



**The UN
Standard Rules on the
Equalization of Opportunities
for Persons with Disabilities:**

NGO Responses to the
Implementation of the Rules on
Medical Care, Rehabilitation, Support Services
and Personnel Training

Regional Report WPRO



Disability and Rehabilitation Team
Management of Noncommunicable Diseases Department
Noncommunicable Diseases and Mental Health Cluster
World Health Organization

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The present report was based on the information provided by non-governmental organizations (NGOs) responding to the questionnaire sent by WHO in May 1999. The questionnaire, developed at the request of the Special Rapporteur on Disability of the UN Commission for Social Development, was designed to monitor the implementation of the health component of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities, in accordance with the United Nations General Assembly Resolution 48/96. Some preliminary results have been included in the report of the UN Special Rapporteur to the UN Commission for Social Development in February 2000 and 2002.

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PART 1

Regional Summary Report of NGOs

Preface

WHO undertook this survey in cooperation with the office of the UN Special Rapporteur on Disability as a part of continuous monitoring of the Standard Rules. There is also an increasing demand for information on disability issues and a need to reflect trends and developments in this domain.

The present Report is an analysis of information collected in 1999 by means of a questionnaire sent to the NGOs¹ working in the field of disability in the member States of the WHO. The information focuses on issues related to four of the 22 Standard Rules on the Equalization of Opportunities for Persons with Disabilities: Rule 2 on Medical Care, Rule 3 on Rehabilitation, Rule 4 on Support Services, and Rule 19 on Personnel Training.

The questionnaire was designed and finalized in April 1999. It was distributed to selected NGOs with a request to complete the questionnaire in order to help WHO identify the official policy of the country. For this, they were requested not to give their personal opinion but to quote the official opinion.

The objectives of the study were:

- To identify various government policies regarding medical care, rehabilitation, support services and personnel training
- To identify various strategies adopted and problems encountered when working in the field of medical care and rehabilitation of persons with disabilities.

This survey was undertaken to meet the increasing demand for information of this nature and the need for reflecting on trends and developments in this domain. A total of 128 NGOs from 83 Member States responded. A classification according to the socio-economic criteria of the NGOs responding to the questionnaire is presented in Table A².

Table A: Socio-economic classification of government responses

Classification	No. of responses	Percentage
Developed market-economy countries	17	20.5
Developing countries: Least developed countries	19	22.9
Developing countries: Other developing countries (excluding least developed countries)	39	47.0
Economies in transition	8	9.6
Total	83	100.0

¹ The selected NGOs belong to the international organizations represented in the Panel of Experts, i.e. Disability Persons International (DPI), Inclusion International (ILSMH), Rehabilitation International (RI), World Blind Union (WBU), World Federation of the Deaf (WFD), World Network of Users and Survivors of Psychiatry (WNUSP).

² The classifications used in this report are based on the classification of 1st May 1998 used by the United Nations. This classification is an update of the classifications used by the United Nations in the *World Economic and Social Survey 1997*. The groupings are employed for analytical purposes only and do not have any official status.

Table B shows region-wise classification of NGOs included in the analysis. There were a total of 128 NGOs, of which 45 NGOs (35.2%) were from the European Region, a quarter (25%) from the African Region, 23 (18%) were from the American Region, 11 (8.6%) from the Western Pacific Region, 8 (6.2%) from the Eastern Mediterranean Region and 9 (7%) from the South East Asian Region. These NGOs represented 83 member countries of the WHO.

Table B: Regional distribution of WHO member states

Region	No. of Countries	No. of NGOs	Percent NGOs
African	23	32	25.0
American	15	23	18.0
Eastern Mediterranean	7	8	6.2
European	26	45	35.2
South East Asian	6	9	7.0
Western Pacific	6	11	8.6
Total	83	128	100.0

The survey, for the first time has attempted to bring together information on the status of the persons with disability, worldwide. Some countries were represented by more than one NGO and thus many questions had multiple answers given by NGOs depending on their involvement in a particular type of work and the area of disability.

The Standard Rules establish that solutions must be sought not only at the individual level, but also in society that hinders real participation (barriers in the physical environment, legislation, education etc.). The policies should aim at enabling persons with disabilities to be included in society, meaningfully, and to adapt to the environment suitably so that the needs of persons with disabilities are met for maximum social interaction. To reach the objective of Equalization of Opportunities, some basic preconditions must be fulfilled. For instance, provision of qualified medical care, provision of rehabilitation services wherever necessary, as well as elimination of discrimination against persons with disabilities.

This Report is an overview of the present Regional situation with respect to the level of implementation of the four Standard Rules under review here. This information can be used by policy makers, administrators, program implementers and rehabilitation specialists for planning and implementation of programs related to disability.

Methodological Considerations

Presenting a global perspective is a challenging task for any researcher. Standardization of definitions and classifications to fit into a questionnaire applicable in different social, cultural and administrative settings to draw meaningful analyses is commendable. Many basic concepts, such as medical care system, prevention of impairment and rehabilitation services, required for the survey have different interpretations in different countries. The policies regarding these concepts also vary. There is also a difference in significance attached to policy statements.

A critical balance was maintained while analyzing this type of data to take care of diversity among the countries and within the country between NGOs. The overall results indicate that

there are disparities among the countries and the type of services provided. Certain groups of persons with disability are neglected in quite a few countries. The governments, municipalities, and NGOs need better and coordinated efforts to provide services to persons with disability. Finance and financial subsidies are the critical areas where the social insurance schemes offer more options to the persons with disability. Administrative differences in certain countries such as Singapore, where there is no district or province, made regional interpretations inconclusive for questions such as availability of medical/paramedical staff at each level. Therefore, caution was taken while interpreting the data, keeping in mind the socio-cultural and political variations of the countries within the Region. Another area, which was difficult to analyze, was the total reliance on the information given by an NGO. There was a tendency to know more about the specific disability in the area of their work rather than an overall view of various types of persons with disabilities in the country. As a result, underestimation could not be avoided, particularly when one NGO report has been taken to represent the entire country. However, the Comparative Report of the NGOs and government would give a more realistic view of the policy and implementation of the four rules.

Despite the difficulties, the effort to interpret all the data collected from various sources is nonetheless worthwhile, since it enables countries to make useful comparisons and to share information on policy and practice. Such data are needed to plan both general socio-political measures to optimize the environment for persons with disabilities and more individual support services.

The study aims primarily to identify tendencies and patterns. However, the cross-national character of this study is limiting, that is the study gives only an approximate picture of the present condition, worldwide, for persons with disabilities. The tendencies and patterns, old and new, will indicate the trend.

The survey results can act as a powerful stimulus towards reforms and guidelines to review the neglected areas. The previous survey³ was widely used and thus has generated a great deal of positive feedback.

³ *Government Action on Disability Policy*, Office of the United Nations' Special Rapporteur on Disability. Stockholm 1997. This survey concentrated on four other Rules, namely, Rule 15 on Legislation, Rule 5 on Accessibility, Rule 18 on Organizations of Persons with Disabilities and Rule 17 on Coordination of Work. Therefore, an overall comparison between these two studies cannot be easily done.

Part I
Regional Summary Report of NGOs

MEDICAL CARE

The basic information on medical care was whether the medical care system provides services to persons with disabilities. According to the opening paragraph in the Rule on Medical Care, “States should ensure the provision of effective medical care to persons with disabilities.” The first question indicates the extent to which states comply with this rule. As the table below suggests, medical care is provided to persons with disabilities in all the countries in the Western Pacific Region.

Table 1

Question 1: Medical care system providing services to persons with disabilities in the country

Services to persons with disabilities	No. of NGOs	Percentage
Yes	11	100.0
No	0	0.0
Total	11	100.0

Table 2 shows that except for one country, as reported by two out three NGOs of the country, in most of the countries, there is no tendency to provide medical care services outside the general medical care.

Table 2

Question 1a: Treatment given to certain groups of persons with disabilities outside the general medical care in the country

Treatment given	No. of NGOs	Percentage
Yes	2	18.2
No	9	81.8
Total	11	100.0

The first paragraph in the Rule on Medical Care is, “States should work towards the provision of programs for early detection, assessment and treatment of impairment. This could prevent, reduce or eliminate disabling effects.” In most of the countries, medical care system includes prevention of impairment, early detection and diagnosis, treatment of impairment, rehabilitation techniques, and referrals. Counseling for parents is not as common as the other programs.

Table 3

Question 2: Programs included in the medical care system

Programs	No. of NGOs	Percentage
Prevention of impairment	7	63.6
Early detection & diagnosis	7	63.6
Treatment of impairment	7	63.6
Rehabilitation techniques	8	72.7
Necessary referrals	7	63.6
Counseling for parents	6	54.5
Total = 11*		

* Multiple responses

According to the first paragraph in the Rule on Medical Care on the provision of programs for early detection, assessment and treatment of impairment, “States should ensure full participation of persons with disabilities, and their families at the individual level, and of organizations of persons with disabilities at the planning and evaluation level”. Table 4 summarizes the degree of involvement of organizations of persons with disabilities in planning and evaluation of these programs. Over 70 percent of the countries reported that organizations of persons with disabilities are ‘sometimes’ involved in the planning and evaluation of these medical care systems. One NGO stated that the organizations of persons with disabilities are ‘often’ involved in the planning and evaluation of medical care systems, while another NGO stated that the organizations are ‘never’ involved.

Table 4

Question 3: Degree of involvement of organizations with persons with disabilities in planning and evaluation of these programs

Degree of involvement	No. of NGOs	Percentage
Always	0	0.0
Often	1	9.1
Sometimes	8	72.7
Never	1	9.1
No response	1	9.1
Total	11	100.0

Table 5 summarizes the response to the question of whether there is early detection method for children with disabilities and if it exists, at what age they are performed. Early detection of impairment is done at all the three stages in various degrees, the least at six months to three years.

Table 5

Question 4: Age at which early detection methods for children with disabilities are performed

Age of children	No. of NGOs	Percentage
0-6 months	7	63.6
6 months-3 years	4	36.4
4-7 years	5	45.5
Total = 11*		

* Multiple responses

The paragraph 3 of the Rule on Medical Care ensures that infants and children with disabilities are provided with the same level of medical care within the same system as other members of society. Question 5 investigates whether infants and children with disabilities are provided medical care within the same system as other infants and children and, if not, why. As Table 6 shows, infants and children are provided with medical care within the same system as other infants and children as reported by over 70 percent of the NGOs.

Table 6**Question 5: Medical care for children with disabilities within the general medical care system**

Medical care within the same system	No. of NGOs	Percentage
Yes	8	72.7
No	2	18.2
No response	1	9.1
Total	11	100.0

The reason as reported by NGOs which do not provide medical care within the same system as other infants and children, was mostly due to lack of a specific program, lack of training, and societal attitudes. Other fewer reasons were lack of staff and difficulties in the families due to economic constraints.

Table 7**Question 5a: Reasons for not treating children with disabilities within the same system**

Reason	No. of NGOs	Percentage
Lack of specific program	2	66.7
Lack of staff	1	33.3
Lack of training	2	66.7
Societal attitudes	2	66.7
Difficulties in the families due to economic constraints	1	33.3
Other	1	33.3
Total = 3*		

* Multiple responses

According to paragraph 6 of the Rule on Medical Care, "States should ensure that persons with disabilities are provided with regular medical treatment and medicine, they may need to preserve or improve their level of functioning." Table 8 shows that only a little over half the NGOs reported that persons with disabilities are provided with regular medical treatment to preserve or improve their level of functioning.

