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**ASSESSMENT OF THE IMPLEMENTATION OF THE WORLD PROGRAMME
OF ACTION CONCERNING DISABLED PERSONS
IN THE ESCWA REGION
AT THE END OF THE UNITED NATIONS DECADE
OF DISABLED PERSONS AND AGENDA FOR FUTURE ACTION**

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I. INTRODUCTION

United Nations General Assembly resolution 31/123 of 16 December 1976 declared 1981 the International Year of Disabled Persons (IYDP). The objective adopted by the commemorative Year was "Full Participation and Equality". The theme of the Year was "Full participation of disabled persons in the social life and development of the societies in which they live". The world community concerned with the rights of individuals with disabilities rallied around this theme. Activists in every nation found the 1981 IYDP to be a unique opportunity to turn public attention to the global difficulties associated with disability and the solutions carried by the Year's objectives. Each of the 13 States of ESCWA at that time formed national IYDP committees to organize activities in line with the Year's objectives. The Year, by various measures, was moderately successful in public awareness terms, but less effective in fulfilling its objectives.

By the end of 1981, the public was sufficiently sensitized to the global and local difficulties faced by disabled individuals and consequently realized that the response to the Year was too little and too late. Additional time for international efforts to meet further the Year's objectives was provided by the General Assembly on 3 December 1982 in the adoption of resolutions 37/52 and 37/53: these were respectively the World Programme of Action concerning Disabled Persons and the proclamation of the 1983-1992 United Nations Decade of Disabled Persons. The Decade provided a time-frame within which Member States and concerned organizations could intensify their efforts to improve the living conditions of disabled citizens.

The World Programme of Action concerning Disabled Persons contains, in addition to highly practical and realistic guidelines for national and international actions to be taken, criteria for monitoring and evaluating the progress made. The most important criteria set for measuring implementation include the themes established for IYDP: prevention of disability, rehabilitation and integration of disabled persons into community life, and the equalization of opportunities for them.^{1/} The World Programme of Action (WPA) calls for a mid-term and final assessment of progress and provides for periodic revision if required. The global mid-term review was undertaken during the Global Meeting of Experts convened in Stockholm from 17 to 22 August 1987. The final evaluation was made in 1992 and the draft global long-term strategy to further the implementation of the WPA towards the year 2000 and beyond was developed during the expert group meeting, held in conjunction with the conference "Independence '92", in Vancouver, April 1992. The recommendations and the draft strategy were presented to the special sessions dedicated to the issue of disability during the forty-seventh session of the General Assembly, held on 12-13 October 1992.

At the 1987 Stockholm Global Meeting of Experts in Stockholm, a set of recommendations to implement further the World Programme of Action, was adopted. The consensus at the Stockholm meeting, in which disabled people were

^{1/} United Nations, World Population Prospects, 1990, Sales No. E.91.XIII.4.

well represented, suggested that the progress made during the first half of the Decade was not completely successful, especially in developing nations. As a result of the mid-term report, the General Assembly adopted resolution 43/98 on 8 December 1988 establishing priorities for the second half of the Decade. The 16 priorities, in summary, call for: greater participation by disabled individuals in implementing interdisciplinary plans of action that use local resources; greater international assistance; the establishment of a centre to coordinate public information and education campaigns; more emphasis on research; enacting of legislation and material support that would guarantee the rights of disabled citizens; personnel training; and promotion of employment opportunities including self-employment and other income-generating activities. Actions to reach the most vulnerable groups of disabled individuals including disabled women and children were stressed.

With the Decade--and opportunities for related actions--nearing its close, the Disabled Persons Unit of the Centre for Social Development and Humanitarian Affairs at the United Nations Office at Vienna organized a Meeting of Experts in Jarvenpaa, Finland in May 1990 to find alternative ways to mark the end of the Decade and develop strategies to extend efforts to further implementation of WPA beyond 1992. Intergovernmental agencies were again called upon to promote action plans on a regional basis.^{2/}

ESCWA and the Governments of the 14 States (including two Yemens at that time and the State of Palestine) in the ESCWA region responded well to the establishment of a decade-long strategy. The regional commitment shown by ESCWA to the guiding principles set forth in the United Nations World Programme of Action concerning Disabled Persons is exemplary.

In 1987, the first meeting of the ESCWA Inter-Organizational Task Force on Disability was convened in Amman, Jordan. The establishment of the ESCWA Task Force and its subsequent activities formed a major part of the regional work of the United Nations on disability issues. ESCWA's commitment was further confirmed through: establishing a regional strategy to monitor and evaluate the implementation of the World Programme of Action; organizing a Conference on the Capabilities and Needs of Disabled Persons in the ESCWA Region in November 1989; issuing the proceedings of that Conference; organizing a Cultural Event, held in Amman, Jordan, from 17 to 18 October 1992 to mark the end of the United Nations Decade in the ESCWA Region; developing a regional long-term strategy towards the year 2010 in the ESCWA region during the Cultural Event; publishing the final report and proceedings of the substantive sessions of this Cultural Event; and finalizing this study on a second round of monitoring and evaluation for the implementation of WPA in the region at the end of the Decade and publishing it for wide dissemination to concerned persons, in the most appropriate form for different categories of disabled persons, such as in the form of a PC-based speech-synthesized voice

^{2/} P. Mittler, "United Nations Decade of Disabled Persons (1983-1992): towards 2000--from awareness to action", unpublished paper presented to the Expert Group Meeting on Alternative Ways to Mark the End of the United Nations Decade of Disabled Persons held 7-11 May 1990 in Jarvenpaa and organized by the Centre for Social Development and Humanitarian Affairs at the United Nations Office at Vienna in cooperation with the Government of Finland.

output for totally blind persons and in large print for partially blind persons.

This study has been prepared not only as an evaluation of the activities undertaken during the Decade, but also as a baseline to mark the state of development of the current 13 member States of ESCWA, including the State of Palestine, at the end of the Decade (1983-1992) and at the beginning of the new decade and the longer-term strategy.

The focus of this end-of-the-Decade report is on action-oriented recommendations to build upon, plan and implement national policies and practices that lead to a greater degree of independence for individuals with disabilities. The recommendations, found in the last section of this document, are based on the foundations laid by the regional experts participating in the 1989 Amman Conference and by regional NGOs and Governments, particularly during the second half of the Decade. The recommendations, to the maximum extent possible, should be interwoven with sound recommendations made by the national bodies within ESCWA. In short, this study is more about looking forward than looking back.

II. CONSTRAINTS TO DEVELOPMENT WITHIN THE ESCWA REGION

If a single photograph were taken to profile the ESCWA region during the period 1983 to 1992, what image would be prominent? Social development is demanding. Some of the nations that are relatively free from war and armed conflicts are struggling to find resources sufficient to develop appropriate services for individuals with disabilities. Despite the availability of resources in some countries of the region--particularly those of the Gulf subregion--most countries of the region have been forced to divert the efforts from social development to national security measures, and the prolonged armed conflicts will continue to add further constraints on the existing limited resources available to deal with social issues, including issues of disability, as well as increasing the disability rates in the region.

A. Armed conflicts

Many of the national expert reports submitted to the 1989 Amman Conference made references to intraregional political conflicts as a major deterrent to services development, in addition to being a cause of disabilities. The 1989 ESCWA reports reflected the protracted conflicts such as the Iraq-Iran War (1980-1988), the Lebanese civil conflict (1975-1990) and the ongoing intifadah between the people of Palestine and Israel. The information included in these reports predated the Gulf crisis (1990-1991).

While it is impossible to estimate accurately how much the Gulf crisis has delayed ESCWA member States in the implementation of their action plans for the Decade, there is sufficient evidence to suggest that economic implications for some nations will have negative human-related consequences long after the crisis and during the forthcoming decade.

In addition to the postponement of the implementation of plans, a more tragic outcome of the Gulf conflict has been the disabling of additional thousands of adults and children. An accurate account of the magnitude of the conflict in disability terms could be shocking. In the medium term, the Gulf crisis may have a paradoxical effect of accelerating necessary action in rehabilitation in affected nations due to the increased demand for services.

According to a FAO report, the food situation in Iraq immediately after the Gulf crisis was so desperate that Iraqi people were turning to cereals normally used for animal feed, and vulnerable groups in the country, such as disabled persons, had increased by 50 per cent.^{1/} According to a report compiled by an international team of experts funded by the United Nations Children's Fund (UNICEF) and other foundations, water-borne diseases including typhoid, gastroenteritis and cholera were epidemic. Hepatitis, measles and poliomyelitis also increased throughout Iraq immediately after the crisis, and all these are cases for life-long impairment.^{2/} According to the same

1/ Quoted in the Jordan Times, 27 March 1991, p. 1.

2/ Health and Welfare in Iraq after the Gulf Crisis: an In-Depth Assessment by an international study team headed by UNICEF, October 1991.

report, psycho-social trauma became the most widespread effect of the Gulf crisis on Iraqi children and youth. Furthermore, a 1991 report by Amnesty International documented that some Kuwaitis during the Iraq occupation were permanently injured as a result of Iraqi abuses against civilians. Therefore, there is an urgent need to develop an integrated approach to comprehensive rehabilitation (including medical, social, psychological, vocational and social reintegration) of these disabled war-victims based on the principles of mainstreaming and normalization.

The ESCWA region, even prior to the 1990 Gulf crisis, was facing acute problems due to the high prevalence and categories of disability caused by the prolonged political conflicts in the region. The casualty statistics from the West Bank and Gaza Strip for the period of 9 December 1987 to 1 October 1990 present a bleak picture of the situation in both areas.^{3/} In addition to 855 fatalities, including 154 children under the age of 15, total casualties were high:

(a) There were 58,000 casualties as a result of the use of live rounds, beatings, plastic-coated metal bullets, rubber bullets, tear gas and other forms of assault;

(b) 30 per cent of the casualties were children below the age of 15;

(c) 10 per cent of all injuries resulted in a permanent disability, which constitutes a substantial increase on the pre-intifadah figure of about 60,000 persons with some form of disability.

In the period of May 1988 to July 1990 alone, the percentages of intifadah-related patients are disproportionately young adults and children. The ages of those affected are as follows: under 16 years, 33.7 per cent; 17-20 years of age, 23.6 per cent; and 21-30 years of age, 26.6 per cent. Some 5 per cent of those cases will have long-term disabilities. In addition, physical disabilities caused by violence can have traumatic psychological effects.

