Integrating a Disability Perspective into Mainstream Development Programmes: The experience of Save the Children (UK) in East Asia

Hazel Jones

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INTRODUCTION

It is now almost two decades on from the inception of community-based rehabilitation, and yet one of the most pressing issues for the majority of the world's disabled people - those who live in rural areas of the majority world - is still how to get access to any kind of services at all. To this end, the concept of integrating a disability perspective into mainstream development programmes has begun to attract debate among development organisations which work in countries of the majority world.

There is, however, a lack of clarity about what this new concept means: it is currently used to refer to a variety of approaches and activities, by a variety of development organisations and professionals. Accordingly, the main aim of this paper is to make a contribution to current debate, primarily through outlining and reflecting on the experience of Save the Children (UK) in five disability-related development projects in East Asia. These five projects highlight a range of approaches which are relevant to the concept of integrating a disability perspective.

In this paper, the current disability strategy of Save the Children (UK) (hereafter SCF) is outlined first, and is followed by a brief discussion of the rationale that underpins the strategy. Then five projects supported by SCF in East Asia are described, with a view to learning about the strengths and weaknesses of different approaches to disability-related development work. Finally, and on the basis of lessons learned by SCF and also by Action Aid, some guiding principles are proposed which might help others working in the majority world who want to integrate disability into mainstream development, whilst also ensuring that all the needs of disabled children (and disabled adults) are met.

SAVE THE CHILDREN'S DISABILITY STRATEGY

Disability has been part of SCF's work since it was first founded in 1919. Over the years, and in line with the development of SCF's work generally, the underlying ethos of SCF involvement in disability has changed significantly. Initially, direct delivery of specialist services was viewed as the best way to support disabled children - this clearly reflects the dominance of segregated special educational or medical models of disability in Europe at that time. Since then, there has been a gradual shift towards supporting community-based, integrated educational work, with a clearer focus on advocacy and rights. For information, a detailed account of this changing focus is provided in a history of an SCF disability programme: In our own Words: Disability and Integration in Morocco (SCF/UK 1996).

SCF now recognises the basic principles of the "social model" of disability: that disabled people are disabled not so much by their individual impairments but more by the external barriers - physical, psychological, institutional which exclude them. In line with the "social model", the main aim of SCF's current work is to address the barriers and constraints that face disabled children, whether those barriers lie in the family, in the physical environment, in the system, or in the attitudes of others. This is done to ensure that the rights of disabled children will be realised, that their basic needs will be met, and that they will no longer be prevented from participating fully in the life of their families and communities.

The shift towards a rights-based approach has been boosted by the United Nations Convention on the Rights of the Child. Using the Convention as a starting point, SCF's Policy on Disability aims to:

> support, promote and develop activities which enable disabled children to enjoy full lives, be self reliant and independent and ensure their active participation in their respective communities (SCF/UK 1998a).

SCF's Global Disability Strategy identifies eight key issues. The second of these issues states that:

> SCF will integrate disability into its programme and advocacy work starting with pilot country programmes within regions to implement disabled children's integration into regular programme and project work (SCF/UK 1998b).

SCF's rationale for integrating a disability perspective into mainstream programmes is based on the following beliefs and convictions:

- Disabled children are first and foremost children.
- The rights and needs of disabled children are the same as the rights and needs of all children, and include: rights to the love and care of their family, the opportunity to develop and learn, and to belong to and contribute to their family and community.
- Most of these rights and needs can and should be met through mainstream services and programmes, which have a responsibility to provide for all children, including disabled children.
- The onus should therefore be on the service-provider to justify the exclusion of a child, rather than on the family to petition for their child's inclusion, as is often the case.

All of the above statements are embedded within the UN Convention on the Rights of the Child. Here, it is important to note that Article 23 is commonly - and wrongly - seen as the only article which covers disabled children's rights. In fact, all Articles of the Convention apply equally to disabled and non-disabled children. Article 23 refers only to those needs that disabled children may have in addition to the common and shared needs that all children have ("the right of handicapped children to special care, education and training designed to help them achieve greatest possible self-reliance and to lead a full and active life in society").

Finally, I should also note that SCF is only one of several organisations that is moving towards more inclusive development work. For example, ACTIONAID India have made a "strategic decision to integrate disability work [mostly community-based rehabilitation] with mainstream development project initiatives" (Rao 1997).