Table 8**Question 6: Provision of regular medical treatment to preserve or improve level of functioning**

Regular medical treatment	No. of NGOs	Percentage
Yes	6	54.5
No	5	45.5
Total	11	100.0

The reasons given by countries that do not provide regular medical treatment to persons with disabilities to preserve or improve their level of functioning, were mainly lack of specific program, lack of training and societal attitude. Other reasons included lack of staff and difficulties in the families due to economic constraints.

Table 9

Question 6a: Reasons for not providing regular medical treatment

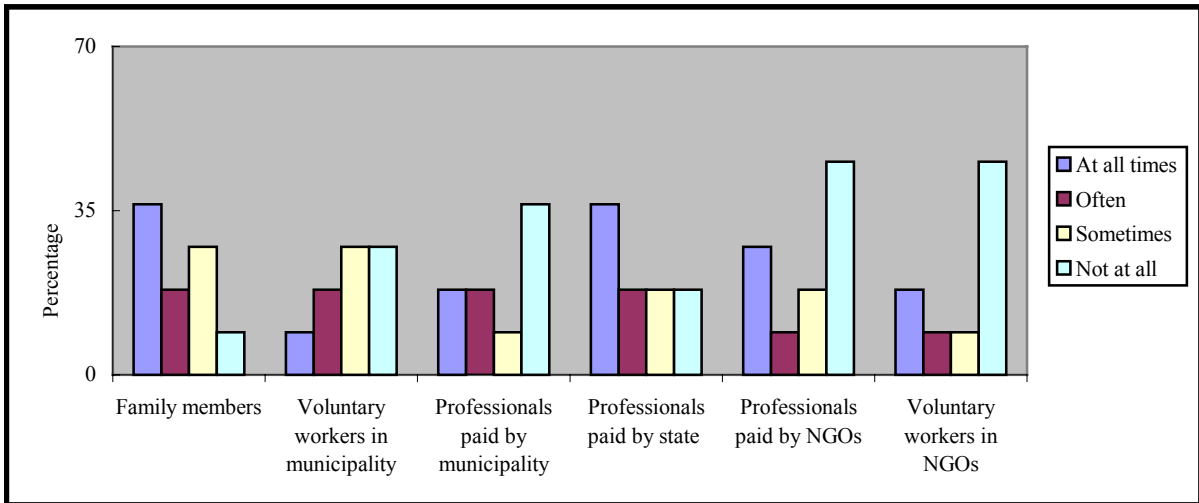
Reason	No. of NGOs	Percentage
Lack of specific program	3	60.0
Lack of staff	1	20.0
Lack of training	2	40.0
Societal attitudes	2	40.0
Difficulties in the families due to economic constraints	1	20.0
Other	1	20.0
Total = 5*		

* Multiple responses

The first paragraph in the Rule on Medical Care states that, “A multidisciplinary team of professionals should run the provision of programs, and furthermore, that such programs should ensure full participation of persons with disabilities and their families at the individual level and of organizations of persons with disabilities at the planning and evaluation level.” The aim of this analysis was to identify the groups in society with the responsibility of providing medical care and to find out whether society undertakes the economic responsibility of providing medical care to citizens with disabilities or whether this responsibility is laid upon civil society members and as a consequence, whether medical care is provided by professionals. Figure 1 summarizes this. Mostly family members are involved in providing medical care ‘at all times’ and ‘sometimes’ voluntary workers in the municipality. The NGOs in this Region are usually not involved in providing medical care.

Figure 1

Question 7: Level of involvement of medical care providers



Next, it was to determine who finances medical care. Table 10 indicates that medical care is commonly provided free of charge by government ministries and social insurance schemes. While two NGOs stated that other schemes also exist which provide subsidized medical care, the majority stated that the patients themselves pay partially for the medical care.

Table 10**Question 8: Payment for medical care subsidies**

Payment for medical care	No. of NGOs	Percentage
Provided free of charge by government	7	63.6
Paid by social insurance scheme	7	63.6
Paid fully by patients	4	36.4
Paid partially by patients	9	81.8
Other	2	18.2
Total = 11*		

* Multiple responses

In countries where social insurance schemes provide subsidized medical care, mostly children, all adults, and the elderly are covered equally well. Only one NGO reported that only working adults are covered.

Table 11**Question 9: Groups covered by social insurance schemes**

Groups	No. of NGOs	Percentage
Children	4	80.0
All adults	4	80.0
Working adults only	1	20.0
Elderly	4	80.0
Total = 5*		

* Multiple responses

The social insurance scheme covers between 61-100 percent of the population. Two NGOs which stated that social insurance scheme was available in the country could not state the approximate population coverage.

Table 12**Question 10: Extent of the population covered by social insurance schemes**

Population covered (%)	No. of NGOs	Percentage
61-80	1	20.0
81-100	2	40.0
No response/do not know	2	40.0
Total	5	100.0

The importance of adequately trained and equipped medical and paramedical staff is stressed in two paragraphs in the Rule on Medical Care. According to paragraph 4, “States should ensure that all medical and paramedical personnel are adequately trained and equipped to give medical care to persons with disabilities and that they have access to relevant treatment methods and technology,” and paragraph 5, “States should ensure that medical, paramedical and related personnel are adequately trained so that they do not give inappropriate advice to parents, thus restricting options for their children. This training should be an ongoing process and should be based on the latest information available.”

Medical and paramedical staff available at different levels is shown in Figure 2. Doctors and nurses are very well represented at all the levels. CBR workers are least available. At the local level, other specialized doctors, psychologists, physiotherapists, speech therapists and occupational therapists are less available. Unavailability of these services at the local levels becomes inconvenient to persons with disabilities particularly when they have to commute long distances repeatedly. CBR workers are mostly available at the district level and not at other levels. The availability of other specialized doctors, psychologists, physiotherapists, speech therapists and occupational therapists increases as we move from the local to the national level.

The second paragraph in the Rule on Medical Care states, “Local community workers should be trained to participate in areas such as early detection of impairments, the provision of primary assistance and referral to appropriate services.” Table 13 shows that medical care services reach the villages and the poor urban areas in all the six reporting countries in the Region.

Figure 2
Question 11: Availability of medical and paramedical staff at all levels

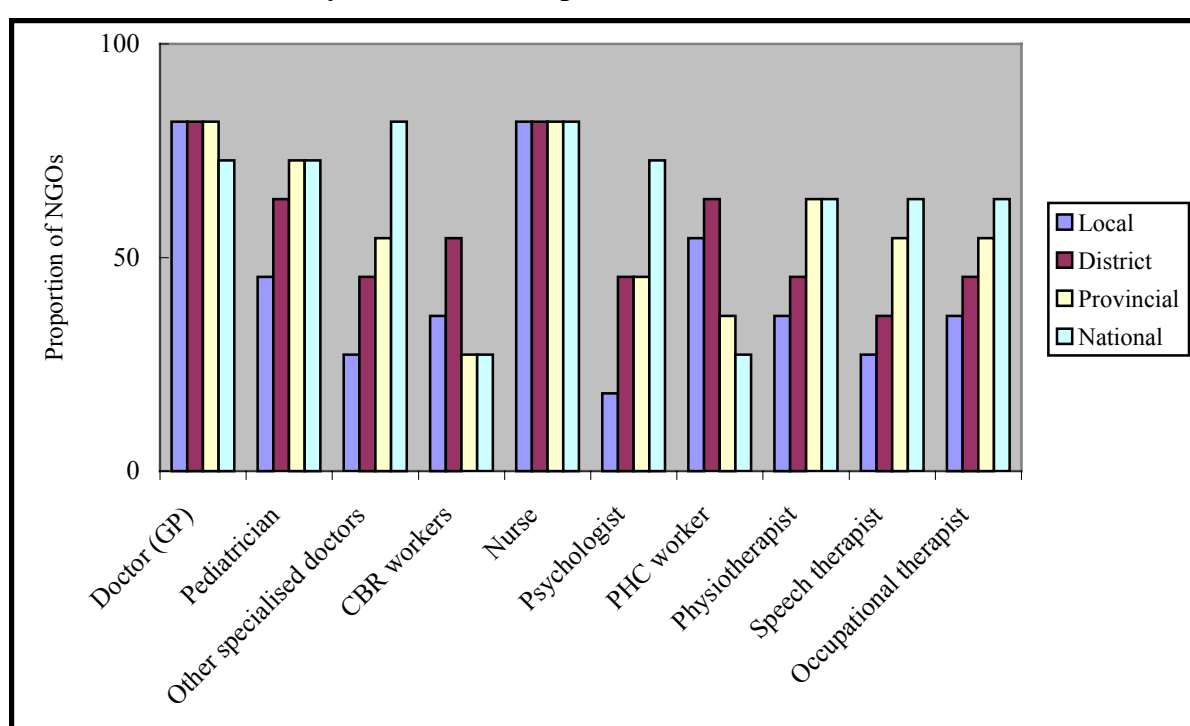


Table 13
Question 12: Provision of medical care services in villages and poor urban areas

Services in villages and poor urban areas	No. of NGOs	Percentage
Yes	11	100
No	0	0.0
Total	11	100.0

The subsequent question notes the types of services provided in these areas. Table 14 shows that the most frequent form is primary health care. Community based rehabilitation and other

types of approaches such as outreach and public health centers also reach the villages and the poor urban areas.

Table 14

Question 12a: Type of services provided in villages and in poor urban areas

Type of service	No. of NGOs	Percentage
Primary health care	8	72.7
Community based rehabilitation	3	27.3
Other	2	18.2
Total = 11*		

* Multiple responses

The services provided to facilitate information and communication between persons with disabilities and the staff in health care is given in Table 15. The most frequent service given to facilitate information and communication between persons with disabilities and the staff in health care is information on tapes. Less frequently, information in Braille, sign language interpretation, and easy reading information is provided. This reveals that provision of facilities for providing information and communication between persons with disabilities and health care personnel is negligible.

Table 15

Question 13: Type of services provided to facilitate information and communication between persons with disabilities and the staff in health care

Type of services	No. of NGOs	Percentage
Sign language interpretation	4	36.4
Easy reading information	4	36.4
Information on tape	6	54.5
Information in Braille	5	45.5
Total = 11*		

* Multiple responses

REHABILITATION

“WHO estimates that more than 300 million people worldwide are disabled, over 70 percent of whom live in developing countries. Only about one to two percent of persons with disabilities in the developing world have access to rehabilitation and majority of them are relegated to the margin of society. Over the past decade, WHO has been promoting community based rehabilitation as a way to increase access to rehabilitation and promoting equalization of opportunities for the social integration of persons with disabilities into the community and society. This approach employs resources within the family and community, along with support from the referral system.”

The opening paragraph in Rule 3 on Rehabilitation says, “States should ensure the provision of rehabilitation services to persons with disabilities in order for them to reach and sustain their optimum level of independence and functioning.” A national rehabilitation program exists for persons with disabilities in most of the countries, as reported by over 70 percent of the NGOs.

