

The third of December is annually commemorated as the International Day of the Disabled. Last year, the commemoration focused on the theme *Nothing About Us Without Us*. For people with disabilities and their organizations, this was an occasion to “review and acknowledge the plight, achievements, contributions, commitments and aspirations of millions of people with disabilities in the world”.

People with disabilities have always been viewed as a disadvantaged and marginalized group because their condition is associated with poverty, lack of education, and unemployment that often leads to stigma and discrimination. In response, organizations of people with disabilities have been formed to pave way for their empowerment and to advocate for their rights.

However, mere recognition of the rights of people with disabilities is not enough to improve their living conditions; what is needed is the removal of physical and social barriers to their empowerment. It is about leveling the playing field so that they can have equal access to jobs, education, health and other services. Governments and international agencies should also provide the needed resources to ensure greater access to public programs and services for people with disabilities.

This issue of *Health Alert* discusses mainstreaming disability on the issues of poverty, development, and practice. The three roundtable discussions that took place in Malawi, India and Cambodia are also featured—discussions that provided a venue for people with disabilities to highlight the links between disability, poverty, and economics. The discussions also emphasized the role of Disabled People’s Organizations (DPOs) in achieving the Millennium Development Goals.

Also featured are some of the successful DPOs that have advanced the empowerment of people with disabilities. The *Tahanang Walang Hagdanan* (House without Stairs) in the Philippines produces wheelchairs made by people in wheelchairs themselves. In Bangladesh, the Focusing on Lens project of SARPV showcases the photographs taken by people with visual impairments and mental health difficulties. *Toitomboor’s Vision 2020* allows visually impaired children to participate in essay writing contests using Braille or audiocassettes. The stories of Luc and Peach show how people with disabilities overcome their disabilities to live full and productive lives in their communities and wider society.

## FOCUS ON DISABILITY

### IN THIS ISSUE:

- ◆ Mainstreaming Disability
- ◆ Disability, Poverty & Mainstreaming: The 3 Disability Knowledge & Research Programme’s Round-table Discussions
- ◆ *Tahanang Walang Hagdanan: A Shelter for Filipinos with Disabilities*
- ◆ Peach: Finding Inspiration in Adversity
- ◆ Luc’s Story: Advocacy Work in Thailand
- ◆ Focusing the Lens on Disability
- ◆ *Toitomboor’s Vision 2020*
- ◆ Kasamaka CBR Foundation: Fostering Community-Based Rehabilitation



# MAINSTREAMING DISABILITY

According to the United Nations, approximately one in 20 people has a disability. More than 80 percent of them live in low-income countries, where they are likely to be among the poorest of the poor, and lack access to basic services including rehabilitation facilities. Their primary struggle is to survive and meet their basic needs.

Disability is not an easy concept to define and is often understood very differently within different cultural contexts. Historically, disability has been seen as a medical condition – a problem located within the individual. In this medical or individual model the emphasis is on correcting and ameliorating the impact of impairments so the impaired individual can become as “normal” as possible. It gives medical professionals great power. The focus is always on what the individual cannot do, not his or her abilities. This model sees disabled people as the problem, needing to be adapted to fit into the world as it is. This understanding of disability results in disabled people being seen as passive dependents who need charitable assistance.

In the last 25 years disabled people have challenged the medical and individual models of disability, and re-conceptualized disability as primarily a social phenomenon. The social model draws a sharp distinction between impairments and disability. It is society that disables people with impairments through its failure to recognize and accommodate difference, and through the attitudinal, environmental and institutional barriers it erects that exclude disabled people. The solution is therefore not in changing the person but in changing society.

## Disability and Rights

The difference between disability and other forms of disadvantage is that disabled people often can only organize themselves to claim their rights once their practical needs, such as mobility, have been met. Disabled people face numerous barriers in realizing equal opportunities such as environmental and access barriers, legal and institutional barriers, and attitudinal barriers that result in social exclusion.

Rights-based approaches are essential to the success of development initiatives involving disabled people. Disabled people need to be enabled to lobby for and gain access to their rights as human beings and citizens. The old charity or social welfare approach, which sees disabled people as helpless victims, must be challenged. To campaign for rights, disabled people need to live in an environment in which they are respected and empowered.

## Disability and Development

Numerous research and reports have highlighted the links between poverty and disability. It is estimated that one in five of the poorest people in developing countries is disabled. Disabled people experience poverty more intensely and have fewer opportunities to escape poverty than non-disabled people. Disability limits a person's chances of accessing basic services taken for granted by non-disabled people, of going to school and university, of having a job, and of participating in society. Disability results in social and economic exclusion, trapping people with disabilities in an endless cycle of poverty and disability.

Despite this strong correlation between disability and poverty, disabled people are rarely included in development programs, and, unless this changes, eliminating world poverty and meeting the Millennium Development Goals (MDGs) will not be possible. Development projects have to address the needs and rights of disabled people and include them in their planning and implementation. Disability needs to be “mainstreamed” in development. Mainstreaming means that all policies, programs and projects include

Many organizations (including disabled people's organizations or DPOs), and disabled people advocate for taking a twin-track approach to disability in development programs. This approach recognizes and addresses both the inequalities between disabled and non-disabled people (mainstreaming disability), and supports specific initiatives of disabled people as well (disability-specific projects). Disabled people have specific needs over and above those of other people living in chronic poverty, and development programs and poverty eradication programs can never be truly effective if 10-20 percent of the population is ignored.