INTEGRATING DISABILITY INTO MAINSTREAM DEVELOPMENT: ISSUES

Integrating a disability perspective into mainstream development work, as outlined in SCF's Policy on Disability and the Global Disability Strategy, will not be easy to put into practice. Barriers to implementation can be identified in the views and practices of development professionals generally, and of disability/development professionals also; in the attitudes of local communities, local professionals and local families; as well as in the pressures of time and resources which are commonplace among development organisations.

In my experience, most colleagues who work in other (non-disability) development sectors openly recognise the problems facing disabled children and disabled adults. They are invariably open to the idea of mainstreaming disability in development work, but they face constraints in putting the idea into practice. It can be difficult for those responsible for implementing development programmes to give disability the attention it deserves, especially when faced with increasing demands to make their programmes sensitive to a whole range of marginalised groups - women, children, ethnic minorities as well as disabled people.

There is also the problem that many development professionals see disability as a "specialist" issue, and one for which they lack the necessary expertise and experience.

Unfortunately it is often we "specialists" who inadvertently contribute to this misconception. In the pursuit of advances in treatment and therapy, we create the impression that the best approach to the problems faced by disabled people is to focus on what is different about them, and therefore the best solution lies with securing the help of more specialists. However, it is much more important and productive to focus first on what is shared (what children or communities have in common) rather than on the usually minor differences.

The view that specialist and/or medically-oriented services are the best solution may also be shared by other stakeholders in a community and in a development programme...by local families, for example. From my experience in East Asia, it seems that a disabled child is often seen in terms of her disability, rather than as a child who happens to have a disability. As a result, getting treatment is the overriding priority of the family.

Where specialist services are available, many families spend an inordinate amount of time and resources in search of treatment alone; in the process, their child's other needs are put to one side. I have met many parents with a child of school age with a physical impairment, who believe that once their child is "better", then they will then start to teach him to look after himself, let him play with other children, and send him to school.

Where there are no specialist services available locally (as is the case in most parts of rural East Asia), it is quite common to find some disabled children attending their local primary school. These tend to be children with mild physical impairments, or with learning or sensory impairments which may not have been detected. However, in these areas local education personnel often see this form of casual integration as unsatisfactory, since many of these children are unable to keep up with their classmates and eventually drop out of school. There are also many disabled children who cannot attend school for other reasons: because they cannot get there, because of poverty, because the curriculum is unsuitable for their needs.

The standard solution to the problem of educating disabled children has been - and still is - to establish special schools or centres. But is this the best and most appropriate solution? On closer scrutiny, it becomes clear that many of the factors preventing disabled children from attending school in poor rural areas are actually the same factors that prevent many non-disabled children from going to school. Poverty, poor nutrition, bad roads or no roads, flooding, poorly resourced health centres and schools, lack of trained staff, lack of information, a curriculum with limited relevance to children's lives and futures ... all of these are major constraints that face the rural population as a whole, not just disabled children.

It surely follows that much more could be achieved in the lives of disabled children (and disabled people generally) by focusing on how to improve the living conditions of the rural population and local communities as a whole, rather than setting up 'special' facilities for a minority. The logic is clear: if schools improve their facilities, teaching methods and curricula in a way that benefits all children, then access to education for disabled children will automatically become easier.

All of this sounds straightforward, but the reality is very complicated - and is partly linked to views and processes of "development". For example, SCF's experience in Viet Nam indicates that in rural areas, disabled children are more easily accepted into a local school because it is the only option, the only school around. The view is that "it's best if they are with their friends" (quote from a primary school teacher). In contrast, and paradoxically, casual observation in urban areas with better resources indicates that disabled children may be more likely to be refused by mainstream schools than might be the case in rural areas.

One possible explanation for this is a knock-on effect caused by "development": rising standards of living lead to rising parental expectations and hopes for their child's education. In turn, parental demands on teachers increase, and teachers respond by discouraging children who are more likely to "fail" and who require more teacher input. At the same time, specialised schools and services are developed and it becomes easier for mainstream schools to pass responsibility for all disabled children to special schools - including disabled children who have no difficulty learning. All too often, demand for special school places outstrips available places, thereby compounding educational exclusion.