Youth and children in Lebanon have underwent a continuing armed conflict and a state of high tension and insecurity since internal troubles broke out in 1975, and during the Israeli invasion in 1982 and subsequent developments until the country was again "unified" in 1990. Studies in Lebanon and other Middle Eastern countries indicate that children and young people have become obsessed with war.^{4/} Indeed, defiance and violence appear to be a part of the psychological coping mechanism that enable them to compensate for the sense of being powerless and for their limited self-esteem. According to the findings of the ESCWA study on the situation and needs of the youth in Western Asia prepared for the Regional Preparatory Meeting for the International Youth Year (1985) in Baghdad in October 1983, the effects of the Lebanese civil war

^{3/} UNRWA report submitted to the Eighth Inter-Agency Meeting on the United Nations Decade of Disabled Persons, Vienna, 5-7 December 1990.

^{4/} UNICEF, Source Book on Children and Development in the 1990s: Children in Especially Difficult Circumstances.

on youth included the emergence of behavioural patterns of boasting and competition due to their involvement in killings and bloodshed and psychological and neurological disorders. The participation of disabled war victims in reconstructing their own country should be of primary importance and on the top of the agenda of national programmes in Lebanon.

B. Lack of statistics and documented materials on disability

Precise and complete data on the prevalence of disability at the regional level have been scant, and recent attempts at surveying disabled persons are limited and fragmented. However, data that do exist indicate that the figures are high. According to a 1982 ESCWA report entitled "Disabled Persons in the ESCWA Region: Features and Dimensions of the Problem and a Regional Plan of Action", the number of disabled persons in the region was estimated at around 8 million--an estimate that may be well below the actual figure. The total enrolment in all rehabilitation centres is at most no more than 200,000 persons. The 1981 Arab Declaration on Action for Disabled Persons estimated that there were 15 million disabled persons in the Arab World.^{5/}

At the national level, some countries may find it difficult to formulate policy and to plan services for an unknown quantity among their citizens. The present rate of disability in ESCWA countries can also be estimated based on WHO international disability rates (7 to 10 per cent of the total population). With an estimated regional population of about 142 million people in 1995,^{6/} the estimates of disability could range from 9.94 million (using the 7 per cent rate of disability) to 14.2 million (using the 10 per cent rate of disability). The reported number of disabled individuals gathered from government censuses and other sources is 1,240,082 or only 1.16 per cent of the population (see tables 1 through 3). The remaining individuals with disabilities are yet to be identified and served. It may be helpful to remember at this point that while statistics report disability by millions, each person included in the statistic is more than a number; he or she is a unique human being.

The absence of precise disability data as a scientific basis to developing services was mentioned in 1989 by 8 of the then 14 nations (including the two Yemens and the State of Palestine) reporting to the Amman Conference on the Capabilities and Needs of Disabled Persons in the ESCWA Region. The reasons given for the incomplete data included: the relatively recent public awareness of disability (since 1981 according to one report); imprecise questions asked on national censuses; a lack of adequate information for census enumerators; reporting family members to diagnose disabilities; non-standardized definitions for what constitutes disability; reluctance to expose a disabled family member for fear of shame and lowering of social

^{5/} Quoted from "Developmental social welfare issues: inter-regional consultation on developmental social welfare policies and programmes". Note by the Executive Secretary, fourteenth session of ESCWA, 31 March to 5 April 1987, Baghdad (E/ESCWA/14/7).

^{6/} United Nations, World Population Prospects, 1990, New York, 1991, Sales No. E.91.XIII.4.

standing; the transitory nature of disability; and the absence of an adequate central reporting system.

Furthermore, a United Nations statistical report, reporting data from the 1970s, indicated the significant underenumeration of females who are mentally retarded. The ratio of reported men to women was 2:1 in Egypt in 1976 and 3:1 in the Syrian Arab Republic in 1970.^{7/} There is similarly a significant underenumeration of disabled women found in the 1976 Egyptian census with the sex ratio of 3:1, men to women. This is associated with cultural and social pressures upon females to appear marriageable and the social stigma on the rest of family members of having a disabled female member. Regarding education, the overwhelming majority of disabled persons, especially in rural areas, remain illiterate in many countries of the region. The highest rates of illiteracy among impaired populations are found among people who are: deaf; deaf and mute; and mentally retarded.^{8/}

At the national level, even the best attempts to target the population in need fall short of their goal. The well-designed Lebanese study "Enumeration and classification of disabled persons in Lebanon" conducted in 1981 found only 1.5 per cent disabled individuals in its sample of 129,700. The 1.5 per cent rate is lower than the average for developing countries, where the majority of national sample surveys reveal that less than 3 per cent of individuals have disabilities.^{9/} Alternatives to surveys, such as providing services to individuals who are on existing waiting lists, are described in the recommendation section.

In the occupied territories of Palestine, the occupation authorities have attempted to prevent national institutions from using computer assistance for analysing statistics that could provide a sound base for knowledge.

C. Financial constraints

The relationship between poverty and disability prevalence is well accepted, although not scientifically documented in the region. There is a strong relationship also between the wealth of a nation and the services available to its citizens with disabilities.

^{7/} United Nations, Department of International Economic and Social Affairs Statistical Office, Development of Statistics of Disabled Persons: Case Studies, New York, 1986 (ST/ESA/STAT/SER.Y/2).

^{8/} For instance, according to the Egypt Population and Housing Census of 1976, the illiteracy rates for the mentally retarded, the mute and the deaf are 82.04 per cent and 59.60 per cent, respectively, compared to 56.17 per cent for the total disabled population.

^{9/} United Nations, Department of International Economic and Social Affairs Statistical Office, "International development of disability: statistics accomplished and goals", published as chapter XI in the Proceedings of the Conference on the Capabilities and Needs of Disabled Persons in the ESCWA Region (E/ESCWA/SD/1992/2).

Financially, the ESCWA countries are relatively well-off as evidenced by United Nations statistics.^{10/} Only one State (Yemen) falls under the category of low-income economies whereas five countries out of the thirteen fall under the category of lower-middle-income economies; three nations fall under the category of upper-middle-income economies; and four nations fall under the category of high-income economies. The distribution of wealth, however, is not equitable at all even in the most affluent nations of the Gulf region. Quite a high proportion of rural populations of some ESCWA countries do not have access to basic services. In the Syrian Arab Republic, for example, between the years 1987 and 1990, 56 per cent of the rural population had no access to water services. In Egypt, 66 per cent had no access to sanitary services. In Qatar (with its per-capita GDP of \$US 11,800 [1989]), only 48 per cent of its rural population has access to water services.^{11/}

The entire range in indicators of human development for the member countries of ESCWA is widely disparate. Measures of under-five mortality rates, for example, range from as high as 192 per thousand to an enviable low of 20 per thousand. Literacy rates range from 32 per cent of the adult population to 77 per cent.^{12/}

The prognosis for future development to the year 1993 is cautious. Many countries in the region will likely face tremendous constraints in devising and implementing appropriate long-term development strategies and in providing sufficient facilities for prevention, early detection and rehabilitation of disabled persons and other disadvantaged members of their societies. The regional economic and political climate, including the Gulf crisis and its aftermath, threatens the aspirations for providing services to disabled persons. The ESCWA region as a whole experienced a negative growth rate in 1990 and a drop in GDP in 1991. Some of the most significant negative trends include:

(a) A persistent economic recession and per-capita real incomes that are either declining or rising only nominally in most countries of the region;

(b) The staggering foreign debt of most member States, not to mention balance-of-payments problems and foreign exchange problems;

(c) A series of economic adjustment programmes characterized by cuts in government subsidies and reduced expenditures for public services and social welfare;

(d) A massive and sudden influx of returnees to some countries of the region, resulting in high unemployment.

^{10/} James Grant, State of the World's Children (New York, UNICEF/Oxford University Press, 1991) and United Nations Development Programme, Human Development Report, 1991 (New York/Oxford, Oxford University Press, 1991).

^{11/} United Nations Development Programme, Human Development Report, 1992 (New York/Oxford, Oxford University Press, 1992).

^{12/} Grant, op.cit.

These recent economic pressures may lead to deteriorating and more lasting negative circumstances for disabled persons and other vulnerable groups in society. There is no guarantee that social dimensions of the structural adjustment process in the region will be maintained and that further marginalization of disabled persons in countries of the region will be stopped. It is, however, hoped that national development plans of the region will have a human dimension--a human face.

D. Negative cultural factors

Among the cultural factors responsible for disability are certain values, standards and practices; the most significant of which is the practice (or even encouragement) of marriage between close relatives. Cousin marriage in the Arab world is quite prevalent and also preferred. It occurs in all Arab countries and among all social classes. The genetic disorders caused by endogamous marriage can result in all types of impairment--sensory, physical and mental. Several clinical studies have shown that metabolic disorders caused by kinship marriage are the major cause of mental retardation in the region.

The negative attitudes among the families of disabled persons and the public towards disability are additional factors that have adverse effects that turn impairments into far worse handicaps. The families of disabled persons, particularly those of disabled women and girls, often feel stigma and frustration related to having a disabled person in their midst, sometimes to the extent of concealing disabled family members from their relatives and from the community. Circumstances such as these deprive disabled individuals of the opportunity to receive the rehabilitation services they require and limit the potential for positive interactions with disabled individuals that foster increased acceptance.

Furthermore, high illiteracy rates among women are both a determinant and consequence of underdevelopment. High fertility rates, too early childbearing and short spacing between births are also associated with impairment. Another contributing factor to the incidence of impairment is the lack of knowledge of adequate prenatal, perinatal and postnatal care. Early monitoring is fundamental to the detection of disorders and the use of ameliorating interventions. High fertility rates also deplete the mothers of energy and cause their dependence on domestic workers, which affects the care she is able to give to her children, placing them at greater risks of accidents.

E. Other obstacles

On the long list of priorities for national development, basic survival issues rank amongst the top. While the importance of education and rehabilitation services for disabled persons may be acknowledged, especially by family and community members who are affected by disability on a daily basis, Governments are unable to offer much until a certain take-off stage is reached in economic and human development terms. The stages of national development within the ESCWA region are more disparate than other regions.

