance to Congress to develop the legislation required. Draft legislation is currently being reviewed with Mayan Congresswoman Manuela Alvarado.

The Peace SpO has also sought ways to maximize coordinated efforts in support of the disabled, particularly among programs serving war-affected communities.

6. The regional HIV/AIDS SpO has Encouraged Inclusion of PWDs Among Partners

Because HIV/AIDS is classified as a disability, the Regional HIV/AIDS SpO is in full support of USAID's Disability Policy. Under the SpO: "Enhanced Capacity to respond to the HIV/AIDS Crisis", many actions have been taken to de-stigmatize HIV and enable People Living with HIV/AIDS (PLWHAs) a voice and a vote in national policies and programs and to involve them in national, regional and international networks. PLWHAs have had active participation in the development of the National Strategic Plans in the Central American Region and in the Expanded UNAIDS Country Theme Groups. The SpO also has plans underway to search for HIV training materials that are specific to people with disabilities. Both partners under the SpO actively seek the participation of PLWHAs and employ them as permanent professional staff and for part time jobs.

7. USAID/G-CAP's Facilities improve Access to PWDs

The Executive Office has completed the construction of a walkway, allowing access to the front door of the USAID building, and of a rest room facility in the Mission for the disabled.

USAID/G-CAP Disability Plan for the Year 2000

The following are the activities planned by USAID/G-CAP for the year 2000:

Meetings with Members from the Disability Community

USAID/G-CAP plans to organize meetings between members from the disability community and USAID/G-CAP's key partners in programs with activities responsive to priority needs of disabled, such as credit. We will start with microenterprise and health sector initiatives.

Advocacy on Public Policy Dealing with the Disabled

Under the SO "More Inclusive and Responsive Democracy", USAID/G-CAP will continue to support efforts in legislative reform and bylaws relating to the rights of the disabled in Guatemala through the Human Rights Legal Action Center (CALDH).

CALDH is providing technical support to the National Council for the Disabled (CONADI) and has made significant progress in the areas mentioned above. Activities planned for the year 2000 include advocacy efforts in the Guatemalan Congress to ensure approval of 1999 reforms and bylaws to the Disability Law passed in 1996 and a budget for CONADI to be able to operate.

Continued Support for Ongoing Activities

- ▶ Community-based mental health programs are planned in six communities that were more severely affected by the 30-year war in Guatemala under the Special Peace Objective through a Cooperative Agreement with IOM.
- ▶ Scholarships in Special Education Programs will continue to be financed under the Education SO to ensure better trained personnel are available to serve the needs of people with disabilities, especially in the Mayan countryside through a Cooperative Agreement with the Landívar University (see USAID/G-CAP 1999 Disability Report).
- ▶ Efforts will continue to be made under the "Enhanced Central American Capacity to Respond to the HIV/AIDS Crisis" SpO to include people living with HIV/AIDS in all the programs activities.

Efforts to Recruit PWDs

On the personnel front, USAID/G-CAP will be ensuring that advertisements for vacancies are sent to institutions that provide services to PWDs to reach a broader audience. Training courses will be planned to facilitate the interviewing and recruitment of disabled persons who satisfy professional requirements in seeking employment.

In addition to revising and adapting a model disability policy and plan based on models that will be disseminated from USAID headquarters in Washington, the Mission is in contact with several organizations within the disability community. First contact was made in September 1999 with Handicap International representatives with both its local chapter in Honduras and its headquarters in Belgium. Other contacts were made in early October 1999. The U.S. Ambassador to Honduras hosted a luncheon for members of the disability community last autumn. The Mission plans to follow-up on these contacts and will encourage its partners, e.g., grantees, to do so too. With respect to the integration of training on disability and sensitivity to disability within regular training programs for leaders and for leadership development, the Mission is requesting that USAID/W provide training and/or training materials for use by Mission staff and its development partners. One specific Mission activity that highlights the inclusion of people with disabilities is the micro-enterprise program whose grantee reports that the program has clients with disabilities. Finally, the Mission's new vocation education activity requires that vocational centers will be wheelchair-accessible.

JAMAICA

Based on the data from the 1991 census, approximately 5 percent of Jamaica's population can be regarded as having at least one disability. Of this group, 54 percent are women and 46 percent are men.

Access to education is one of the major impediments faced by persons with disabilities; the provision of education at the primary level has been generally inadequate as a number of disabled children are left out of the system for various reasons. While the Ministry of Education has a special education program for students within the 4-18 age group, there are a number of problems that need to be addressed if the system is to be fully effective, including (a) inadequate assessment and placement services for all categories of special children and (b) the limited number of facilities catering to the needs of the disabled island-wide. Non-governmental organizations such as the Salvation Army for the blind and the Danny Williams school for the deaf play a significant role in supporting the education of children with disabilities.

Government services for the disabled are provided mainly by the social sector ministries. Over the years, several programs have been implemented aimed at integrating persons with disabilities into the economic life of the society, consisting, among others, (a) the use of quotas for the employment of disabled persons in the public sector and (b) the preparation of a draft amendment to the building code to accommodate persons with disabilities. More recently, the Jamaican national advisory board has submitted a draft policy document to the cabinet on the National Policy for Persons with Disabilities, covering all groups with disabilities as recognized by the United Nations. This policy will address the needs of the disabled in the areas of education, training, employment, health, housing and recreation. However, the legislation has not been passed to date, having been revised for resubmission to Cabinet.

USAID/Jamaica has several programs for the disabled, both ongoing and planned. Under Strategic Objective (SO) #3: Improved Reproductive Health for Youth, the Mission is introducing a new adolescent reproductive health program that will support at least one NGO whose focus is to bring programs to people (adolescents) with disabilities. During the next year, the Mission expects to meet with Jamaica's Ministry of Health to ensure issues of access for people with disabilities are taken into account in the health centers where USAID is supporting activities. Within SO #4: Improved Numeracy and Literacy, USAID/Jamaica has been working with the Jamaica Association for the Deaf since 1997. USAID also has sent four persons at varying educational levels for short and long term training in special education for children. Jamaica also benefits from USAID/W-sponsored programs; under the Caribbean and Latin American Scholarship Program II, one person with multiple disabilities received a Bachelors degree.