Table 16

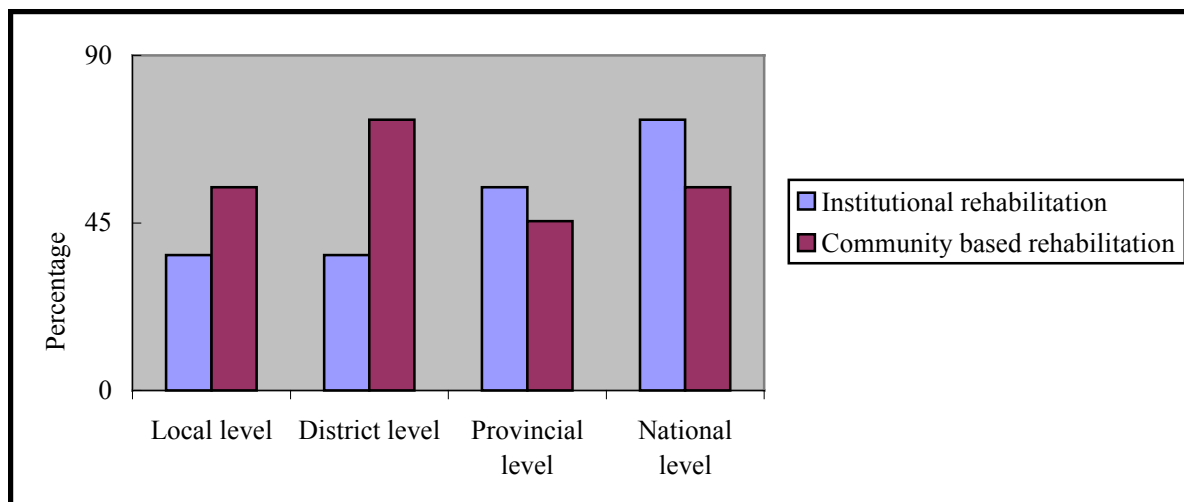
Question 14: National rehabilitation programs available for persons with disabilities

Rehabilitation program	No. of NGOs	Percentage
Does not exist	3	27.3
Exists	8	72.7
Total	11	100.0

Paragraph 5 in the Rule on Rehabilitation states, “All rehabilitation services should be available in a community where the person with disability lives. However, in some instances, in order to attain a certain training objective, special time limited rehabilitation courses may be organized, where appropriate, in residential form.” In this regard, the NGOs have reported that while more of community based rehabilitation is available at the local and district levels, it is more of institutional rehabilitation at the provincial and national levels. Wide disparities exist at the local and district levels. The provincial level has a good balance of both types of rehabilitation.

Figure 3

Question 15: Level at which institutional and CBR programs are available



Wherever rehabilitation is available, it mostly reaches less than five percent population, between 6-20 percent, and between 61-80 percent population of persons with disabilities, as stated by an equal number of NGOs.

Table 17

Question 16: Percentage of persons with disabilities receiving rehabilitation

Population (%)	No. of NGOs	Percentage
Not applicable/no response	2	18.2
0-5	3	27.3
6-20	3	27.3
61-80	3	27.3
Total	11	100.1

According to Rule 3 on Rehabilitation, “All persons with disabilities, including persons with severe and/or multiple disabilities, who require rehabilitation should have access to it.” Largely, persons with mobility impairment and persons with disabilities due to mental illness are included in receiving rehabilitation services. To a lesser extent, persons with hearing impairment, persons with severe sight impairment, persons with intellectual disabilities (mental handicap) and persons with multiple/severe disabilities receive rehabilitation services. The least covered are persons with hearing disabilities, persons with learning difficulties, and persons with disabilities due to chronic diseases. There appears to be a disproportionate provision of rehabilitation services to the different disability groups of persons.

Table 18

Question 17: Type of disability groups receiving rehabilitation

Disability groups	No. of NGOs	Percentage
Persons with mobility impairment	8	72.7
Persons with hearing impairment	7	63.6

Persons with hearing disabilities	5	45.5
Persons with severe sight impairment (blind)	7	63.6
Persons with intellectual disabilities (mental handicap)	6	54.5
Persons with learning disabilities (e.g. dyslexia)	5	45.5
Persons with disabilities owing to chronic diseases (e.g. epilepsy)	5	45.5
Persons with disabilities owing to mental illness (e.g. schizophrenia)	8	72.7
Persons with multiple/severe disabilities	7	63.6
Total = 11*		

* Multiple responses

As indicated in paragraph 3 in the Rule on Rehabilitation, all persons with disabilities should have access to rehabilitation, irrespective of age. All age groups are included in the rehabilitation services in all the countries, except one out of two NGOs from one country, which reported otherwise.

Table 19

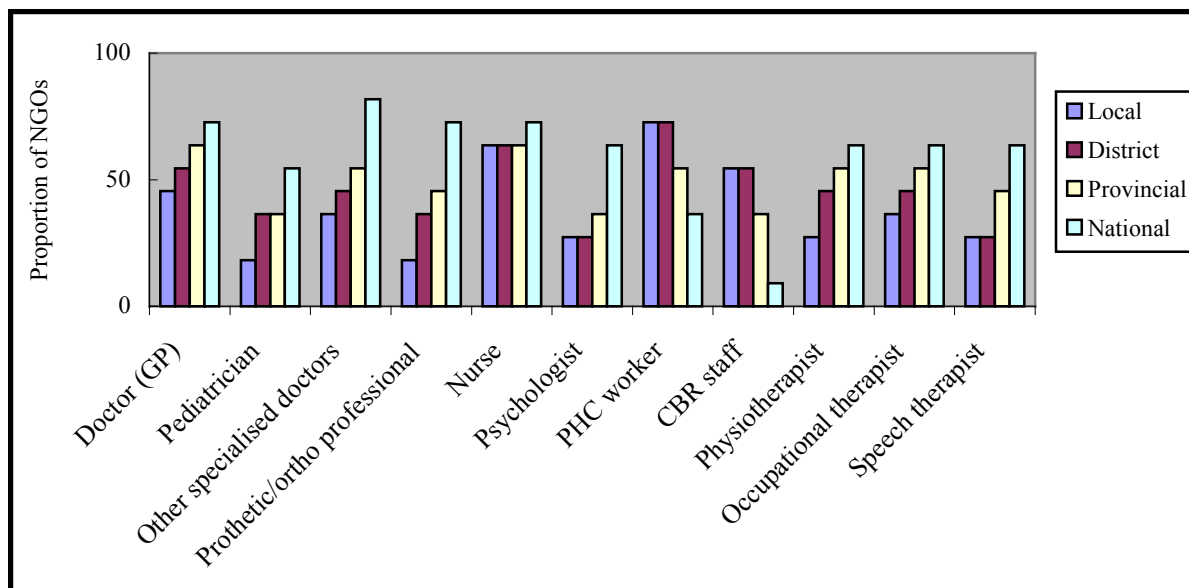
Question 18: All age groups included in rehabilitation services

All age groups in rehabilitation services	No. of NGOs	Percentage
Included	10	90.9
Not included	1	9.1
Total	11	100.0

Professional groups involved in providing rehabilitation services are illustrated in Figure 4. Only nurses are available at all the levels, equally well. There is a definite downward trend in the availability of doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, psychologists, physiotherapists, occupational therapists and speech therapists from the national level to the local level with wide ranging disparities. The trend is in reverse for PHC workers and CBR staff. It seems that the local level is quite devoid of adequate medical and paramedical personnel. Counselors are also available at the national level.

Figure 4

Question 19: Availability of medical and paramedical staff in rehabilitation at all levels



Paragraph 5 in the Rule on Rehabilitation requires that, “All rehabilitation services should be available in the local community where the person with disabilities lives.” Tables 20 and 21 indicate the availability of rehabilitation services at the community level and how these services are organized. As is shown in Table 20, these rehabilitation services are available in all the countries. One NGO from one country did not respond.

Table 20

Question 20: Rehabilitation services at community level

Rehabilitation services	No. of NGOs	Percentage
Exist	10	90.9
No response	1	9.1
Total	11	100.0

These rehabilitation services are largely available through NGOs followed by primary health care, and community based rehabilitation. Hospitals and other institutions also provide rehabilitation services at the community level.

Table 21

Question 20a: Organization of rehabilitation services at community level

Rehabilitation services provided through	No. of NGOs	Percentage
Primary health care	5	50.0
Community based rehabilitation	5	50.0
Non-governmental organizations	9	90.0
Other	1	10.0
No response	1	10.0
Total = 10*		

* Multiple responses

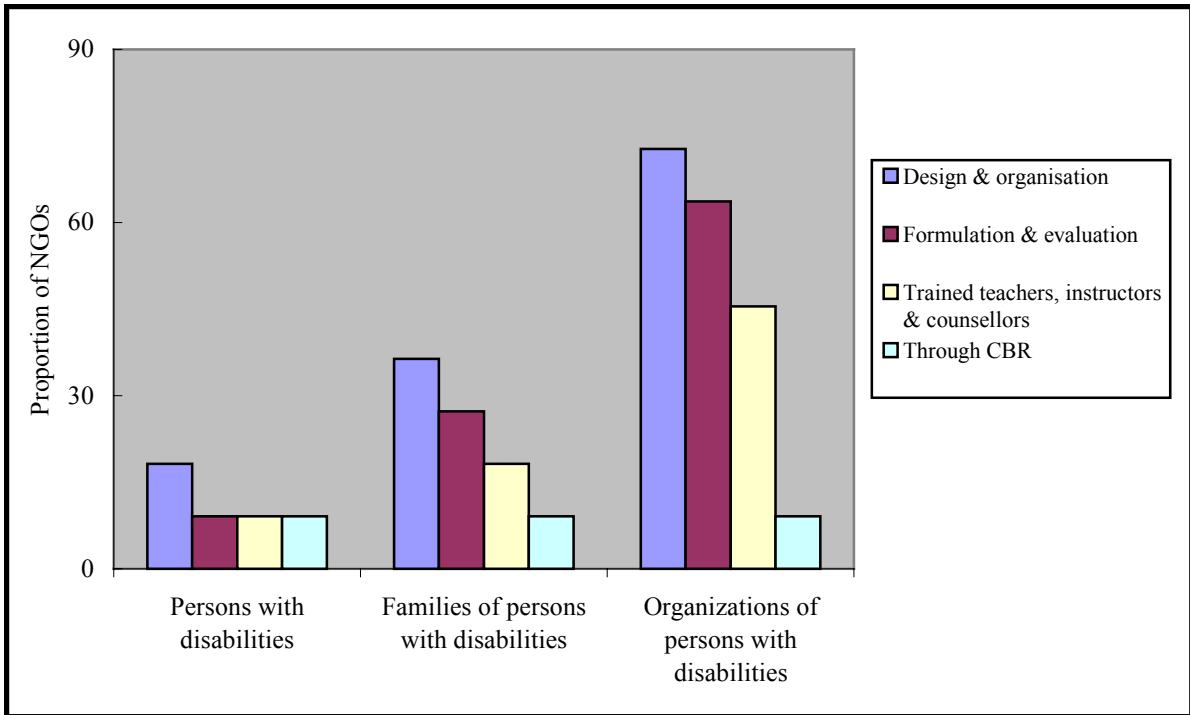
The extent of participation of persons, families and organizations in the area of disabilities, is presented in Figure 5. The importance of this is amply provided in three paragraphs in Rule 3 on Rehabilitation,

- “Persons with disabilities and their families should be able to participate in the design and organization of rehabilitation services concerning themselves.”
- “Persons with disabilities and their families should be encouraged to involve themselves in rehabilitation, for instance as trained teachers, instructors or counselors.”
- “States should draw upon the expertise of organizations of persons with disabilities when formulating or evaluating rehabilitation programs.”

As shown in Figure 5, according to a quarter of the NGOs, persons with disabilities participate in the provision of rehabilitation by designing and organizing rehabilitation services. To a lesser extent, they are involved in the formulation and evaluation of rehabilitation programs as well as trained teachers, instructors, and counselors. Families of persons with disabilities mostly participate in the provision of rehabilitation by designing and organizing rehabilitation services. They are also involved in the formulation and evaluation of rehabilitation programs and also as trained teachers, instructors and counselors. Organizations/agencies of persons with disabilities mostly participate in the provision of rehabilitation by designing and organizing rehabilitation services and they are involved in the formulation and evaluation of rehabilitation programs. They are also involved in rehabilitation as trained teachers, instructors, and counselors. All these groups are least involved in community based rehabilitation.