With a range in per-capita GNP in the region from \$600 to \$13,000,^{13/} it is little wonder that nations are in a position to give higher priority to rehabilitation than some others. Where wealth is not an issue, reports suggest that a lack of expertise for rehabilitation planning and teacher training is an obstacle in addition to conflicting sectoral interests.^{14/}

In the initial stages of rehabilitation development, non-governmental agencies will typically fill institutional voids by creating services in urban areas designed for the children of wealthier parents. As a result of increasing demand and the pressure exerted on Governments by parents and other advocates, including the recent emergence of self-advocates, Governments respond as best they can. A lack of advocacy organizations within the region, particularly at the grass-roots level may provide an additional obstacle in national development. Promotion of the concept of human rights and the freedom of associations and unions in some countries of the ESCWA region, however, is a prerequisite for the establishment of organizations of disabled persons or any form of organizations at the grass-roots level.

Despite the breadth of difficulties that impede the progress in social development in the countries of the ESCWA region, accomplishments have been made and the scope for future growth is promising. These achievements within the region will be briefly discussed in the next section as well as in the section on recommendations.

^{13/} United Nations Development Programme, Human Development Report, 1991 (New York/Oxford, Oxford University Press, 1991).

^{14/} Economic and Social Commission for Western Asia, "Implementation of the World Programme of Action concerning Disabled Persons: a profile of the ESCWA region", chapter IV in Proceedings of the Conference on the Capabilities and Needs of Disabled Persons in the ESCWA Region (E/ESCWA/SD/1992/2). The chapter draws heavily upon a report submitted by Mr. Satish Arora.

III. OVERVIEW OF THE ACCOMPLISHMENTS OF THE ESCWA REGION DURING THE DECADE OF DISABLED PERSONS

ESCWA has made good progress towards channelling the human and physical resources of the ESCWA region toward the objectives of the Decade. Similarly, the member States in the ESCWA region have developed practical strategies to implement the goals outlined in the World Programme of Action. The exact progress made in member States since 1983 is difficult to determine due to the absence of sufficient data. Information for five member States, provided through the 1981 IYDP survey and reported in the document, "World Situation of Disabled Persons" indicates that there were approximately 200,000 places at rehabilitation centres in the ESCWA region. The estimated disabled population at the time was 8 million.^{1/}

The 1989 reports made to the Amman Conference by all member States provided a useful set of indicators for measuring development beyond that year.^{2/} According to these, there appears to be a consistent pattern of general rehabilitation development taking place in the region. This trend will be briefly outlined in the following section.

A. Organizations of disabled persons

In at least 10 ESCWA nations there is some type of organization of disabled persons in operation.^{3/} Among these organizations in the region, the Lebanese National Association for Disabled People is affiliated with Disabled Persons International (DPI). Nearly all member States have organizations for the various disability categories. In Jordan, the General Union of Voluntary Societies and other non-governmental organizations in Jordan are very active in implementing programmes for disabled citizens. According to the national study presented to the 1989 Amman Conference, the voluntary sector carries the greatest burden of providing services to disabled persons in Jordan. The increase in capacity of non-governmental centres from 1979 to 1988 in providing services to disabled persons was 300 per cent.^{4/} In Bahrain, the Bahrain Centre for International Mobilization has been very active in integrating disabled persons into the community through means of travel and sports and cultural activities.

^{1/} Satish Arora, unpublished paper submitted to ESCWA, 1981.

^{2/} More detailed and comprehensive information about achievements made by ESCWA member States is available in the Proceedings of the Conference on the Capabilities and Needs of Disabled Persons in the ESCWA Region, 20-28 November 1989, Amman Jordan, Sales No. E.92.II.L.1.

^{3/} See note 14 of section II; R. Hurst, personal communication, London, 5 July 1992.

^{4/} Quoted by Abdullah al-Khatib in "Disability in Jordan", p. 386 in the Proceedings of the Conference on the Capabilities and Needs of Disabled Persons in the ESCWA Region, 20-28 November 1989, Amman (E/ESCWA/SD/1992/2).

A growing number of these organizations invite individuals who have a disability to participate in the decisions that ultimately affect their lives. At the regional level, there is the Regional Bureau of the Middle East Committee for the Affairs of the Blind in Riyadh, affiliated with the World Blind Union, and in the Syrian Arab Republic there is the Arab Federation of Organizations for the Deaf; there is also an active organization of deaf persons in Jordan. Advocacy for individuals with intellectual impairments (mental retardation) has traditionally been a role played by parents' associations. The International League of Societies for Persons with Mental Handicap (ILSMH) is the international umbrella organization of parents groups. Six countries/territories in the ESCWA region are full national members or affiliates of the ILSMH: Gaza, Egypt, Jordan, Kuwait, Lebanon, and the United Arab Emirates.

The importance of non-governmental organizations in the implementation of the WPA was discussed at length during the working group session of the Cultural Event held on 18 October 1992. During the Event, it was stressed that NGOs in the region should keep being actively involved in all issues of disability and their work and services should be mainstreamed and well coordinated.

B. Commitment, planning and coordination

Ten of the 12 member States (excluding the occupied Palestinian territories) established a 1981 IYDP national coordination body. Eight of these States have maintained these coordinating bodies beyond IYDP. Five nations in the region reported that a clear policy had been established regarding the promotion of services. Regarding the functions of the national coordinating bodies, in the first-round monitoring of the implementation of the WPA at mid-Decade, out of the eight responding countries with national coordinating bodies at that time (Bahrain, Democratic Yemen, Egypt, Iraq, Jordan, Oman, Saudi Arabia and the Syrian Arab Republic) seven reported that their coordination bodies performed policy coordination functions (Bahrain, Democratic Yemen, Egypt, Jordan, Oman, Saudi Arabia and the Syrian Arab Republic). Six of the eight national bodies performed planning functions (Bahrain, Democratic Yemen, Egypt, Jordan, Oman and the Syrian Arab Republic). Administrative, research and training functions were each carried out by these national coordinating bodies in five countries of the region. The national bodies of three countries also carried out dissemination of information (Bahrain, Jordan and Saudi Arabia).

In addition to planning and policy coordination, the Supreme Council on Rehabilitation in Egypt has been responsible for "rehabilitation, employment and promoting the use of international and local experiences to that end, and the planning of rehabilitation projects for disabled persons."^{5/} Committees in Oman and the Syrian Arab Republic also review services and programmes relating to disability and further supervise the implementation as well as conduct follow-up evaluation.

^{5/} Proceedings of the Conference on the Capabilities and Needs of Disabled Persons in the ESCWA Region, p. 68.

C. Finances

Allocations for disability issues are made as a separate budgetary item exclusively by Saudi Arabia. At the mid-Decade, Iraq and the Syrian Arab Republic made such allocations not only as separate budget items, but as items integrated within sectoral budgets as well. All budgetary allocations for disability issues were integrated within the sectoral budgets of Democratic Yemen, Egypt, Kuwait and Oman.

At the regional and international levels, the Arab Gulf Programme for United Nations Development Organizations (AGFUND) has been generous in funding many regional and international projects, with the goal of integrating disabled persons into society.

D. Statistics

Bahrain, Egypt, Iraq, Jordan, Kuwait, the Syrian Arab Republic and the United Arab Emirates included questions on disability issues in their national population censuses. In addition, Egypt, Lebanon, and Jordan have undertaken a series of special surveys on characteristics of disabled persons. While much of the information which has been collected records the impairment and disabled populations by age groups, sex and urban/rural residence, several countries have also collected information assessing the equalization of opportunities and describing the disability experience. For example, the Syrian Arab Republic, Egypt, Kuwait, Bahrain and Jordan have collected data on educational attainment and economic activity of disabled persons. Bahrain's 1981 census included categorical information on causes of impairments and disability status by age groups and sex.

The Statistical Office of the United Nations Department of International Economic and Social Affairs in collaboration with ESCWA and the United Nations Centre for Social Development and Humanitarian Affairs issued a report^{6/} including an overall review of data collected in countries of the region and summarized the situation with a series of observations. ESCWA also published a compendium of national censuses and surveys of ESCWA member States, which is available in English.

E. Vocational training and employment

Well over half of the countries in the region have developed some form of vocational training and rehabilitation for the four major disability categories. Two nations (Egypt and Yemen) out of 12 in the region had ratified International Labour Organisation Convention 159 as of 30 June 1992. The international document serves as a practical set of procedures to ensure vocational rehabilitation and employment as a basic human right of disabled persons.

^{6/} United Nations, Department of International Economic and Social Affairs Statistical Office, Development of Statistics of Disabled Persons: Case Studies, New York, 1986 (ST/ESA/STAT/SER.Y/2).

Various categories of disabilities are covered by the vocational training programmes in urban areas. Vocational training and rehabilitation schemes in most countries include people with visual impairment, hearing impairment and mental retardation. Iraq and Saudi Arabia cover mentally ill persons (psychologically impaired) in their training schemes; the same countries plus Bahrain include persons with multiple disabilities. At mid-Decade, Egypt reported that it had vocational training schemes for those affected by leprosy, tuberculosis and severe rheumatism. In rural areas, Egypt and Jordan have special vocational training schemes for disabled persons aimed at creating employment and providing appropriate training programmes to meet the needs of the local market. These programmes focus on assessment and job placement in competitive open industry upon completion of the training.

Even with the best of vocational training, there is no guarantee of an opportunity to earn a living, especially where the levels of unemployment are high for everyone. Various types of material incentives could be effective in facilitating the employment of disabled adults. Some countries have adopted specific measures to promote employment. Egypt, Iraq, Oman, Saudi Arabia and Yemen implemented measures to promote employment opportunities for disabled adults in the private and cooperative sectors. Some countries also give technical assistance to enterprises and cooperatives and the self-employed, providing special incentives to enterprises, such as subsidies, tax concessions and exclusive contracts. Saudi Arabia and Oman as well as some other Gulf countries give loans or grants to enterprises, cooperatives and/or the self-employed. Some countries of the region have introduced a quota scheme of disabled employees (e.g., 5 per cent in plants with over 100 workers in Egypt; 2 per cent of the positions in major institutions in Bahrain; and 2 per cent in private factories in the Syrian Arab Republic).

During the Decade of Disabled Persons, the International Labour Organisation (ILO) provided technical assistance services to vocational rehabilitation centres in countries of the ESCWA region, including Iraq, Jordan, Oman and Yemen. These services included the development of training programmes for vocational rehabilitation staff, maximum utilization of existing vocational rehabilitation services for the creation of income-generating activities for disabled adults and improving the quality of prosthetic/orthotic services. In connection with the latter, the ILO has assisted the Foundation of Technical Institutes to prepare for an international conference for Arab States on prosthetics and orthotics. It is currently implementing a regional staff training programme on rehabilitation.