We need to guard against assumptions that "development" (as defined by the majority in rural and urban areas, in the minority and majority worlds) will automatically bring improvements for disabled people and other marginalised groups. "Development" is equally likely to lead to increased polarisation between those who are well-placed to take advantage of new opportunities and those who may have to wait a very long time to reap the benefits. Of course, in a better world, marginalised and vulnerable groups would be involved in defining what "development" should be.

EXAMPLES OF SCF'S DISABILITY WORK

In this next section, I draw on SCF experience in disability-related development work in rural areas of East Asia. Some of the projects are described in more detail than others - this reflects my own familiarity with those particular projects, and is in no way a comment on the relative quality of the projects. The five projects fall into two broad categories, which are explored in turn. First, "specific" disability projects; secondly, mainstream projects which integrate a disability perspective.

"Specific" Disability Projects

In SCF's specific disability projects, disabled children are the main target beneficiaries, and the project focus is on improving opportunities for disabled children to develop their full potential, and to participate in the life of the family and community. Some specific disability projects involve specialist provision; many projects aim to promote the access of disabled children to mainstream services, such as local schools and nurseries.

Two projects are described in this section. The first is an integrated education project (in China) and the second is a care in the community project (in Viet Nam).

Integrated Education Project, China

Anhui Province is one of the poorer provinces of south-east China. In the 1980s, Anhui's Provincial Education Commission began to consider how to improve kindergarten provision (for 3-6 year olds) and, at the same time, how to respond to new national legislation and targets which promoted "Education for All" (all rural children, all girl children, all disabled children, etc.). A link was established with SCF and, in 1988, a pilot project was started with SCF support. The aim of the pilot was to integrate children with mild learning disabilities into two kindergartens.

From the outset, a key focus has been on changing the rather formal teaching approach used in the kindergartens. The pilot project introduced a more flexible teaching methodology, involving small group teaching and learning through play, which encouraged more active, creative learning. At the same time, one or two children with mild learning disabilities were integrated into each class of three-year olds. As the project developed, it was recognised that not only did many of the disabled children make good progress, but in fact the education of all children in the kindergartens had improved (Holdsworth 1994). The integrated education programme has now expanded to 68 kindergartens, and aims to reach every county in the Province. Anhui Provincial Education Commission is now thinking about how to include children with other types of impairment in the project.

A strength of this project has been its impact on teaching methodology including in kindergartens and schools which have not been formally included in the project. This has happened because teachers and parents have recognised the benefits that new approaches can bring to all children. A weakness of the project, and an issue of great concern, has been the lower than expected number of disabled children who have been enrolled in kindergartens participating in the project. SCF project staff expected to see one or two children with learning disabilities in each class. Instead, there are many instances of only two or three in each kindergarten.

There are various possible explanations for this low enrolment rate, including: poor identification procedures, over-narrow acceptance criteria, or reluctance on the part of parents to admit their child has learning difficulties. But there is also a possibility that the project mission has been compromised by adopting a wider "benefits for all" approach. In other words, the pilot project was conceived with an initial focus on disability and disabled children. It then gained widespread appeal because it brought benefits to non-disabled children too. These wider benefits were used - by the project staff and the Education Commission - to promote the adoption of the new, more inclusive, teaching methodologies. Gradually, the interests of the majority (non-disabled children and their parents) became the main focus, while disabled children and their interests became marginalised once again. It seems likely that this has been happening in the Anhui integrated education project.

Care in the Community Project, Viet Nam

The Care in the Community (CiC) project for disabled children was started in 1995 by the Committee for the Protection and Care of Children, with support from SCF. It was initially based in one ward of Ho Chi Minh City, and has now expanded to 12 wards (urban) and communes (rural) in four Districts. For information, there are 24 Districts in Ho Chi Minh City, each with a population of 250-300,000 people.