By and large, disability remains isolated from the mainstream; however, some achievements have been made, including:

- ◆ Policy development and commitment by some governments
- ◆ Establishment of disability focal points in some countries
- ◆ Development and adoption of National Disability Policies
- ◆ Positive legislative developments to protect the rights of disabled people

### Alison Sizer

Programmes Officer - Asia  
Healthlink Worldwide  
sizer.a@healthlink.org.uk

For further information visit

Mainstreaming and disability ([http://www.ids.ac.uk/sourcsearch/cf/keylists/keylist2.cfm?Search=QL\\_DISMA04SL&topic=dis](http://www.ids.ac.uk/sourcsearch/cf/keylists/keylist2.cfm?Search=QL_DISMA04SL&topic=dis)) and Disability and Human rights ([http://www.ids.ac.uk/sourcsearch/cf/keylists/keylist2.cfm?topic=par&search=QL\\_Dis%26HR03as&topic=dis](http://www.ids.ac.uk/sourcsearch/cf/keylists/keylist2.cfm?topic=par&search=QL_Dis%26HR03as&topic=dis))

# DISABILITY AND HIV/AIDS

By Alison Sizer, Healthlink Worldwide

Disabled people frequently lack access to basic services that non-disabled people take for granted. This is especially true in the case of access to reproductive and sexual health and maternal health services. This is due to a variety of reasons, including:

- ◆ physical inaccessibility of such services
- ◆ lack of information on health services in accessible formats
- ◆ health professionals' lack of knowledge about disability, the disabled people's right to health, and prejudice among health professionals

Disabled people's right to health is especially important when it comes to sexual and reproductive health. Disabled people are often seen as being "non-sexual"; thus, they are often excluded from mainstream reproductive and sexual health services and programs.

However, this "non-sexuality" of disabled people is a myth. Disabled people do have sexual relations, and have a right to fulfilling and healthy sexual relations. Furthermore, disabled people face a higher risk of sexual assault and abuse from within the family or outsiders. For example a recent study in Orissa State in India, carried out by the DPO Swabhimani, revealed that 25 percent of intellectually disabled women had been raped. Urban myths and folklore can exacerbate this abuse—for example, in Zimbabwe there is a myth that sleeping with a disabled person can eliminate HIV.

With respect to HIV/AIDS, disabled people are also vulnerable to the disease, and in many ways are even more vulnerable to it than non-disabled people as they are sidelined from both education programs and HIV testing and counselling. Recent studies in Tanzania and Zimbabwe show that the majority of disabled people have not been invited to HIV/AIDS awareness training or events.

Dialogue with development agencies shows that although most HIV/AIDS programs are designed to be inclusive, there appears to be a breakdown between program planning and implementation. Ignorance regarding disability, the sexual rights of disabled people and prejudice among health professionals and HIV/AIDS workers are the main causes for this dichotomy. In some cases, disabled people who do go for HIV testing and counselling are turned away or even ridiculed by medical professionals. Recommendations to address this lack of access to HIV/AIDS programs include:

- ◆ Targeting specific interventions designed and implemented for disabled people to address



Photo by: Healthlink Worldwide

issues of HIV/AIDS and disability, empowerment and gender issues and sexual reproductive health.

- ◆ Advocating the recognition of disabled people as being vulnerable to HIV/AIDS.
- ◆ Providing HIV/AIDS information in accessible and appropriate formats for disabled people.
- ◆ Training disabled people to be counsellors in voluntary counselling and testing clinics, and to be peer educators.
- ◆ Raising awareness among health workers regarding the sexual rights of disabled people.
- ◆ Promoting disability sensitization and inclusion in general community development programs to decrease the marginalization and stigma faced by disabled people.

For further information visit, (<http://www.ids.ac.uk/sourcesearch/cf/>)

## DPOs DISABLED PEOPLE'S ORGANIZATIONS

DPOs are organizations set up and managed by and for disabled people to support their interests and advocate for their rights. Participants at the roundtable discussion in India identified DPOs as having the following roles:

- ◆ Influencing advocacy and policy
- ◆ Promoting disability issues
- ◆ Monitoring and evaluating services for disabled people
- ◆ Creating a platform for individuals to exchange and discuss their interests
- ◆ Representing disabled people in the decision-making apparatus of the state, disability organizations, NGOs, and development schemes and programs
- ◆ Carrying out awareness-raising activities on disability issues
- ◆ Advising organizations on disability issues
- ◆ Developing and documenting models for mainstreaming

However, in developing countries DPOs are generally small-scale, grassroots organizations. They often lack the expertise and training opportunities necessary to fulfill the above roles. For example, Southern DPOs may lack skills in leadership, communication, advocacy and lobbying, and are also challenged by a lack of access to information, financial resources and policy-makers.