F. Legislation

Regardless of their level of generality and implementation, statements of commitment contained in legislative measures are thought to be prerequisites for the establishment and administration of policy in favour of disabled persons. Examples of legislative measures issued during the Decade in some countries of the ESCWA region include:

(a) Jordan: Education Law No. 27 of 1988. Article 3, paragraph 3(c) laid down that schooling was a social necessity and education was the right of all, each according to his own abilities and faculties. Article 41 of the

same law stated that "the Ministry shall set up special education programmes within the available means";

(b) Syrian Arab Republic: Law No.1 of 1985 provides for the employment of disabled persons in State and public-sector bodies, in accordance with a quota of 4 per cent.

G. Technical aids

The countries of ESCWA are abreast of the application of modern technology to enhance rehabilitation. The adaptation and transfer of computer-assisted technologies and communication aids for disabled persons was discussed and promoted at the International Symposium on Computers and Electronics for the Service of the Handicapped held in Baghdad in May 1987 and co-sponsored by ESCWA, United Nations Educational, Scientific and Cultural Organization (UNESCO), the War Handicapped Welfare Council, and the Electronics and Computers Research Centre/Scientific Research Council. The exhibit of the latest technologies from developed countries was continued and their use was demonstrated during the ESCWA Amman Conference in 1989. With technical assistance from the Regional Bureau of the Middle East Committee for the Affairs of the Blind, all background papers for the Amman conference were processed into both Arabic and English braille. The Bureau has also been very active in the field of translation of materials into an Arabized braille system and has augmented indigenous computer usage by blind people in the region.

The Bureau succeeded in evolving the system for Arabic braille usage, and during the past five years the production of the Bureau increased 100 times over its production of the preceding five years. Its major achievements include: printing all materials pertaining to educational curricula in Bahrain and the United Arab Emirates; printing the journal Al-Fajr and Alam Al-Kafif in English and printing the Holy Quran.

At the IBM Cairo Scientific Center, a rehabilitation engineering programme was started to help Arabic-speaking blind persons through the application of the latest computer Braille processing systems. Two Braille production systems, "semi-automated" and "fully automated" systems have been developed. The full automatic braille production process is fully automated through the utilization of the optical Arabic reading machine (OARM).

ESCWA also undertook in 1992 a comprehensive study entitled "The introduction, adaptation and transfer of new and appropriate technologies for disabled persons in the ESCWA region" (E/ESCWA/SD/1992/5), which is available in English. It deals with disseminating information on disability issues in the most appropriate format, fully utilizing computer-based applications such as speech synthesizers or large print.

The ESCWA region also has good examples of producing and utilizing appropriate technology in the community. Community-based rehabilitation (CBR) projects have begun in Egypt and Yemen. A CBR training workshop is to be held in late November 1992 in Gaza.

In addition to the national and regional accomplishments that have already been discussed, tables 1 through 3 illustrate institutional

development within the region. The lack of complete data for each country is difficult due to an inconsistent reporting by member States.

Since specific data related to disability services were not available at the start of the Decade, it is not possible to chart growth. The best hope is to use the end of the Decade as the beginning of a new era. The figures in this report can be taken as a baseline for measuring progress within the region. It is envisaged that the rehabilitation indices (reported and estimated) shown in table 3 might provide baseline indicators for a similar report as this undertaken in, say, 1997.

The data for the tables have been gathered from sources listed in the Bibliography. In particular, most of the information related to disability prevalence was derived from national reports presented at the 1989 Amman Conference and from the 1988 UNESCO Review of the Present Situation of Special Education. General demographic information was gathered from the Human Development Report, 1991 of the UNDP and the 1991 issue of the State of the World's Children.

Table 1 shows the number of facilities established by Governments and NGOs in the region and the number of individuals served under each disability category. Table 2 shows a comparison between reported and estimated disability prevalence versus the number of disabled persons served in the region. Table 3 provides baseline information for monitoring future national and regional development. The rehabilitation index (reported) is the reported number of disabled persons served as a percentage of the reported number in need. The rehabilitation index (estimated) is the number of persons served as a percentage of the estimated need.

Table 1. Numbers of individuals served by non-governmental (NGO) and governmental agencies within disability categories (1989)

Country/Name	GENERAL						VI			HI			MI			PI			Other			Total					
	Facilities		Number Served		Facilities		Number Served		Facilities		Number Served		Facilities		Number Served		Facilities		Number Served		Facilities		Number Served				
	Gov	NGO	Tot	Gov	NGO	Tot	Gov	NGO	Tot	Gov	NGO	Tot	Gov	NGO	Tot	Gov	NGO	Tot	Gov	NGO	Tot	Gov	NGO	Tot			
Bahrain	2	2	*	1	1	*															2	*	2	3	5		
Democratic Yemen				2	2	*															1	43	3		3	43	
Egypt	150	150	*	26	26	1400	55	55	4833	*	*	3788									100	*	181	150	331	10021	
Iraq				4153	5	5	17	17		15	15										6		45		45	4153	
Jordan				1	4	5	3	4	7	970	4	19	23	1740	3	8	11	775			7	1275	11	42	53	5290	
Kuwait	2	2	670	1	1	163	1	1	250	2	2	404	1	1	270	2	2	2	2	2	1LD	3	300	5	5	10	2057
Lebanon	50	50	*																				50			50	*
Oman							1	1	193	1	1	81									1	57	3		3	331	
West Bank and Gaza	1	1	1500				4	4	150		19	19	7000	5	5	*								41	41	18971	
Qatar	1	1	207				2	2	98	2	2	190									1	86	5	1	6	579	
Saudi Arabia	1	1	*	10	11	514	14	14	2129	9	9	1428									14	3152	47	2	49	7223	
Syrian Arab Republic				2	6	8	4	2	6	933	4	1	5	543	6	1	7	298	2	2	2Eid	4	*	18	12	30	2047
United Arab Emirates	2	2	266																				2		2	266	
Yemen Arab Republic	1	1	*	2	1	3	83														1	1	3	2	5	83	
Totals	53	157	210	6,796	48	26	74	3,284	96	11	107	9,554	37	39	76	25,174	12	15	27	1,343	129	139	4,913	375	258	633	51,064

Key: Gov = Number of Governmental Facilities
 NGO = Number of Nongovernmental Facilities
 Number Served = Number of Individuals served/ Category
 VI = Visually Impaired
 HI = Hearing Impaired
 MI = Mentally/Intellectually Impaired
 PI = Physically/Mobility Impaired
 * = No Information Available

Notes: Kuwait has 13 special education schools
 Additionally, residential services are provided to students from Yemen Arab Republic in Kuwait, Syrian Arab Republic, and United Arab Emirates; to students from Qatar in Bahrain; to students from Oman in Kuwait, Bahrain, Saudi Arabia, and United Arab Emirates; to students from Democratic Yemen in Kuwait and United Arab Emirates; and to students from Saudi Arabia in other Arab countries.
 United Arab Emirates has 90 general special education classrooms in general school system.

Table 2. Comparison of reported disabled population and estimated disabled population at 7 per cent and rehabilitation index date

Country Name	Total number of Disabled Served	Reported Disabled Population	Rehabilitation Index (Reported)	Estimated Disabled Population at 7%	Rehabilitation Index (Estimated)
Bahrain	NA	3,478	NA	24,556	NA
Democratic Yemen	43	NA	NA	164,169	0.001%
Egypt	10,021	761,000	1.317%	3,531,850	0.133%
Iraq	4,153	111,095	3.738%	840,035	0.055%
Jordan	5,290	18,829	28.095%	140,815	0.070%
Kuwait	2,057	5,954	34.548%	95,057	0.027%
Lebanon	NA	43,896	NA	199,527	NA
Oman	331	NA	NA	98,000	0.004%
West Bank and Gaza Strip	18,971	6,728	281.971%	78,750	0.252%
Qatar	579	634	91.325%	25,836	0.008%
Saudi Arabia	7,223	NA	NA	952,000	0.096%
Syrian Arab Republic	2,047	92,436	2.215%	633,230	0.027%
United Arab Emirates	266	NA	NA	105,000	0.004%
Yemen Arab Republic	83	204,032	0.041%	649,192	0.001%
Total	51,064	1,248,082	4.09%	7,538,016	0.677%

Rehabilitation Index = Total number of Disabled individuals reported served divided by the Reported Disabled Population

Rehabilitation Index = Total number of Disabled individuals reported served divided (Estimated) by the Estimated Disabled Population at 7%

NA= Data Not Available

Table 3. Comparison of reported population data, reported disabled population and estimated disabled population data

Country Name	Population	Reported Disabled Population	Disability Reported as Percentage of Population	Estimated Disabled Population at 10%	Estimated Disabled Population at 7%	Total number of Disabled Served	Census/Report and Year
Bahrain	350,798	3,478	0.99%	35,080	24,556	NA	1981 Bahrain Census of Population and Housing
Democratic Yemen	2,345,266	NA	NA	234,527	164,169	43	1988 2nd General Census of Population, Housing and Installations (Prelim Report)
Egypt	50,455,000	761,000	1.51%	5,045,500	3,531,850	10,021	1986 Population and Housing Census, 1977-84 Health Interview Survey
Iraq	12,000,497	111,095	0.93%	1,200,050	840,035	4,153	1977 Results of the General Census of [Iraqi] Population
Jordan	2,011,645	18,829	0.94%	201,165	140,815	5,290	1979 Queen Alia Jordan Social Welfare Fund Nat'l Survey of the Handicapped
Kuwait	1,357,952	5,954	0.44%	135,795	95,057	2,057	1980 Population Census of Kuwait
Lebanon	2,850,392	43,896	1.54%	285,039	199,527	NA	1980-81 Survey for the Enumeration and Classification of the Handicapped
Oman	1,400,000	NA	NA	140,000	98,000	331	Grant, J. (1991) State of the Worlds Children, NY: UNICEF
West Bank and Gaza Strip	1,125,000	6,728	0.60%	112,500	78,750	18,971	1981 Field study on Disability for Second Palestinian Social Conf. for Disabled
Qatar	369,079	634	0.17%	36,908	25,836	579	1986 General Census of Population and Housing [of Qatar]
Saudi Arabia	13,600,000	NA	NA	1,360,000	952,000	7,223	Grant, J. (1991) State of the Worlds Children, NY: UNICEF
Syrian Arab Republic	9,046,144	92,436	1.02%	904,614	633,230	2,047	1981 Population Census in Syrian Arab Republic
United Arab Emirates	1,500,000	NA	NA	150,000	105,000	266	Grant (1991) State of the Worlds Children, NY: UNICEF
Yemen Arab Republic	9,274,173	204,032	2.20%	927,417	649,192	83	1986 2nd Gen Population Census and 1989 Central Planning Organization Study
Total	107,685,946	1,248,082	1.16%	10,768,595	7,538,016	51064	

NA= Not Available

Total Estimate at 7% Population Reported	7,538,016
	1,248,082
Difference total	6,289,934

IV. ACTION-ORIENTED RECOMMENDATIONS TO FURTHER THE IMPLEMENTATION OF THE OBJECTIVES BEYOND THE DECADE OF DISABLED PERSONS IN ESCWA COUNTRIES

The recommendations presented herein are categorized, to the greatest extent possible, under the headings found in the proposals for the implementation of the World Programme of Action Concerning Disabled Persons.^{1/} The importance of the latest technical innovations and their applications was also taken into consideration.