While USAID/Jamaica has no Mission Order outlining its overall Disability Policy, it does employ practices that benefit the disabled community. Pro-disabled employment practices are utilized. This includes inclusion in all newspaper employment advertisements the following statement: "USAID/Jamaica is an equal opportunity employer and does not discriminate on the basis of race, color, religion, nationality, sex, age or physical disability." In addition, Mission facilities are "disabled friendly." The Mission has taken steps to provide a designated parking slot, restrooms that are accessible to wheelchairs, and an elevator of sufficient size to accommodate wheelchairs. Over the next year, the Mission will formally outline a disability policy, actively engaging counterparts in this area.

MEXICO

USAID/Mexico is actively supporting the addressing of the needs of the disabled community, including the

sponsorship of an international conference held in 1998 in Mexico on the issue.

NICARAGUA

On August 25, 1998, the National Assembly of the Government of Nicaragua passed Law # 202 on the "Prevention, Rehabilitation and Equality of Opportunity for Persons with Disabilities." This law requires equality of access in places of employment, education, public entertainment, cultural institutions and tourist attractions. Presidential Decree # 50-97 further mandates the establishment of norms and regulations to implement the law through a multi-sectoral commission under the leadership of the Ministry of Health. To date, however, little progress has occurred in implementing this law or enforcing its requirements.

On the other hand, an active and large community of PVOs/NGOs is working in Nicaragua to represent and advocate for the needs of persons with disabilities (PWDs) and their families. These include groups representing those with spinal cord injuries, the hearing impaired, war victims, etc. Members address the full range of needs for PWDs from education and health care to counseling, vocational training, job placement, advocacy and legal assistance. An outstanding example is the work of the National Association of the Nicaraguan Hearing-Impaired (ANSNIC) that has attracted the international attention of linguists, as well as the *New York Times Magazine* in a feature article October 24, 1999. ANSNIC has a unique and highly successful education program in sign language. Under the auspices of ANSNIC, several Nicaraguan NGOs, working for the rights and needs of PWDs, have formed a consortium, FECONORI (Federation for Coordination of Nicaraguan Organizations for Rehabilitation and Integration). This umbrella consortium seeks to promote implementation of Law # 202, inform the public about the plight of the disabled, and improve the quality of life for all PWDs in Nicaragua.

USAID/Nicaragua is committed to ensuring access of PWDs to all its development assistance programs. This issue takes on special importance in view of the many Nicaraguans who suffered as the result of the civil war of the 1970s and 1980s. Most of US AID's activities addressing the needs of PWDs take place under the Mission's education and health program, especially through the basic education project. The Mission also is planning outreach activities through the Democratic Initiatives program.

USAID/Nicaragua's Basic Education project (BASE II) seeks to improve the quality and effectiveness of primary school education. The Ministry of Education, Culture and Sports' special education department, supporting a model that emphasizes multi-grade rural schools, has requested USAID assistance under BASE II for additional teacher training. BASE II will provide training for master teachers, school directors and supervisors on two topics directly addressing the needs of PWDs, including (a) the integration of special needs students into the classroom and (b) the need to respond to different learning styles. Over the next two years, BASE II will train 2,500 teacher trainers nationwide in these topics. These trainers will subsequently train all 20,000 teachers nationwide through the BASE II model school program and the National Teacher Training Network that BASE has created. BASE II also will develop and publish a teacher training module on these topics and include them in an educational video. The estimated total cost of these interventions is \$40,000.

USAID/Nicaragua's largest bilateral health project PROSALUD works to mobilize local resources and assure quality primary health care in rural areas plagued with high infant and maternal mortality. PROSALUD's efforts take place in three mountainous departments where many war victims live, consisting of Boaco, Matagalpa and Jinotega. The PROSALUD project has agreed to work on helping persons with disabilities within the current project workplan and budget in the following ways. One, it will train Ministry of Health and community health personnel to recognize, counsel and refer PWDs. Two, it will promote community recognition, support and referral of PWDs through education activities at health centers and health posts as well as special activities with volunteer community health care workers and community organizations such as health committees. Three, it will refer PWDs to specialized MOH and other agencies and programs that can address their special problems and needs. Four and last, it will identify, register, and monitor PWDs in communities served by health centers and health posts.

PROFAMILIA is USAID/Nicaragua's largest local NGO providing reproductive health services. PROFAMILIA now has clinics open in most of the country's major cities and has expanded its services to offer counseling, social services and on-site medical consultations for women, men and children. The Mission is exploring ways of integrating additional diagnostic and referral services for PWDs into this program. These services would include early detection and initial assessments of adults and children suspected of having physical or psychological disabilities followed by referral to appropriate specialists.

The Mission also has made the rights and the political participation of groups representing persons with

disabilities a priority under its competitive grants intervention within its democracy/governance program. The competitive grants program will be managed by a local NGO with USAID supervision. Nicaraguan NGOs will apply to carry out programs in a number of specific areas in order to strengthen Nicaraguan civil society. The rights and participation of person with disabilities will be one of the specific programmatic areas.

In addition, USAID/Nicaragua will host a meeting this year for representatives from the more than 100 local and international NGOs/PVOs working in Nicaragua with the aim of improving the lives of PWDs. The meeting will encourage and increase the participation of PWDs in USAID's development assistance activities.

Because of the large number of disabilities that resulted from Nicaragua's civil war, USAID/Nicaragua has contacted the Patrick J. Leahy War Victims Fund (LAWF) to inquire about potential funding for Nicaragua through this G/PHN project. LAWF works directly with PAHO; hence, the Mission is coordinating directly with PAHO/Managua on this effort.

PERU

USAID/Peru implements programs that address the needs of the disabled, if the term "disabled" is defined broadly. If HIV/AIDS infection is considered to be a disability, the Mission's population/reproductive health activities are supporting preventive interventions. The Mission has worked with women and the Ministry of Health to address the problem of uterine prolapse; uterine prolapse may be considered a disability in that it prevents women in rural areas from conducting their day-to-day tasks. And, if mental health illness is regarded as a disability, the Mission is working to prevent cognitive disabilities that are associated with fistula, all the consequences of eclampsia, malnutrition, and infectious diseases in infants.