The aim of the project is to provide support to families with a disabled child, in order to help the child develop and participate fully in the life of the family and community. A team of local volunteers, some of whom are parents, receive basic training on children's needs, on attitudes to disability, types of disability, listening skills and problem-solving. They then visit families with disabled children to find out about their situation and any needs they may have. Using their local knowledge and experience, the volunteers act as intermediaries (link-workers) to help families gain access to existing services, resources or information in the community. The range of needs is broad. Some families need support to enrol their child in the local school or in vocational training. Some families need guidance to get appropriate health treatment for their child. Other families face economic hardship and need support to apply for a loan. For the most part, local mainstream services can meet many of the needs identified. However, there will also be some children who need extra support or specialist advice which is not locally available. To this end, further training with a more technical focus is provided for volunteers and parents (e.g. basic physiotherapy, teaching children with learning or communication difficulties).

As in the Anhui programme, the overall aim is not to set up a separate special service, but to improve access to existing mainstream services. This is done by co-ordinating with relevant agencies and service providers (Education, Health, Women's Union, etc.) to raise awareness of their responsibility to all children, and to support them in responding to the needs of disabled children as part of their regular activities.

This approach works well in locations where there is good teamwork between volunteers and officials from different sectors and backgrounds, and where the participation of family members of disabled children is welcomed. In these contexts, information about the CiC project tends to be well-disseminated among local agencies, and that in turn enables smooth access to services and resources when needed.

The story has not been so good in other areas. Some local officials still do not see the importance of using existing local resources and services to meet the needs of disabled children and their families. Instead, they imagine that the role of the CiC project is to provide everything, from money for poor families, to sending disabled children overseas for treatment. The reasons for this lie in attitudes and perceptions: not only attitudes to disability, but also perceptions and expectations of the role of "social development programmes" and development organisations (like SCF and their partners) in general. These attitudes, perceptions and expectations intersect with each other, and produce a situation in which families, volunteers and officials may feel disappointed by the project and the development workers; a situation in which the project is implemented as a "charity", not a "development" programme.

- Family Expectations

  Many families are unable to understand the CiC project from any perspective other than the dominant social view of disabled children as "poor and unfortunate", and therefore deserving of pity and charity (rather than rights).

- Expectations of Project Volunteers and Partners

  Some project workers are unfamiliar with the new CiC approach to disabled children and services. They are also uncertain of their role in relation to the family. In order to secure family participation, and to feel more confident about their own role, some volunteers and development workers may adopt the more familiar "charity" approach.

On top of this, it is a time-consuming process to discuss with relevant officials (especially if you are not very clear yourself) about gaining access to resources and services under the control of other agencies; whereas it is much easier to ask the CiC project to provide funds to organise something separate.

It seems, then, that there are both internal and external obstacles to implementing this kind of project: internal problems such as weak management and a lack of understanding on the part of project staff about the thinking behind the approach; external problems such as negative attitudes to disability and a misunderstanding of the role of the project itself.

Mainstream Projects with a Disability Perspective

SCF has found that, if attitudinal barriers are recognised and addressed, many of the needs of disabled children can be met by mainstream services and existing local resources. The next logical step, therefore, is to move towards development work which focuses on including disabled people in mainstream development programmes. In this section, three projects from Lao, China and Viet Nam are described. The common feature is that all these projects are essentially mainstream projects, but disabled children are included among the other target beneficiaries.

Mainstream Education with a Disability Perspective, Lao PDR

In 1989, SCF became involved in supporting teacher-training programmes in the pre-school and primary school sectors as part of a Lao Ministry of Education initiative to improve the quality of pre-school and primary education. The aim was to develop and implement a new curriculum and teaching methodology underpinned by a more child-centred approach to teaching and learning.

In the course of developing the programme, attention was turned to the high number of children who were "failing" (repeating or dropping out), and also to those children who were not enrolled at all. As a result, an integrated education pilot project started in 1993 in one school.

Five years on, 34 kindergartens and primary schools are now integrating children with disabilities and special needs into their regular classrooms. This has been made possible by the teachers' greater understanding of child development, and the new flexible and child-focused teaching methodology. At the same time, the "failure" rates in many of these pilot schools are gradually being reduced (Holdsworth 1997).

Guangde Child Welfare Home, China

In 1995, SCF began support to Guangde County Civil Affairs in Anhui Province to improve the quality of care for rejected (sometimes abandoned) children, specifically those living in the Guangde Child Welfare Home. Over 50% of these children were disabled. It is important to state that this project was not designed as a disability project (in fact, SCF was not aware of the large number of disabled children in the welfare home when the first links were made with local officials). However, at all stages of project implementation, disabled children have, on principle, been included. They have been included as children first, with the same needs as other children "and then extra" (Brookfield 1998).