The listed recommendations marked with an asterisk (*) are a summarized compilation of those recommendations presented by the participants from all countries of the region in the 1989 ESCWA Amman Conference. Some recommendations represent the sound regional thinking required to continue the implementation of the World Programme of Action concerning Disabled Persons. The regional recommendations are supported by comments and further recommendations added by this study. These additional recommendations are preceded by a "+". Because this study was compiled from a regional as well as international perspective, the additional comments and recommendations may require modification to fit local conditions of each country. Many of the recommendations assume increased intraregional planning and coordination through the proposed rehabilitation focal point within the ESCWA Social Development subprogramme.

A. Preamble

The recommendations presented in this section can be considered as suggested actions to meet the goal of "Full Participation and Equality" for people with disabilities and achieving "A Society for All" before the year 2010 in the ESCWA region. To ensure reaching the goal, it is assumed that all of the recommendations presented here will involve the active participation of people with disabilities in the planning and implementation of activities. It is further suggested that these recommendations be reviewed by a panel of disabled persons within the ESCWA region for appropriateness.

Although the Decade has increased awareness of disability issues and has facilitated considerable progress in the prevention of disability and in rehabilitation in the ESCWA region, progress towards improving the situation of disabled persons and ensuring their equal opportunities have been uneven and far from being achieved. Therefore, there is a need for a second Decade of Disabled Persons to consolidate the gains achieved and to translate awareness into action for the period 1993-2002 with a view to "A Society for All" by the year 2010.

B. National and regional action

1. Participation of disabled persons and their organizations

* Organizations of disabled persons should be founded to encourage disabled individuals to unify and intensify their efforts.

^{1/} United Nations Department of Public Information, New York, 1983.

+ The above is the only recommendation dealing with the essence of full participation, and one of the most important recommendations made by the participants in the 1989 Amman Conference. People with disabilities and their families have the greatest vested interest in the development of services and in gaining access to all sectors of the community. Equality in participating is a right that, unfortunately, disabled individuals have had to fight for, especially in developing countries. It is therefore vital that disabled people be organized at all levels, and then consulted at every stage of services planning and implementation. The easiest way to obtain consensus from individuals with disabilities is to ensure that they have an organizational structure and training for leadership and communication skills. The first proposal in the World Programme of Action concerning Disabled Persons is the establishment of and support for organizations of disabled persons themselves.

* It is important, however, that organizations of disabled people be truly representative. Well-represented organizations should have active members from the most vulnerable groups including women, the rural poor, the aged and all disability groups including self-advocates who have an intellectual impairment (mental retardation). In the ESCWA region, there is an urgent need to promote the concept of human rights and the freedom of associations and organizations, and to promote the establishment of organizations of disabled persons at the grass-roots level that will truly advocate the interest of disabled persons themselves.

2. Prevention and early intervention

* Special attention should be given to ways of preventing disability. Regional reports state that 20 per cent of the causes of disability can be attributed to congenital defects; 67 per cent of the parents of disabled persons were close blood relatives. Accidents, including work accidents, accounted for 10 per cent of the causes of disability. Most of the cases listed above could be prevented by appropriate intervention.

* There should be an increased awareness with respect to the prevention of all types of accidents, such as those in the home and on the roads, and occupational injuries and diseases. Checks must be carried out to verify whether industrial installations comply with employment conditions.

* Coordinated programmes such as systems of primary health care, health care for mothers and children and family planning, involving all concerned ministries and agencies, should be established and strengthened for the prevention of disability.

* Active measures should be taken to prevent disability and limit its occurrence and consequences through early detection and through treatment at the earliest stages possible. Apart from the provision of universal health services to all social groups and the improvement of such services, the establishment of special centres for the early detection and identification of disability is needed. These centres should be adjuncts to health centres, hospitals, public clinics and school health clinics.

* Attention should be given to promoting overall community development that involves changes in the economic and social structures. This would contribute substantially to the elimination of the causes of disability in all its forms. Advancement of Arab women is particularly important in this regard as they are considered primarily responsible for child-bearing and care-giving to the disabled member of the family. Women's illiteracy should be eradicated.

+ Preventive measures, including the early identification and assessment of impairments, should be an integral component in the daily work of the primary or public health care system. A designated person in each health care station should have extra training and expertise in the area of disabilities.

+ Since the present emphasis on curative programmes for disabled children is insufficient and the preventive aspects in this field are given limited attention, there is an urgent need to promote a preventive programme through the following measures:

(a) Drawing up the necessary guidelines to provide medical tests for those who want to get married, especially among close relatives;

(b) Encouraging women to have medical checkups and consultations before pregnancy, particularly those over 37 years;

(c) Drawing up the necessary guidelines for periodic tests during pregnancy;

(d) Educating pregnant women and protecting them against certain diseases such as German measles and whooping cough as well as having them avoid harmful radiation such as X-rays;

(e) Introducing health and nutrition education programmes relevant to pregnant women and their babies. Such programmes should be incorporated into school curricula for girls. In the meantime, there should be identical programmes for male pupils to achieve complementarity and equality in health awareness by both husband and wife;

(f) Providing advice on the practice of using medicines without consulting a doctor;

(g) Educating parents on the dangers of domestic accidents in which children are involved and how to protect children against them;

(h) Enacting the necessary legislation and regulations and following them up to protect children, especially those under five years of age, from the dangers of domestic accidents, such as imposing stricter specifications on the use of bottles containing drugs and harmful materials so as to make them difficult for children to tamper with.

3. Rehabilitation

* Programmes providing services, care and rehabilitation for the disabled should be expanded to suit the size and types of growing demand for such services.

* Modern methods should be introduced in rehabilitation services that relate specifically to health aspects as well as psychological and social aspects of disability.

(a) Community-based rehabilitation

* In order to develop social and health care services, greater attention should be paid to involving the community in assuming some of the burdens faced by the State, in view of the scarcity of resources and promoting the concept of mainstreaming.

* The concept of community-based rehabilitation should be adopted, especially in rural areas, where there are no services. Rural rehabilitation services should be established.

* A policy of early detection and early intervention should be adopted at the community level. A national register of disabled children should be established to assist in follow-up and evaluation.

+ Locally based registers should be given preference over national registers. The information from the local registers can contribute to the national database.

(b) Working with families

* The expansion of services for the care of disabled persons should make every effort to involve the families of the disabled person in order to help the family unit adjust themselves positively to the disability of their child as well as to accept the need for sound treatment of the disabled child within the appropriateness of the family environment.

* Parents' associations should be established within services to consult parents on education and rehabilitation plans.

* Parents should be provided with the educational and teaching materials required for their disabled children, and should be given advice on how to use such materials to develop their children's abilities.

* The full involvement of families should be encouraged by providing training courses to train members of the family and the community at large in adequate care. This approach should alleviate the burden on the State of establishing and running residential institutions.

* Strong links should be encouraged between institutions for the care of disabled persons and their families, with a view to ensuring their positive and effective participation in the planning, implementation and evaluation of instruction and rehabilitation programmes for their children. Councils comprising the parents of disabled persons should be established for this purpose.

* Given the difficulty of setting up institutions for the care of the disabled throughout some countries owing to their vast geographical areas, provision of supportive services should be made for the families of disabled

children through grants depending on the family's economic status, as well as provision of psychological, social and medical services for disabled children and their families if the children are cared for at home. This can be done through visits to their homes or meetings at a social service institution or both.

4. Equalization of opportunities

* The limited capacity of existing institutions means that services are restricted to a small portion of disabled people. Many others remain deprived of any form of service. Therefore, efforts should be made to increase the number of rehabilitation centres to cater for a greater number of individuals with more diverse disabilities.

(a) Vulnerable groups of disabled persons

* Services should be extended to disabled persons in the following groups: women; preschool-age children; the elderly; disabled persons in rural areas; disabled war victims; and displaced persons with disability. Rural development centres should be used to provide the required services, drawing on the facilities available in the local community.

+ There should be a renewed focus on the prevention of early childhood disability and rehabilitation for reasons of human rights and economic cost-benefit.

+ Member States should be encouraged to ratify the United Nations Convention on the Rights of the Child. (Section 19 pertains specifically to the rights of children with disabilities.)

* Attention should be accorded to the current state of political unrest and assistance should be forthcoming to facilitate the adoption of the various measures needed in the field of disability.

+ States, societies and humanitarian institutions that want to help should give priority to rebuilding and re-equipping institutions for disabled persons that have been damaged in armed conflicts and political unrest.

* Support should be given to State institutions which provide aid in kind to disabled persons consisting of equipment, appliances and personal necessities.

(b) Women

+ Women's associations should be urged to contribute effectively to raising the awareness of the family and the community through their centres, through field visits and by collecting donations for disabled persons.

+ Studies on women and disability should be commissioned in every country and at the regional level. The results should be widely circulated to those who can provide greater equity for women with disabilities.

+ Governments should be encouraged to ratify the United Nations Convention on the Elimination of All Forms of Discrimination against Women.

+ Arab women's overall development should be promoted, as they are considered to be primary care-givers to disabled family members. In some countries, particularly Gulf countries, well-educated women who are not fully integrated in national development may become qualified candidates for rehabilitation professionals.