Organizations of persons with disabilities participate in the rehabilitation program more than the persons or families of persons with disabilities. For the programs to be more effective, there is a need to involve persons with disabilities as well as families of persons with disabilities as a demonstration to persons with disabilities and their families or care takers on coping with disabilities and other related issues. Involvement of all these groups needs to be increased in the provision of community based rehabilitation.

Figure 5
Question 21: Participation in rehabilitation services



SUPPORT SERVICES

According to the fourth paragraph of the Rule on Support Services, “States should recognize that all persons with disabilities who need assistive devices should have access to them as appropriate, including financial accessibility. This may mean that assistive devices and equipment should be provided free of charge or at such a low price that persons with disabilities or their families can afford to buy them.” Table 22 shows the sources of financing the assistive devices and equipment. Finance for assistive devices and equipment is almost equally shared by the government ministries, NGOs and persons with disabilities, with the ministries making partial payment in over 45 percent of cases. The social insurance schemes and municipalities are also involved to a lesser extent.

Table 22

Question 22: Arrangements for financing assistive devices and equipment

Source of finance	Fully	Partially	Not at all
Government ministries	9.1 (1)	45.5 (5)	18.2 (2)
Municipalities	9.1 (1)	18.2 (2)	63.6 (7)
Social insurance scheme	9.1 (1)	9.1 (1)	54.5 (6)
Persons with disabilities	18.2 (2)	36.4 (4)	27.3 (3)
NGOs	18.2 (2)	36.4 (4)	18.2 (2)
Other	0.0 (0)	9.1 (1)	54.5 (6)
No response	18.2 (2)	18.2 (2)	18.2 (2)
Total = 11*			

* Multiple responses

Note: Figures in brackets are number of NGOs.

Table 23 shows that social insurance schemes make payment for the assistive devices and equipment covering all children, all adults, and the elderly. Two NGOs reported that only working adults were covered by social insurance schemes.

Table 23

Question 23: Groups covered by social insurance schemes for providing assistive devices

Groups	No. of NGOs	Percentage
Children	3	100.0
All adults	3	100.0
Working adults only	2	66.7
Elderly	3	100.0
Total = 3*		

* Multiple responses

Paragraph 2 of the Rule on Support Services stresses that, “States should support the development, production, distribution and servicing of assistive devices and equipment and the dissemination of knowledge about them.” The governments are involved in the provision of assistive devices in almost all the countries, except one.

Table 24**Question 24: Government involvement in the provision of assistive devices**

Government involvement	No. of NGOs	Percentage
Exists	9	81.8
Does not exist	2	18.2
Total	11	100.0

The nature and extent of involvement in providing assistive devices differs. As noted by three NGOs, in their country the government is usually involved in the provision of assistive devices through development and production. Four NGOs each stated that the government was involved in maintenance, repair and distribution of assistive devices as well as in providing information about the availability of assistive devices. While one NGO stated that their government was involved in providing funds to develop assistive devices, another NGO stated that their government makes full or partial payment for the same.

Table 25**Question 24a: Type of involvement in the provision of assistive devices**

Type of involvement	No. of NGOs	Percentage
Maintenance and repair	4	44.4
Development and production	3	33.3
Distribution	4	44.4
Information about availability	4	44.4
Other	2	22.2
Total = 9*		

* Multiple responses

According to the first paragraph of Rule 4 on Support Services, “States should ensure the provision of assistive devices and equipment, personal assistance and interpreter services, according to the needs of the persons with disabilities, as important measures to achieve the equalization of opportunities.” Table 26 reviews the kind of assistive devices and equipment provided by the government. The most commonly provided assistive device by the government is for hearing. To a lesser extent prostheses/orthoses, wheelchairs, and devices for daily living are provided. Only three NGOs reported that crutches, visual devices and computers are provided. In two cases the government provides funds to develop assistive devices or pays for it. Although the numbers are few, it does indicate that the visually impaired are less catered for than the hearing impaired.

Table 26**Question 25: Type of assistive devices and equipment provided by the government**

Type of assistive devices/equipment	No. of NGOs	Percentage
Prostheses/orthoses	5	55.6
Wheel chairs	4	44.4
Crutches	3	33.3
Hearing devices	6	66.7
Visual devices	3	33.3
Devices for daily living	4	44.4
Computers	3	33.3
Other	2	22.2
Total = 9*		

* Multiple responses

According to paragraph 6 of the Rule on Support Services, "States should support the development and provision of personal assistance programs and interpretation services, especially for persons with severe and/or multiple disabilities. Such programs would increase the level of participation of persons with disabilities in everyday life at home, at work, in school and leisure-time activities". Personal assistance is important to persons with disabilities, it gives the person psychological and emotional support. Most of all it ensures safety, particularly in countries where the system is not yet designed to be disability-friendly. Table 27 shows that personal assistance is provided in over half the countries. It is not provided in two countries and one NGO from one country did not respond.

Table 27**Question 26: Provision of personal assistance**

Personal assistance	No. of NGOs	Percentage
Provided	6	54.5
Not provided/no response	5	45.5
Total	11	100.0

Table 28 shows that personal assistance is provided usually at home followed by school, social services and health care services. It is least provided at work places and during leisure.

Table 28**Question 26a: Localities/activities where personal assistance is provided**

Localities/activities	No. of NGOs	Percentage
Home	5	83.3
Social service	3	50.0
Health service	3	50.0
Work	2	33.3
School	3	50.0
During leisure	1	16.7
Total = 6*		

* Multiple responses

But who finances the personal assistance? In all the countries, the most common source of financing the personal assistance is the partial payment made by the government. Social insurance schemes and persons with disabilities are the other commonly found sources of finance. In one-third of the countries, the persons with disabilities pay fully for personal assistance. The least involved are the municipalities. Other arrangements also exist. The municipalities and NGOs are mostly not involved in providing financial assistance to persons with disabilities.

Table 29

Question 27: Arrangements for financing personal assistance

Source of finance	Fully	Partially	Not at all
Government ministries	0.0 (0)	100.0 (6)	0.0 (0)
Municipalities	0.0 (0)	33.3 (2)	66.7 (4)
Social insurance scheme	0.0 (0)	50.0 (3)	50.0 (3)
Persons with disabilities	33.3 (2)	50.0 (3)	16.7 (1)
NGOs	16.7 (1)	33.3 (2)	50.0 (3)
Other	0.0 (0)	16.7 (1)	83.3 (5)
Total=6*			

* Multiple responses

Note: Figures in brackets are number of NGOs.

Support is provided to families of children with disabilities in all the countries. One NGO from one country reported that support is not provided to families of children with disabilities while another did not respond.

Table 30

Question 28: Support provided to families of children with disabilities

Support	No. of NGOs	Percentage
Provided	9	81.8
Not provided	2	18.2
Total	11	100.0

Largely the government ministries and NGOs partially finance the families of children with disabilities. The municipalities provide assistance to a limited extent. The least supporting are the social insurance schemes. Persons with disabilities themselves provide full or partial financial support to families of children with disabilities.

Table 31

Question 28a: Arrangements for financing support to the families

Source of finance	Fully	Partially	Not at all
Government ministries	0.0 (0)	63.6 (7)	9.1 (1)
Municipalities	0.0 (0)	27.3 (3)	45.5 (5)
Social insurance schemes	0.0 (0)	9.1 (1)	54.5 (6)
Persons with disabilities	18.2 (2)	45.5 (5)	18.2 (2)
NGOs	0.0 (0)	63.6 (7)	9.1 (1)
Other	0.0 (0)	0.0 (0)	100.0 (9)
Total = 9*			

* Multiple responses

Note: Figures in brackets are number of NGOs.

Interpreter services are provided in all the countries, except one, while one NGO from one country did not respond.

Table 32

Question 29: Provision of interpreter service

Interpreter service	No. of NGOs	Percentage
Provided	6	75.0
Not provided/no response	2	25.0
Total	8	100.0

Interpreter services are provided in schools in all the countries. At work places, social service centers, health service centers, homes, and during leisure, interpreter services are not available extensively. It is provided in other places such as on TV. Interpreter services are generally poorly provided, except in schools. This needs to be improved if deaf persons have to interact and be with the mainstream.

Table 33

Question 29a: Localities/activities where interpreter service is provided

Localities/Activities	No. of NGOs	Percentage
School	7	77.8
Social service	3	33.3
Health service	2	22.2
Work	3	33.3
Leisure	3	33.3
Home	2	22.2
Other	3	33.3
Total = 9*		

* Multiple responses

Table 34 shows that there is very little financial assistance available for acquiring interpreter services through the governments, municipalities, and NGOs. Persons with disabilities themselves partially pay for interpreter services. Social insurance schemes do not pay at all.

Table 34

Question 30: Arrangements for financing interpreter service

Source of finance	Fully	Partially	Not at all
Government ministries	11.1 (1)	33.3 (3)	4.4 (4)
Municipalities	22.2 (2)	0.0 (0)	55.6 (5)
Social insurance scheme	0.0 (0)	0.0 (0)	100.0 (9)
Persons with disabilities	0.0 (0)	22.2 (2)	77.8 (7)
NGOs	22.2 (2)	33.3 (3)	44.4 (4)
Other	0.0 (0)	11.1 (1)	88.9 (8)
Total = 9*			

* Multiple responses

Note: Figures in brackets are number of NGOs.

Persons with disabilities and/or their organizations are involved in the planning of support services as stated by less than half the NGOs, while over half stated that either they are not involved or there was no response from them to this question.

Table 35

Question 31: Involvement of persons with disabilities and/or their organizations in the planning of support services

Involved	No. of NGOs	Percentage
Yes	5	45.5
No/no response	6	54.5
Total	11	100.0

PERSONNEL TRAINING

An important tool to ensure quality and effective professional care for persons with disabilities is to train the personnel involved. WHO has noted this as, “Over the years, this priority has been refined and expanded. It now not only includes human resource planning but also consideration of the optimal mix of different categories of health professionals to deliver the most effective service of an acceptable quality. WHO has also successfully promoted the incorporation of sound educational principles to ensure relevant training curricula and effective learning.” The first paragraph of the Rule on Personnel Training suggests, “States should ensure that all authorities providing services in the disability field give adequate training to their personnel.” Few of the government ministries have a mechanism to ensure that all authorities/agencies providing services in the field of disability give training to their personnel. Over half of them do not have such a mechanism.

Table 36

Question 32: Training ensured to professionals in the disability field

Training	No. of NGOs	Percentage
Ensured	5	45.5
Not ensured	6	54.5
Total	11	100.0

Training to the professionals working in the disability field is ensured mostly through the policies adopted by government ministries. To some extent, supervision of training curriculum for medical and paramedical staff is also used. Other mechanisms are also used.