GLOBAL PROGRAMS

Center for ECONOMIC GROWTH

AND AGRICULTURAL DEVELOPMENT

(G/EGAD)

EGAD provides technical leadership and field support to the Agency, promoting prosperity, productivity, and broad-based participation in the global economy. EGAD activities, in the main, are designed to facilitate Mission access to technical experts and new technical approaches to development issues. EGAD contracts, which are available for use by Missions, have, since June, 1998, incorporated amended FAR Clause 52.222-36 regarding revised Department of Labor regulations regarding affirmative action to employ and advance in employment qualified individuals with disability. However, although a few exceptions exist, the vast majority of EGAD's activities do not have direct development impact, that is, an impact over and above the impact of the collaborating Missions.

Despite the limitations imposed on EGAD by this support role, EGAD activities contribute to the two of the policy objectives of the USAID Disability Policy. The policy's first objective is "...promoting the participation and equalization of opportunities of individuals with disabilities in USAID policy, country and sector strategies, activity designs and implementation." Unfortunately, exclusion from gainful economic activities is a widespread problem in many USAID-assisted countries. EGAD's work in agricultural development, microenterprise, commercial law reform and private sector development promotes USAID-host country dialogue on economic inclusiveness. As the principle of equal opportunity takes hold in the host country's legal and political framework, USAID Missions will have a more favorable context within which they promote the Agency's disability objectives.

The third objective in the policy paper is "to engage U.S. government agencies, host country counterparts, governments, implementing organizations and other donors in fostering a climate of nondiscrimination against people with disabilities." Efforts to engage host country governments in U.S. government initiatives often falter on the same obstacle, lack of host country financial resources to initiate and sustain programs. EGAD's work with host country governments improves the economic environment and increases the resources, both public and private, that can be made available to initiatives consistent with or promoted by the U.S. government.

Finally, the policy states that the USAID response must be a combination of prevention, rehabilitation and

equalization of opportunities. EGAD is confident that its support to Mission's economic growth activities does reduce the incidence of disabilities. Disease-related disabilities decline as incomes rise. Our work in agriculture, microenterprise, and private sector development promotes income growth among poor households. At higher income levels, these households can buy the health care that protects family members from preventable disabilities.

Center for HUMAN CAPACITY DEVELOPMENT

(G/HCD)

The Center for Human Capacity Development of the Global Bureau provided financial support in the form of a challenge grant for the Secretariat of the International Working Group on Disability and Development (IWD&D). It is hoped that other members will complement this funding support.

During the recent IWGD&D meeting in New York, Dr. Emily Vargas-Baron, G/HCD/DAA, chaired a panel that reviewed the draft Framework for Education for All. This Framework will be ratified in the World Education Forum to be held in Dakar Senegal in April, 2000. The panel and IWGD&D helped to strengthen already notable mentions in the Framework with respect to promoting basic education world-wide for persons with disabilities.

In addition, G/HCD has engaged in discussions with many donors regarding the importance of inclusive education, of providing appropriate educational activities for children with trauma or other disabilities resulting from conflict, and of including PWDs in all educational activities. Furthermore, G/HCD has been successful in getting disability concerns onto the agenda of various international meetings, including those related to early childhood development and care, primary, secondary and higher education, and non-formal education programs. These quiet efforts have helped to bring greater visibility to education programs for PWDs and to the importance of including PWDs in the planning and implementation of those programs.

Other activities include:

- G/HCD has asked Jerry Mindes, an international consultant on disability issues, under purchase order to do a report on disabilities awareness and issues raised at the August 1999 HCD international conference. Emily has the report, which mentioned an unfortunate lack of concern by many invitees of disabilities issues.

- Mr. Mindes is working further with Emily and Don Foster-Gross on designing programs and policies for children and adults with disabilities in developing nations. Don raised the issue of disabilities at a Donor Coordination meeting last April in Paris, and both are attending a November 18-19 meeting of the International Working Group on Disability and Development in New York City.

- ▶ G/HCD has supported two international disabilities conferences with contracted-for travel services at AA/G request, in December 1998 (Mexico City) and September 1999 (Arlington, VA). Support of these conferences was co-funded by DoEdn. and AA/G.

Center for POPULATION, HEALTH, AND NUTRITION

(G/PHN)

G/PHN

USAID's most significant ongoing activity involving rehabilitation of PWDs is the Patrick J. Leahy War Victims Fund. Since 1989, the Fund has worked in war-affected developing countries to provide a dedicated source of financial and technical assistance for civilian victims of war. The Fund serves people with mobility-related injuries, including those from land-mines and people who acquired polio as a result of interrupted immunization services.

The Fund has devoted the last decade to providing unassisted mobility to PWDs by supporting programs to provide accessible, appropriate prosthetics services. To improve quality of service, the Fund now devotes increased attention to patient follow-up and monitoring.

Although much remains to be done to improve the quality, availability, accessibility, and sustainability of

prosthetics services, the Fund does not ignore other related services. For example, in Laos a special program that upgrades medical and surgical services for victims of accidental detonations of unexploded ordnance has been successful and is being replicated in other provinces.

War victims and other people living with disabilities face daunting obstacles in gaining access to education, training, and employment opportunities. Appropriate policies and construction codes for barrier-free accessibility for people living with disabilities can help to overcome these obstacles. Toward this end, an innovative program of assistance in Vietnam that began with a focus on barrier-free accessibility has resulted in passage of a comprehensive national disabilities law. This legislation was based on lessons learned from and drafted with the assistance of Americans who actively participated in efforts to pass and implement the Americans with Disabilities Act.

Improved economic conditions and the ability to increase earned income are essential to the health and welfare of all individuals, including those living with disabilities. In Cambodia, the Fund has supported a variety of innovative approaches to increase income-generating opportunities for war victims and their families. Lessons learned from these approaches can be used to develop similar programs in other countries.

The Leahy War Victims Fund complements another special USAID fund, The Displaced Children and Orphans Fund (DCOF), which provides for the protection, well-being, and development of war-affected children, unaccompanied minors, and orphans. Like the Leahy War Victims Fund, DCOF works through nongovernmental organizations and provides direct intervention in local capacity building.

This year, the DCOF addressed a new category of vulnerable children: children with disabilities. Stigmatized by cultural values and religious beliefs, children with disabilities are often hidden in back rooms or permanently placed in government institutions, displaced from communities and society. DCOF is supporting community-based approaches to provide care and training in life skills.