(c) The elderly

* Although the number of persons above 65 years of age represents only a small portion of the total population--3.2 per cent at the regional level--this figure is expected to increase over the next few years.^{2/} Since nearly 30 per cent of the elderly have some kind of disability, it is important to develop plans for the care of disabled elderly people.

* Care should be provided for elderly persons, and special centres should be established to accommodate them.

(d) Technology in rehabilitation

* The use and application of new technology in all fields of rehabilitation should be encouraged.

* The technical expertise and facilities offered within regional and international organizations and agencies should be consulted when formulating or implementing a national plan for the care of disabled persons.

* Community-based rehabilitation (CBR) in the region should encourage local production of low-cost technical aids for disabled persons, made from locally available resources.

+ The production of technical aids, such as hearing aids and wheelchairs, in the region should be promoted.

(e) Accessibility

* In city planning and in building and construction legislation, attention should be paid to full accessibility by disabled persons and to their safety. This includes, for example, infrastructural services, transport and the entrances and interiors of buildings.

* Scientific research on the adaptation of the physical and social environments should be encouraged, and the results of such research should be disseminated in Arabic to the media, decision makers, planners and specialists, taking into consideration standards for United Nations publications, as well as international standards.

^{2/} United Nations, World Population Prospects 1990, Sales No. E.91.XIII.4.

* Mobility workshops for disabled people should be organized and, markets for prosthetic and other supporting/adaptive devices should be available to guarantee access to these products.

* An endeavour should be made to incorporate rehabilitation concepts into the training programmes and curricula of social work specialists, teachers, doctors and anyone else involved in making decisions that affect the social, educational and vocational integration of disabled persons.

* Conditions of those working for social-care institutions should be improved, and means should be provided for professional advancement in their fields of work.

* Social and health-care services for disabled persons should be started in places where these do not exist and strengthened in places where they do exist.

(f) Integration

* Educational and media programmes should be formulated which would promote the awareness necessary for the acceptance of disabled persons in the community and the elimination of stereotypes and prejudices against them. This should facilitate their participation in the economy and their complete integration into socio-economic life.

* Disabled persons must be totally integrated into the community on an equal basis; their participation in all rehabilitation programmes is extremely important. Environmental barriers should be eliminated. Recreation, sport and art for disabled persons should be fully integrated into rehabilitation programmes. Public campaigns and programmes to increase awareness about disability are needed. Special work positions for disabled individuals that would allow them to fulfil their potential and use their abilities are vital for the creation of a true and proper image of disabled people. Cultural and sports activities showing their capabilities and creativity should be promoted in the ESCWA region.

* A policy should be adopted for mainstreaming disabled persons into all activities of the community, including integration into schools. It seems clear that the problem of disability should not be seen solely as one of care, nor should the only authorities entrusted with this problem be social-welfare institutions and charity organizations. Furthermore, it should be stressed that disability should not invalidate any human rights. Disabled persons should have the same rights as other citizens.

* Specialized institutes should be established for certain categories of disability.

+ Specialized resource centres as stores of information and techniques should be considered as an alternative to creating specialized institutes that could easily become an institution.

* Work should be done to create a national centre for the scientific diagnosis of disability, in order to determine the nature of the disability

and the possibility of treatment through services available. This implies the adoption of progressive policies towards disabled persons that are in keeping with recent studies in this field and the reversal of the narrow-minded official views through which disabled persons are parked in institutions that are more like prisons. Therefore, the opening of the community to disabled people is the only way to deal with the problem within the framework of modern educational concepts that advocate integrated services for disabled persons.

* An appropriate education, care and rehabilitation programme should be set up which would achieve optimum utilization of the disabled person's faculties, abilities and potential to integrate into his community as a citizen, worker or student, or in any other role he is capable of playing.

(g) Training of personnel for integration

* Trained instructors should be provided to work with disabled persons in all aspects of education, guidance, and vocational, functional and physical rehabilitation. Instructors should also be able to help the families of disabled persons to cope with the problems posed by their children's disabilities. This would require the establishment of a multidisciplinary training centre for disabled persons at the pan-Arab level (e.g., an ILO project) to hold short training courses for people working directly or indirectly with the disabled. Such a centre should be consulted by legislators in the field of mental disability, as well as policy makers, planners, media persons, religious authorities, educators, and staff working directly with disabled persons, such as doctors, psychiatric counsellors, physiotherapists and others.

* Upgrading training of rehabilitation workers should continue to be provided through the holding of short training courses and the arrangement of inspection visits.

* An endeavour should be made to establish a system of financial and moral incentives for rehabilitation workers.

* All of the above recommendations should be coordinated through the suggested New Decade of Disabled Persons in the ESCWA region and within the framework of the World Programme of Action concerning Disabled Persons and the regional long-term strategy towards the year 2010 drafted during the Cultural Event.

(h) Early intervention

* Programmes should be drawn up to orient citizens, especially in villages, through all available means, about the importance of early childhood education.

* A system for early detection and early intervention should be established by forming a committee of doctors and specialists. The committee would be responsible for: early detection and identification; formulation of the necessary programmes for early treatment; and counselling and guidance to families.

* Psychiatric clinics should be established and supported. The emphasis of the clinics should be on early prevention of mental illness.

* The most significant cultural factor in the prevalence of severe disability in the region is the practice of kinship marriage. Special attention should be given to genetic testing before marriage.

+ The primary health care system and other health-related services should be fully involved in detection, assessment and early intervention. This would require the additional training of specialists in these systems.

(i) Education

* In view of the many alternative types and levels of special education, a policy should be made and adhered to when selecting from these alternatives, whereby disabled pupils are integrated into educational systems and social contexts whenever this is possible and worthwhile. Opportunities for secondary and higher education should be made available to disabled children, and "mainstreaming" of disabled persons should be promoted.

* Educational integration should be initiated by creating special classes for disabled persons at certain public schools (which should then be provided with follow-up and support services), prior to conducting the experiment on a broader scale in the future. The experiment should begin with minor disabilities and then proceed to incorporate all categories of disabled persons in an ordinary school.

* Educational support centres should be established to provide the necessary expertise to facilities and services for disabled persons, as well as special classes at ordinary schools, and to supply the required educational tools and materials where they are needed.

* Programmes for special education should be integrated with other services for disabled children, regardless of the type or degree of disability. Every child must be treated as a separate case, and the family, particularly the mother, should be regarded as a partner in special education. Education should begin as early as possible. The establishment of preschool community-based programmes for disabled children, whether home-based or centre-based, and involving parents, is vital. Disabled children should be accepted in normal schools wherever possible. Special attention should be given to the training of all teachers in special educational needs.

* Particular attention should be given to special education programmes for severely disabled children and those with multiple disabilities. Training of special teachers and provision of special-education materials and services are prerequisites for achieving this goal.

+ The educational process in special education classes in some countries is, to some extent, based on the curricula of normal schools. Consideration might be given to the possibility of developing further educational curricula which are more appropriate for special categories and more

responsive to their needs. An endeavour should also be made to develop basic structures in support of the production of materials appropriate to such curricula, together with teaching materials, tools and technological aids which would be of benefit in the process of educating disabled persons.

* The idea of continuing education is now widely accepted, meaning that education does not end when one leaves school. Although education is now available to school-age disabled children, the principle of continuing education requires that more attention be devoted to vocational education and training for disabled adults (e.g., integration of disabled adults in ongoing literacy programmes).

* There is a need to develop, continually evaluate and revise the education and training curricula currently offered to the various categories receiving special-education services.

* Sufficient numbers of instructors for disabled students should be recruited (preferably from the region) and trained on the basis of projected needs for the coming years.

* Disabled persons should be included in community literacy and adult-education programmes. This issue should be given special emphasis as a follow-up to the International Literacy Year, 1990.

* There is an urgent need to develop a standardized Arabic sign language which is complementary to indigenous sign languages. It is also important that further education programmes for deaf adults should be provided on a regular basis.

(j) Vocational rehabilitation, employment and income-security

* Rehabilitation programmes should be linked to the local labour markets, and disabled persons should be trained, wherever possible, at public work places in ordinary vocational training institutes.

* Disabled persons should be employed, wherever possible, in the open labour market and assigned to sheltered workshops only in special cases.

* Employers' and workers' organizations should adopt training and employment policies that are in line with market requirements.

+ These organizations should also facilitate the inclusion of disabled workers.

* Grants to support workshops should be developed and properly organized so as to provide an appropriate starting point for disabled persons through the selection of locally profitable occupations.

* There should be cooperation with industrial installations, with a view to adapting the work place and equipment conditions to suit disabled workers.

* Alternative payment methods might be considered as an alternative in respect of disabled workers whose productivity is lower than that of

ordinary workers. However, it should be carefully reviewed in terms of minimum working conditions in order to avoid exploitation of disabled workers.

* Qualified instructors should be used for training of disabled persons, and use should be made of instructors who are themselves disabled wherever possible.

* Low-cost vocational rehabilitation models should be developed and adapted to current employment realities. Special attention should be given to vocational rehabilitation and the employment of the severely disabled. Support should be given to programmes dealing with functional assessment and the vocational evaluation of disabled adults.

* National institutions should be urged to recruit qualified disabled persons for jobs compatible with their vocational and professional specializations, and to treat them on an equal footing with non-disabled employees as regards rights and duties.

* A study should be undertaken to identify the professions and trades for which disabled people could be trained in order to provide them with opportunities for employment.

+ Home and cottage industries as well as cooperatives and revolving loan schemes for establishing suitable industries should be developed.

* A specific system should be established for the placement of qualified disabled persons in jobs which are appropriate to their abilities and qualifications. There should also be follow-up of the placement and employment process.

* Institutions specialized in the care of disabled people should develop sheltered workshops for disabled students to ensure further training and work once they leave the institutions.

* National institutions and factories should be encouraged to adopt the system of sheltered workshops/enclaves and thus to help provide appropriate employment for trainees.

+ Integrated employment systems should be preferred over sheltered employment to the greatest extent possible. Integrated employment schemes could include supported or semi-supported (enclave approach) and fully open (integrated) employment. These strategies should be studied and adapted for use in the ESCWA region. Specialized job coaches should be trained to prepare and further supervise on-the-job training.

+ Since qualified disabled persons constitute a productive and inventive source of manpower, a specific procedure should be established for placing them in posts which suit their abilities and qualifications, and for follow-up of the employment and placement process.