# DISABILITY, POVERTY & MAINSTREAMING

## THE 3 DISABILITY KNOWLEDGE & RESEARCH PROGRAMME'S ROUNDTABLE DISCUSSIONS



### 1. MALAWI

#### Disability, Poverty, and the MDGs

The Disability Knowledge and Research Programme organized roundtable discussions examining the issues of disability, poverty and mainstreaming. These discussions highlighted the following barriers to mainstreaming disability in development projects and programs:

- ◆ **Lack of information and awareness** - for example, of disability rights or data on the prevalence of disability, and lack of information on how to mainstream
- ◆ **Lack of accessibility** - to physical structures, as well as information, social services, financial resources, or decision-making processes, particularly in rural areas
- ◆ **Lack of education and employment opportunities** - for example, there are few opportunities for vocational training for disabled people especially in rural areas, and there is low enrolment and retention of disabled children in schools
- ◆ **Attitudes and culture** - culture and tradition often have a negative view of disability, and disabled people are often negatively represented in the media. This can result in disability issues being given a low priority by governments and other decision-makers
- ◆ **Actors and stakeholders in the disability sector** - Disabled People's Organisations (DPOs) often lack the resources and capacity to develop and support mainstreaming strategies. In addition, there is often insufficient exchange of information between DPOs and development organizations, and a lack of unity among DPOs
- ◆ **Policy** - disability legislation is not implemented or enforced and often lacks teeth, policy tends to focus on welfare to the detriment of rights issues, there is a lack of awareness of legislation, and little involvement of stakeholders in policy design.

The first roundtable discussion took place in Lilongwe, Malawi on November 2 to 4, 2004. The Federation of Disability Organizations in Malawi (FEDOMA) and Healthlink Worldwide organized the forum. Over 35 participants attended from across Africa, India, South East Asia and Europe. Representatives included disabled people's organizations (DPOs), government and donors, and other organizations working with disabled people.

The discussions aimed to demonstrate the links between disability and poverty, and highlight the role DPOs play in working towards the achievement of the Millenium Development Goals (MDGs). Opportunities for the Disability Knowledge and Research Program (Disability KaR) were discussed, and steps were taken to prioritize areas for research.

The discussions built on the African Decade of the Disabled (2000-2009) and the experience of DPOs in working towards the realization of the MDGs. The need was also noted for a high level of support from governments and development partners if disabled people are to come out of poverty.

At the end of the discussions, the round table participants called on:

- ◆ DPOs to take a more proactive role if they are to benefit from existing development programs.
- ◆ DPOs at the country level to devise a mechanism of mobilizing their members to actively engage in activities that contributes to the African Decade Agenda and the MDGs.
- ◆ Governments and development partners to give disabled persons time and space to represent themselves on the issues that affect them.
- ◆ Governments to specifically target disabled persons in poverty reduction strategies if the MDGs are to be realized.
- ◆ The donor community to mainstream disability in their development cooperation.

## 2. INDIA Mainstreaming Disability in Development

The second roundtable discussion took place in Ahmedabad, India on February 24 to 26, 2005. The Blind People's Association (BPA) and Healthlink Worldwide organized the forum.

Over 45 participants attended from across India, Pakistan, Sri Lanka, Nepal, Bangladesh, Malawi, Zimbabwe, Cambodia and Europe. Representatives included disabled people's organizations, government organizations, policy makers, international non-government organizations and other organizations working with disabled people.

The discussions aimed to increase the participants' understanding of mainstreaming disability and to find ways to successfully implement mainstreaming programs. The talks included:

- ◆ Discussing the concepts of mainstreaming and inclusion
- ◆ Identifying the challenges to mainstreaming
- ◆ Defining strategies to overcome the barriers to mainstreaming

The discussion also aimed to explore how to mainstream disability in development, building on the experience of the ESCAP (Economic and Social Commission for the Asia and Pacific) decade of the disabled and the Biwako Millennium framework for an inclusive, barrier-free and rights-based society for people with disabilities in Asia and the Pacific. It provided an arena for reflection, sharing and learning from experience. This roundtable focused on planning for mainstreaming in development (a "how to" discussion).



## 3. CAMBODIA Mainstreaming in Practice

The Disability Action Council (DAC) organized the third roundtable in Cambodia on May 4 to 6, 2005, focusing on examples of disability mainstreaming in the education sector. The activity aimed to provide an opportunity for decision makers to hear and learn from the views and experiences of people with disabilities, disabled people's organizations, and organizations directly or indirectly working in the disability sector.

The Roundtable III aimed to bridge the communication gap between grassroots stakeholders and policy makers. Moreover, it provided an opportunity for mainstream educators, decision makers, organizations and individuals on one hand, and disabled people's organizations and people with disabilities on the other, to share their views and experiences. Roundtable III played an essential role in sharing information and raising awareness of mainstreaming in practice, reflecting on the links between poverty and disability, and reviewing policies on how to mainstream disability in practice.

For more information on the roundtable discussions visit:

[www.disabilitykar.net/events/malawi.html](http://www.disabilitykar.net/events/malawi.html)

[www.disabilitykar.net/events/indiaroundtable.html](http://www.disabilitykar.net/events/indiaroundtable.html)

<http://www.disabilitykar.net/events/cambodiaroundtable.html>

# TAHANANG WALANG HAGDANAN A SHELTER FOR FILIPINOS WITH DISABILITIES

By Geraldine Bulaon-Ducusin

There was a time when an obscenely large number of disabled people in the Philippines were a common sight in local, small-time circuses all over the country. That was the time when being a disabled person meant doom, even as good as dead, with most of their families considering them a burden. They were visible to the public eye – people with various forms of infirmities: no eyes, no limbs, no capabilities – going about town, begging in the streets heavily populated by their able-bodied brothers and sisters.

