

36. The first lesson to be learned from the experience of the Year is, therefore, that continuing work with and for the disabled should be on a genuine inter-ministerial basis, in the closest cooperation with voluntary agencies and with organisations of disabled people themselves. Where the social welfare aspect dominated, the impact tended to be intangible and possibly ephemeral. My first recommendation therefore is that the continuing national council for the handicapped, or whatever it is called, should be one stage removed from the confines of any one government department, be able to supplement official grants by raising more money from the public and be free to get on with its job, subject of course to independent audit. There are several models for such a permanent body in Commonwealth countries where these principles have been successfully applied. They will be mentioned in "Notes on some significant developments" below (see paragraph 132 et seq).

IYDP ACTIVITIES IN COMMONWEALTH COUNTRIES

Public awareness

37. Almost every national IYDP committee put public awareness of the existence and needs of disabled people at the head of its list of objectives. Presidential or ministerial statements opened the Year's proceedings. The press, radio and television were used to publicise the purposes of the Year and to present features about the achievements of disabled people as well as their needs. At least 17 Commonwealth postal authorities issued special postage stamps. There were sponsored essay competitions for schoolchildren and exhibitions of work done by disabled people. The widespread appearance of the IYDP symbol and slogans was impressive: on posters, on T-shirts, on car bumper stickers, on the covers of telephone directories. "Full participation and equality", the official theme, was supplemented by local slogans such as "Enable the disabled", "Disability is not inability" and "An equal chance is all they ask". Sports events for disabled people were doubly effective in publicising the special Year and giving great encouragement to the participants. The International Abilympics in Japan stimulated local skill contests - a stimulus to the disabled competitors and a public demonstration that "disability is not inability". A great deal of local ingenuity and the expenditure of a considerable amount of money left few members of the community unaware that 1981 was the Year of Disabled Persons.

Surveys

38. As many IYDP committees started their work by saying "We do not know who the disabled are nor how many there are in each category: therefore we must put in hand national surveys to establish the categories and figures as a basis for our planning", a recommendation to this effect appeared early in their proceedings. Some tentative results began to appear by the end of the Year. In Canada, for example, Health and Welfare "attempted to develop a picture of the extent of disability and estimated that in 1979 there were approximately 2.3 million disabled persons in Canada or 9.8 per cent of the Canadian population". This is remarkably close to the "One in ten" adopted by UNICEF. In many countries I was told either that the survey had been done but the results had not yet been collated, or that the survey was being put in hand but would take a long time, or that the manpower was not available and the projected survey had been deferred for the time being.

39. Even sample surveys cannot be conducted without a quite precise definition of "disability" which it is usually beyond the ability of, for example, a census enumerator to apply; and in many communities there is still a strong tendency to hide handicapped children as though they were a disgrace, an indication of wrongdoing on the part of the parents or a visitation from angry spirits. Health authorities in many countries took the view that to count disabled people, particularly children, without offering any remedy, was immoral. The way to ascertain their numbers and categories was to offer a service as, for example, in Indian eye camps where people come forward from considerable distances because treatment, including cataract surgery, is available. When such "camps" are multi-purpose, the records kept by the organisers are an invaluable and sometimes unique source of factual information about the numbers and categories of disabled people who are conscious of their need for help, or parents with children who need help.

40. Although figures were missing or deficient, IYDP committees realised that this was no excuse for deferring action. The broad categories of disabled people were already known through the activities of the ministry of health and of voluntary societies. IYDP publicity and activity brought more to notice. But reliance on these sources had the inevitable result that people with visible handicaps and those in urban areas tended to become the "disabled people" the Year was all about, not only in the public mind, but also in the attentions of IYDP committees. In smaller and more remote Commonwealth countries, with which this report is particularly concerned, the committees and the government authorities were all too aware of the numbers needing help, especially children severely handicapped by cerebral palsy or by mental retardation. Nevertheless, the establishment of better data remains a most desirable longer-term objective.

Handbooks

41. The preparation of statements about services already available for disabled people was a different matter. In some countries they had already been prepared by national councils of social service. In others their production was one of the most beneficial of IYDP activities. Their obvious and primary purpose is to let disabled people know what services exist and to encourage them to avail themselves of the help available. But they also provide a useful national stock-taking to help governments, voluntary agencies and the general public to measure the extent to which the needs of disabled people are being met. I suspect that even governments were surprised in some cases by the number and complexity of organisations and establishments attempting to provide for the needs of disabled people.