+ In view of the significant part which could be played by the competent units of the ministries of labour in ESCWA countries in various aspects of

care for the disabled, particularly with respect to employment and placement, the Ministries should be encouraged to assume a more positive role in the care of disabled persons.

* The possibilities of introducing various employment promotion measures, such as employment quota schemes, subsidies, tax reductions and levies should be studied for increased integration of disabled persons into productive activities and employment.

* Products of disabled workers should be marketed through specialized outlets, and national marketing institutions should be set up to promote such products.

* The International Labour Organization's (ILO) Convention 159 promoting the right to employment should be studied for ratification by the 11 member States of ESCWA (all except Egypt and Yemen) who have not yet done so.

* Governments should also adopt social-security schemes that take into account the needs of disabled persons so that they can maintain their independence.

5. National and community action

+ Rehabilitation action should take place as close as possible to the location of the need. Such an approach ensures relevance and functionality of the measures taken and is more convenient for the user of a given service. In most cases the need would best be met in the community or in environments in the community such as in the home, regular school or regular work place. Community-based rehabilitation is discussed in the section "Equalization of Opportunities".

(a) Government/national level

+ The administrative and technical machinery responsible for the planning and supervision of services to the disabled in the ministries of labour of ESCWA countries should be strengthened and supported by qualified staff.

* Non-governmental societies and popular organizations and communities should be given technical and financial support to encourage them to take an active part in the fields concerned with providing services for disabled persons, including the prevention and treatment of disability.

* High-level support for programmes concerned with caring for disabled persons is needed as part of the overall national effort.

* Funds allocated to the Government sector to deal with the problem of disabled persons must be increased. Investment in this field must not necessarily be seen as wasted; likewise, it should not be seen that there is no return on such investment. This will require greater efforts to convince decision makers and policy makers of the possible long-term economic and social benefits of such investments.

+ Studies to analyse the cost-benefit ratio for provision of prevention and rehabilitation services should be conducted in a country of the region when basic infrastructure and services reach a certain level. However, cost savings should not replace rights as the rationale for providing services.

+ There is a need for coordination between the services provided by ESCWA country ministries of education and those of the ministries of social affairs and labour; such coordination could be achieved through an integrated national plan for the care of disabled persons.

* States should adopt legislation making it obligatory for disabled people to have access to all public and private buildings.

* States should enact or amend the law on public transport to ensure that access to wheelchair-bound passengers is provided for the various types of transportation.

+ States should enact national legislation requiring State institutions to employ a certain proportion of disabled persons, especially in the ministries of posts, telecommunications, health and social affairs, and others.

* States should use international texts on the rights of disabled people as a model for their own legislation.

* Appropriate legislation should be enacted to provide suitable social and health care to the various categories of disabled persons.

* There is an urgent need to draw up appropriate legislation to prevent hereditary disabilities. This means drafting a law to forbid marriage without the necessary medical examinations. It is also imperative to alert public opinion to the consequences of intermarriage with close relatives and the possible risk of increased disability rates.

+ A regional review on legislation benefiting disabled people should be undertaken.

+ In view of the close of the Decade, every nation should review existing policy and legislation in the light of the recommendations set forth in the World Programme of Action.^{3/}

(b) Local and national and coordination

* Given the number of both governmental and non-governmental agencies responsible for providing services to disabled persons, a greater degree of coordination is required in the context of comprehensive planning for the care of disabled persons.

* Material and moral support should continue to be provided to associations for and of disabled persons, and services should continue to be coordinated.

^{3/} Mittler, op.cit.

* In places where such committees do not yet exist, quick steps need to be taken to form a national committee for the care and rehabilitation of physically, mentally and psychologically disabled individuals.

+ Each State in the ESCWA region should, as a first priority, acknowledge the efforts and accomplishments of its national disability services coordinating body, and further increase allocations to this body to assist it in expanding, especially its non-institutional services. ESCWA should continue its coordinating capabilities for regional development.

6. Staff training

* There is a shortage of manpower for special education and rehabilitation programmes in the region, in terms of the managers required for planning, supervision and follow-up operations and of executive staff such as teachers, counsellors, and experts in psychology and social work, etc.

* Training courses should be organized for trainers in the field of disability as a first step to establishing a specialized institute for the training of the personnel needed; cooperation with existing expertise is also needed.

* Since the key to establishing an effective programme for the care of disabled persons lies in the training of staff in various occupational fields such as health, education and social services, these multi-specialized professionals must collaborate closely to assess the requirements for special-education and treatment programmes and to develop curricula and teaching methods which will meet these requirements. The inauguration of programmes to train special-education teachers (under the auspices of the United Arab Emirates University) may represent a step in this direction. However, attention must also be paid to the training of needed technicians in other fields such as health, psychology and social services.

* An institute for the training of special-education teachers should be opened to supply institutes and foundations for disabled persons with qualified staff.

+ There should be an opportunity to improve the level of competence among personnel at institutions for disabled people and to provide staff working with disabled persons with opportunities for training and academic education.

* Training courses at home and abroad should be made available to the staff of institutions for disabled persons, as well as to those working in the field of social and health care for disabled persons, to enable them to upgrade their skills.

* Rehabilitation staff at all levels and in the various disciplines should be trained continually and more thoroughly.

* Continued use should be made of grants and missions for the training of staff outside the country by means of bilateral agreements or through specialized international agencies.

* Attention should be given to training those in charge of centres for disabled persons to administer appropriate services.

* There is an urgent need to increase the numbers of special-education staff (such as teachers and other experts). Programmes and specialized training courses offered by Sultan Qaboos University and the Arabian Gulf University could make a contribution in this regard.

7. Information and public education

+ Local councils for cooperative development should play a greater role in informing the public about the needs of disabled persons and in urging members of the community to participate in social and health care projects for disabled persons.

* Issues concerned with the rights and needs of disabled persons should be included in educational curricula to promote awareness among all citizens.

+ Information and public education to sensitize attitudes and consequently behaviours should be considered amongst the highest priorities in rehabilitation development. It is sine qua non for all other areas of development.

* A regional information programme on disabled persons should be formulated and proclaimed, drawing attention to the responsibilities of media towards disabled persons, their families and society.

* Efforts should be made through the various media to spread awareness in the community and promote positive attitudes towards disabled persons and to correct negative attitudes. Sign language should be used in all television programmes.

* An informative guide for the general public should be prepared by all governmental and non-governmental institutions caring for disabled persons in each Arab country.

* Efforts should be made to foster a positive attitude towards disability and disabled persons on the part of school children. Useful results could be achieved in this connection if revised educational materials were incorporated into the curricula and teaching activities of schools.

* Advice should be provided to parents concerning the instruction of preschool-age disabled children.

* Educational pamphlets should be published on the subject of disability, methods of interaction with disabled children and adults and their education and welfare.

* Public meetings that include disabled persons should be held to discuss issues relating to disabled people and the services provided to them.

* Public awareness of the problems and causes of disability should be promoted so as to encourage a rational attitude with regard to disabled

persons. This would eliminate the traditional negative notions that prevent problems from being addressed objectively.

* Publicity campaigns should be launched on radio and television and in the newspapers to explain to the public the need to facilitate everyday life for disabled persons.

* Educational programmes should be created for public awareness and understanding of the problems of disabled persons.

* Instructive programmes and media campaigns to familiarize the public with programmes for the prevention of disability should continue to be arranged. Media events should be organized to increase social awareness of disabled individuals and to encourage the media to devote more attention to programmes on community involvement in the care and rehabilitation of disabled persons.

* The media should devote attention to programmes on the activities of disabled persons and their integration into the community in order to make the public aware of the problems and to change social attitudes towards them so that the community may provide social care and assistance to disabled persons.

+ Disabled people should be consulted in the planning of any media campaign or fund-raising campaign, in order to present the most correct and valuing images of individuals with disability. While disabled people may not always be experts in rehabilitation, they will most certainly know what falls within the limits of correctness in terms of participation and positive portrayal of disability.

* Due importance should be attached to the training of media professionals to help them assume their responsibilities towards disabled persons and to organize training programmes on terms and concepts used in communicating with disabled persons.

C. International action

* Arab and international cooperation for the exchange of expertise and information should be mobilized and encouraged with a view to promoting services for disabled persons. Disabled persons themselves should, wherever possible, be involved in such activities.

* International organizations and bodies should be requested to assist in providing continuous practical and training services at all levels.

* Students should be sent abroad to specialize in the rehabilitation of disabled persons and get acquainted with experience in other countries, taking into account the indigenous conditions and available resources in the Arab region.

* Arab countries and international organizations concerned should be called on to participate in the implementation of carefully studied plans in all fields of rehabilitation and prevention of disability; there should be direct coordination with national institutions.

+ The directory of experts and specialists concerned with disability in the ESCWA region (E/ESCWA/SD/89/WG.1/35 [in Arabic]) should be updated on a regular basis and circulated to member States and coordinating bodies. Regional resource persons should be preferred over outside resource persons for regional consulting.

+ Sharing regional resources through technical cooperation between developing countries should be considered on an equal footing with seeking resources (and technology) from outside the region.

D. Research

* Research into aspects of disability should be conducted with a view to acquainting the community with the causes of disability and means of prevention and early intervention.

* Applied research should be conducted to identify the needs of the different groups of disabled persons. Interdisciplinary research should also be promoted to help planners of policies and programmes for disabled persons to consider their problems from all aspects.

+ Field research and studies should be designed to devise and test instruments for diagnosis and psychological assessment of disabled children; such instruments must be suitable for the type and characteristics of the given society.

* Precise criteria and definitions for each category of disability must be developed for use in research and in general population censuses.

* Greater attention should be paid to collecting and collating statistics on disabled persons. Diagnosed disabilities should be classified according to careful standards so they can serve as a basis for consistent planning of appropriate programmes.

+ UNESCO's 1983 Terminology of Special Education should be consulted to guide the proposed regional working committee.

* Basic information and data on disability prevalence in each country should be more accurate, so as to allow for planning special education and other programmes for the care of disabled persons.

+ The planning and implementation of services do not necessarily depend on exact knowledge of prevalence. Waiting lists alone provide ample justification for service provision. Planning of services should include informed, representative disabled individuals to participate in setting goals and ways to meet objectives.