An important phase of the project has been the reorganisation of children into small family groups within the Welfare Home, followed by the relocation of two of these family groups into ordinary houses in the local township. During the planning and negotiation stages of the second phase, the initial suggestion was that the "best" children should be moved into the community first. This idea was resisted, and instead, the principle of selecting a cross-section of age, gender, disability was established, to reflect the differences commonly found among members of a family.

The most striking benefit of the small group arrangements is that staff now see all the children in their group, including the disabled children, as individuals (rather than as a group of 5 year-olds, for example). As a result, they now pay more attention to the individual needs of each child, and have also started taking pride in the personal development of "their" children. The children, meanwhile, have become more lively, healthy and active. Importantly, anecdotal evidence suggests that the move of two groups from the Welfare Home into the local community has helped to overcome some of the stigma of the Welfare Home and has had a positive impact on community attitudes. Contrary to initial fears, neighbours have been supportive and helpful to both the staff and the children who have moved into houses in the community.

Constraints are still considerable, however. In China, rejected children, disabled are [or] not, tend not to be accorded the same worth as children living in families. Disabled children in the care of the Civil Affairs bureau are therefore a marginalised group in an already marginalised population. This helps to explain an apparent lack of interest in their development and quality of life. These attitudes inevitably make working with disabled children in a mainstream context more difficult. There are also significant constraints in terms of the lack of specialist skills, knowledge and services related to disability. Children in the Welfare Home who have a cleft-lip or cleft-palate, for example, are only considered for an operation if they survive beyond the age of 5.

Credit and Savings Programme, Viet Nam

In the poor North Central region of Viet Nam, a credit and savings programme is being implemented by the Women's Union with support from SCF. It aims to help poor women with children under the age of 15 to improve the living conditions of their families. Since the programme began four years ago, more than 6,000 women have taken out loans. As a result, they have improved their families' economic situation, and their families are better fed and clothed. Children also benefit educationally, since a percentage of the interest paid on loans goes to an education fund to provide stipends to disadvantaged children (including children of non-borrowers) who might otherwise drop out of school.

During a review of the project in 1996, SCF identified the need to make the programme more child-focused (to ensure that children were clear beneficiaries). At the same time, discussions were taking place within SCF about disability as a cross-cutting theme in all development work. Prompted by these thoughts and debates, SCF proposed to integrate a disability perspective in relation to the credit and savings programme.

The idea was welcomed by District officials. Local perceptions indicated a high prevalence of disability in the district, spread among people of all ages. A large proportion of the adult population fought in the American war, which exposed them to toxic chemicals: this factor is perceived to be a major cause of disability in the area.[1] It was decided to pilot the approach of "integrating a disability perspective". The first step was a study of the situation of disabled people in the project area, and the extent to which disabled women and children did or did not benefit from the existing credit and savings programme (Jones 1997). It was important to identify barriers to benefit, and ways to remove those barriers. The study produced the following findings:

- Disabled people are not excluded from the programme: a few disabled women are borrowers, and some borrowers have a child or other family member with a disability.
- The local primary school accepts some disabled children (as a teacher told me: "If a child can get here then we don't refuse him").
- Disabled children were seen playing with their friends, with very little

discrimination.

- Disability or chronic sickness were major factors in not taking out a loan among the poorest families who were non-borrowers. In many cases, local officials had tried to persuade these families to take loans, but the families were too afraid of being unable to repay.

Another reason for non-borrowing among these families might be the "borrower-group format" - a common feature of credit and savings programmes, whereby a group of six borrowers is formed, and only two members in the group can borrow at any one time. Only when the previous loans are repaid can other members take out a loan. In such cases, borrower-groups may exclude those whom they perceive to be more likely to default on repayment (thereby reducing other members' chances of accessing future loans).