The Leahy War Victims Fund has now provided over \$55 million in more than 15 countries, including \$10 million in 1999. As the Fund evolves, its agenda becomes more challenging, its plans include inclusion of PWDs in planning and implementing programs; improved training; expanded community-based rehabilitation; development and production of appropriate wheelchairs; and increasing coordination with other donors.

Each year, through the efforts of its collaborating partners and the dedicated and professional commitment of their local and international staff, the Leahy War Victims Fund is providing assistance to thousands of war victims, their families and other people living with disabilities.

COORDINATOR'S TRIP NOTES

Trip Notes

The purpose of all trips was to review the activities sponsored by USAID Missions to determine whether people with disabilities (PWDs) are systematically included. The December, 1998 First-Year Report of the USAID Disability Policy recommended a goal participation of PWDs in an increasing number of activities during this next year. This goal will be monitored through self-reporting and reviews of selected organizations.

These site visits are to assess progress on this goal.

Visit to Moscow, Russia: March 10-17, 1999

Meetings were arranged by the Mission with Strategic Objective Team Leaders and others to allow the Disability Team Coordinator (DPTC) to gain an understanding of the goals and activities of the Moscow Mission and to assess the overall inclusion of PWDs in USAID/Russia activities.

The timeliness of this visit was highlighted by a recent Human Rights Commission report which detailed the deplorable conditions for children, including children with disabilities, in Russian orphanages. This report has received much media attention in the United States including reports on 20/20, NPR, and on the NBC Evening News. This media attention has prompted a "soft" Congressional earmark to be placed in the foreign affairs appropriation to address these conditions. Assistant Secretary of Education Judith Heumann called the Coordinator immediately prior to this visit to ask what USAID was doing about this situation.

Meetings were held by the Coordinator with several members of the USAID/Russia staff to talk about plans to address the conditions of the earmark. The original language called for \$3 million to be spent with no new appropriation. Negotiations with Congress and the donor community brought this figure down to \$2 million. The decision was made by the Mission that no feasible amount of funding could make an impact on the conditions within the orphanages as long as the devastating economic conditions in the country continued to prompt parents to put their children in orphanages as a means to feed them. A Request for Expressions of Interest will soon be released which will focus on three identified (more likely feasible) potential results:

- 1) Prevention of abandonment and institutionalization;
- 2) Promotion of community-based rehabilitation; and,
- 3) Promotion of networking and sharing lessons learned.

Expressions of Interest will be used to help draft a Request for Proposals that will be issued in the spring. The DPTC was allowed to have some minimal input into the REI and was promised a copy of the final version when it is to be released.

The timing of this trip was planned to allow the Disability Policy Team Coordinator (DPTC) to attend a training conference sponsored by Perspektiva, a Russian NGO, and the World Institute on Disability, a US PVO, in a project that is supported by USAID /Russia. This conference had 50 young participants (between age 17 and 35) from throughout Russia. Many had participated in a similar conference the prior year and would report on their subsequent activities at this session. The goal of this conference was to train young PWDs in community education, peer support, and self-advocacy. One group reported that in the prior year they had trained 2,650 students in 30 schools. A few groups reported reluctance by school administrators to let them come in, but each team reported making progress. This seminar for disabled youth activists falls within the mission Strategic Objective of "Increased, Better Informed Citizens' Participation in Political and Economic Decision-Making." An article about this event appeared in The Moscow Times, and English language newspaper, under the title "Activists Fight Disability Stigma."

Also falling within this Objective is the Human Soul House/Fountain House partnership project which is "to strengthen the Russian network of club houses serving the mentally ill." An attempt was made to have the DPTC

meet with the head of this NGO, but time did not permit this.

Further meetings were held with officers in the areas of economic policy reform, health, contracting, civil society, environment, and business development as well as the mission program office. The social sector restructuring officer met specifically to follow up on questions about orphans. Each of those spoken with described their program and any specific involvement with PWDs. The First Annual Report noted that the unique contracting mechanism of Omnibus permitted improved inclusion of PWDs. Activities including PWDs, however, have been focused in the civil society and health sectors. However, the environmental adviser related that an environmental education program had included one session for 14 children with cerebral palsy.

The listing of USAID/Russia Activity Descriptions shows seven Strategic Objectives with 90 Activities. Specific mention was made during this review of four activities involving people with disabilities. Where an office was able to report no specific activities with PWDs, conversation ensued about how PWD's are potentially effected by policy decisions and by exclusion.

The Business Development officer stated that USAID sponsors business development centers that are becoming accessible via the Internet. He suggested that these sites could be linked to the Web pages of disability organizations. The Coordinator explained some of the possibilities for allowing Internet access to people who are blind.

The significant overlap with the interests of PWDs was volunteered in discussions regarding the Human-Rights sector, the Democracy sector, and in the special initiative, "Women, Law and Development International." Indications were made that discussions with PWD representatives would be attempted to elicit their concerns and suggestions in these areas.

Everyone at the mission indicated an understanding of the importance of including PWD's in their programs. Several discussions indicated a sensitivity to the very difficult conditions for people with physical disabilities in and around Moscow. Many noted that they had not seen a person in a wheelchair on the street. Several indicated a particular pride in a project with Perspektiva through which City of Novgorod built 3 ramps, and businesses were encouraged to build more.

Conditions for people in the Soviet Union are very difficult today. This is even more true for PWDs. Under Soviet policy, people with disabilities did not exist. For this reason, accommodations were not made. The recent economic condition has not allowed significant improvement in this situation. Ramps are seen in some new Canadian business establishments or not at all. There is a growing strength among organizations for people with disabilities. Accommodations to old Soviet policy of free health care and services have been charitable, if shortsighted. Parents of children with disabilities are given a stipend each month (240 rubles -- approximately \$10). This stipend is not nearly enough to feed or care for the child, and is given whether the parents choose to keep their child or send them to an orphanage. Businesses that hire PWDs are given a tax break. Because there are a few accessible buildings, the employee may or may not have duties in the place of business, and is generally placed on the books at a nominal rate with no promotion potential. The All Russia Society for the Disabled and Perspektiva, two organizations that have been supported by USAID/Russia, have been working to give voice to PWDs. The mission was encouraged at several meetings to implement the USAID Disability Policy by calling a meeting of disability leaders to explain the range of USAID/Russia activities. This meeting should not be represented as a request for proposals, but as an opportunity for PWDs to explain issues raised by these activities and to offer resources to reach out to the disability community. Hope was given such a meeting might be arranged.