* Statistical surveys and specialized field studies should be conducted with a view to determining the various features of disability and the nature of problems, abilities and requirements of disabled individuals. These surveys should present a clear, comprehensive and scientific picture of the situation of disabled people. The basic data obtained should include the categories and degrees of disability, age levels and other relevant factors.

The results of these studies would make it possible to draw up more useful and effective programmes. The main object of identifying the type and numbers of disabled people and their needs should be to satisfy the most urgent requirements.

* Very few disability surveys have ever resulted in accurate guidelines, that is, an adequate assessment of the number of disabled people needing services and the type of rehabilitation they require. The resources allocated to national sample surveys and census questions could be used instead to establish a national public-awareness campaign to sensitize family and community members to the need to report individuals with special needs to a local social centre, or other public office to be registered for services. The names of these individuals in addition to the names on the disability pension schemes and the names of children enrolled in services and the hundreds of names on waiting lists at existing services usually exceed what any NGO or governmental service can handle. Field experience has shown that during the time it takes to provide services to the majority of those on waiting lists, an equal number of new names will have been registered on the waiting lists.

+ Detailed questions on disability should be included in population censuses. Simple field surveys should be carried out on all groups of disabled persons and on all types of disability. At the time of a general population census, census officers should be provided with a questionnaire concerning disabled persons separate from the ordinary census form prepared by the ministry in charge of rehabilitation of disabled persons in conjunction with the country's central bureau of statistics. The census officer would fill in the questionnaire for families that have a disabled member. The information obtained by the questionnaires should be treated separately from the census data, and the results would be submitted to the appropriate ministry. Specialists should be consulted to analyse the data and use the results to formulate policies for the identified disabled individuals. It would thus be possible to acquire precise and comprehensive information on disabled persons, possibly with less effort and at a lower cost.

+ In most cases, data from censuses are treated as confidential. Therefore, strictly speaking, little can be done for the persons identified as having a disability. Again, an alternative is to conduct an awareness campaign and simply develop new services and expand existing services.

* National reporting systems should be established for referral of disability cases and the known causes for the disabilities (congenital, traffic accidents, work-related accidents, diseases, etc.).

* An expert study and documentation centre for the disabled should be set up in all ESCWA countries, which would provide a nucleus of knowledge in this field. Such centres should develop intensive media campaigns on the role of families in reporting disabled members with a view for them to receive required assistance and education. This should be conducted during the next general population census and would be a first step of the many needed to deal with understanding the numbers and types of disabled persons in need of services.

+ Each nation should have a disability reporting system or data bank at the local, provincial and national levels. A computer database programme such as the CDS ISIS offered through the United Nations Educational, Scientific and Cultural Organization (UNESCO) and further modified at the regional level could assist in keeping records and monitoring progress, at least at the local or national levels.

+ Both DISTAT (United Nations Disability Statistics), developed by the United Nations Statistical Office, and the ESCWA compendium on disability issues should be utilized in the region.

E. Monitoring and evaluation

* Studies should be conducted to evaluate existing services provided to disabled people with a view to their improvement and expansion.

+ A disability research institute should form part of every national university; there should be such an institute at the regional level as well. The data presented to evaluate the end of the Decade can be used as a benchmark or baseline for monitoring progress. Any evaluation should include a measure of the "normalizing principle" or the extent to which services and goals of services are culturally normative as opposed to further devaluing service users. The PASSING evaluation system would be a useful tool for regional adaptation.^{4/} The evaluation tool is most appropriate for measuring the implementation of the goal "Full Participation and Equality".

F. Transfer of new and appropriate technologies

* Advanced technologies developed in industrial countries should be adapted to meet local needs and should be transferred to the region through staff training.

* The use of computers should be promoted to assist the integration of disabled persons into the community.

* Local production of appropriate and simplified technologies should be encouraged, taking into account technical and socio-economic conditions in the given society.

* The problem of the high cost of new technologies cannot be separated from the cost of maintenance and service. Governments should subsidize whenever possible the acquisition of these technologies. In this regard, international and regional cooperation could be an effective way to widen markets and thus reduce unit cost.

* It is very important to develop practical guidelines at the regional level for acquisition planning and procurement to ensure accessibility of employees in government agencies and private companies. The most important is

^{4/} Wolf Wolfensberger and Susan Thomas, PASSING Normalization Criteria and Ratings Manual (Downsview, Ontario, Canada, National Institute on Mental Retardation, 1983).

that documentation should be made available in an electronic format (e.g., ASCII format) suitable for computer-based outputs. The disabled user may choose the most appropriate form of output (e.g., speech synthesizer, Braille, large print or tactile output) in accordance with his/her need if the documentation is available in an electronic format. The United Nations reports on disability-related issues should be available for wide distribution on floppy disk or cassette tape. The development and standardization of specialized operating systems (OS) and disclosing of the connection interface of the alternative input/output devices are essential in this regard.

V. SUMMARY AND CONCLUSIONS

The IYDP and the ensuing Decade have had an impact on the awareness of the citizens of the ESCWA region. The proposals found in the World Programme of Action leading to the goal of "Full Participation and Equality" have significant meaning for development within the Arab States. The quality of life for thousands of children and adults with disabilities has improved and is continuing to improve based on the meaningful actions taken within the region.

The priorities for the future are clear. Half of the members of the region responding to a 1981 questionnaire,^{5/} the participants in the 1989 Amman conference and regional experts attending the ESCWA Cultural Event for Disabled Persons in 1992 listed the following areas as high priorities for future action:

- Development of national disability programmes
- Rehabilitation
- Health (medical rehabilitation/mental health)
- Community-based rehabilitation
- Research
- Public information and promotion of public awareness
- Social services
- Prevention
- Data collection and analysis
- Monitoring, evaluation of disability-related policies
- Support for organizations of disabled persons
- Education and training
- Accessibility (fully accessible society)
- Adaptation and transfer of new technologies for appropriate technologies
- Independent living
- Legislation, coordination and guiding mechanisms
- Promotion and protection of human rights
- Cooperative efforts and new partners

The extent to which the Decade has been successful will be more clearly known in around 1997 when, following a period of relative peace in the region, an evaluation of national and regional progress and dedication to the principles of the Decade is conducted. The hard and steadfast work ahead for everyone in the region will no doubt be mirrored in, not only the statistics of the rehabilitation index,^{6/} but, moreover in the faces of independent citizens who despite a disability are fully integrated citizens of the ESCWA region within the overall framework of human rights.

^{5/} See note 14 in section II.

^{6/} Total number of disabled individuals reported served divided by the reported disabled population.

Finally, most important is that the end of the Decade (1992) is seen as the beginning of a new era. There is a need for a second Decade of Disabled Persons (1993-2002) in the ESCWA region to continue the developments during the Decade and to translate the heightened awareness into meaningful and quantifiable action.

BIBLIOGRAPHY

- Arora, Satish. Disabled persons in the ESCWA region: features and dimensions of the problem and a regional plan of action. Unpublished paper prepared for ESCWA, 1981.
- Brouillette, W. Ronald. The development of special education in Mauritius: a case study. Ann Arbor, UMI, 1992.
- Grant, James. State of the world's children. New York/Oxford, Unicef/Oxford University Press, 1991.
- Hamzeh, Manal, Clinical Audiologist. Personal communication, Amman, Jordan, 19 October 1992.
- Hurst, R. Personal communication, London, 5 July 1992.
- Jordan Times. 27 March 1991, p. 1.
- Kabbara, N. Liberation. New Internationalist, No. 233, July 1992.
- Koeig, Anders. Chief, ILO Vocational Rehabilitation Section. Personal communication. International Labour Organisation, Geneva, 25 June 1992.
- Mittler, P. United Nations Decade of Disabled Persons (1983-1992): towards 2000--from awareness to action. Unpublished paper presented to the Expert Group Meeting on Alternative Ways to Mark the End of the United Nations Decade of Disabled Persons, 7-11 May 1990, Järvenpää, Finland. Organized by the Centre for Social Development and Humanitarian Affairs at the United Nations Office at Vienna.
- United Nations. World population prospects, 1990. New York, 1991, Sales No. E.91.XIII.4.
- _____. Department of International Economic and Social Affairs Statistical Office. International development of disability statistics. Accomplishments and goals. New York, 1989.
- _____. Department of International Economic and Social Affairs Statistical Office. Development of statistics of disabled persons: case studies. New York, 1986 (ST/ESA/STAT/SER.Y/2).
- _____. Department of Public Information. World programme of action concerning disabled persons. New York, 1983.
- _____. Economic and Social Commission for Western Asia (ESCWA). Developmental social welfare issues: interregional consultation on developmental social welfare policies and programmes. Note by the Executive Secretary, fourteenth session of ESCWA, 31 March - 5 April 1987, Baghdad (E/ESCWA/14/7).

- _____ Economic and Social Commission for Western Asia (ESCWA). Final report. Cultural event for disabled persons in the ESCWA region: an event to mark the end of the United Nations Decade (1983-1992) of Disabled Persons in the ESCWA Region, Amman, Jordan, 17-18 October 1992. In preparation.
- _____ Economic and Social Commission for Western Asia (ESCWA). The introduction, adaptation and transfer of new, appropriate technologies for disabled persons in the ESCWA region (E/ESCWA/SD/1992/5).
- _____ Economic and Social Commission for Western Asia (ESCWA). Proceedings of the conference on the capabilities and needs of disabled persons in the ESCWA region, 20-28 November 1989, Amman, Jordan (E/ESCWA/SD/1992/2).
- _____ United Nations Children's Fund (UNICEF). Health and welfare in Iraq, after the Gulf crisis: an in-depth assessment by an international study team headed by UNICEF, October 1991.
- _____ United Nations Development Programme (UNDP). Human development report, 1991. New York/Oxford, Oxford University Press, 1991.
- _____ United Nations Development Programme (UNDP). Human development report, 1992. New York/Oxford, Oxford University Press, 1992.
- _____ United Nations Educational, Scientific and Cultural Organization (UNESCO). Review of the present situation of special education. (EDATA/88/WS/38) 1988.
- _____ United Nations Educational, Scientific and Cultural Organization (UNESCO). Terminology of special education. 1983.
- _____ United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). Report submitted to the Eighth Inter-Agency Meeting on the United Nations Decade of Disabled Persons, Vienna, 5-7 December 1990.
- Wolfensberger, Wolf and Susan Thomas. PASSING normalization criteria and ratings manual. Downsview, Ontario, Canada, National Institute on Mental Retardation, 1983.