The findings showed that more could be done to improve access and increase benefits for disabled women and children. Therefore a short awareness-raising workshop was organised with the Women's Union, at which some practical ideas were proposed which local women could carry out without training or specialist advice. These included: prioritising education scholarships for disabled children; prioritising loans requested by women with disabled children; and encouraging Women's Union members to contact local schools and persuade them to accept disabled children. The impact of these activities on disabled children has been reviewed regularly, with the following results:

- A marked increase in the number of disabled children receiving educational scholarships.
- 97 families with disabled family members have received loans.
- Four disabled children, previously left at home, have been accepted at their local school, while eight others have been encouraged to return after dropping out.
- Two communes provided free health examinations for the disabled children in the area, and free medicine as needed; while four children received a subsidy from the Women's Union for cleft-lip/palate operations, and one for eye treatment.
- Several families with disabled family members have received assistance with their harvest.

These results indicate that, after only two short awareness-raising sessions to introduce a low-tech social perspective on disability, local people have achieved significant benefits for disabled children in their communities.

Clearly more could be done, however. After all, if two communes can provide free health treatment, what is stopping the other nine? That said, the evidence from communes which have done as much as they can suggests that there is a limit to what local people can do with only scarce local resources, before there is a need for input from more specialised services. So, for example, the District Women's Union have repeated their request for support for operations for children with cleft-lip/palate, and for education and vocational training for the many unemployed blind people in the District.

This approach to integrating a disability perspective was subsequently initiated in a second credit and savings project, located in an even poorer District. The activities and benefits were similar. However, in a further SCF supported project (run by the Education Service for children of ethnic minority background) apparent interest at the outset has resulted in no significant activity. A reason for this could be the existing barriers for non-disabled children: scattered hamlets, inaccessible mountain paths, language barriers, severe poverty. It might therefore be expected that disabled children are low on the list of priorities (even though the issue is one of access to existing provision rather than creation of new provision). Yet, experience also tells us that poverty is seldom the key barrier: mainstream projects with a disability perspective have also run successfully in areas where living standards are very poor.

Experience from these projects also suggests that the implementing partner and their perception of their role and responsibilities are crucial determinants of success. For example, the District Women's Union have more contact with women and their families, so their priorities are likely to be closer to those of local women and children. In contrast, education officials tend to work within a bureaucratic system, where the policies, guidelines and targets are often valued more than children's educational needs.

DISCUSSION: DRAWING OUT THE WIDER LESSONS

This brief overview of five SCF projects in East Asia has revealed strengths and weaknesses in both the approaches used.

Specific disability projects can highlight the individual needs of disabled children, and demonstrate effective activities with clear benefits. Participants in these specific projects gain not only skills and experience (thereby providing a potential resource for mainstream programmes), but also a strength and confidence from working together (thereby resulting in more effective advocacy and lobbying for rights and access). A major risk, however, is that the good results of a disability-focused project are used by mainstream service providers to justify the delegation of responsibility for disabled children to specialist providers. Clearly, emphasising the different nature of disabled children through a specific disability project runs the risk of compounding the marginalisation of disabled children.

In comparison, the strength of mainstream programmes with a disability perspective lies in their emphasis on what disabled and non-disabled children have in common, rather than what is different about disabled children. Often, these programmes highlight the benefits that can potentially be achieved for disabled children at little extra cost, and with no specialist input. The methods used may not be as high-tech as a specialist programme, but the approach suits the "here and now" needs and resources of local communities.

Mainstream programmes with a disability perspective also have drawbacks. Inevitably, disabled children are always the minority in a mainstream programme. Their differing needs are at risk of being buried under the seemingly more pressing needs of the majority. It is this risk that makes specific disability programmes necessary for a while longer yet. There is still a significant minority for whom specialist services (corrective surgery, physiotherapy, appropriate equipment, etc.) make a huge difference to their lives.

I would argue that until and unless the "integrating a disability perspective" approach develops activities which improve access to these "specialist" services, all that will happen is that the division which previously separated disabled and non-disabled children will be replaced by a new division - between those who can be integrated, and those who cannot. In conclusion, the question is not whether or not there is one "right" approach, but rather how to maximise the strengths of both approaches: the expertise and capacity to meet particular unmet needs that is the strength of specific disability programmes; and the low-cost, large-coverage local solutions that are the strength of mainstream programmes with a disability perspective.

A FRAMEWORK FOR INTEGRATING A DISABILITY PERSPECTIVE

I would like to propose a framework for integrating a disability perspective into mainstream development programmes - a framework which sets out a range of available options. My aim is to provide both disability specialists and mainstream development professionals with an accessible framework of graded activities. Many of these activities will be well within the mandate and capabilities of existing mainstream programmes.