Table 37

Question 32a: Methods to ensure training of professionals

Method to ensure training	No. of NGOs	Percentage
Policy adopted by government ministries	4	80.0
Supervision of training curriculum	2	40.0
Other	3	60.0
Total = 5*		

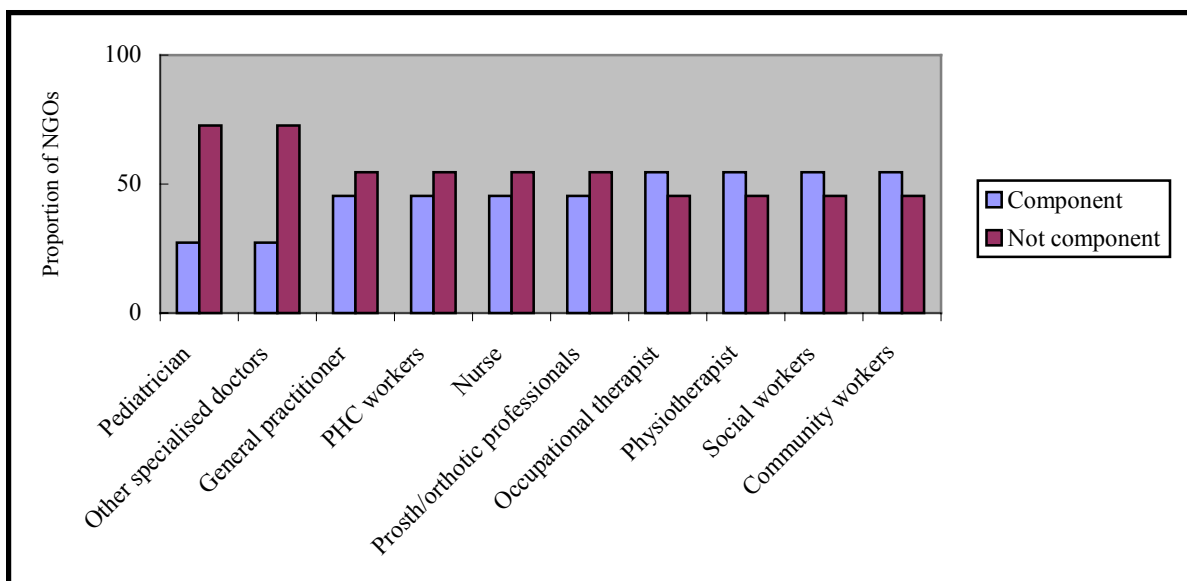
* Multiple responses

In support of the second paragraph of the Rule on Personnel Training, “In the training of the professionals in the disability field, as well as in the provision of information on disability in general training programs, the principle of full participation and equality should be appropriately reflected”, an item on training curriculum was included in the questionnaire. Figure 6 shows that largely disability issues are a component in the training curriculums of occupational therapists, physiotherapists, social workers and community workers. To some extent general practitioners, nurses, primary health care workers, and prosthetic/orthotic professionals also have disability as a component in their training program. Pediatricians and other specialist doctors were the two groups with the least training on disability issues.

Disability issues are not a component in most of the training curriculums of the medical and paramedical staff. Some of the medical and paramedical staff such as nurses at all the levels and PHC staff at the grassroots level is involved largely in providing services to persons with disabilities. It is important for pediatricians to have disability as a component since they are specialists dealing with children when the disability is diagnosed. It is rather discerning that these groups of personnel lack formal training in the care of persons with disabilities.

Figure 6

Question 33: Disability issues in the training curriculums



According to the third paragraph of the Rule on Personnel Training, “States should develop training programs in consultation with organizations of persons with disabilities, and persons with disabilities should be involved as teachers, instructors or advisers in staff training programs.” The staff training programs are developed to some extent in consultation with organizations/agencies of persons with disabilities.

Table 38

Question 34: Training programs developed in consultation with organizations of persons with disabilities

Organizations	No. of NGOs	Percentage
Consulted	3	27.3
Not consulted	8	72.7
Total	11	100.0

Table 39 shows that persons with disabilities are involved in staff training programs, to some extent. They need to be more involved if the programs are to become more effective and meaningful to persons with disabilities themselves.

Table 39

Question 35: Involvement of persons with disabilities in staff training programs

Persons with disabilities	No. of NGOs	Percentage
Involved	4	36.4

Not involved/no response	7	63.6
Total	11	100.0

In countries where persons with disabilities are involved in staff training programs, they are usually involved as teachers and advisers.

Table 40

Question 35a: Role of persons with disabilities in staff training programs

Role	No. of NGOs	Percentage
Teachers	3	75.0
Instructors	1	25.0
Advisors	3	75.0
Total = 4*		

* Multiple responses

CONCLUSIONS

Medical care is provided to persons with disabilities in all the countries, the tendency is to provide these services outside the general medical care services. The medical care system does not include all the programs. Referrals and counseling to parents is weakly established. Involvement of organizations of persons with disabilities in the planning and evaluation of the medical care systems needs to be increased. Early detection of disability is mostly done during the first six months of age. This needs to be increased to seven years of age so that detection continues, since many disabilities would occur later in the childhood. Most countries do not provide regular medical treatment to preserve or improve the level of functioning of persons with disabilities. Services to facilitate information and communication between persons with disabilities and others are available to a limited extent.

Subsidies for medical care, support services, personal assistance, support to families and for interpreter services is mostly provided by the government. Social insurance schemes and NGOs need to share economic resources by providing more financial subsidies.

Various categories of medical and paramedical staff are available at all levels in differing extents for providing medical care, particularly the doctors and nurses. However, for providing rehabilitation services they are not available to that extent, especially at the local level as would be expected. Medical and paramedical staff is not adequately trained, as indicated by their curriculums, which does not include disability as an issue. This confirms that personnel who are involved in the field of disability are not trained professionals, persons with disabilities are not getting the benefit of trained personnel, and therefore, good programs for persons with disabilities are not being effectively implemented. More involvement of organizations of persons with disabilities and a greater role of persons with disabilities are required in staff training programs for successful program implementation.

Provision of rehabilitation is not widespread in this region. While institutional based rehabilitation is more available at the provincial and national levels, it is more of community based rehabilitation at the local and district levels. Almost all types of disabilities and age groups are included in the rehabilitation program in most of the countries. However, this is to a lesser extent for disabilities other than for persons with mobility impairment and persons with disabilities due to mental illness.

Organizations of persons with disabilities participate in the rehabilitation program more than persons or families of persons with disabilities. For programs to be more effective, there is a need to involve persons with disabilities as well as families of persons with disabilities as a demonstration to persons with disabilities and their families or care takers on coping with disabilities and other related issues.

In most of the countries the government is involved in the provision of assistive devices and equipment, however, their involvement is not extensive. The provision of personal assistance and to some extent interpreter services exists. Mostly in one or two sectors such as personal assistance is available at home, while interpreter services are available in schools. There is scope to increase these services for all activities. The poor provision may also be due to lack of resources.

Although this analysis was drawn from reports of a few NGOs, it is conclusive in indicating that persons with disabilities are a neglected group in this region.

PART II

Summaries of the NGO responses

REGIONAL OFFICE FOR WESTERN PACIFIC

CHINA

Medical Care

Medical care is provided to persons with disabilities. However, there is no tendency to treat certain groups of persons with disabilities outside the general medical care. The medical care system includes prevention and treatment of impairment, early detection and diagnosis of impairment, rehabilitation techniques, referrals, and counseling for parents. Organizations of persons with disabilities are not involved in the planning and evaluation of these programs.

Early detection methods are used for children at birth to seven years of age. Infants and children with disabilities are provided with medical care within the same system as other infants and children.

Persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve their level of functioning.

Medical care is provided free of charge by the government ministries, social insurance schemes and by other schemes. It is also paid fully or partially by the patients. The social insurance schemes providing medical care subsidy include children and working adults. The population covered by the social insurance schemes is not known.

At the local level, doctors, CBR workers, nurses, and PHC workers are available for providing medical care. At the district level, doctors, pediatricians, other specialized doctors, CBR workers, nurses, psychologist, PHC workers, physiotherapist, and occupational therapist are available. At the provincial and national levels, doctors, pediatricians, other specialized doctors, CBR workers, nurses, psychologist, PHC workers, physiotherapist, speech therapist, and occupational therapist are available.

Medical care services reach the villages and the poor urban areas through primary health care and community based rehabilitation, covering 80 percent of the population.

In order to facilitate information and communication between persons with disabilities and the staff in health care, information in Braille, sign language interpretation, easy reading information and information on tape is provided.

Rehabilitation

There is a national rehabilitation program for persons with disabilities. Institutional rehabilitation programs exist at the district, provincial and national levels. Community based rehabilitation exists at the local, district, and provincial levels. Between 6-20 percent of the persons with disabilities, receive rehabilitation services.

Persons with mobility impairment, hearing impairment, severe sight impairment, persons with intellectual disabilities (mental handicap), and persons with disabilities due to mental illness receive rehabilitation services. All age groups are included in the rehabilitation services.

At the local level, other specialized doctors, PHC workers, and CBR staff, are available for rehabilitation services. At the district level, doctors, other specialized doctors, prosthetic/orthopedic professionals, PHC workers, CBR staff, physiotherapists, and occupational therapists are available for rehabilitation services. At the provincial level, doctors, other

specialized doctors, prosthetic/orthotic professionals, PHC workers, CBR staff, physiotherapists, speech therapists, and occupational therapists are available for rehabilitation services. At the national level, doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, psychologists, PHC workers, CBR staff, physiotherapists, speech therapists, and occupational therapists are available.

Rehabilitation services are available at the community level through primary health care, community based rehabilitation and non-governmental organizations.

Persons with disabilities and families of persons with disabilities participate in the provision of rehabilitation services as teachers, instructors and counselors and through CBR. Organizations of persons with disabilities participate in the design and organization of these services, formulation and evaluation, as teachers, instructors, and counselors, and through CBR.

Support Services

The government, municipalities, NGOs and persons with disabilities partially provide finance for assistive devices and equipment. China Disabled Persons' Federation also provides partial funding.

The government is not involved in the provision of assistive devices but provides funds to develop these. Assistive devices and equipment is mainly purchased by persons with disabilities themselves.

Personal assistance is provided at social services. It is subsidized by the government.

Partial support is provided to families of children with disabilities by the government, municipalities, NGOs and persons with disabilities themselves.

Interpreter services are not provided.

Persons with disabilities and/or their organizations are not involved in the planning of support services.

Personnel Training

The government ensures that all authorities/agencies providing services in the disability field give training to their personnel through the policies adopted by the government ministries and through the local branches of the China Disabled Persons' Federation.

Disability issues are a component in the training curriculums of other specialist doctors, primary health care workers, prosthetic/orthotic professionals, occupational therapists and physiotherapists, social workers and community workers.

Staff training programs are developed in consultation with organizations of persons with disabilities. Persons with disabilities are involved in staff training program as advisers.

This report is compiled from the responses of two NGOs. The responses depended on their areas of work. All responses have been included, since it would reflect disability as a whole as the questions were not related or applicable to a particular type of disability. For example, if services were available for the visually impaired, as reported by one NGO and not for the physically handicapped, as reported by another, it was considered that services were available.

Medical Care

Medical care is provided to persons with disabilities but there is a tendency to treat certain groups of persons with disabilities outside the general medical care. The medical care system includes prevention of impairment, rehabilitation techniques, and referrals. Organizations of persons with disabilities are sometimes involved in the planning and evaluation of these medical care systems.

Early detection methods are used for children with disabilities at four to seven years of age. Infants and children with disabilities are not provided with medical care within the same system as other infants and children. This is due to lack of specific programs, lack of staff, lack of training, societal attitudes, difficulties in the families due to economic constraints and other reasons.

Persons with chronic disabilities such as epilepsy and diabetes are not provided regular medical treatment to preserve or improve their level of functioning due to the same reasons as given above.

Family members, professionals paid by the state, voluntary workers in the municipality, professionals paid by NGOs, and NGO volunteers are 'sometimes' involved in providing medical care.

Medical care is provided free of charge by the government. It is also partially paid by the persons with disabilities themselves.