42. IYDP was a golden opportunity to review the provision as a whole, attempt some co-ordination (a difficult thing to do where voluntary bodies are concerned) and work towards a national policy. To achieve this would require a very powerful IYDP committee or council for the handicapped. Effective results could not be expected in one year, especially as several separate government departmental budgets would be involved. What matters now is that the IYDP initiative should not be lost but carried through by an inter-ministerial council or, better still, a statutory board with effective representation of government departments and voluntary agencies who can together thrash out a rational policy for the country as a whole in the years ahead. An inventory of existing services is an indispensable start.

Employment

43. Whether or not this word appeared prominently in the agenda of IYDP committees, the employment of disabled people, whether in competitive or sheltered conditions, was a major objective. It is the end result of every kind of rehabilitative provision and the key to "full participation and equality". "Employment is nature's best medicine and essential for human happiness", to quote the motto of Mona Rehabilitation Centre, Jamaica. One of the "barriers" IYDP committees attacked was the assumption by employers that handicapped people are more expensive to hire, train, place and support. Studies were undertaken to show that the productivity rate of disabled workers can be as good as, or better than, average; while their absentee record, time-keeping and devotion to the job tend to be better than average.

44. Several countries asked about Remploy, which gives sheltered employment in 89 factories in Britain to over 8,000 people whose disabilities are too severe for them to find "open" employment even under the quota system which was introduced under the 1944 Employment Act. This Act requires an employer of more than 20 people to take at least 3 per cent of his payroll from a register of disabled persons. India lays down that 3 per cent of all posts in its public service must be reserved for disabled people and I was told that in practice every 34th place goes to the blind, every 67th to the deaf and every 100th to the orthopaedically disabled. In Canada, the unemployment rate of disabled people runs between 50 and 90 per cent and many do not show in the official unemployment statistics because they are not engaged in the search for work. The Canadian advocacy groups tend to reject the quota system because they do not want to be the "statutory disabled employees" but to be employed for their own quality as workers.

45. A quota system presupposes a register. Although labour departments in the less developed countries are co-operating in finding employment for disabled people, few can contemplate

establishing or maintaining a complete register. A start has been made in Malawi (to take but one example). Inevitably reflecting the South and Central Regions rather than the less accessible North, a national register of handicapped persons shows 1,763 orthopaedically handicapped (70 per cent of them as a result of polio), 707 blind, 194 amputees, 120 deaf, 64 leprosy, 34 mentally handicapped and 213 unclassified. The response to the need for employment is impressive. A weaving factory opened by the President in 1976 as a Malawi initiative supported by the Royal Commonwealth Society for the Blind and the Christoffel Blinden Mission gives employment to blind, deaf and several physically disabled people, working on commercial lines and producing carpets and other woven articles. Also flourishing is the tie-dye centre in Lilongwe, where disabled people make a range of clothing of most attractive designs.

46. One thinks also of a workshop in Bangladesh, just outside Dacca, originally intended for blind people, which has a government monopoly on the production of school chalk (a messy business involving the grinding and moulding of gypsum), manufactures and repairs furniture for the armed services, and engages in power and hand-loom weaving of saris and surgical dressings.

47. I mention these enterprises because in subsequent visits where special employment centres for disabled people were still only paper recommendations of IYDP committees, I encouraged those concerned to believe that the realisation of their proposals was possible, given good management and the selection of products which would find a ready sale. These vocational training and production centres are replacing the old sheltered workshops which were tending to become dead-end dumping grounds. They show that it is possible to diversify production and to train together people with various disabilities, always hoping that outside employment will be possible after a period of training and experience, but recognising that many, because of the severity of their disability, may have to stay a very long time.

48. I have commented at some length on production workshops because works centres of one sort or another figure so largely in the recommendations of IYDP committees to their governments. But most of the countries with which this report is concerned are primarily agricultural and horticultural. Getting away from the IYDP committees based in capital cities, it is encouraging to find so many land settlement projects engaging the services of disabled people. The possibility of making blind farmers self-sufficient on the land was demonstrated in Uganda 25 years ago, and aided self-help schemes with this objective are now in existence in many Commonwealth countries. A ten-acre farm with hens, rabbits, heifers and goats and a ridge for growing coffee has just been added to the Mona Rehabilitation Centre in Jamaica. The Jairos Jiri movement in Zimbabwe, which has done so much for rehabilitation and vocational training, is adding an agricultural and horticultural dimension to its work.