The process of implementation will depend on the programme context, level of awareness, and available resources. So, while the framework is presented as a developmental step-by-step process, with the gradual introduction of increasingly specialised activities, there is actually nothing to prevent any programme taking any of the activities as a starting point.

The activities set out are examples only, and have been selected from two SCF programmes in Viet Nam (since these are the programmes I am most familiar with).

Disabled people are welcomed, consulted and actively included in all regular project activities, for example:
Design a checklist of minimum standards to aim for when including disabled people (SCF/UK 1992)
Invite a disabled representative to be a member of the project steering committee
Disaggregate project data to reflect the situation of disabled people.

Regular programme activities pay extra attention to addressing issues of disability, for example:
Make education scholarships available to disabled children.
Ensure that existing programme materials include information related to disabled children (e.g. breast-feeding information includes advice on children with feeding problems; teacher training includes information on how to help children who develop slowly, or have sensory or physical difficulties).

Extra activities are initiated with disabled people in mind but which are of benefit to all, for example:
Parents and teachers make low-cost educational equipment or toys for the primary school, to support and encourage them to continue integrated education.
A youth group organises play activities suitable for a disabled child, but which non-disabled children also enjoy and benefit from.
Neighbours contribute to mending the path leading to the house of a disabled

child who uses a wheelchair, which makes it safer and more accessible for everyone.

Improved access gained to existing specialist services, for example:
Provide clear information and co-ordinated support for free corrective surgery.
Invite physiotherapists from the city hospital to the village to give advice to parents.

New activities are initiated with a specialist disability focus, for example:
Train local people (health workers, parents, disabled people) in specialist skills, such as physiotherapy, teaching children with learning disabilities, etc.
Support a Braille teaching programme led and run by blind teachers.
Help set up a workshop to produce wheelchairs, hearing aids, Braille materials, etc.
Support Deaf people set up sign language clubs for deaf children and their families.

Finally, it is vital to make explicit the inclusion of disabled children when designing and implementing a mainstream programme that is intended to be inclusive. If this is not explicit from the outset, then local officials, partners and project workers may automatically (if unwittingly) exclude disabled children and disabled adults from project participation. The following constructed exchange (based on conversations I have had with local officials throughout East Asia) provides a good illustration of why this is so important:

Q: In this district, what percentage of school-age children attend school?
A: 100%.
Q: 100% of all children?
A: Yes, of all children.
Q: So where are all the disabled children?
A: Oh, you mean including disabled children?

CONCLUSION

It is the responsibility of those of us involved in disability issues to communicate with colleagues in mainstream development programmes using the common language of rights, access and participation. Save the Children (UK), ACTIONAID India, and many other NGOs are making a start in piloting the inclusion of a disability perspective in mainstream development work, with the added aim of demystifying and desegregating disability issues.

We need to persuade those organisations which are responsible for planning, funding and establishing criteria for development programmes (especially where children are target beneficiaries) to ensure that all development work benefits the whole community, and not only the majority. NGOs must also work to ensure that the lessons from these inclusive programmes are documented in accessible formats, and widely disseminated to governments, major donors and mainstream development organisations.

It is vital that steps are taken to ensure that all aid and development programmes explicitly include a disability perspective, with adequate provision (human and financial resources, training, awareness-raising) to put it into practice. In the long term, it is only through mainstream programmes that most disabled children will ever achieve equal rights and equal opportunities.

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END-NOTES

[1] Outsider, official and local definitions of "disabled" do not always coincide. Men disabled as a result of fighting in the war are grouped separately as "war invalids" (thuong binh), for the purpose of receiving benefits under a specific War Invalids policy. The criteria of this policy are broad, ranging from severe disability through to mild discomfort from an old wound. In any other context, not all war invalids would be considered disabled. The category "disabled" (khuyet tat or tan tat) does not include war invalids, and I have heard this group also referred to as "congenitally disabled" (khuyet tat bam sinh). Disabled people themselves resist any suggestion that war invalids might also be khuyet tat, as they are a more privileged group - they benefit from favourable government policies, and are treated better by society.