Visit to Cairo, Egypt and Tel Aviv, Israel. April 30-May 11, 1999.

CAIRO

Meetings were held with members of each Strategic Objective. The Education Objective for USAID/Egypt emphasizes a particular focus on girls education. The education team leader suggested that the project working with one-room schools in the community was an opportunity for children who are shy about having some disability. She believes that NGOs will be useful in including people with disabilities. The Egyptian Department of Education has within the last two years formed an NGO ministry that should help in their effectiveness. Later the Mission Deputy Director volunteered that teacher training in the U.S. could include a module sensitizing future teachers to special education methods.

Objectives in Environment and Water are at such a macro level that inclusion is assured, but team leaders were encouraged to think about job creation, specific training projects, and accessibility of any construction investments that might provide opportunities for employment of people with disabilities.

Representatives of the Health and Population objectives were not able to identify any specific activities with PWDs, but they have always had a focus on prevention. The health team leader asked: "We know we reduce infant and child mortality, but how much are we also reducing disability?" A promise was made to raise this question to the Agency's Center for Development Information and Evaluation (CDIE). Egypt has no War Victims Fund activities. Although the country is said to have a large portion of the world's unexploded land mines, they are said to be in such remote desert areas, they do not pose a threat to people. AIDS is not considered to be a current major threat. The Coordinator brought the recent "Network" articles about considering contraceptive options for people with disabilities to the attention of the Population Officer.

The Economic Growth objective includes activities in micro-enterprise and small-business development. Recent micro-enterprise activities include support to one project which provided lending to 60 people with disabilities. All loans were repaid and this activity is considered to be a great success.

The Democracy and Participation Objective includes the PVO Development Project which provides, through sub-grants, funding for three activities that specifically work with people with disabilities. The National Council of Negro Women (NCNW) manages this project. One of these activities provides support to the Alexandria Vocational Rehabilitation Association (AVRA). This impressive organization has 26 centers, each one focusing on a different disability. The site visited diagnosed and prescribed treatment for people with cerebral palsy. The doctor's office featured state-of-the-art diagnostic equipment, which was funded by the grant from USAID. The center was equipped to offer physical therapy services including hydro-therapy, gymnastics, massage and paraffin wax treatments. A child day-care center and a vocational training facility are also located at this site. Training is provided to PWDs in carpentry, furniture making, leather work (including making children's shoes), electronics repair, and clothing manufacture. The products were impressive and revenues from these businesses provide 50 percent of the income for the Association. The Egyptian government provides 10 percent and the remaining funding comes from foundation and other donations. </P>

The PVO Development Project has also funded institutional and management strengthening for eight organizations that support PWDs.

A meeting was also arranged with Nehad Abul Komsan with the Egyptian Center for Women's Rights (ECWR). USAID does not work with ECWR. The government of Egypt does not recognize political advocacy organizations and so they are not included in potential NGO projects within our bilateral program. This organization has, however, received support from the National Democratic Institute (NDI). ECWR is a legal advocacy effort to provide human rights for women. As an example of their challenge and success Mrs. Komsan cited their work on the "Rape Law." This law allowed rapists to avoid imprisonment by marrying the victims. Its purpose was to protect the women who would be unmarriageable because of the shame of the rape. However, since men can divorce without cause, the effect was that rapists married to avoid punishment and divorced as soon as punishment was no longer a threat. The women were victimized again. ECWR efforts succeeded in getting the law repealed. They are now working to give women the right to give their Egyptian nationality to their children by foreign husbands. Men have this right. Women do not. The method used is to gain recognition for a representative sensational case. Seminars are conducted with opinion leaders on the issue and publicity is gained for those seminars.

ECWR provides technical assistance in self-advocacy, not legal services. Clients are encouraged to come into the office, but field reps go into neighborhoods to find women in need of these services. ECWR does not have any specific outreach to women with disabilities, but the community-based approach to recruitment effectively includes these women.

Meetings were arranged with disability parent/activists known casually by the mission. These two women expressed a great need for coordination among advocates for PWDs. Current law provides that children with disabilities not be educated in classrooms with others. Advocates oppose and are working around this law to provide an inclusive education for children with disabilities. Children with disabilities in Egypt have recently become more visible because of the interest of Mrs. Mubarak. She has formed a that has several visible projects. This organization does not have an advocacy agenda. These two parent/advocates were encouraged in their advocacy efforts.

TEL AVIV

Only one day was spent in Tel Aviv. The Coordinator met with representatives from each Strategic Objective Team. The objective on water deals mostly with infrastructure policy and therefore is, of necessity, inclusive. The Economic Growth and Democracy teams were unable to report any ongoing projects with PWDs.

A visit was arranged to Ramallah where the coordinator met with Ziad Amru of the General Union of the Disabled (GUD). This organization was a beneficiary of a prior USAID-funded project implemented by the national Democratic Institute (NDI). Through this project, the GUD gained organizational and advocacy skills that led to the drafting of the first law to be read by the Palestinian Legislative Council that was written by an outside organization. GUD is in communication with 80 of 88 legislators. Twenty-three legislators formed the Disability caucus. The GUD legislation is expected to pass, but the execution is uncertain. The GUD is a confederation of organizations of PWDs. They claim more than 1600 members and have 15 branches in the major regions of Palestine. They have an agenda which includes Rehabilitation, Access, Education, and Law (Rights). Mr. Amru also expressed a concern about the lack of adequate technical interventions available to people with other than physical disabilities. Efforts in micro-enterprise have been contemplated, but Mr. Amru noted that technical skills within the GUD are missing. The accompanying USAID officer promised to explore how this network could be used in USAID/West Bank's ongoing micro-enterprise and small-business development activities.

Staffs in both Missions were open to inclusion of PWDs in their activities.

Visit to Nicaragua, Guatemala, and Honduras: September 26-October 6, 1999

And additional goal for this trip was to assess inclusion of PWDs in the remediation activities related to Hurricane Mitch.

NICARAGUA

Nicaragua was the only one of these three missions to provide information for the First Annual Report. Mention was made of seven years of activity specifically addressing the needs of war victims. At the time of this visit, the staff was unaware of this report and the activities mentioned appeared to have terminated.

The Deputy Director provided an overview of mission activities. There has been a large investment in infrastructure: dikes, roads, and water systems. Water has been restored throughout Nicaragua. Roads are in place so that most farmers have access to markets. And, President Clinton has visited Posoltega, where the largest number of deaths in Nicaragua from Hurricane Mitch occurred as a result of one major landslide. Continuing rains have further eroded roads and riverbanks. Mission staff was particularly concerned that current rains have damaged a temporary dam built by the Nicaraguan government in Posoltega using USAID funds. Travel outside Managua can be difficult.

Meetings were held with officers representing programs in health, human capacity development, democratic initiatives, good governance, and environment. Education officers were at a training session in Miami at the time of this trip. Each officer told about ongoing programs. Only the micro-enterprise program was known to include people with disabilities. Discussions explored the possibility of including PWDs in ongoing and future activities. The environment officer seemed eager to explore possibilities of including PWDs as a market for eco-tourism. The good governance officer mentioned that USAID/Nicaragua would be revamping its civil society and human rights programs, replacing 14-16 individual grants with one umbrella organization grant. With the efforts at awareness on both sides, this might make it easier for organizations representing PWDs to apply for sub-grants to this mechanism. This officer later agreed to join a luncheon involving several disability-related NGOs to describe this grant program.

Tuesday was dedicated to site visits. There is one school for special education in Managua. Training is available for children who are deaf, blind, or deaf and blind, as well as for children who have mental retardation or autism. The consultant mentioned that children with mobility impairments are frequently un-schooled as "special education" is not appropriate and the "normal" schools are not accessible. Attendance this day was very low at the special school. The rain made roads difficult and one school bus (out of three) was disabled. The regular classroom size was reported to be around 14 students per teacher. A smaller student to teacher ratio was found for students with autism. Unlike many special education schools in Central America, deaf children were being taught sign language. Classes were orderly and teachers seemed to love the children and what they were doing. One class for children with autism included a parent. It was mentioned that the school had recently been

renovated because of the efforts of the First Lady and World Bank financing. The philosophy of special education seems to be progressive with a clear intention to work toward mainstreaming. The number of special education schools is clearly inadequate. Some of these children travel a couple of hours each way on the bus to school. While there is no funding to build additional schools, and mainstreaming is a preferred goal, other possibilities present themselves. USAID is involved in teacher training and might possibly be able to adapt instruction in "child-centered teaching" to accommodate instruction for children with special needs.

The next stop was to visit a USAID sponsored micro-enterprise program: ProMujere. We listened to a training session for around 25 people (including three men) on people-skills needed to build an organization. The trainer was very lively and the class was attentive. This particular group contained a couple of small vendors, one man with two employees who cut and sold lumber, and a woman who sewed clothing, among others. Several told us how access to this micro-lending program allowed them to increase their micro-enterprise activities. While no PWDs were in this particular meeting, several are known to be part of the program.

Our next stop was to meet with two directors of CEPRIL, an organization that serves women with disabilities. These two women had received loans from ProMujere for small businesses they operated. One has her M. S. in agriculture and is exploring how people with disabilities can make a business growing hydroponic vegetables. The Center provided a variety of services to women with disabilities including business development, health services and family planning services. It was mentioned that family planning services were inadequate because of a shortage of supplies and opined that USAID might find a connection here with ongoing programs. USAID does not have a direct relationship with this organization, but it is hoped that this could be one link to the PWD community.

One day was devoted to meetings with leaders in the disability community. Orlando Perez, representing an organization called FECONARI, brought several representatives. Those in attendance also represented more specific disability organizations: one for the blind and one for parents of children with Down's syndrome. FECONARI is concerned about rehabilitation issues. Sr. Perez had just been in attendance at the USAID-sponsored Independent Living Summit in Crystal City, Virginia. When asked how PWDs were served during the crisis precipitated by Hurricane Mitch, Sr. Perez indicated that while PWDs were not actively discriminated against by the donors and voluntary organizations, they tended not to be included in their efforts and were served, if at all, by the members of FECONARI using their traditional funding sources.

A second meeting took place with Mr. Roberto Leal Ocampo, President of CONCAPAD, an organization of parents of children with disabilities. This meeting led to a later luncheon with a different group of representatives of the disability community. Attendees included representatives from a student's with disabilities organization, Sandinista veterans with disabilities, Army veterans with disabilities, and a doctor of Physiatrics who is active in the study of genetic birth defects. These groups are concerned about the rights of PWDs. The Sandinista government had passed a law promising rights to people with disabilities the year before leaving office. The new government has not implemented this law, which is based on the World Program of Action. The Good Governance Coordinator with USAID/Nicaragua was also in attendance at lunch and explained USAID's civil society program. USAID has some existing relationship with the veteran groups who are partners in a program addressing Nicaragua's land mine problem.

A third meeting took place with Mr. Edwing Carrion who represents a newer veterans with disabilities group. Sr. Carrion has been in conversation with USAID/Nicaragua about possible assistance for a micro-enterprise program.

It was suggested that a meeting be called involving all of these organizations to introduce them to USAID's Nicaragua country strategy and team. In general, USAID personnel were very open to including people with disabilities in their activities and actively looked for creative ways to include PWDs.

The Deputy Director probed to discover ways to improve opportunities for people with disabilities to work at USAID/Nicaragua. It was suggested that the sentence "People with disabilities are encouraged to apply" be added to advertisements.

GUATEMALA

A meeting was held with senior staff of the Mission to explain the purpose of this TDY visit. The members were

very courteous and asked thoughtful questions. An immediate result of this meeting was that the regional HIV/AIDS coordinator sent an e-mail to his partners encouraging attentiveness to people with disabilities. A promise was made to search for HIV training materials that are specific to people with disabilities.

A tour of the Supreme Electoral Tribunal was very encouraging. The Tribunal was in the process of distributing their second-ever Braille ballots. In addition, they were very pleased to show us a number of employees with disabilities who were helping to prepare ballots for distribution to polling places. The point was proudly made that employees with disabilities were given the same jobs as other employees. Several of the employees had other jobs but were grateful for this seasonal opportunity. Some had worked in this capacity through several elections. One employee indicated that he had been unable to find steady employment since his disabling, work-related injury. Social supports (income support) are available, but rehabilitation and reintegration are not yet a priority. For this gentleman, prosthetics were provided by a private organization. USAID has provided \$950,000 to the Tribunal in support of this election, including technical guidance to better include the disabled in the electoral process through a CSO (CALDH), but is not involved directly in the Braille ballot initiative.