At the local and district levels, doctors, pediatricians, CBR workers, nurses, PHC workers, physiotherapists, and speech therapists are available for providing medical care. At the provincial and national levels, doctors, pediatricians, nurses, PHC workers, physiotherapists, and speech therapists are available. In addition, at the national level, other specialized doctors and CBR workers are available.

Medical care services reach the villages and the poor in urban areas through primary health care and outreach programs.

In order to facilitate information and communication between persons with disabilities and the staff in health care, easy reading information is provided.

Rehabilitation

There is no national rehabilitation program for persons with disabilities. Institutional rehabilitation exists at the national level. Community based rehabilitation is available at the local, district, and national levels. Less than five percent of the persons with disabilities receive rehabilitation.

Persons with mobility impairment, severe sight impairment (blind), persons with intellectual disabilities (mental handicap), persons with disabilities due to mental illness and persons with multiple/severe disabilities receive rehabilitation services.

All age groups are included in rehabilitation services. However, one NGO stated that this is not so because of financial reasons and the nature of the program.

At the local and district levels, doctors, nurses, PHC workers, and CBR staff are available in providing rehabilitation. At the provincial level, doctors, nurses, psychologist, PHC workers, and CBR staff are available. At the national level, doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, nurses, psychologists, PHC workers, CBR staff, physiotherapists, speech therapists, and occupational therapists are available.

Rehabilitation services are available at the community level through primary health care, community based rehabilitation and NGOs.

Persons with disabilities, families of persons with disabilities and organizations of persons with disabilities participate in the provision of rehabilitation through design and organization of these services. In addition, organizations of persons with disabilities are involved in formulation and evaluation of these programs; they are also involved as trained teachers, instructors, and counselors.

Support Services

NGOs and persons with disabilities fully or partially finance the procurement of assistive devices and equipment.

The Government is not involved in the provision of assistive devices.

Personal assistance is provided at home, school, work place, health care services, social services, as well as for NGO activities. It is partially financed by the government, while the NGOs and persons with disabilities fully or partially finance it. Welfare grants are also available for partial payment.

Support is provided to families of children with disabilities. It is partially financed by the government, NGOs and persons with disabilities themselves. One NGO reported that in most cases it is not financed.

Interpreter services are provided at schools, sometimes at work places, at health services, social services, during leisure and for NGO activities. It is partially financed by the government and fully or partially financed by the NGOs and volunteers.

Persons with disabilities and/or their organizations are involved in the planning of support services.

Personnel Training

The government does not ensure that all authorities/agencies providing services in the disability field give training to their personnel.

Disability issues are a component in the training curriculums of other specialist doctors, general practitioners, primary health care workers, nurses, social workers, and community workers. One NGO reports that it is uncertain if they are trained and if they have the skills as it does not show.

Though the staff training programs are not developed in consultation with organizations of persons with disabilities, the persons with disabilities are involved in staff training programs as teachers. One NGO reported that very little training in the government includes disability needs.

HONG KONG

This report is compiled from the responses of three NGOs. While two NGOs' reports were similar, the report of the third NGO, which was village-based, differed from the other two. One NGO serves the visually impaired, another the physically and mentally disabled. It was difficult to establish whom the third NGO serves. Although the responses depended on their areas of work, all responses have been included, as it would reflect disability as a whole, since the questions were not related or applicable to a particular type of disability. For example, if services were available for the visually impaired and not for the physically handicapped, it was considered that services were available.

Medical Care

Medical care is provided to persons with disabilities and there is no tendency to provide these services outside the general medical care. The medical care system in Hong Kong includes prevention and treatment of impairment, early detection and diagnosis of impairment, counseling to parents, rehabilitation techniques, and referrals. Organizations of persons with disabilities are sometimes involved in the planning and evaluation of these medical care systems.

Early detection of impairment is done mostly before the child completes six months. One NGO reported that early detection is done at birth to seven years of age. Infants and children with disabilities are provided with medical care within the same system as other infants and children.

Persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve the level of functioning.

Professionals paid by the state are involved 'at all times' in providing medical care to persons with disabilities. Professionals paid by NGOs are 'often' involved and family members and voluntary workers of NGOs are 'sometimes' involved. One NGO reported that professionals paid by the municipality, state, and NGOs are involved 'at all times' in providing medical care and that family members, voluntary workers in the municipality and NGOs are 'often' involved.

The government heavily subsidizes medical care for persons with disabilities; the client pays only a basic rate. The client pays fully in private hospitals/doctors. There is no social insurance scheme to cover health care services.

Hong Kong being a territory, all the administrative levels are not applicable. Doctors, pediatricians, other specialized doctors, CBR workers, nurses, psychologists, physiotherapists, speech therapists, and occupational therapists are available for providing medical care at the local level. At the district level, doctors, pediatricians, other specialized doctors, CBR workers, and nurses are available.

In order to facilitate information and communication between persons with disabilities and the staff in health care, information in Braille, information on tape, and sign language interpretation is provided on a special request while easy reading information is generally provided.

Medical care services reach the villages and the poor urban areas through primary health care and community based rehabilitation.

Rehabilitation

There is a national rehabilitation program for persons with disabilities. Institutional rehabilitation is available at the national level. Community based rehabilitation is available at the local and district levels. According to two NGOs, between 6-20 percent of persons with disabilities receive rehabilitation. One NGO reported that 61-80 percent of persons with disabilities is covered.

Persons with mobility impairments, hearing impairments, hearing disabilities, persons with severe sight impairment (blind), persons with intellectual disabilities (mental handicap), learning difficulties, persons with disabilities due to chronic diseases, persons with disabilities due to mental illness, and persons with multiple/severe disabilities receive rehabilitation services. All age groups of persons with disabilities receive rehabilitation services.

At the local level, doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, nurses, psychologists, primary health care workers, physiotherapists, speech therapists, and occupational therapists are available for providing rehabilitation. At the district level, doctors, pediatricians, nurses, primary health care workers and CBR staff are available. Audiologists are also available in the Territory.

Rehabilitation services are available at the community level through NGOs, as reported by two NGOs, while one NGO reported that in addition, it is available through primary health care and community based rehabilitation.

Persons with disabilities participate by designing and organizing rehabilitation services and they are involved in the formulation and evaluation of rehabilitation programs. Families of persons with disabilities are involved in rehabilitation as trained teachers, instructors, and counselors as well as they participate through CBR. Organizations and agencies of persons with disabilities participate in the design and organization of rehabilitation services, formulation and evaluation of rehabilitation programs. They are involved as trained teachers, instructors, and counselors and they participate through CBR.

Support Services

Government and NGOs fully or partially pay for procuring assistive devices and equipment. The community also provides partial funding. Persons with disabilities themselves also pay fully or partially for procuring assistive devices and equipment.

The government is involved in the development and production, distribution, and maintenance and repairs of assistive devices as well as in providing information about the availability of assistive devices. The government also provides prostheses/orthoses, wheelchairs, and hearing devices (to students only), as reported by all the NGOs. One NGO included visual devices, devices for daily living, and computers.

Personal assistance is provided at home as reported by one NGO. Persons with disabilities themselves fully finance personal assistance. One NGO stated that NGOs also pay partially.

The government, NGOs and persons with disabilities provide partial support to families of children with disabilities.

Interpreter services are provided at schools, during leisure, social services and other services in society. The government, NGOs and persons with disabilities themselves partially pay for interpreter services.

Persons with disabilities and/or their organizations are involved in the planning of support services. One NGO reported that they are not involved.

Personnel Training

The government ministries ensure that all authorities/agencies providing services in the disability field give training to their personnel through the policy adopted by them as well as by supervising the training curriculum for medical and paramedical personnel. One NGO reported that the government does not ensure this.

Disability issues are a component in the training curriculums of pediatricians, other specialized doctors, general practitioners, primary health care workers, nurses, prosthetic/orthotic professionals, occupational therapists, physiotherapists, and social workers. The three NGOs were not in agreement about pediatricians, other specialized doctors, primary health care workers and nurses.

Though the staff training programs are developed in consultation with organizations of persons with disabilities as reported by one NGO, the persons with disabilities are not involved in staff training programs.

JAPAN

This report is compiled from the responses of three NGOs. The responses depended on their areas of work. All responses have been included, as it would reflect *disability* as a whole, since the questions were not related or applicable to a particular type of disability. For example, if services were available for the visually impaired as reported by one NGO and not for the physically handicapped, as reported by another, it was considered that services were available.

Medical Care

Medical care is provided to persons with disabilities. It is not clear whether there is a tendency to treat certain groups of persons with disabilities outside the general medical care, since two NGOs have stated that there is and one has stated that it does not exist. The medical care system includes prevention and treatment of impairment, early detection and diagnosis of impairment, rehabilitation techniques, referrals, and counseling for parents. Organizations of persons with disabilities are sometimes involved in the planning and evaluation of these medical care systems.

Early detection methods are used for children at birth to three years of age. Infants and children with disabilities are provided medical care within the same system as other infants and children.

According to one NGO, persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve their level of functioning. While one NGO did not respond, the other NGO stated that persons with disabilities are not provided with regular medical treatment due to lack of specific programs.

Family members are involved in providing medical care 'sometimes' or 'at all times'. Voluntary workers in the municipality, professionals paid by the municipality and the state are 'often' or 'sometimes' involved.

Medical care is provided free of charge by the government. It is also partially paid by social insurance schemes and fully or partially paid by the persons with disabilities themselves. The social insurance schemes include children, all adults and the elderly covering 81-100 percent of the population.

At the local level, doctors, pediatricians, other specialized doctors, nurses, psychologists, PHC workers, physiotherapists, and occupational therapists are available for providing medical care. At the district level, in addition, CBR workers are available. At the national and provincial levels, all these medical and paramedical staff are available, except the PHC and CBR staff.

Medical care services reach the villages and the poor urban areas through primary health care and public health centers, clinics or hospitals.

In order to facilitate information and communication between persons with disabilities and the staff in health care, sign language interpretation is provided.

Rehabilitation

There is a national rehabilitation program for persons with disabilities. Institutional rehabilitation is available at the local, district, provincial and national levels. Community

based rehabilitation is available at the local and district levels. Less than five percent and 61-100 percent of the population receive rehabilitation services, as given by two NGOs.

Persons with mobility impairments, hearing impairments, hearing disabilities, persons with severe sight impairment (blind), persons with intellectual disabilities (mental handicap), learning difficulties, persons with disabilities due to chronic diseases, persons with disabilities due to mental illness and persons with multiple/severe disabilities receive rehabilitation services. All age groups are included in the rehabilitation services.

At the local level, doctors, pediatricians, other specialized doctors, nurses, physiotherapists, and occupational therapists are available for providing rehabilitation services. At the district, provincial and national levels, doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, nurses, and psychologists are available. In addition, at the district level, PHC workers, CBR staff, physiotherapists, speech therapists, and occupational therapists are available.

Rehabilitation services are available at the community level through non-governmental organizations and through hospitals and institutions.

Persons with disabilities do not participate in provision of rehabilitation. Families and organizations/agencies of persons with disabilities participate in the design and organization of rehabilitation services and in the formulation and evaluation of these programs.

Support Services

The government fully finances the procurement of assistive devices and equipment while the municipalities provide full or partial finance, the social insurance schemes provide partial finance. The social insurance schemes include children, all adults, and the elderly.

The government is involved in the provision of assistive devices, through development and production, maintenance and repair, distribution, as well as in providing information about the availability of assistive devices. The government provides prostheses/orthoses, wheelchairs, crutches, hearing devices, visual devices, devices for daily living and sometimes computers are also provided.