49. In some of the smaller Commonwealth countries where unemployment, under-employment and economic stagnation are major problems, it may seem unrealistic to propose that either works centres or land resettlement schemes for disabled people are a practical proposition. But a lesson of the International Year is that anything at all that is attempted for the rehabilitation and social integration of disabled people must contain at least the hope of gainful employment, if only for purposes of self-respect.

Aids for the disabled

50. Very few IYDP committees concerned themselves with the production and fitting of artificial limbs, calipers, etc., or the local production of hearing aids. But where they did, they were able to encourage the use of local instead of imported materials and to arrange for the further training of technicians. Where this need was linked with the need for employment, it was gratifying to find disabled people working in, and even running, a prosthetic workshop.

51. This thought was commended to several other IYDP committees who were planning rehabilitation workshops of one sort or another. Particularly in the smaller countries, physically disabled people will not be able to benefit from the aids they need if these have to be imported at great expense in foreign exchange. Simplified aids, including artificial legs, have been developed in Eastern and Central Africa, and even more dramatically in India, using

locally available materials. Training in making such aids has already started but my hope is that it can be very much extended on a regional basis under a recommendation I make below (see paragraph 263).

Prevention

52 Most IYDP committees put the prevention of disablement prominently on their list of objectives. The most obvious area of prevention was road safety because hospital statistics show an alarming increase in car and motor-cycle accidents, resulting in spinal injuries and amputations. Nor were industrial and agricultural accidents forgotten, and committees called attention to the need to ordain and enforce regulations for greater safety at work. Statistics suggest that home accidents, particularly burns and falls, outnumber industrial and agricultural accidents - cooking while wearing a sari can present a serious fire hazard, for example - but this takes us into very far-reaching long-term social action.

53. Medical prevention, e.g. by immunisation, received remarkably little attention, although in five countries I was told that the incidence of deafness among children had been associated during IYDP with rubella epidemics and campaigns for rubella immunisation had been inaugurated. Special attention to this subject is recommended later in this report (see paragraphs 106-109). The successful extension of the cold chain to remote villages to ensure immunisation against polio was, of course, a main concern of the medical authorities but, surprisingly, rarely impinged on the consciousness of IYDP committees as part of their responsibility or interest. I discussed perinatal care and infant nutrition with medical authorities, who recognised them as essential prerequisites for the avoidance of unnecessary disability; but most IYDP committees regarded these subjects also as falling outside their purview.

SOME PRINCIPAL CAUSES OF DISABLEMENT

Childhood infections

54. IYDP committees concerned themselves mostly with people in the community who are already disabled and with preventing road and industrial accidents, rather than with action to reduce the number of avoidable disabilities in the next generation. Government health programmes, on the other hand, are giving increased attention to this aspect.

55. Deaths from diarrhoeal diseases and preventable infections like neonatal tetanus, measles, whooping cough and diphtheria - which could be described as the diseases of deprivation - are not the direct concern of this report. The survivors are. Recurrent infection coupled with malnutrition causes grave disabilities in later childhood and adult life; so any study of the disabled in the community must take account of them.

56. Most governments are as concerned now about maternity and child health services in rural areas as they are with the traditional emphasis on hospital care and the development of complex technology in prestigious institutions. Immunisation is recognised as an essential element in primary health care and governments are assisted by WHO, UNICEF, bilateral aid and voluntary societies in implementing the Expanded Programme of Immunisation. This covers the six major vaccine-preventable diseases of childhood; and some governments are able to add rubella, at least for girls at pre-pubertal age.

57. The extent of poliomyelitis epidemics in many developing countries over the last 25 years is only now being fully realised. After the introduction of the Salk vaccine (by injection) and the Sabin vaccine (by mouth) in 1958, industrialised countries lost no time in controlling their epidemics. Although finance and the organisation of delivery mechanisms deterred the extension to developing countries for some years, notable successes can now be recorded. But the damage has been done by the severe epidemics in many Commonwealth countries in the years immediately preceding the availability of the vaccines. Many victims died, but many remain alive with varying degrees of paralysis and they now form one of the most important groups for surgical, prosthetic and orthotic help. This is one of the reasons why so many of the IYDP