Two meetings were arranged at the mission with organizations of PWDs in Guatemala. A 1996 disability rights law establishes CONADI as a multisectoral National Council for the Disabled. CONADI members represent several disability organizations, and as a group are responsible for ensuring implementation of the disability rights law. The Law, however, provides no funding for this organization and so they feel their effectiveness has been limited. A key task on the immediate horizon is the drafting of By-Laws that will allow for the enforcement of the 1996 Law. USAID has no direct relationship with CONADI, but in relation to this task is supporting CALDH (Human Rights Legal Action Center), through a Cooperative Agreement of \$55,000 to provide guidance to CONADI in the legislative lobbying process.

The health officer, met in the cafeteria over lunch, was proud to tell of accomplishments in family planning, childhood immunizations, and maternal and child health care. Infant mortality over the last 10 years has been reduced by half. Births per mother is still high but has also been reduced significantly. None of these programs targets people who have disabilities, though prevention is an explicit goal. The needs and rights of PWDs were discussed and the Network article concerning issues of contraception for people with disabilities was suggested for supplementary reading.

Participants in the CASS (training) program, implemented by Georgetown University, discussed their experience with this program and with their prior education in Guatemala. These included three deaf alumni and one sign language interpreter. The lack of sign language interpreters in Guatemala is very limiting. They estimated that fewer than 10 interpreters exist to serve approximately 15,000 people who are deaf in Guatemala. The deaf alumni were all employed in responsible jobs. They were also all active in efforts to empower other deaf people in Guatemala.

A tour of the Centro Alida Espana de Arano came the middle of their Children's Day celebration. This school for children with mental disabilities presented a warm and welcoming picture. The first class visited was celebrating at the swimming pool. A second group was playing the pinata game. The third class was having refreshments with parents. The children were happy and cared for. Discussions with the head mistress revealed progressive ideas about special education: an intention to mainstream; a multidisciplinary program; individualized development plans; and parent involvement. By tradition, the First Lady of Guatemala has responsibility for the school and so some government resources are available. As elsewhere, finding good teachers is a concern. The head mistress also teaches at the pedagogical university and recruits teachers from among her students there.

As part of a \$100 million Special Peace Objective to implement the Guatemala Peace Accords, funds are being used to support community mental health programs. Psycho-social supports are specifically included in the funding for the exhumations program. USAID is also supporting policy discussions to promote increased State funding for mental health activities. Altogether, approximately \$300,000 has been committed for community-based and other mental health activities

HONDURAS

Tegucigalpa presented the first real opportunity for this TDYer to witness up-close the devastation brought on by Hurricane Mitch. Many bridges were washed out (68 throughout the country). Rows and rows of houses are no longer inhabitable. Grass grows on rooftops where silt has settled. Yet people are moving back into buildings dangerously close to the river. Factories are now hollow shells. Church services were held on folding chairs in places where buildings used to be.

The major bridges have been repaired and it is clear that a more extended visit would have shown other improvements, but the enormity of this disaster is still apparent.

The danger of flooding persists as the hurricane re-routed rivers introducing flood zones to new areas. USAID/Honduras is working with other groups to provide early warning systems and to avoid future disasters.

After the hurricane, affected Hondurans were immediately sheltered in schools which were closed for the year. When schools reopened, intermediate shelters were provided. A tour of some USAID-funded shelters revealed many women and children who seem to be coming to terms with their limbo status. The goal is to move families into permanent housing. One major problem with this next step is finding appropriate land on which build. No people with disabilities were seen in the shelters. Follow-up questions indicate that children with disabilities may have been present but not noted. It was assumed, but not known, that adults with disabilities had been taken into homes by family members. A promise was made by the mission to ask questions and verify this conclusion.

A meeting with the Education Team revealed a couple of opportunities. USAID/Honduras is involved in vocational education and in distance education. Discussion focused on how these two programs might include people with disabilities. Team members suggested that NGO's might be requested to assure that vocational training centers are accessible. New vocational education center construction will include accessibility for wheelchairs. USAID/Honduras was also encouraged to work with disability organizations to determine how the distance education program might be adapted for students with special needs. Because of the lack of adequate special education services and accessible schools, this tool could be a tremendous help for people with disabilities.

Much activity is taking place in Central America regarding the issue of land mines. Contractors to a tri-partite committee representing Canada, Mexico and PAHO made a presentation to staff in Honduras. One of the consultants is funded by AID/W's War Victims Fund. The tri-partite group has identified provision of prosthetics as a particular need and has developed a plan to use local resources to fulfill the demand. Using generalized estimates of the number of people globally who need prosthetics, they have extrapolated an unmet need of prosthetics for 600,000 people in Honduras. There is no manufacturing facility in Honduras and this level of need is not deemed to justify creation of such facility. The team is focusing their efforts on measuring and fitting parts manufactured elsewhere for clients in Honduras. This tri-partite project will involve training of specialists and location of appropriate clinics.

This tri-partite team is focused on a feasibility study. Handicap International, while not part of this group, seems to be working in parallel to implement the very same strategy. This was described in a separate meeting at which USAID/Honduras's Health Officer was present.

Activities that generally (though unwittingly) include people with disabilities in USAID missions are micro-lending and civil society strengthening programs. This proved true in Honduras for the micro-enterprise program, but was not verifiable in the civil society activity. This latter activity is implemented by one umbrella NGO. The mission was asked to verify whether or not disability organizations are included in the umbrella.

A particular highlight of the USAID/Honduras visit was a luncheon put together by the new Ambassador with invitations to leaders in the disability community. The Ambassador spoke giving his support to the needs of PWDs and encouraged participants in their efforts. Honduras's disability rights law has been in place the longest of the three countries and has been ignored for the longest time, posing a particular challenge for groups supporting disability rights. Teleton, an umbrella organization which raises money through a telethon for distribution to other disability organizations, mentioned that its fundraising ability has been hurt to buy the hurricane. The telethon was canceled in 1997 because of elections and in 1998 because of the hurricane. While not devastating, this long dry spell has hurt. An additional difficulty that was mentioned was that traffic patterns for public transportation were changed due to washed out roads. This has made it difficult for people who are blind to have confidence regarding the new routes. This is a good example of the complex outcomes involved in remediation for a collapsed infrastructure. The only mention of particular assistance to people with disabilities after the hurricane was by the Swedish development agency. USAID participants at the luncheon were impressed with the strength and diversity of these organizations. The leaders present were very knowledgeable and clear about their objectives. It was again suggested that efforts be made to introduce these and other leaders in the disability community to USAID's strategy and team members.