Having been exposed to the desolate condition of people with disabilities (PWDs) in the country, Sister Valeriana Baerts pushed for the establishment of the *Tahanang Walang Hagdanan* (TWH) in February 1973, constructed through the benevolence of the Belgian government. Sister Baerts wanted something similar to Lionel Watts' House with No Steps in Australia.

The original plan was to train and rehabilitate the PWDs, to give them skills so that they could have some means to earn before they go back home to their families. Unfortunately, there was no market for their skills, and hardly any employer was willing to take them in. Seeing this, Sister Baerts figured that TWH needed to have a livelihood program to give jobs to those they have trained. They retained their basic service—training and rehabilitation—and added programs along the way.

Tahanan has made it its mission to help the PWDs develop the necessary capabilities needed to survive and become useful in society, to help them live their lives independently, and to make their plight and rights known to many. Their vision is to help PWDs achieve holistic development and create a sustainable enterprise that would give them steady jobs.

## Sheltering the best wheelchair makers

For the longest time, Tahanan used to be synonymous with PWDs on wheelchairs. But this time, they are getting ready to be known for something else: one of the world's best wheelchair makers. The challenge is to be able to compete in the world market. This realization hit them when

product orders from clients abroad thinned out in the middle of 2003 as some of their foreign customers found cheaper alternatives in neighboring countries.

TWH's new Chief Executive Officer and General Manager, Joy Garcia, is among the products of Tahanan. Working there for nearly 20 years, she withstands the difficulties that Tahanan has encountered or is presently confronting. She also has some ideas on what the likely solutions are. "Our product is reasonably priced, it's not far off from the prices offered in the other countries," Garcia points out. An international organization in the Philippines, for instance, has ordered 1,000 pieces of wheelchairs from China. They bought the uniformly designed wheelchairs at about the same price as that of TWH. But had they bought wheelchairs from Tahanan, they could have had a better deal: Tahanan produces customized wheelchairs, one that is especially designed to consider the customer's comfort and need, for only PhP6,200.00-8,000.00 (US\$115.00-150.00).

In the Philippines, wheelchair production is the turf of Tahanan - the largest producer of good quality wheelchairs. The advantage of their product is that it is made by the PWDs who know what would make a better wheelchair in terms of comfort, style, and strength. Their wheelchairs promote independent living for the PWDs, taking care to consider that the person who would sit on their chair would look good and feel comfortable. They also have a new product—a lightweight aluminum-alloy wheelchair, making this available to Filipinos at an affordable price.

Aside from wheelchairs, they also produce Christmas greeting cards, educational toys made of medium density fiberboard, all sorts of bags, candles, furniture, baby clothes, and other products. Companies usually subcontract Tahanan to make certain products or do packaging service.

Of the 300 employees and workers of TWH, 60 percent are PWDs, while 40 percent are their able-bodied family members. Their workers and on-the-job trainees are engaged in the production of metal craft, woodcraft, kiln drying, fishhook making and packaging. Among the programs of Tahanan are mobility aid assistance, education,



medical service, housing accommodation for workers with disabilities, vocational rehabilitation and training, a Prosthesis and Brace Center, community-based rehabilitation, daycare services, sports and recreation activities, and seminars and training.

There are also over 22 homes for PWDs in Metro Manila and other parts of the country that are affiliated with TWH. Most of these are initiatives of the Sisters while some are run independently by PWDs themselves.

### Facing triumphs and challenges

One of the challenges that TWH confronts these days is the inability of their livelihood programs to earn enough to support their social welfare programs. “If we could only get these livelihood programs to earn the right amount we need to cover for our services so that we don’t have to depend too much on dole-outs,” says Garcia, “then we’ll be in the better position to determine how much beneficiaries we’ll be having for the next year.”

To address this problem, Tahanan is currently devising an internal system to help them draw the line between their social service and livelihood projects. Their goal is to have more working capital that would allow them to allocate sufficient funds for their social services, in such a way that their livelihood programs are not compromised.

“What happens is that sometimes, because we cannot subsidize more training, the person would have to work right away, even before the person is absolutely competent,” Garcia explains. “So that person would end up finishing a task, say,

painting a wood, in three hours instead of just one hour. We incur losses from such inefficiency.”

Another proposed solution is finding the right market and the right products. “We should do more research and development, and be aware of the market trends early on. That way, we could anticipate what’s going to be a hit in the market and be there first when it happens. Right now, we’re still producing candles and handmade paper, but these were the ‘in’ novelties way back three years ago.”

To the government, Garcia says, “I’d like to make an appeal to the government to help NGOs like us. Since we’re already here trying to make things better for the underprivileged Filipinos, don’t let us wither away. Support us so we can give more support to the people.” She hopes that all government agencies will follow the example of the Department of Education, which procures 10 percent of their supplies from cooperatives.