Personal assistance is provided at schools, health care services, and social services. It is also provided at home in 47 cities on an experimental basis. It is partially financed by the government, municipalities and social insurance schemes.

Support is provided to families of children with disabilities. It is partially financed by the government and municipalities.

Interpreter services are provided at home, schools, work places, health service centers, social service centers, during leisure and other services in society. It is fully financed by the municipalities and partially by persons with disabilities.

Persons with disabilities and/or their organizations are involved in the planning of support services, as stated by one NGO. While another NGO stated that this was not so, the third NGO did not respond.

Personnel Training

According to one NGO, the government ensures that all authorities/agencies providing services in the disability field give training to their personnel through the policies adopted by the government ministries and through supervision of the training curriculums for

medical and paramedical staff. One NGO did not respond, while the other NGO stated that this was not so.

Disability issues are a component in the training curriculums of general practitioners, nurses, prosthetic/orthotic professionals, occupational therapists and physiotherapists.

The staff training programs are neither developed in consultation with organizations of persons with disabilities nor the persons themselves are involved in staff training programs.

Medical Care

Medical care is provided to persons with disabilities but there is no tendency to treat certain groups of persons with disabilities outside the general medical care. The medical care system includes prevention of impairment, early detection and diagnosis, treatment of impairment (only medical), rehabilitation techniques, referrals, and counseling for parents. Organizations of persons with disabilities are sometimes involved in the planning and evaluation of these medical care systems.

Early detection methods are used for children at birth to seven years of age. Infants and children with disabilities are provided with medical care within the same system as other infants and children.

Persons with chronic disabilities such as epilepsy and diabetes are not provided regular medical treatment to maintain or improve their level of functioning due to lack of a specific program.

Family members, professionals paid by the state, municipalities and NGOs, as well as volunteers in the municipality and NGOs are involved 'at all times' in providing medical care.

Medical care is partially paid by the persons with disabilities themselves.

At the local level, doctors, nurses, and PHC workers are available for providing medical care. At the district level, doctors, CBR workers, nurses, and PHC workers are available. At the provincial level, doctors, pediatricians, CBR workers, nurses, PHC workers, physiotherapists, speech therapists, and occupational therapists are available. At the national level, doctors, pediatricians, other specialized doctors, CBR workers, nurses, psychologists, PHC workers, physiotherapist, speech therapists, and occupational therapists are available.

Medical care services reach the villages and the poor urban areas through primary health care and community based rehabilitation.

In order to facilitate information and communication between persons with disabilities and the staff in health care, information in Braille, sign language interpretation, easy reading information, and information on tape is provided.

Rehabilitation

There is a national rehabilitation program for persons with disabilities. Institutional rehabilitation is available at the provincial and national levels. Community based rehabilitation is available at the local, district, and national levels. It does not exist at the provincial level.

Persons with mobility impairment, hearing impairment, persons with severe sight impairment (blind), persons with intellectual disabilities (mental handicap), learning difficulties, persons with disabilities due to chronic diseases, persons with disabilities due to mental illness and persons with multiple disabilities receive rehabilitation services. All age groups are included in the rehabilitation services.

At the local and district levels, doctors, nurses, PHC workers, and CBR staff, are available for rehabilitation services. In addition, at the district level physiotherapists are also available.

At the provincial and national levels, doctors, pediatricians, other specialized doctors, nurses, physiotherapists, speech therapists, and occupational therapists are available. In

addition, while PHC and CBR staff are available at the provincial level, psychologists are available at the national level.

Rehabilitation services are available at the community level through primary health care, community based rehabilitation and NGOs.

Families and organizations/agencies of persons with disabilities participate in the provision of rehabilitation through design and organization of rehabilitation services, in formulation and evaluation of rehabilitation programs, and as trained teachers, instructors, and counselors. Persons with disabilities do not participate.

Support Services

The government and NGOs partially finance the procurement of assistive devices and equipment. The social insurance schemes provide full financial assistance. The social insurance schemes make payment for the assistive devices and equipment for only working adults.

The government is involved in maintenance and repair of assistive devices. The government provides prostheses/orthoses, wheelchairs, crutches, and hearing devices.

Personal assistance is not provided.

Support is provided to families of children with disabilities. It is partially financed by the government and NGOs.

Interpreter services are provided at schools. It is fully financed by the government.

Persons with disabilities and/or their organizations are not involved in the planning of support services.

Personnel Training

The reporting NGO did not respond to the question on government mechanisms to ensure that all authorities/agencies providing services in the disability field give training to their personnel.

Disability issues are a component in the training curriculums of primary health care workers, nurses, occupational therapists, physiotherapists, social workers and community workers.

Staff training programs are developed in consultation with organizations of persons with disabilities. Persons with disabilities are involved in staff training programs as teachers and advisers.

Medical Care

Medical care is provided to persons with disabilities. However, there is no tendency to treat certain groups of persons with disabilities outside the general medical care. The medical care system includes prevention and treatment of impairment, early detection and diagnosis of impairment, rehabilitation techniques, referrals and counseling for parents, in a limited way. Organizations of persons with disabilities are often involved in the planning and evaluation of these programs.

Early detection methods are used for children with disabilities at birth to six months of age. Infants and children with disabilities are provided medical care within the same system as other infants and children.

Persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve their level of functioning.

Family members and professionals paid by the municipalities and state are 'often' involved in providing medical care. Volunteers in the municipality and NGOs are 'sometimes' involved.

In some situations, medical care is provided free of charge by the government. Social insurance schemes such as ACC, HFA and Social Welfare are available for providing medical care subsidies. The persons with disabilities fully pay for medical care if sought through the private health system otherwise they pay partially. The social insurance schemes include children, all adults, working adults and the elderly covering a population of 61-80 percent.

At the local, district and provincial levels, doctors, nurses, PHC workers, physiotherapists, speech therapists, and occupational therapists are available for providing medical care. In addition, at the district and provincial levels, pediatricians and other specialized doctors are also available.

Medical care services reach the villages and the poor urban areas through primary health care.

To facilitate information and communication between persons with disabilities and the staff in health care, information in Braille, sign language interpretation, easy reading information, and information on tape is provided.

Rehabilitation

There is funding available for rehabilitation but there is no national rehabilitation program for persons with disabilities. Institutional rehabilitation is available at the provincial and national levels. Community based rehabilitation is available at the local, district, provincial and national levels. Between 61-80 percent of persons with disabilities receive rehabilitation.

Persons with mobility and hearing impairment, persons with only hearing impairment, persons with hearing disabilities, persons with severe sight impairment (blind), persons with intellectual disabilities (mental handicap), learning difficulties, persons with disabilities due to chronic diseases, due to mental illness and persons with multiple disabilities receive rehabilitation services. All age groups are included in the rehabilitation services.

At the local level, doctors, nurses, psychologists, PHC workers, physiotherapists, speech therapists, occupational therapists and counselors are available for rehabilitation services. At the district, provincial and national levels, doctors, pediatricians, other specialized doctors,

prosthetic/orthotic professionals, nurses, psychologists, PHC workers, physiotherapists, speech therapists, and occupational therapists are available. In addition, at the district and provincial levels, counselors are also available.

Rehabilitation services are available at the community level through primary health care, community based rehabilitation, and NGOs.

Persons with disabilities, their families and organizations participate in the provision of rehabilitation through design and organization of rehabilitation services and through formulation and evaluation of rehabilitation programs. In addition, organizations of persons with disabilities are involved as teachers, instructors and counselors.

Support Services

The government and persons with disabilities partially finance the procurement of assistive devices and equipment. If the device is approved by a medical specialist then children, all adults, only working adults and the elderly are covered by the social insurance schemes.

The government makes partial or full payment for the provision of assistive devices. The government makes partial or full payment for prostheses/orthoses, wheel chairs, crutches, hearing devices, visual devices, devices for daily living, and computers.

Personal assistance is provided at home, schools, occasionally at work places, health care services, social services, and occasionally during leisure. It is partially paid by the government, social insurance schemes, NGOs and persons with disabilities.

Support is provided to families of children with disabilities. It is partially financed by the government, municipalities, social insurance schemes, NGOs and persons with disabilities.

Interpreter services are provided at schools, work places, and at health services. It is partially paid by the government, NGOs and persons with disabilities.

Persons with disabilities and/or their organizations are involved in the planning of support services.

Personnel Training

The government does not have a mechanism to ensure that all authorities/agencies providing services in the disability field give training to their personnel.

Disability issues are a component in the training curriculums of pediatricians, general practitioners, primary health care workers, prosthetic/orthotic professionals, occupational therapists, physiotherapists, social workers and community workers.

Staff training programs are sometimes developed in consultation with organizations of persons with disabilities. Persons with disabilities are involved in staff training programs as teachers, instructors, and counselors.

ANNEX: Questionnaire

QUESTIONNAIRE TO NGOs

Country:

Name of Ministry/NGO:

Address:

Contact person:

Tel. No.:

Fax No.:

E-mail:

**Questionnaire to be returned at least 30th April to
WHO
Disability and Rehabilitation Team
Avenue Appia 20
CH-1211 Geneva 27
Switzerland
Fax No.: 41 22 791 48 74**

Please read this before answering the questionnaire

In 1993, the General Assembly of the United Nations adopted the Standard Rules (Resolution 48/96 of 20th December 1993). The main purpose of the Standard Rules is to facilitate for Member States to adopt policies, programs and measures in order to achieve Full Participation and Equality for Persons with Disabilities. One important feature of the Standard Rules is that the United Nations and the specialized agencies should actively monitor the implementations.

In 1997, the UN Special Rapporteur on Disability, Mr. Bengt Lindqvist, in consultation with his Panel of Experts, requested WHO to provide assistance to him. The World Health Organization is therefore presently monitoring the implementation of four rule areas of the UN Standard Rules. The objective of the study is twofold:

- To identify various government policies regarding medical care, rehabilitation, support services and personnel training for persons with disabilities.
- To identify various strategies adopted and problems encountered when working in the field of medical care and rehabilitation of persons with disabilities.

WHO will perform this task through collecting information based on the four rules, Medical Care, Rehabilitation, Support Services, and Personnel Training. For this purpose, we have prepared an elaborate questionnaire to send to all Member States and selected NGOs.

You are requested to kindly answer this questionnaire in order to help us identify the official policy of your country. Please do not give your personal opinion, but quote the official opinion. In some instances, interpretations of official documents and policies may be necessary so that the official policy can be clearly stated.

Since the Standard Rules stress the importance of the involvement of persons with disabilities, their families and their organizations in all matters that relate to them, the questionnaire is being sent to International Disabled Peoples' Organizations (IDPOs). All the selected IDPOs belong to the international organizations represented in the above- mentioned Panel of Experts. The same procedure has been utilized in previous surveys of the UN Special Rapporteur on Disability.

Results of the survey will be presented by the Special Rapporteur on Disability in his report to the UN Commission for Social Development as well as in a report from WHO at the end of the year. Such guidelines have to be based on an accurate knowledge of the situation in a number of countries, since traditions and cultural values differ between countries in the WHO Member States.

We are aware of your interest in this field and are therefore asking for your assistance in our effort to identify the government policy in your country. We thank you in advance for your kind cooperation and trust that you will return this questionnaire as soon as possible and at the latest before 30th of April.

Definition of terms

With **Governments** is understood government ministries or bodies representing ministries on national, regional or local level e.g. countries and municipalities).