Two events took place with the Pedagogical University in Tegucigalpa. The first was a signing ceremony with the Roeher Institute to study implementation strategies for inclusive education. The second event was a visit with Special Education students at the University's Experimental School. At both events, USAID's senior FSN

education adviser, a former teacher at the University, was recognized and gave much appreciated comments. Children and parents at the Experimental School told stories of repeated failures to find appropriate education for the children. Each was happy in the current situation and particularly commented on the benefit derived from skilled teachers with a child-focused education strategy. One current college student returned to join this meeting and give credit to the school for his continuing success.

CONCLUSION

Visits to all three Central American countries were helpful and enlightening. Guatemala alone had a specific disability project within their Citizen Participation activity. Nicaragua and Honduras had participation of PWDs in micro-enterprise programs. Staff seemed to be unaware of the two-year old USAID Disability Policy and all three missions asked for assistance with training to help implement the policy.

Special Education Centers were toured in each country. It was encouraging to see the progressive management in these centers. However, the centers were each islands within their countries. There are not enough schools for special education and these tend to be located in the urban areas. For the vast majority of children with disabilities, regular schools are inaccessible or otherwise unavailable. Many teachers have only a high school education and already many children in the classroom. USAID/Honduras is supporting alternative education programs, such as EDUCATODOS, that are cost-effective and could be easily adapted for people with disabilities. USAID/Nicaragua has a continuing program of teacher training which can be adapted to include sensitivity to children with special needs. Inclusive education is optimal for very many reasons and models exist in and outside Central America. There are a variety of ways USAIDs can use their regular education programs to help make inclusive education possible.

Competent and devoted disability leaders exist in each country. Missions were able to discover many of these and it is hoped that a connection is made that will continue beyond this visit. Each mission is encouraged to identify someone within the mission who will be responsible for keeping these connections current. Missions may want to consider having an introductory meeting with the organizations they are now aware of to describe USAID and our current country strategy.

Staff and leadership at the missions seem willing to include PWDs in a broad range of ongoing activities. A variety of resources may be needed to facilitate these good intentions. Outreach is taking place to discover materials that can be used in sensitivity training, HIV/AIDS awareness training, and distance learning.

SUMMARY

The condition of PWDs in these six countries varies in detail but not in the essentials. PWD's in each country are isolated socially, economically and politically. People in Egypt expressed the greatest frustration over this isolation, maybe because of the government's bias against advocacy organizations. But groups everywhere were underfunded and facing tremendous challenges. In Russia, advocates struggle in the aftermath of a long held Soviet policy that disability did not exist in the Soviet Union. In Central America, PWDs have essentially been left alone in the wake of Hurricane Mitch and continue to be disrupted by solutions that do not take their needs into account.

Inclusion of PWDs does not appear to be systematic in these USAID missions. Attempts to disseminate information about the USAID Disability Policy seem to have been minimally effective. Two missions were aware of the USAID Disability Policy. Only one mission included people with disabilities in activities under more than one Strategic Objective. Several missions were surprised to discover that they had activities which included PWDs.

While none of the missions had a disability plan in place at the time of these visits, all were receptive to the tenets of the Disability Policy. Most missions that did not have a previous contact in the disability community used this opportunity to develop one or more. USAID/Russia has reported since this visit some increase in activities that include PWDs.

These trips were useful, if inefficient, in disseminating information about the USAID Disability Policy. It is not clear that visits have impact beyond the mission visited. Missions seem receptive to a personal message and much insight was gained by the missions in preparation for the visits. However, change must be taken up

United States General Accounting Office
Report to Congressional Requesters

February 1991

FOREIGN ASSISTANCE: Assistance To Disabled Persons
in Developing Countries

Opportunities Suggested for Integrating Disabled People into USAID's Development Assistance Program

The the Agency for International Development (AID) operates in many different situations, and traditions and resources for assisting disabled people vary greatly from country to country. Therefore, AID officials believe that it is important to give AID staff the flexibility to choose the best way to integrate disabled people into developmental programs. The following represents opportunities suggested by AID officials, both in Washington and in field offices, to integrate disabled persons into programs without initiating new programs.

- ▶ Find established nongovernment organizations (NGO) that can work internationally and help them establish sub-offices in developing countries to assist in the development of disability organizations.
- ▶ Provide small amounts of funding to grassroots organizations for small projects through various umbrella contracts with larger NGOs. For example, in Jamaica, AID's Voluntary Sector Development Project provides assistance to the Council of Voluntary Social Services of the United Way of Jamaica, which in turn funds programs for the disabled.
- ▶ Because approximately 75 percent of all AID funds are programmed and authorized by the missions, encourage mission staff to include topics concerning integrating disability issues in the annual regional mission directors' conferences.
- ▶ Focus on heightening awareness of disability issues, similar to what has been done on the issue of aging.
- ▶ Set funding levels of entire portfolios to include the disabled population. Then require the agency officials to report on the progress in meeting the targets.
- ▶ Increase awareness of the missions staff's counterparts in host countries by including disability issues during policy meetings and discussions.
- ▶ Suggest to the host governments that some of the local currency be used for projects assisting the disabled.
- ▶ Use the AID resource center in Mexico City to translate and produce technical material on the topic of disability for dissemination to missions and NGOs.
- ▶ Provide the Peace Corps with funding to implement small projects aimed at aiding the disabled.
- ▶ When developing program surveys for education projects, determine how many potential recipients are hearing, visually, physically, and mentally impaired.
- ▶ When conducting workshops, include sections relating to the disabled population.
- ▶ Advertise programs, for example, by informing local disability organizations and schools of workshops and training.
- ▶ When designing projects, consult with organizations of disabled persons to determine if the program could

address some of their needs.

- ▶ Expand the training programs to include disabled persons.