In a visit to Tahanan, one would easily be reminded of an old house—like an old house Tahanan has been a home to a lot of people, but through the years it has borne marks, cracks, and leaks common to a house approaching decay. If left unattended, this house may fall on its shaky legs. But with proper care, this house can be made even sturdier.

So far, Tahanan is showing signs that despite the sorry state of their building, the spirit of the people working for it is still strong, more vigorous and innovative. Garcia takes pride in their old building, “It only shows how many people came and went from this building, how many has been helped by Tahanan all these years, all coming from different parts of the country.” Some of these people have put up their own businesses; some have worked abroad. Most were able to help their families. A number of them have even acquired their own homes.

Tahanan has been more than a home—it has given PWDs a degree of hope. It has taught them the value of self-respect and dignity. It has given them that chance, which the mainstream society, until now, cannot grant them completely.

*Geraldine Bulaon-Ducusin is a freelance writer. She is also connected with the Department of Science and Technology. You may contact her at [gedbulaon@yahoo.com](mailto:gedbulaon@yahoo.com).*



## PEACH: FINDING INSPIRATION IN ADVERSITY

*[Peach is a fictitious character in the Cambodia Health Education Media Service (CHEMS) soap opera, which is broadcast across Cambodia. Peach's character and storyline were developed to support and inspire people living with disabilities, and to demonstrate the value of all people in society.]*

**P**each is a clever, sociable, 17-year-old student from a poor family. He is in ninth grade, disabled as a result of polio. He has trouble walking long distances, but likes to get around Thmei Village on his bicycle.

Some of the villagers and his friends often tease, "Peach will never find a good job because he is disabled!" Sometimes they look down on him and they even discourage him from studying, saying he has no use for education. They do not realize that they are hurting Peach's feelings. They do not realize that Peach just wants to be like everybody else.

But a couple of his close friends find Peach inspiring because, though he is disabled and has a difficult life, he is able to write and study well and gets good grades. They know that Peach's life is difficult because he not only has to help his parents on the farm, but also finds it difficult to travel, and sometimes becomes discouraged by life's challenges. They wonder how he can laugh and joke with them when he faces so many hardships; they think he must be a very strong person.

Peach's parents worry a lot about him as he is their only son, and try their best to encourage him to do well at school, have good friends, and go out and enjoy himself on weekends.

### The breaking point

Eventually, Peach becomes tired of his classmates' jokes. Hearing his classmates laugh at him all day and the time and effort to ride his bike to the school just take their toll. Furthermore, since the teacher does not pay him much attention anyway, he becomes bored with his schoolwork and begins to stop coming to school.

A couple of friends who study with him try to persuade him to continue his schooling, but he can't bear to listen to any more teasing. He also thinks that his mean classmates are probably right - he will never get a good job given his disability. So instead of going to school he sits in Thmei pagoda where no one laughs at him, thinking about his life and blaming himself that he was born with a disability. Maybe he did something wrong in a past life?

An old man, Cheat, who paints and draws designs for pagoda walls wonders why Peach is always there. He befriends Peach, eventually learning that the disabled child is very interested in drawing and painting. Many weeks later, after much practice, Peach is becoming quite good at painting,

and Cheat lets him draw a couple of pictures under his instruction. Peach finds that when he is painting and drawing he forgets everything else around him and focuses only on the art. He believes that he has found his special skill and decides he need not go to school anymore—he will stay at the pagoda and paint and learn from Cheat.

When Cheat learns of Peach's intention, he agrees but gives him one condition—if Peach stops school, he will no longer give him lessons on drawing and painting pictures, saying that education is vital so Peach ought to study hard if he wants to be successful in any occupation.

### Back to school

With his newfound motivation and Cheat's wise advice, Peach returns to school and presents his artwork in class. The class is impressed by his talent and, to his surprise, one of his female classmates starts to take an interest in him too. His teacher also realizes that he has talents in other areas and encourages him, and Peach begins to do very well in all of his subjects. Peach's popularity grows and his classmates now see in him the special talents he can do, rather than for the things he cannot do.

Peach's parents are very delighted to see him so happy and motivated. Eventually, with practice and patience, Peach starts his own small weekend business as a picture and sign painter in Thmei village to make profit for his family. Many of the villagers admire him because he does well at school and earns an income for his family as well.

The classmates who used to look down on him apologize for what they did in the past, but Peach wisely replies that what is important is that everyone learns from their experiences. For now he just looks forward to his future as a successful and respected artist.

Contact:  
Cambodia Health Education Media Service (CHEMS)  
No 38, St. 57, Boeung Keng Kang I  
P.O. Box 103, Phnom Penh, Cambodia  
+855 23 219305  
chemshu@everyday.com.kh



Photo by: CHEMS



## LUC'S STORY

A person with disability tells his story and advocacy work in Thailand

**M**y name is Luc Masschelein. An accident 24 years ago placed me in a wheelchair. I was extremely lucky to receive an excellent rehabilitation after my accident in Belgium, enabling me to do almost everything I want to. And I can say that I really do so—some of my hobbies include parachute jumping, sailing and Jet Ski, but my big passions are the wheelchair sports such as wheelchair basketball and wheelchair racing. For my wheelchair-racing prowess, I was selected several times for the Belgian National Team and was able to compete in the World Championship Wheelchair Racing in Germany in 2003. I became the Flemish Champion and Belgian Champion in this discipline. Participating in all these marathons helped me realize that to succeed in life with disability you really have to fight very hard in a positive way.

After our professional career in Belgium and in several other countries, my wife and I decided to work as volunteers in Thailand. We started the Foundation for Disabled Children in Thailand based in Chiang Mai, situated in the North of Thailand. The Foundation works on different areas such as helping provide medical care, and distributing milk powder, clothing, toys, or wheelchairs adapted to the special needs of the disabled persons. In helping the disabled, we always go to the villages and try to help wherever we can.

Aside from doing volunteer work, we are also engaged in advocacy work. After attending the Communicating for Advocacy (CFA) Workshop in Phnom Penh, Cambodia in 2003 and the CFA Workshop in Bangladesh in 2004, we thought of conducting this workshop in Thailand. We were able to organize this CFA Workshop here in Chiang Mai in cooperation with Dr. Samais Sirithongthaworn, Director of the Ratjanagarindra Institute of Child Development (a government organization) in Chiang Mai. At the start, this advocacy work seemed to be a great, even impossible challenge. As part of their traditional values, Thai people always try to avoid confrontations; thus, it seems quite difficult to start an advocacy campaign where problems have to be pointed out.

Advocacy work also has to be done at the grassroots and community levels. During our daily work, we are sometimes confronted with parents who don't have any knowledge on how to live with or handle a disabled child. It is then upon us to guide these people how to deal with and improve their situation. But it is not only the parents we have to reach—I personally think that it is always better to reach as large an audience as possible to start up advocacy campaign.

However, even a campaign at the community level can do miracles. Just by pointing out all the potentials of the disabled person, community members will start to realize that the disabled person has many skills—skills that will be put to waste if he or she sits at home doing nothing. In one case, a village took the initiative to build a ramp towards the home of a disabled person, enabling him to participate in the village's daily life.

Looking back, I'm delighted to see that Thai society and the government are showing more interest to help disabled people, particularly regarding accessibility and education.

Luc Masschelein  
Foundation for Disabled Children in Thailand  
Chiang Mai, Thailand  
lucmarijkechiangmai@hotmail.com



# FOCUSING THE LENS ON DISABILITY

**A** new photographic initiative has brought together 15 young disabled people from across Bangladesh. The project, run jointly by the Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV), Healthlink Worldwide and PhotoVoice, focuses attention on disability issues and aims to jumpstart national policy reforms regarding the disabled.

Using photography to document their views and opinions, the participants displayed a window into their lives as active individuals, hoping to educate others and stimulate debate. Starting in February, a weeklong workshop was held in Dhaka, Bangladesh where the participants were trained in the techniques of photojournalism and were supported to portray the issues they felt were important.

Using automatic cameras, the young people had two months to record their experiences. Issues they covered included access to education, finding fulfilling employment, and the right to enjoy an independent life. They documented not only their own experiences but also those of other disabled people in their areas.

The participants' disabilities included visual impairments, learning difficulties, mental health difficulties, and physical disabilities. Although the challenges they faced were diverse, the group was united in its aim to challenge the stigma and stereotyping associated with disability.

The group's photographic works were shown at an exhibition in Dhaka called "Our Voices". The event -- the first of its kind in the city -- provided visitors with a unique insight into how disabled people view their lives.

Shefali Akter Shetu and Abul Kashem of SARPV assisted with the training. These two Bangladeshi photographers were involved in a previous PhotoVoice project in the country. Their work from the "Out of Focus" project can be seen on the website: [www.drik.net/outoffocus/](http://www.drik.net/outoffocus/)

Source: <http://www.healthlink.org.uk/world/sasia02.htm>

## SARPV

The Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV- Bangladesh) aims to raise public awareness on the untapped socioeconomic potential of persons with disabilities. SARPV envisions a society where persons with disabilities can grow to their full potential despite functional and environmental limitations, where they can fully participate in social activities, and where they enjoy equal rights and opportunities.

### Contact:

S. M. Mayeen Ahmed  
Executive Director, SARPV- Bangladesh  
3/8, Block F, Lalmatia, Dhaka 1207, P.O. & P.S.  
Mohammadpur, Bangladesh  
Tel.: (880 2) 9124522, 8119271; Fax: (880 2) 8119774  
Email: [sarpv@bangla.net](mailto:sarpv@bangla.net), [maytas@bdcom.com](mailto:maytas@bdcom.com),  
[shaque@bd.drik.net](mailto:shaque@bd.drik.net)  
URL: [www.sarpv.net](http://www.sarpv.net)



Children helping their father, by Rozina Akter (©RozinaAkter/SARPV/HLWW/Photovoice)



They are not stopped, by Sohel (©Sohel/SARPV/HLWW/Photovoice)



Risky life is not our wish, by Rahahdul (©Rahahdul/SARPV/HLWW/Photovoice)

## **TOITOMBOOR'S VISION 2020** **Working with** **Visually-Impaired Children**

**S**ince its first publication in January 1992, Toitomboor, a leading children's monthly magazine in Bangladesh, has made a difference through its incessant efforts in addressing issues related to children in many different ways.

In 2002, Toitomboor started a project called *Vision 2020* focusing on child eye health, and has been conducting the Vision 2020 Children's Contest since 2003. The project is aimed at generating different awareness-raising activities on eye care among its young readers.

In the workshops, visually-impaired children are allowed to participate through Braille or audiocassettes. At the Toitomboor Vision 2020 Children's Contest 2004, visually-impaired children competed with sighted contestants in the Bangla essay writing, English essay writing and Bangla wallpaper events. For the first time, visually-impaired children could participate and win in a general contest. Not only did this reflect Toitomboor's commitment towards an inclusive society, it also enabled visually-impaired children to participate and compete in the mainstream.

As Toitombor has shown, visually impaired children can and will participate in mainstream events and show their talents if they are provided with the opportunity to express themselves.

Contact:

**Hasnain Sabih Nayak**

International Relations & Culture Editor

TOITOMBOOR

40/3 Naya Paltan (2<sup>nd</sup> Flr), Inner Circular (VIP) Road, Dhaka 1000

Ph: 9349087, 933854, 0171-786454 (M)

E-mail: [commun@mtlbd.net](mailto:commun@mtlbd.net) [hasnain@mtlbd.net](mailto:hasnain@mtlbd.net)

Website: [www.toitomboor.net](http://www.toitomboor.net)

## **KASAMAKA CBR** **FOUNDATION, INC.** **Fostering Community-Based** **Rehabilitation**

**K**asamaka started in 1989 to respond to the many needs of disabled people in urban and rural poor communities in the Philippines, especially those who are isolated or too poor to pay for expensive services. Its goal was to encourage the active participation of disabled people, their families and the community in the management and delivery of appropriate rehabilitation services.

Kasamaka coordinates activities in four urban barangays in Metro Manila through alliances with people's organizations (POs), the local government, the church and social development organizations. Its strengths lie in developing the capacity of POs and self-help groups, and in managing and delivering rehabilitation services. Activities are run in partnership with the Christoffel Blindenmission.

Community-based rehabilitation (CBR), as a strategy, brings information and rehabilitation out of the health centers and into homes and the community. CBR also fosters community development and relies, as much as possible, on the utilization of local resources as well as collaboration with local government and civil society.

Contact:

Kasamaka CBR Foundation, Inc.

1132-B Antipolo St., Rizal Village

Brgy. Poblacion, Makati City, Philippines

[kasamakacbr@yahoo.com](mailto:kasamakacbr@yahoo.com)

Tel: (63-2) 8705750 Fax: (63-2) 8968952



# RESOURCE LIST

## From Policy to Practice: Disability Dialogue (formerly CBR News)

No 1 Jan-Apr 2000, 12 p. (whole issue)

This issue covers topics ranging from current disability-related legislation in India and South Africa to the current status of the rights of disabled children and the cost-benefit of CBR. Its practical approach is suitable for disabled people, CBR practitioners and policy-makers. Free to developing countries; £0.75/US\$1.00 (elsewhere). Available from Healthlink Worldwide, Cityside, 40 Adler Street, London E1 1EE, UK. Download <http://www.healthlink.org.uk/DD%20Issue%201.pdf>

## Information kit on the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities

by FLETCHER, Agnes  
London: Disability Awareness in Action (DAA), 1995, 32 p. This booklet gives a brief introduction to the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities. It stresses the importance that disabled people understand these rules, and that the rules are both for disabled people, as well as about them. The booklet suggests ways in which disabled people can ensure that their government follows the Standard Rules. Available in English, French and Spanish; standard print (12 point) or large print (16 point); audiocassette or ASCII 3.5" computer disk. English Braille only. Free from Disability Awareness in Action (DAA), 11 Belgrave Road, London SW1V 1RB, UK. E-mail [info@daa.org.uk](mailto:info@daa.org.uk). [www.daa.org.uk](http://www.daa.org.uk)

## What works? Promoting the rights of disabled children: guidelines for action

by G Lansdown  
London: Disability Awareness in Action (DAA), 2003, 30 p. The human rights of disabled children are violated in many ways. This publication lays out how they are excluded, abused and neglected. The first part looks at the stories of disabled children themselves. In the second part, the guidelines explain how an effective framework can be developed, how the role of civil society can be strengthened, and how the needs of children can be met. The guidelines are useful for DPOs, advocacy organizations and disability NGOs. Also available on tape, Ascii disk or English Braille. Available from Disability Awareness in Action (DAA); see address above.

## Disability and HIV: AIDS Action Asia Pacific edition

Issue 35, April-June 1997 (whole issue)  
Published jointly by CBR News, Healthlink Worldwide and HAIN, this edition of AIDS Action examines issues related to disability, particularly sexual health needs, vulnerability to HIV/AIDS and social attitudes. Available from HAIN, 26 Sampaguita Ave., Mapayapa Village II, Quezon City, Philippines. Email [hain@hain.org](mailto:hain@hain.org). [www.hain.org](http://www.hain.org)

## From the Hesperian Foundation

### Disabled Village Children, 2003

by David Werner  
This book contains a wealth of information crucial for therapists, professionals and community groups facing a variety of common childhood disabilities including polio, cerebral palsy, juvenile arthritis, blindness and deafness. It provides clear, detailed information and easy-to-implement ideas for village-level rehabilitation, skills development, making low-cost aids, and disability prevention. US\$25.00.

## Helping Children Who Are Blind: Family and community support for children with vision problems, 2000

by S. Niemann and N. Jacob  
The simple and engaging activities in this book can help families, health workers, and individuals help a visually challenged child develop all his or her capabilities. The book covers many topics, including assessing how much a child can see, preventing blindness, helping a child move around safely, including learning activities in daily work, preparing for child care or school, supporting parents of blind children, and teaching common activities like eating, dressing and personal hygiene. 200 pages. Available in English or Spanish. US\$12.00

## Helping Children Who Are Deaf, 2004

by S Neimann, D Greenstein and D David  
This book helps parents and other caregivers build the communication skills of babies and young children. It explains how deafness affects a child's ability to develop and learn language, and describes how to foster language development through both sign and oral approaches. It also covers how to assess hearing loss, education for hearing-impaired children, causes of deafness, how to work on the social skills of a deaf child, support for parents and caregivers, and how communities can work together to help deaf children. 250 pages. US\$12.00.

## Volver a Vivir / Return to Life

by members of the PROJIMO community rehabilitation project, and Suzanne C. Levine.  
PROJIMO is a revolutionary, world-renowned community-based rehabilitation project located in the mountains of rural Mexico. In this labor of love, Levine shares the project's process through photos and the inspiring stories of project PROJIMO members who "return to life" after disability. A bilingual book. US\$16.00.

**Contact:** The Hesperian Foundation is a non-profit publisher of books and newsletters for community-based health care. 1919 Addison Street, Suite 304 - Berkeley, CA 94704 USA. Email: [hesperian@hesperian.org](mailto:hesperian@hesperian.org).

## LINKS/ORGANIZATIONS

### <http://www.worldbank.org/ph/kdc>

World Bank Knowledge for Development Center (KDC)  
The KDC provides access to development information and is open to people with disabilities. Recently retrofitted and equipped with modern adaptive equipment and facilities, KDC is now more accessible to the visually impaired, deaf, and other persons with disabilities (PWDs). Contact thru The Taipan Place, Emerald Avenue, Ortigas Center, Pasig City, Philippines. Email [menerva@worldbank.org](mailto:menerva@worldbank.org).

### <http://www.dpiap.org>

Disabled Peoples' International - Asia-Pacific  
A network of national organizations or assemblies of disabled people, established to promote the human rights of disabled people through full participation, equalization of opportunity and development. Contact Topong Kulkhanchit, 325 Bondstreet Rd., Muangthong Thani, Pakkred, Nonthaburi 11120, Thailand  
Tel: +66 (2984) -1007; Fax +66 (-2984) -1008, Email [dpiapro@loxinfo.co.th](mailto:dpiapro@loxinfo.co.th), [rdo@dpiap.org](mailto:rdo@dpiap.org)

# HEALTHalert

ASIA-PACIFIC EDITION

HEALTH ALERT ASIA-PACIFIC is a quarterly newsletter on health and development issues published by Health Action Information Network (Philippines) in collaboration with Healthlink Worldwide (UK).

## Editorial Staff

EXECUTIVE EDITOR **Michael L. Tan**

EXECUTIVE DIRECTOR **Edelina P. Dela Paz**

MANAGING EDITOR **Joyce P. Valbuena**

ASSOCIATE EDITOR **Emmanuel A. San Andres**

RESOURCE CENTER COORDINATOR **Noemi B. Leis**

GRAPHIC DESIGNER **pinakadalisay@gmail.com**

## Subscription details

If you would like to be put in the mailing list to receive Health Alert Asia Pacific, please write to: Health Action Information Network (HAIN) 26 Sampaguita St., Mapayapa Village II Brgy. Holy Spirit, Quezon City 1127 Philippines  
Telefax: (63-2) 952-6409  
Email: [hain@hain.org](mailto:hain@hain.org)  
Websites: <http://www.hain.org>; <http://www.kalusugan.org>

You may also view and download issues of Health Alert Asia Pacific at [www.hain.org](http://www.hain.org)

## Reproducing articles

HAIN and Healthlink encourage the reproduction or translation of articles in this newsletter for non-profit making and educational uses. Please clearly credit Health Alert/HAIN as the source and, if possible, send us a copy of the reprinted articles.

HAIN (Health Action Information Network) is a Philippine NGO involved in research and information on health and development issues. Registered with Securities and Exchange Commission 127593

Healthlink Worldwide (formerly Appropriate Health Resources and Technologies Action Group or AHRTAG) is a UK-based international development agency which supports the goal of health for all by promoting primary health care. Registered charity (UK) no. 274260

Opinions expressed in this newsletter do not necessarily represent those of HAIN or Healthlink. The mention of specific companies or of certain manufacturer's products does not imply preference to others of a similar nature. A person's health status should not be assumed based on his or her article or photograph.



**Source** is an international information support centre providing free online access to 25,000 comprehensive references to information sources and organizations in the fields of international health and disability issues, with links to full text resources provided where possible. The focus is on grassroots information from developing countries, and subjects include HIV/AIDS, primary health care, poverty, disability and development, evaluation, training, health communication, and information management. Search Source at [www.asksources.info](http://www.asksources.info)