The term “**disability**” summarizes a great number of different functional limitations occurring in any population in any country of the world. People may be disabled by physical, intellectual or sensory impairment, medical conditions or mental illness. Such impairments, conditions or illnesses may be permanent or transitory in nature.

The term “**handicap**” means the loss or limitation of opportunities to take part in the life of the community on an equal level with others. It describes the encounter between the person with a disability and the environment. The purpose of this term is to emphasize the focus on the shortcomings in the environment and in many organized activities in society, for example, information, communication and education, which prevent persons with disabilities from participating on equal terms.

The term “**rehabilitation**” refers to a process aimed at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric and/or social functional levels, thus providing them with the tools to change their lives towards a higher level of independence. Rehabilitation may include measures to provide and/or restore functions, or compensate for the loss or absence of a function or for a functional limitation. It includes a wide range of measures and activities from more basic and general rehabilitation to goal-oriented activities, for instance vocational rehabilitation. The rehabilitation process does not, however, involve initial medical care.

The term “**equalization of opportunities**” means the process through which the various systems of society and the environment, such as services, activities, information and documentation, are made available to all, particularly to persons with disabilities.

Community-Based Rehabilitation, CBR, is a strategy within community development for the rehabilitation, equalization of opportunities and social integration of all people with disabilities. CBR is implemented through the combined efforts of disabled people themselves, their families and communities, and the appropriate health, education, vocational and social services.

The term “**personal assistance**” refers to assistance provided to a person (child, youth or adult) with multiple/severe disability according to his or her needs.

Rule 2. Medical care

States should ensure the provision of effective medical care to persons with disabilities.

Most questions can be answered by ticking the appropriate alternative. In some questions more than one answer may be ticked or there is an alternative to answer with your own words. Please read the instructions carefully and do not rush. It will only take a very limited amount of time to complete the questionnaire.

1. Does the medical care system in your country provide services for persons with disabilities?

1 Yes _____ If yes,
2 No

→ **Is there a tendency to treat certain groups of persons with disabilities outside the general medical care services?**

1 Yes
2 No

2. Does the medical care system include programs for:

MARK ALL THAT APPLY

Prevention of impairment	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
Early detection and diagnosis of impairment	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
Treatment of impairment	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
Rehabilitation techniques	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
Necessary referrals	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
Counseling for parents	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No

3. Are organization of persons with disabilities involved in the planning and evaluation of the above mentioned programs?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Never

4. If there are early detection methods for children with disabilities at what stage are they performed?

- 1 When the child is born (0-6 months)
- 2 Mother and child health care (6 months - 3 years)
- 3 Health care in pre-school/school age (4-7 years)

5. Are infants and children with disabilities provided medical care within the same system as other infants and children?

1 Yes

2 No _____ If no, why? _____

MARK ALL THAT APPLY

- 1 Due to lack of specific programs
- 2 Due to lack of staff
- 3 Due to lack of training
- 4 Due to societal attitudes
- 5 Difficulties in the families due to economic constraints
- 6 Due to other reasons. Please specify:

6. Are persons with disabilities provided with regular medical treatment (e.g. for epilepsy or diabetes) to preserve or improve the level of functioning?

1 Yes

2 No _____ If no, why? _____

MARK ALL THAT APPLY

- 1 Due to lack of specific programs
- 2 Due to lack of staff
- 3 Due to lack of training
- 4 Due to societal attitudes
- 5 Difficulties in the families due to economic constraints
- 6 Due to other reasons. Please specify:

7. How often are the following medical care providers involved?

Care providers	At all times	Often	Some-times	Not at all
Family members	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Voluntary workers in the municipality	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Professionals paid by municipality	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Professionals paid by state expenditures	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Professionals paid by NGOs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Voluntary workers of NGOs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

8. Is medical care subsidized in any way?

MARK ALL THAT APPLY

- It is provided free of charge by Government Ministries 1
- It is paid by social insurance schemes 2
- It is paid fully by the patient 3
- It is paid partially by the patient 4
- Other. Please specify: 5

9. Who are covered by social insurance schemes?

Please answer only if the health care in your country is paid by social insurance schemes.

MARK ALL THAT APPLY

- Children 1
- All adults 2
- Only working adults 3
- Elderly 4

10. What is the percentage of the population covered by social insurance schemes?

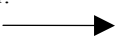
- 0-20 percent 1
- 21-40 percent 2
- 41-60 percent 3
- 61-80 percent 4
- 81-100 percent 5

11. What medical and paramedical staffs are available at different levels in the medical care of your country?

MARK ALL THAT APPLY

Professional support in medical care	Local level	District level	Provincial level	National level	Not included
Doctors (general practitioners)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Pediatricians	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Other specialized doctors	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
CBR workers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Nurses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Psychologists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Primary health care workers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Physiotherapists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Speech therapists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Occupational therapists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Others. Please specify:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

12. Do medical care services reach villages and poor urban areas?

- 1 Yes _____ If yes, in what form? 
- 2 No
- 1 Primary health care
 2 Community Based Rehabilitation
 3 Others. Please specify:

13. Which of the following services are provided in order to facilitate information and communication between persons with disabilities and staff in health care?

MARK ALL THAT APPLY

- Information in Braille 1
 Information on tape 2
 Sign language interpretation 3
 Easy reading information 4

Rule 3. Rehabilitation

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

14. Is there a national rehabilitation program for persons with disabilities in your country?

- 1 Yes
2 No

15. At what levels do you have institutional and community based rehabilitation programs in your country?

MARK ALL THAT APPLY

Programs	Local level	District level	Provincial level	National level	Do not exist
Institutional rehabilitation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Community based rehabilitation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

16. What is the percentage of persons with disabilities receiving rehabilitation in your country?

- Less than 5 percent 1
6-20 percent 2
21-40 percent 3
41-60 percent 4
61-80 percent 5
81-100 per cent 6

17. What groups of persons with disabilities receive rehabilitation services?

MARK ALL THAT APPLY

- Persons with mobility impairments 1
- Persons with hearing impairments 2
- Deaf people 3

- Persons with severe sight impairment (blind) 4
- Persons with intellectual disabilities (mental handicap) 5
- Persons with learning difficulties (e.g. dyslexia) 6

- Persons with disabilities due to chronic diseases (e.g. epilepsy, diabetes) 7
- Persons with disabilities due to mental illness (e.g. schizophrenia) 8
- Persons with multiple/severe disabilities) 9

18. Are all age groups included in rehabilitation services?

- 1 Yes
- 2 No _____ If yes, in what form? _____ →

19. What medical and paramedical staffs are available at different levels in rehabilitation?

MARK ALL THAT APPLY

Professional support in rehabilitation	Local level	District level	Provincial level	National level	Not included
Doctors (general practitioners)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Pediatricians	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Other specialized doctors	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Prosthetic/orthotic Professionals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Nurses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Psychologists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Primary health care workers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
CBR Staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Physiotherapists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Occupational therapists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Speech therapists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Others. Please specify:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

20. Are rehabilitation services available at community level?

- 1 Yes _____
- 2 No

If yes, how are they organized?

- 1 Through primary health care (PHC)
- 2 Through community-based rehabilitation (CBR)
- 3 Through Non-Government Organizations
- 4 Others. Please specify:

21. How do persons with disabilities, their families and organizations of persons with disabilities participate in the provision of rehabilitation in your country?

MARK ALL THAT APPLY

	Persons with disabilities	Families of persons with disabilities	Organizations of persons with disabilities
They participate in the design and organization of rehabilitation services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
They are involved in the formulation and evaluation or rehabilitation programs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
They are involved in rehabilitation as trained teachers, instructors, counselors	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
They participate through CBR	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Others. Please specify:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

4. Support services

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

22. What arrangements exist for the financing of assistive devices and equipment for persons with disabilities?

Financing of assistive devices	Fully	Partially	Not at all
Government Ministries	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Municipalities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Social insurance schemes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Persons with disabilities pay by themselves	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
NGOs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Others. Please specify:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

23. Who are covered, if the assistive devices are paid by social insurance schemes?

Please answer only if the health care in your country is paid by social insurance schemes.

- 1 Children
- 2 All adults
- 3 Only working adults
- 4 Elderly

24. Is your Government involved in the provision of assistive devices?

- 1 Yes _____ If yes, through _____ →
- 2 No _____ (If no, pass to Q. 26)

MARK ALL THAT APPLY

- Development and production of assistive devices 1
- Distribution of assistive devices 2
- Maintenance and repair of assistive devices 3
- Information about availability of assistive devices 4
- Others. Please specify: 5

25. What kind of assistive devices/equipment does your Government provide?

MARK ALL THAT APPLY

- Prostheses/Orthoses 1
- Wheelchairs 2
- Crutches 3
- Hearing devices 4
- Visual devices 5
- Devices for daily living 6
- Computers 7
- Others. Please specify: 8

26. Is personal assistance provided?

- 1 Yes _____ If yes, where? _____ →
- 2 No

MARK ALL THAT APPLY

- At home 1
- At school 2
- At work 3
- During leisure 4
- At health service 5
- At social service 6
- At other services in society 7

27. What arrangements exist for the financing of personal assistance for persons with disabilities?

Financing of personal assistance	Fully	Partially	Not at all
Government Ministries	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Municipalities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Social insurance schemes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Persons with disabilities pay by themselves	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
NGOs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Others. Please specify:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

28. Is support provided to families with children with disabilities?

- 1 Yes _____ If yes _____ → How is it financed?
2 No

MARK ALL THAT APPLY

Financed by	Fully	Partially	Not at all
Government Ministries	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Municipalities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Social insurance schemes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Persons with disabilities pay by themselves	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
NGOs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Others. Please specify:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

29. Is interpreter service (sign language and speech interpretation) provided?

- 1 Yes _____ If yes, where _____ →
2 No

MARK ALL THAT APPLY

At home	1 <input type="checkbox"/>
At school	2 <input type="checkbox"/>
At work	3 <input type="checkbox"/>
During leisure	4 <input type="checkbox"/>
At health service	5 <input type="checkbox"/>
At social service	6 <input type="checkbox"/>
At other services in society	7 <input type="checkbox"/>

30. Who pays for interpreter service?

	Fully	Partially	Not at all
Government Ministries	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Municipalities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Social insurance schemes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Persons with disabilities pay by themselves	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
NGOs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Others. Please specify:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

31. At persons with disabilities and/or their organizations involved in the planning of support services?

- 1 Yes
2 No

Rule 19. Personnel training

States are responsible for ensuring the adequate training of personnel, at all levels, involved in the planning and provision of programs and services concerning persons with disabilities.

32. Do Government Ministries in your country ensure that all authorities/agencies providing services in the disability field give training to their personnel?

1 Yes

If yes, how is it expressed?

2 No _____

Through policy adopted by Government Ministries 1

Through supervision of training curriculum for medical and paramedical staff 2

Others. Please specify: 3

33. Are disability issues a component in the training curriculum of personnel providing services to persons with disabilities?

MARK ALL THAT APPLY

Professional groups	Yes	No
Pediatricians	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Other specialized doctors	1 <input type="checkbox"/>	2 <input type="checkbox"/>
General practitioners	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Primary health care workers	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Nurses	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Prosthetic and orthotic professionals	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Occupational therapists	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Physiotherapists	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Social Workers	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Community workers	1 <input type="checkbox"/>	2 <input type="checkbox"/>

34. Are the staffs training programs developed in consultation with organizations of persons with disabilities?

1 Yes

2 No

35. In what roles are persons with disabilities involved in staff training programs?

1 Yes _____ If yes, _____ →

2 No

MARK ALL THAT APPLY

1 As teachers

2 As instructors

3 As advisers

4 Others. Please specify: