

these societies and of the disabled people themselves, through their own organisations, in a council for the handicapped. Reports which are coming in as this is being written show that this ideal is so far proving very hard to achieve in many countries because of the reluctance of governments to accept any additional commitments, usually because there is not yet an inter-ministerial approach to the needs of the disabled in the community.

NOTES ON SOME SIGNIFICANT DEVELOPMENTS

132. At this stage of the report, the consultant is in a dilemma. What reference should be made to individual countries? The opinions expressed and the conclusions reached in the preceding chapters are based on the perusal of voluminous details sent in by IYDP committees, together with notes and recollections of discussions in some 20 countries of different sizes and in very different stages of development. The material is available, indexed by subject and by country. A great deal of it is speculative, in that it rehearses plans and intentions for the observance of the International Year. In so far as achievements are recorded, they relate to public awareness rather than to success in influencing government policies and programmes in relation to disabled people. To reproduce such material at any length would make the report too long, too repetitive, and of somewhat ephemeral value.

133. Twelve Commonwealth countries reviewed their International Year in the United Nations General Assembly Debate on 7 and 8 December 1981. Edited versions of the delegates' speeches were prepared for reproduction as appendices to this report; but they, too, would make it too long, so only a few salient facts have been preserved and incorporated in the main text. To report as fully as possible on countries visited or on those which have sent in detailed reports would give a distorted picture. It would diverge from the primary purpose of the report, which is to present a critical appraisal of policies and practices in relation to disabled people, particularly for countries with very limited resources. At the same time, I was required to review the experience of all Commonwealth countries during the International Year and to identify initiatives that might be sustained after the Year is over. That I have done in general policy terms. How can it be done in detail for so many different countries?

134. Having been given a unique opportunity to find out how Commonwealth countries interpreted the International Year of Disabled Persons, and having acquired so much material, what I attempt in this chapter is to mention, in very condensed form, a few items from individual countries which may prove of general interest to all. The omission of some countries reflects either a shortage of space or a shortage of information. It in no way reflects upon their achievements, or lack of them. The selection has been made solely on the grounds of general interest and cross-fertilisation of ideas, in the hope that the items preserved and recorded may help to fulfil two of the purposes of the survey, namely, to sustain some of the initiatives of the special Year now that it is over and at the same time to provide ideas for inter-governmental co-operation in the years ahead. It is intended primarily for those in all Commonwealth countries who will have the continuing task of influencing or implementing government and voluntary agency policies in relation to disabled children and adults in their communities.

Australia

135. The impressive new premises in Canberra of the Australian Council for the Rehabilitation of the Disabled (ACROD) and the formidable list of its affiliated organisations nationwide illustrate the strength of the numerous voluntary societies of and for handicapped people in Australia. The national IYDP committee consisted entirely of non-governmental representatives, including one from each state, but it worked very closely with a specially-appointed governmental IYDP unit. On a permanent basis, the Government has a National Advisory Council for the Handicapped (NACH) and a Standing Inter-departmental Committee on Rehabilitation (SIDCOR).

136. In February-May 1981 the Bureau of Statistics carried out a survey of handicapped persons in Australia. The preliminary results show 13.2 per cent of the population as disabled (the criteria of severity are of course set out) of whom two-thirds are handicapped, 295,800 mildly,

253,700 moderately and 573,900 severely. The number in institutions was 111,000 (of whom 90 per cent were severely handicapped) and the number living in households was 1,153,600 (of whom 36 per cent were severely handicapped). Arthritis and back disorders headed the list of disabilities (290,600); deafness came second (130,300), heart disorders third (90,500) and blindness fourth (63,300). But, applying the severity test, total loss of sight (61,000) exceeded total loss of hearing (45,200). For mental retardation the number was 42,700, with an additional 23,300 "slow learners". Accident and trauma are presumably included in the figure of 37,600 for "musculoskeletal disorders".

137. A guide to rehabilitation services for handicapped people was produced by the Department of Social Security in July 1981. But the Australian production that impressed me most was "Towards prevention of permanent disability in Australia" prepared for the National Advisory Council for the Handicapped by Julia Richards. Few countries can claim to have such a concise, clear and authoritative statement of the disabilities suffered by their citizens and the measures that are being taken, or could be taken, to prevent them.

138. Official assistance to overseas countries is planned and administered by ADAB, the Australian Development Assistance Bureau within the Department of Foreign Affairs. The many voluntary aid organisations in Australia are stimulated and co-ordinated by ACFOA, the Australian Council for Overseas Aid, financed by its large number of constituent societies, many of which assist projects for the rehabilitation of the handicapped in Papua New Guinea, the Pacific islands, Asia and Africa. The Australian National Council of and for the Blind has recently formed an Overseas Aid and Prevention of Blindness Group under its former Chairman, General Paul Cullen. Particularly valuable in recent years has been the work of an adviser supplied by the Government of Australia to help with the education of children with special needs in Fiji and the smaller Pacific islands.

139. At the UN General Assembly debate in December 1981, the Australian delegate announced that over A\$1 million had been disbursed or programmed in the 1980/81 overseas aid budgets to help a multiplicity of projects designed to equip, train and in other ways assist disabled persons and organisations for the handicapped in developing countries.

The Bahamas

140. The International Labour Organisation drew attention to a new, enlarged workshop in the Bahamas which was intended to serve as a Caribbean regional training facility for staff engaged in the vocational rehabilitation of disabled people. Also emanating from the Bahamas was a proposal to form a Caribbean Association for the Rehabilitation of the Disabled (CARD). This organisation held an inaugural congress in Barbados in July 1981 with financial support from Goodwill Industries of America, the World Rehabilitation Fund and Catholic Aid for Overseas Development. Representatives of 15 countries attended and adopted a constitution. The intention was not to supersede other Caribbean organisations but to co-ordinate and, if possible, fund their activities. There would be an emphasis on vocational rehabilitation, small enterprise development and employment generally. Management training courses for vocational workshops are indeed on offer, at "Abilities Unlimited" in Nassau, and are expected to begin in September 1982.

141. In view of the fragmentation of effort and lack of any co-ordinating force in the smaller islands of the Eastern Caribbean, regional organisations offering facilities for training and co-operation are very much to be desired, provided that they can draw down external finance to overcome the perpetual difficulties of communication, especially the expense of air fares. There is no evidence at the moment that CARD will gain the allegiance of all the principal bodies concerned; but the workshop in Nassau apparently has a good deal to offer in the vocational education and employment fields if the problems of distance, fares and subsistence can be overcome.

Bangladesh

142. The Rehabilitation Institute and Hospital for the Disabled in Dacca was conceived and built as an orthopaedic hospital and a brace and limb centre, primarily for war victims immediately

after independence in 1971. It has developed into a major rehabilitation centre with continuous help from CARE (USA), the British Overseas Development Administration, World Orthopaedic Concern and other outside agencies. Its influence extends to all the medical colleges and district hospitals of Bangladesh. The souvenir volume of the ceremonial opening contains a useful round-up of the known facts about disabilities in Bangladesh and their main causes.

143. The IYDP committee under the chairmanship of the Director of Medical Services was superseded in July 1981 by a committee under the Ministry of Manpower Development and Social Welfare, the agenda of which emphasised social awareness, government provision for educational and vocational training for the deaf and blind and the grants given to voluntary agencies to pursue their work. Even so, my visits to both government and voluntary agencies institutions suggested that much still needs to be done to create a national policy which would bring them into closer association and particularly to ensure closer co-operation between the health, welfare and education ministries.

144. The voluntary work is impressive. From its headquarters at the Dacca Deaf and Dumb School, the Bangladesh National Federation of the Deaf runs three provincial schools and 20 voluntary units in various parts of the country. Two teachers have been trained in Calcutta with UNICEF help but a visit from a trainer is needed to give in-service training for teachers and also from a technician to teach them how to use and maintain hearing aids. They have therefore asked for help from the Government, which maintains official schools for the deaf.

145. The National Society for the Blind, long supported by the Royal Commonwealth Society for the Blind, now has seven branches, five of which operate eye hospitals, and eleven mobile units to assist its eye camp activities in which over 27,000 cataract operations, apart from other forms of treatment, were performed in 1981. Programmes of training for ophthalmic doctors and auxiliaries, sponsored by RCSB and the Australian Council of and for the Blind, have already added 35 doctors and 65 auxiliaries to the Bangladesh Society's staff. This programme will be greatly accelerated shortly because a new ophthalmic hospital and training institute is nearing completion at Chittagong with substantial help from Andheri Hilfe (West Germany) and a joint-funding project by the Royal Commonwealth Society for the Blind and the British Overseas Development Administration.

146. Assistance for Blind Children, established in 1978 with joint headquarters with the National Society for the Blind, runs an integrated education programme, providing hostels and other accommodation as well as braille kits for blind students and also rural self-employment projects for blind teenagers in animal and poultry husbandry. Elsewhere in the report I have described the vocational training centre just outside Dacca, originally a sheltered workshop for the blind but now becoming a commercial enterprise employing people with other disabilities also, which produces school chalk, furniture, surgical dressings and woven cloth. It is non-residential, but the employees/trainees can board with families nearby.

Barbados

147. "In Barbados", I was warned, "we have no tradition of central government taking responsibility for the handicapped: that has been the concern of the Vestries (the form of local government abolished in 1969) and of the community generally". My informant might have added "But we have a strong tradition of voluntary societies caring for particular groups of children with special needs: the Association for the Mentally Retarded Child, the Association for the Blind and Deaf, the Thelma Vaughn Memorial Home (now a Cheshire Home) for the Physically Handicapped, the Association for Correction of Learning Disabilities, the Council for the Handicapped, the Mental Health Association and the Association of Parents of the Handicapped".

148. Government has nevertheless taken over responsibility for the School for the Deaf and Blind and is promoting "open" education for handicapped children in ordinary schools. It also gives annual grants to some of the institutions for the handicapped. Its statutory Child Care Board is newly commissioned to include disabled children in its scope. ("The inclusion of the handicapped was a major change of policy and caused a complete reversal of negative attitudes towards them", I was told). The Ministry of Health has opened a Children's Development Centre jointly with the Association of Parents of the Handicapped as a day assessment centre.

An achievement attributable to IYDP is compulsory vaccination for girls against rubella; this is important as the prevalence of deafness appears to be unusually high. Barbados will be important for the Eastern Caribbean and for the PAHO/WHO regional project for training the disabled in the community if it is found possible to start the proposed middle-level course for rehabilitation assistants at the Community College.

149. On the last day of my visit, the IYDP committee recommended as its permanent successor a national council with eight main functions, including prevention, rehabilitation, fund-raising and advising government on policy and legislation concerning disabled people.

Botswana

150. In anticipation of the IYDP, Botswana's Commissioner for the Handicapped published in January 1980 a handbook describing the services available to disabled persons in the country. "If you have a disabled person in your family or know of any in your community or think that your child/relative has any problem with his physical or mental development, this booklet will guide you where to go to find help, professional advice and support". It describes what is being done for the orthopaedically disabled, physically and mentally handicapped children, the blind, the deaf and the mentally ill, and calls for support to the agencies which run them.

151. This flying start was due to the establishment in 1976 of a Special Services Unit for the Handicapped. This unit was charged with the duty of locating disabled people; counselling them; their parents and their families; co-ordinating the services of voluntary agencies and motivating the community to participate in their programmes; and formulating a policy to meet the needs of the handicapped and advising government on the development of a progressive programme for the disabled.

152. A National Commission for the International Year was set up under the chairmanship of the Permanent Secretary of the Ministry of Health. Its work was launched by President Masire with strong emphasis on prevention by immunisation, by particular care of pregnant mothers, babies and children, and by early detection and treatment. The President also stressed the need for rehabilitation to restore optimal function, early stimulation for normal development, special education for those who need it and incentives for employers to engage the services of disabled people. He concluded by saying "Don't ask what is being done for the disabled; ask what you yourself can do".

153. A National Council for the Handicapped was formed in 1980 which should "be the voice of the disabled, speak for them, help to get a better understanding of their problems and needs, and to obtain their rights". This national council will now carry on the activities initiated by the IYDP commission.

154. Within this helpful existing framework, WHO's manual "Caring for the disabled in the community" has been field-tested in Botswana but it is too early to attempt to summarise the results or the lessons learned.

Canada

155. In May 1980, Canada took the unique step of appointing an all-party committee of seven House of Commons members to hear the representations of advocacy groups of disabled people throughout the country, to study their proposals and their needs and to make recommendations to government. Their main report, a handsome illustrated volume of 190 pages entitled "Obstacles", lists 130 recommendations for action by government at all levels. They cover the achievement of adequate income and support for self-help efforts; the provision of technical aids, equal benefits and protection under the law; access to public buildings, facilities and programmes; equal access to opportunities in employment, housing, education, transport, recreation and information. Special stress is laid on community support services to reduce or eliminate the need for institutional care. "The message received loud and clear during the hearings was independent living for disabled persons. Get us out of the institutions and into the mainstream of life".

156. By the end of the Year, the Federal Government has responded positively to 56 of the recommendations and promised replies to many more. Some cannot be implemented immediately, but the report gives a programme of action which is known to be in accordance with the wishes of the disabled people of the country. They are well organised in the Coalition of Provincial Organisations of the Handicapped (COPOH) which has been growing in strength since its inauguration in 1974 to represent collectively the "advocacy agencies" of the disabled people themselves.

157. My own brief experience in Canada was valuable because it illuminated the IYDP theme of social integration, participation and equality - even the conscious swing away from the medical components of disablement. The "cripples" period in history regarded disabled people as pets, beggars, the inevitable percentage of lower-class citizens to be treated with contempt, pity or fear. There then grew up a movement of compassion which organised itself in the form of charities for crippled children, schools for the blind and the deaf, homes for the mentally retarded. Industrialised societies expected the wealthy to contribute to the well-being of the "unfortunates in our midst" with voluntary or paid service-providers to look after them, usually in residential institutions. In the third period, advances in medical science brought opportunities to improve the physical state of the disabled and created a range of new professions - orthopaedic surgeon, physiotherapist, artificial limb maker, wheelchair manufacturer - who were all doing things for the disabled to improve their mobility and ease their way of life - but as dependent citizens.

158. Now a fourth period has begun. Canada has provided leadership in a movement away from the medical (even rehabilitation) model, to the consumer model, in which handicapped people themselves examine their own potential, speak out for their own solutions and win the right to be treated as equal citizens. Public attitudes and public policies have hitherto classified handicapped people by their disabilities: henceforth they must be recognised for their abilities. With this experience, Canada was sympathetic to the movement stemming from the 1980 Winnipeg conference of Rehabilitation International which led to the first World Congress in Singapore in December 1981 of Disabled Peoples' International.

159. But this report is concerned mainly with the needs of disabled people in the smaller and more remote Commonwealth countries. Canada, through its International Development Agency (CIDA), through Canadian University Service Overseas (CUSO) and many other voluntary agencies and by mission-administered funds helping local voluntary effort for the disabled on the spot, is already making a major contribution to rehabilitation and education. My hope is that my discussions in Canada will help to direct attention to two great areas of need - deafness, through my discussions with the Canadian Hearing Society, and mental retardation, through my negotiations with the President-elect of the International Association for the Scientific Study of Mental Deficiency, Professor Allan Roeher of Toronto.

Cyprus

160. Cyprus responded promptly and fully to the announcement of this survey and it is a matter of great regret that I was not able to pay a visit, however brief. The IYDP committee drew up a plan of action which emphasised prevention as well as rehabilitation and had a Committee of Ministers (Labour and Social Insurance, Finance, Education, Health, Justice and Interior) to supervise its implementation. As it fully covers every aspect of the subject of this report from perinatal care to the elimination of curbs in main streets so that wheelchairs can pass, no summary here could do it justice. I include this brief paragraph only to call attention not so much to the comprehensiveness of the coverage as to the inter-ministerial approach both to planning and implementation.

Eastern Caribbean

161. In the bewildering fragmentation of effort in the smaller islands of the Eastern Caribbean, one looks for co-ordinating elements which can offer opportunities for training and the sharing of experience in meeting the needs of disabled people, especially children. In July 1981 an effort was made to start a Caribbean Association for the Rehabilitation of the Disabled (see under Bahamas), but it remains to be seen whether this will receive wide support in the

region. The Caribbean Council for the Blind successfully covers the whole area from its secretariat in Antigua and the Inter-Island Eye Service, run from Barbados, effectively draws down ophthalmological short-term assistance as required with the support of Operation Eyesight Universal (Canada) and the Royal Commonwealth Society for the Blind. It is now tackling the major problem of glaucoma in the islands with a preliminary conference early in 1983.

162. A Caribbean Association of Rehabilitation Therapists, inaugurated in the Bahamas in 1978 with UNICEF assistance, held its first conference in September 1981 in Guyana and has a membership covering the smaller islands, with its president in Guyana and its secretariat in St. Lucia. The Association seeks to make up the deficit in rehabilitation services in the Eastern Caribbean and is preparing a booklet on simplified equipment and techniques appropriate to the area. There are hopes for a course for rehabilitation therapy assistants in Barbados and an occupational therapy school in Trinidad. The Association has been commended to CARICOM and to the Commonwealth Foundation for further support. Its existence and growing strength are important in relation to the PAHO/WHO regional project for training the disabled in the community.

163. Also with its regional co-ordinator in St. Lucia is the Eastern Caribbean Unit of the Caribbean Institute on Mental Retardation and Developmental Disabilities. Supported by "Partners of America", it arranges much-appreciated workshops and consultative visits in the smaller islands, usefully covering other disabilities besides mental retardation. A Caribbean-oriented curriculum guide for teaching the moderately to severely retarded child is in course of preparation. Because of the cost of air fares, which bedevils all regional activity among the small islands, the unit is devising "video-seminars" which can be used in each country.

164. This attempt at a regional approach to the smaller islands of the Eastern Caribbean in no way reflects on the work being done by voluntary societies for the deaf, the blind and the intellectually handicapped in the individual islands or on the efforts of IYDP Committees to create more public support for them. They deserve all the support they can muster. The Canadian International Hearing Services of Weston, Ontario, an entirely voluntary organisation, helps the deaf in St. Vincent and Montserrat by visits of an audiologist, a teacher of the deaf and a technician, supplying hearing aids and other devices collected by Rotary Clubs. OXFAM has helped to build up Dunnottar House, St. Lucia, into a centre for the teaching and vocational training of mentally handicapped people. The Red Cross has long been active in Montserrat, Dominica, Antigua and St. Kitts, in schools for the deaf and workshops for the blind. By listing these that come to notice by correspondence or during visits, I am of course giving examples only.

165. It was suggested to me in the Caribbean that someone was needed for at least a year to give undivided attention to the development of regional organisations for the disabled in the smaller islands. This was one of the intentions of CARD (The Caribbean Association for the Rehabilitation of the Disabled). Whether this is realised or not, I hope that this work will now engage the attention of CARICOM.

Fiji and other Pacific island countries

166. The findings and recommendations of Fiji's IYDP national co-ordinating committee thoroughly review the provision by both government and voluntary societies for disabled children and adults. They conclude that there is so far no concerted plan for the development and provision of rehabilitation services and recommend the establishment of a central authority to assume overall responsibility. They emphasise primary prevention and early intervention, urging medical and paramedical services to play their part. Paying tribute to the work of voluntary societies in the education of handicapped children, they call upon the Ministry of Education to initiate a comprehensive programme for detecting and coping with children with special needs as a part of teacher training and the establishment of special education classes in ordinary schools. Stressing that rehabilitation calls for the combined use of medical, vocational and social measures, they ask for the Fiji Rehabilitation Council to be recognised and supported by the Government. There are also specific recommendations relating to access, transport and tax concessions. But the principal recommendation, as in this survey report, is for a statutory council or national committee to assume an overall co-ordinating function, to give effect to a national policy, including the use of government funds and overseas aid.

167. Fiji has a further special interest for this survey report. For many years, the smaller Pacific islands have benefited from training courses for teachers of deaf, blind and intellectually handicapped children in conditions and a culture not too unlike their own. These courses have now been adapted by the adviser supplied under technical assistance arrangements by the official Australian Development Assistance Bureau (ADAB). He runs six-month courses in Fiji with a heavy emphasis on practical experience with physically handicapped children at Suva Crippled Children's School, including the hearing-impaired, with mentally retarded children at the Intellectually Handicapped School and with blind and visually impaired children at Suva School for the Blind. The students also visit baby clinics to observe normal child development as well as early intervention programmes and spend a period at the rehabilitation workshops. The adviser visits the countries from which the trainees have come in order to give follow-up in-service training and to provide guidance to student teachers and nurses in the smaller islands and in Papua New Guinea.

168. The last intake for these courses is scheduled for July 1982, but there are hopes that the demand from Tonga, the Solomon Islands, Western Samoa, Vanuatu, Kiribati, Tuvalu and Papua New Guinea, as well as their obvious need for basic training of this kind, will ensure their continuation. Fiji would also be the obvious place for rather higher level courses as they become necessary: to send middle-level staffs to Australia and New Zealand for training in separate specialisation will not meet the needs of the smallest islands and would, in any case, be prohibitively expensive.

169. I reproduce below the press release given to the newspapers on my way to Suva airport on 8 February, because it is fairly typical of the kind of support I tried to give on the radio, on television or in the press during country visits.

"The Commonwealth Secretary-General, Mr. Shridath Ramphal, is taking a great interest in the work of IYDP committees in Commonwealth countries, and has sent me to some 19 countries so far, conferring with them about their achievements during this special year and their plans for the future. Here in Fiji I was able to visit a number of institutions for disabled people, to have talks with the Ministries of Health and Social Welfare and to meet members of the Fiji National Co-ordinating Committee for the International Year. I was particularly fortunate in that the committee has formulated its final recommendations; and I am glad to say that they are precisely in line with the policy the Commonwealth Secretary-General has commended to all governments.

They start with prevention and early detection which are most important. They then emphasise medical rehabilitation - a great deal more can be done to make disabled people mobile and to get them out of bed. Next, the right of every child to at least primary education, even if he has a serious impairment such as deafness, partial vision or intellectual retardation.

After that, vocational education is important; handicapped people can be useful, productive citizens when they are given the chance and the special training they need. Employment follows; if they can earn their living on the open market, well and good. If they cannot, then special arrangements can be made - and Fiji has its sheltered workshops so that they can be usefully employed and earn at least part of their keep. Access and transport are also important, so are sports and recreation for the disabled. The committee asked about legislation and I was able to say that the Commonwealth Secretariat has prepared a comparative study of laws affecting the disabled, which is available.

Finally, what of the future? The Fiji IYDP committee recommend - and I am in wholehearted agreement with them - a statutory national committee for the disabled with a Government-nominated chairman and representatives of all relevant ministries and voluntary societies. I emphasised that this committee should have power to get on with the job and to raise money from the public to supplement government grants and to be free from government procedures on estimates, etc., but of course subject to independent audit. This is the model that works well in countries that already have it.

For the sake of disabled people in Fiji, I hope that the proposed policies prevail and that the next generation will be spared preventable disability while those it has who are already disabled can be enabled to lead happier and more productive lives."

The Gambia

170. The IYDP national committee in The Gambia made an effective start in April 1981. An ILO-sponsored seminar on vocational training for the disabled, scheduled for Banjul in April, did not materialise so Gambia's IYDP committee convened a seminar on disability prevention and the rehabilitation of the disabled. The attendance included a wide range of government departments; voluntary associations for the deaf, the blind and family planning; Christian and Muslim missions; and Rotary. The only external representatives were UNDP and the Swedish "Emmaus Foundation Upsala - Banjul Handicapped Project".

171. The report starts with social integration, emphasising "measures to effect attitudinal changes towards disabled people" on the part of the general public. It then covers the whole IYDP spectrum in the following order: the mentally ill; prevention of disablement by improved sanitation and immunisation; polio victims (expressing concern that The Gambia has only two physiotherapists and two orthopaedic technicians, one of each provided very recently by Sweden's Emmaus Foundation); leprosy (expressing concern that the leprosy settlement should not be a dumping ground but a rehabilitation centre); the visually handicapped ("5000 blind"); the hearing-impaired (regretting the absence of research or statistics); the mentally disabled ("no trained psychiatrist, psychologist, social worker or occupational therapist attached to the mental hospital"). The report goes on to deal with the prevention of accidents (especially on the roads); vocational training for the disabled (the Lamin Technical Centre proposes to construct vocational centres in 60 key villages, integrating disabled with non-disabled); "special education" training to make possible the open education of deaf and blind (noting that at present high schools oppose the introduction of disabled pupils, claiming that they do not know how to deal with them); provision of mobility appliances to enable children to attend school; the mentally retarded ("acknowledging the fact that the mentally retarded have hitherto been ignored"); and finally the role of voluntary organisations ("noting with concern the lack of co-ordination and co-operation hitherto between government institutions and voluntary bodies") and of United Nations agencies. A resolution of the seminar proposed that legislation should be enacted to ensure that a percentage of disabled people were employed at all times.

172. Consideration by the Government of this formidable programme was interrupted by the political upheaval that occurred shortly after its submission. At the end of the special Year, however, the IYDP committee invited the Government to set up a permanent advisory board on disability with a full-time rehabilitation officer in the Department of Social Welfare to ensure continuity of attention to the programme. The Gambia already has a most efficient and effective health service and the hope is that the special attention given to the needs of disabled people will complement this on the social and educational side. It has also called attention to the need for orthopaedic and prosthetic help, which Sweden and Sudan are at present supplying. Meanwhile, the Commonwealth Society for Deaf has started an enquiry into the incidence and causes of deafness in The Gambia with an audiologist supplied by the CFTC and training in Britain for his Gambian successor financed by the Commonwealth Foundation. The Royal Commonwealth Society for the Blind continues to support the activities of the Gambian Society and enabled its secretary to attend the seminar in Malawi on the vocational rehabilitation and resettlement of the disabled.

India

173. To do justice to India's IYDP activities and its Government's continuing attack on the causes and alleviation of disablement in a few paragraphs is an impossibility.

174. Reporting the national plan of action to the General Assembly of the United Nations on 7 December 1981, the Indian delegate said that the specific objectives to be achieved in the light of present resources included evolving a national policy on the disabled which would encompass education, training, employment and measures to achieve full social integration and protection and guarantees under the law; preparing a prospective development plan for rehabilitation eventually to provide comprehensive rehabilitation services; initiating practical programmes for immediate and significant benefit for the disabled including their integration into the community; giving a positive rural bias to services to the handicapped; and developing and putting into operation a comprehensive and pragmatic national programme for the prevention of disabilities. The objectives also included providing for research and development through national

research institutions for the development of techniques and technologies for the rehabilitation of the disabled; developing a network of information and publicity services for the dissemination of information on new techniques and equipment programmes and of the creation of awareness of the potential of the disabled and to eradicate social prejudices; and collecting relevant data on the disabled in the country.

175. The focus would be on services for disabled children under 14 years of age, on extending employment opportunities for the disabled and on building a reliable national data base on disabilities. "It is our view that equal emphasis should be given to prevention and rehabilitation".

176. I will select some of the features brought to my notice which are directly relevant to the subject of this report. The deepest impressions left on me were the apparent ease of cooperation between the Ministries of Social Welfare, Health and Education; the great advances in orthopaedic and rehabilitation work; and the dramatic achievements in the prevention and alleviation of blindness which had been given a major priority. Mental retardation seemed to lag behind despite a strong Federation for the Welfare of the Mentally Retarded, for whom a major concern was the failure to amend the Lunacy Act of 1921; and social welfare officials expressed their concern at a lack of progress over both the mentally retarded and the mentally ill. Particularly impressive (as always in India) was the service given to the community by doctors and nurses, effectively supported by business men and service clubs.

177. Administratively, the Social Welfare Ministry was responsible for devising and implementing the IYDP programme for India but this did not inhibit an approach over the whole field of prevention, rehabilitation, education and employment. Four major commissions had not yet reported but IYDP work continues into 1982 with an increased budget. Some 9,000 scholarships for blind, deaf and orthopaedically handicapped students had already been taken up and the provision had been increased. Three per cent of all government posts are reserved for disabled people.

178. The departments of rehabilitation at Safdarjang Hospital and the neighbouring All-India Institute for Medical Sciences in Delhi provide surgical treatment; rehabilitation therapy, including the production and fitting of artificial limbs and other aids made from inexpensive, local materials; followed by mobility training, vocational guidance and even assistance with placement in employment. Visits to both centres would be an inspiration for anyone seeking to improve the rehabilitation provision in his own country. The All-India Institute centre is justly proud of artificial limbs which enable the wearer to squat; but I was told that I should have also gone to Jaipur to see the work of Doctor Sethi, who has developed the "Jaipur foot" which is a great boon to disabled farmers.

179. Inspirational visits to Delhi and Jaipur, perhaps in conjunction with the National Institute of Prosthetic and Orthotic training in Orissa and ALIMCO, the Artificial Limbs Manufacturing Corporation at Kanpur, would materially help the many smaller countries which are asking for advice about the production of home-made prostheses to replace prohibitively expensive imports: an oral proposal to this effect was welcomed by the Government of India. The visits could be extended to rural areas because the Indian Council of Medical Research has undertaken a study of polio disability prevention and rehabilitation among children throughout India and the All-India Institute is conducting a "valuation of the effectiveness of modern prosthetic hardware in rural conditions" in association with Mangalam, a private society formed in 1975, which has already held 14 rural camps attended by 4,000 orthopaedically disabled people, of whom 800 were supplied with artificial limbs and other aids.

180. To seek India's cooperation in this field will be pushing at an open door, for the Indian delegate told the UN General Assembly in December 1981:

"We attach great importance to international cooperation in solving problems relating to disability. In particular, I should mention the need for a greater flow of technology, technological information and know-how. Such a flow of information would be of particular help to developing countries and enable us to provide to the disabled the benefits of technology in the form of artificial limbs, aids, and so on".

181. The Central and State Governments of India are fully behind the massive campaign against unnecessary blindness, inaugurated 12 years ago by the Royal Commonwealth Society for the

Blind and actively supported by Lions Clubs, Rotary Clubs and other private organisations. In 1981 alone, 138,898 sight-restorative operations and a much larger number of treatments were carried out in these eye camps. This is made possible by the hospitality and personal service of village people and the dedicated, round-the-clock work of the Indian medical teams. After several years of practical study of the problem, the Royal Commonwealth Society for the Blind and its Indian associates inaugurated in 1981 a campaign against blinding malnutrition (xerophthalmia and keratomalacia), which irrevocably blinds some 250,000 children a year, merely because of a lack of vitamin A in their diet (a cup of green leafy vegetables a day would do the trick).

182. Government-administered centres for teachers of the blind at Delhi, Bombay, Calcutta and Madras are giving special training for 50 teachers a year and the States are encouraged to use them in "open" (integrated) education. Polio vaccinations have also been stepped up from 2.4 million children in 1981 to 3 million in 1982. The organisation of this work is facilitated by a system of 600 blocks of the "Integrated Child Development Service" for the pre-school child. Assistance has also been made available to leprosy programmes: the number of leprosy patients is estimated at 4 million of whom 25 per cent are disabled and 20 per cent still infectious. Endemic goitre, on the other hand, which affects 40 million people and is a major cause of mental and physical retardation, is so far evading control by the distribution of iodized salt.

183. My visit to India ended with a Colloquium at the International Centre in Delhi, attended by a representative group concerned with the welfare of the handicapped. What impressed me was the balance between rehabilitation, prevention and the vocational training needed by disabled people to find employment and self-reliance in the community. The field-testing of WHO's manual "Training the disabled in the community" has begun and will require training for multi-purpose rehabilitation workers in the 125 medical colleges and at primary health care level. Surveys are revealing a much higher residual paralytic polio problem in country areas than had been expected and this provides a stimulus both to polio immunisation and to the rural provision of rehabilitative services. There was agreement in the Colloquium that both mental illness and mental retardation were the main neglected areas. The first combined Asian and Commonwealth Congress for the Scientific Study of Mental Deficiency, held in Bangalore in May 1981, raises hopes that a Commonwealth association of people professionally concerned with this subject may come into being, perhaps during the sixth congress of the world body in Canada in August 1982.

Jamaica

184. Started after the severe 1954 polio epidemic, the Mona Rehabilitation Centre adjoining the University of the West Indies on the outskirts of Kingston, Jamaica, has developed from the provision of physical therapy and appliances for polio victims to all-purpose rehabilitation with the motto: "Employment is nature's best medicine and essential to human happiness". The large sums raised in 1954 to help 1000 children and 150 adults crippled by polio formed the basis of the Polio Foundation Trust which has been added to ever since by fund raising and by profitable enterprises such as the Monex Workshops and housing schemes.

185. The complex includes hospital wards, the University Hospital School of Physical Therapy, a wing for children with limited mobility, an appliance and prosthetic workshop, the Monex Workshops engaging commercially in woodwork, jewellery and printing (now become the University printing press) and an extensive housing project for severely handicapped people who work in the complex or outside in open employment. Near the front gate of the Rehabilitation Centre is a short road with ten identical houses on each side. This is the Cheshire Village, occupied by a mix of disabled and able-bodied people to make a community. Able-bodied people with outside jobs pay an economic rent; the most severely disabled have their rents subsidised. The tenants include physiotherapy students at the hospital, university undergraduates, a policeman and his family, the housemother of the Mentally Handicapped School, the muscular-dystrophy patient, an arrested leprosy patient and several semi- or paraplegics of various ages.

186. A school was started for the education of the polio victims and other severely disabled children (especially cerebral palsy) in 1954. It was soon realised that segregated education emphasised the disability; so instead of sending the children out to "open" education, a large primary school (750 pupils) was built within the Mona complex. Mentally retarded children were

included, and the retardation was often found to be more apparent than real: it was the early stimulation that had been missing. The large school was built in 1974 - the Polio Foundation Trust and the Government each paid half the cost. Physically and mentally handicapped are admitted as of right and ten per cent of the places are kept for children of parents who work at the University. The Ministry of Education allows a special teacher/pupil ratio so that the needs of the handicapped can be looked after, because the purpose is to integrate the handicapped into the normal primary education system as an experiment. Parent-teacher association relationship is stressed - the PTA has provided full kitchen equipment so that all children have a daily meal at nominal cost. The Friends of Hope Valley Experimental School concern themselves with the welfare of those children who lack adequate family support. There is a Special Education Block (1979) for physically handicapped children who missed starting school at the proper age so that they can catch up: they have a very high teacher/pupil ratio.

187. Newly added to the complex is a ten-acre farm inhabited by hens (3,000), rabbits, heifers and goats - all their droppings duly swept into the biogas unit. The whole operation is designed so that egg collection and marketing and animal husbandry can be carried out by even severely disabled people. Prime stock is used and can be sold to farmers for breeding purposes - the rabbits are sold as pets or for breeding, or end up in the meat patties sold by Monex Ltd as one of their cottage industries.

188. The Jamaica Paraplegic Association has its sports club at Mona and has sent teams all over the world, promoting the cause of sport for disabled people by the success of its athletes. It is doubtful whether any small country has come anywhere near Jamaica in the number of gold medals and world records it has accumulated. A Combined Disabilities Association has been formed by, for and of disabled people, with headquarters at Mona, as an advocacy group for all matters concerning the development and welfare of disabled persons in the society, including access, mobility and employment.

189. The activities of the IYDP committee in Jamaica included the organisation of a Telethon in December. This raised nearly a million dollars, which will be devoted mainly to a works centre for disabled people when a suitable site can be found in Kingston.

190. Jamaica has a Council for the Handicapped and the outgoing IYDP committee has proposed, as one of its principal recommendations, that its work should be strengthened by the appointment of a Director of Rehabilitation, on a par with the Directors of Public Assistance and National Insurance.

Kenya

191. Kenya was distinctive in that 1980 was declared a National Year of Disabled Persons, preceding the International Year in 1981. A National Rehabilitation Committee has been in existence since 1968, consisting of seven ministries, the National Council of Social Service, several of its constituent voluntary organisations, the Federation of Kenya Employers and the Central Organisation of Trade Unions. This committee was entrusted with the organisation of both the 1980 National Year of Disabled Persons and the IYDP in 1981.

192. Kenya is important in the African scene because of the quality of the work of its government and its voluntary agencies. The orthopaedic workshop at Kabete employs 23 artisans, most of whom are disabled, producing crutches, calipers, tricycles and special footwear at very low cost. It was the venue in 1976 for an African regional training course for prosthetic and orthotic technicians arranged by the World Rehabilitation Fund, jointly with WHO and the Government of Kenya, and might be so used again to help in meeting the great need for training in this work in many countries.

193. Reporting to the General Assembly of the United Nations in December 1981, the Kenya delegate said that research projects on the numbers of disabled persons and the categories of their disabilities had been put in hand by the Ministries of Economic Planning and of Culture and Social Service, in collaboration with the Institute for Development Studies of the University of Nairobi.

Malawi

194. Without apologies for the enthusiastic style, I feel that it will be useful if I reproduce in the following paragraphs an extract from the journal of my visit to Malawi from 20 to 25 October 1981. I do this because it describes in action so many of the activities proposed by IYDP committees in smaller countries for consideration by their governments and shows that they can be successfully accomplished.

195. The Ministries of Health, Education and Social Welfare all back the work of the Council for the Handicapped, established by Act of Parliament in 1974. The service clubs and other voluntary organisations also work together with it. So the people carrying out rehabilitation work day-to-day get recognition and support from both government departments and voluntary bodies. Second, the national policy covers every IYDP aspect, not with pious hopes but with consolidation and expansion of work already in progress, plus public relations campaigns to encourage the villagers to care for their disabled and to seek help from the appropriate medical or educational resource when necessary.

196. Recognising that the major cause of disability lies in the lack of maternal and early childhood care, exacerbated by childhood diseases and malnutrition, the Ministry of Health and voluntary agencies together extend maternal and child health clinics, increase the programmes of immunisation and devise more effective methods of early detection of treatable conditions. There is a great consciousness of prevention. The Council for the Handicapped ensures primary education of as many blind and deaf children as possible, working closely with the Ministry of Education, particularly to enable them to attend primary schools close to their homes and go on to secondary education if they show themselves capable of it. Since Malawi does not have universal free primary education, it is impressive that resource centres are set up so that the blind can benefit from primary and secondary education. Loving care is bestowed on deaf children to train them to speak and learn, and all school fees are waived for disabled children.

197. Montfort is a splendid complex of the School for the Deaf (mostly Commonwealth Foundation money), the School for the Blind (set up by the Royal Commonwealth Society for the Blind), and a teacher training college where special training is given in the teaching of the blind and deaf. It has for some time been used for training staff from Botswana, Lesotho and Swaziland, and recently from Tanzania; while in September 1981 it was the scene of an all-Africa seminar on teaching and rehabilitation of the disabled.

198. The employment field is particularly impressive. An RCSB initiative in setting up a weaving factory has blossomed with support from Christoffel Blinden Mission. It was opened by the President in 1976. In addition to some 33 blind men, it employs 13 deaf men and women and a number of severely disabled people who produce high quality carpets, wall hangings, place-mats, etc., of colourful design. But it is not a sheltered workshop. It works on commercial lines and some able-bodied are employed. Even more impressive, in a way, is the tie-dye centre in a disused operating theatre of the old hospital in Lilongwe. Very disabled people do the intricate work of binding the sheets of cotton into the curious shapes (they look like odd kinds of children's toys); others prepare the dyes at the right temperature. What emerges is a range of dresses, shirts, skirts, etc., of the most beautiful and colourful designs - all different. No wonder they sell well. (At a meeting in the Social Welfare Department, when I asked my usual concluding question "Is there anything that I can do for you?" they all agreed: "A new and larger building for the tie and dye". If somebody wanted to make a present to the disabled in Malawi, that would be it).

199. Rather different is the home economics centre for disabled girls in a relatively deserted spot at Magomere off the Blantyre-Lilongwe road in a reconditioned condemned building of a former school. The 14 girls were knitting and sewing - and sang unforgettably for my benefit. The nine-month course covers not only homecraft but also the production of knitted or crocheted items that find a ready use or sale back home. The girls (they all looked between 20 and 30 to me) have outings of interest in Malawi during the course and are given basic equipment to take home to help them towards being self-supporting. All are deaf, blind and deformed from spina bifida, polio or cerebral palsy. Despite cramped conditions and a rather remote location, a happy place. Just down the hill trees are being felled and land prepared for a larger building.

200. The Lions have built a prosthetics workshop south of Blantyre producing simple calipers with felt instead of plastic binders, and simple wooden shoes. Some were pathetically tiny (for small children), then all sizes up to full adult male. Most but not all of the workers are disabled. The Lions still run it in conjunction with the Council for the Handicapped.

201. Country-wide (and of course the figures are fuller for the South and Central Regions than for the much more inaccessible North), registered handicapped persons by the nature of their disability number as follows:

Orthopaedic (of 70 per cent polio)	1,763
Blind	707
Amputees	194
Leprosy	64
Mental	34
Deaf	120
Unclassified	213

3,095

This shows the overwhelming importance of polio and the high rate of blindness. Regarding mental retardation, here as in so many other countries: "It would be cruel and pointless to remove the severely mentally handicapped child from his home and community care". Nevertheless, schools do make an effort with late starters and slow learners.

202. Co-operating with the Health Ministry, LEPRO is not only delivering medication to leprosy patients but carrying out in the Northern Region an important study to indicate the types of persons susceptible to leprosy, so that they can be the first to receive treatment.

203. A 1979 survey showed that approximately 25,000 people were affected by polio, including some 17,000 under 15 years of age. The incidence of new cases was approximately 2,000 a year. The Ministry of Health, with the co-operation of the Save the Children Fund's STOP POLIO campaign, is carrying out mass immunisation and the incidence in the Southern Region has already dropped from 2,000 to 20. Malawi against Polio (MAP), with advice from Professor Huckstep and financial support from Rotary International and OXFAM, has been organised to bring medical assistance and a greatly increased supply of locally-made calipers, crutches and other physical aids to as many as possible of the 25,000 polio victims. Their social rehabilitation will be the responsibility of the Council for the Handicapped, whose weaving factory and tie and dye centre I have already described. These employ very handicapped people without institutionalising them. Their rural centre at Magomere will grow in its new buildings as a place where disabled women and girls earn homecraft and make little things (knitted and crochet) which they can sell to augment the family income. Far from being institutionalised, they are in regular touch with their families and in due course they return home and are replaced by others. The Council has successfully placed 45 men and 21 women, severely disabled, in jobs in 23 industrial and commercial concerns.

204. But most impressive of all are the Land Settlement Schemes, and the fact that so many blind farmers are settled among them, successfully cultivating 12-15 acres each and making a great success of it. The new good road from Salima to Zomba runs for 100 miles and more through well-cultivated lands, all tilled and prepared ready for the annual rains which start early in November. Some of the areas are planned settlements and among them are groups of blind farmers, each with a house, most of the houses provided by the Royal Commonwealth Society for the Blind. All were in immaculate condition. Many houses are steadily being added to, African style, with swept and garnished compounds. Some blind farmers have acquired bullocks - one had four - some are able to hire and pay for casual labour to assist them. Some acquire acres to add to their 12 to make them 15 or 20 or more. With no warning of our arrival, all were at home in their farmsteads. All grow maize, cotton and groundnuts; some tobacco, some cassava, some vegetables (cabbage etc.) for domestic consumption. Hens everywhere; but the eggs were for the family, I was told, not for the market.

205. Then to Macoha Training and Evaluation Estate (MACOHA = Malawi Council for the Handicapped). As the Ministry of Education has had open education for blind children (i.e.

they attend normal primary schools with resource centres and at least one teacher trained at Montfort), what was to happen to the growing numbers of blind children leaving school literate and numerate, but unable to find jobs? Industrial opportunities have been described above but Malawi is an agricultural country and the children come from rural areas and rural schools and farming families. They are mercifully not institutionalised, so what can they do on leaving school except return home and depend on the charity of the community, losing their literacy and numeracy? Now all take home Jubilee braille kits, which is a start, but as many as possible go to Mitongwe, the training and evaluation estate run by the Malawi Council for the Handicapped.

206. When I arrived, the eight unmarried blind trainees, the two married trainees and the two blind tenants had finished their course and gone. The fresh intake would be arriving in a few days. As in the West Indies, each house is three, one behind the other: residence, cookhouse and latrine in descending order of size. All were immaculately clean, as was the superintendent's office. The tobacco grading shed was in a dangerous state, but the Council's men were industriously building a new and larger one on a nearby site. The whole complex - tobacco drying sheds, plant nursery (protected by a splendid fence to keep out the goats), the little group of houses - is intended to create a realistic village atmosphere and provide no frills the trainees would miss later (but I did see a fine tractor and was told they had two). Capital support was provided by the Dutch Government plus Christoffel Blinden Mission, Oxfam and what the Council could raise itself in Malawi. Cultivation is of maize, tobacco and ground-nuts; some cassava. Local labour mingles well with the blind and the result is a resounding success. Nobody stays on after the course is finished. For this is vocational training for school leavers to enable them to earn their living on the land as soon as they marry. (Their families see to that.) Then they set up as tenant farmers on their own.

207. The next bit of vocational training for the handicapped will be tailoring. A building is being acquired at Luchenza and work will start before the end of the year. At present 120 are employed at weaving, 26 at the tie-and-dye, 58 on the land and 67 in open industry in competition with the able-bodied. Vocational training leads to employment.

Mauritius

208. Mauritius already had a National Council for the Rehabilitation of the Disabled, set up in 1977, which had designed a survey of prevalence and needs of disabled children, sampling 20,000 families (about 100,000 people). Its IYDP committee, with very much the same membership (all relevant government departments, including Economic Planning, plus major voluntary societies), expanded the work of the National Council by organising a series of special events, including sports and leisure activities for the disabled. It usefully broadened the usual concept of "access" to include access to education, transport, accommodation and employment, as well as community facilities and health services. It placed great emphasis on prevention, arguing that as government could not make funds available for costly projects, and as preventive measures are less costly than measures to alleviate disablement, the public should adopt preventive measures in the home, at work and on the roads.

209. An unusual feature was that, in addition to appointing its own sub-committees, it monitored the work of other ministries relevant to IYDP and had a finance coordination sub-committee to prepare cost estimates and to tap all available sources for funds. Whereas many other national committees referred in general terms to legislation, Mauritius IYDP usefully listed all legislation relating to disabled persons, covering invalidity pensions, public assistance relief, allowances for severely handicapped children, support for the Societies for the Welfare of the Deaf and of the Blind, etc. The Ministry of Health has a firm policy of employing physically handicapped people and sets an example of employing them in the national hospital, and in the orthopaedic and carpentry workshops. Finally, immunisation, maternity services and child health and school health services are all recognised as essential parts of the attack on disabilities.

210. Under CFTC arrangements, the Chief Physiotherapist of Mauritius has been lent to Seychelles to help them start up their new rehabilitation centre.

New Zealand

211. New Zealand anticipated IYDP by passing the Disabled Persons Community Welfare Act in 1975. This empowered the Government to develop services for disabled people. Nearly all its intentions have now been implemented, including grants for home alterations, allowances for persons caring for handicapped children living at home, provision of aids such as walking frames, and the payment of expenses for travel connected with treatment. More than 100 voluntary organisations provide services and facilities for disabled people. Those offering training, sheltered employment, or day care facilities can receive a 75 per cent salary subsidy for supervisory staff and an 80 per cent capital subsidy for buildings. In accordance with the policy that, wherever possible, care should be provided in the community rather than in institutions, the capital subsidy programme is giving way to salary subsidies for field workers engaged in work with disabled people living in the community. A capitation grant is payable to help with the running costs of residential accommodation for intellectually handicapped children. The Accident Compensation Commission not only pays financial compensation but assists with aids for daily living.

212. IYDP activities were structured to focus attention for two-month periods each on recreation and sport; access; accommodation and mobility; education and welfare; legislation and income; employment; prevention and rehabilitation. In the period when recreation was being highlighted, a marathon relay was organised involving all regions of the country and culminating in the presentation of a submission to Parliament by the participants. But the public success of the Year was a 24-hour-long Telethon appeal for the disabled which raised over \$6.25 million, against which there were bids for \$41 million. The money has to be disbursed within two years, and there are hopes that some of it will benefit disabled people overseas, especially in Commonwealth countries in the Pacific region, where much of New Zealand's technical and financial assistance has traditionally been concentrated.

213. The benefits of support through the years from the New Zealand Leprosy Trust Board and the New Zealand Society for the Intellectually Handicapped (IHC) are acknowledged in many Western Pacific islands. In preference to many organisations seeking to help separate groups of disability, the emphasis is now on the provision of services and facilities for all disabled children and adults to share resources, avoiding the duplication of services and the overlapping of fund-raising efforts. The principal beneficiaries so far are a centre in Nuku'alofa, Tonga, offering education and training to over 100 handicapped children and young adults; IHC's Centre in Western Samoa for intellectually handicapped and deaf children, shortly to have a new building for all handicaps; and a six-classroom school for 110 intellectually handicapped children in Suva, Fiji. The disabled in these and other Pacific islands have also long been helped by visits of medical specialists from New Zealand, which have now been extended to Vanuatu, Tuvalu and Kiribati at the request of the Governments of these island countries.

Papua New Guinea

214. A National Board for the Disabled, set up in Papua New Guinea in 1978, organised and supervised IYDP activities through a steering committee which included representatives of voluntary societies, service clubs and the media. The secretariat was provided by the Department of Community and Family Services. There was evident anxiety not to undermine traditional family structures by encouraging people with disabilities to leave home, and doubts were expressed about the "branding" terms "handicapped" and "disabled". The National Board had already inaugurated a local survey of disabled people in order to gain a better understanding of the scope of their work, but Papua New Guinea has many large, almost inaccessible areas and the steering committee was conscious of its lack of statistical information.

215. The committee listed the 12 centres in the country for work for disabled adults or children as the only government or voluntary society rehabilitation agencies in the country. Many of these I visited. Three stick in the mind. First, the complex of orthopaedic ward and workshop making wheelchairs, sandals for leprosy patients and other physical aids, 17 cottage homes, a sheltered workshop and school for handicapped children, at Lae, on the north shore. Second, the Cheshire Home for disabled children in Port Moresby. Third, a complex of orthopaedic ward, rehabilitation centre and commercially-run sheltered workshop at the general

hospital in Port Moresby, about to move into a new building recently completed by the Salvation Army vocational workshop. Until I visited the orthopaedic wards at Lae and Port Moresby, I had not appreciated the dangers of severe spinal injuries from "encounter games" (the local rugby football I suspect) and being "kicked by cassowaries".

216. In view of the duration of stay of some of the injured in hospital (over ten years in several cases), I was glad to find a rehabilitation association in process of formation to organise interim accommodation for physical, psychological and vocational rehabilitation, to be associated with Port Moresby General Hospital. While this report was being written, the President of World Orthopaedic Concern, Mr. J.W. Wilson, was paying a month's visit to Papua New Guinea under the auspices of the British Council.

217. The rapid localisation of voluntary services accentuates the need for trained Papua New Guinean staff to take over work done by expatriates. To arrange for too much of this training to take place out of the country (e.g. in Fiji or Australia) at this stage would aggravate the scarcity of staff still further. The great need, therefore, is for professional and volunteer staff to go to Papua New Guinea to train a range of local recruits for both rehabilitation and education work. Some of the conscious need for encouragement and guidance in these fields may be made when Rehabilitation International holds its regional conference in Papua New Guinea in September 1982. For the welfare and education of the blind, representatives of Christoffel Blinden Mission and the Royal Commonwealth Society for the Blind visited the country just before me and will no doubt propose a national policy for Papua New Guinea in association with them and with Helen Keller International.

St Vincent and the Grenadines

218. In temporary and very limited accommodation at the Red Cross headquarters in Kingstown, 24 deaf and hearing-impaired children, 24 mentally handicapped, 4 physically disabled and 3 slow learners form the School for Children with Special Needs run by the Association for the Handicapped. Government pays the three trained teachers, whose work is supplemented by US Peace Corps Volunteers, a Crossroader from Canada and local voluntary assistants, including parents of handicapped children. As it is non-residential and no vehicle is available to fetch children from afar, the school can serve the immediate Kingstown area only.

219. The IYDP committee has as its major project the rehousing of the school in more appropriate premises with residential accommodation so that children from the Grenadines and other parts of St. Vincent can attend; and also with a garden so that horticulture can be included in the curriculum. Application is being made through Britain's National Children's Homes to the European Community in Brussels for a building and equipment grant. At the same time, the committee is stressing the need to educate parents in the care of disabled children and in the prevention of disablement. A seminar was therefore held on early identification, prevention and rehabilitation with the theme "Disability is not inability".

220. The blind, as usual, "have their own arrangements", including a sheltered workshop rebuilt by the Lions Club. As a second priority after the re-siting of the School for Children with Special Needs, the IYDP committee see the need for a similar workshop for the rehabilitation and employment of other disabled adults.

Seychelles

221. The Seychelles IYDP committee reported that they had completed a 100 per cent survey of disabled people, compiled a disability register and called in all disabled people for screening at local clinics. The register listed 2,908 people (4.5 per cent of the population) of whom 20 per cent had disorders of slight, hearing and/or speech, 19 per cent had mental disorders, 16 per cent diseases of the nervous system, 12 per cent diseases of the respiratory tract, 11.3 per cent congenital abnormalities, 11.3 per cent disorders of the musculo-skeletal system and connective tissues and 7 per cent cardio-vascular disorders. Figures are also available for those of school age (6-18). Screening was immediately followed by an assessment of the medical, educational, social and employment rehabilitation needs of each individual. This whole operation was made possible by a joint Health/Labour & Social Security/Education/Information inter-ministerial approach and the co-operation of voluntary agencies including a newly-formed National Council for Handicapped Children.

222. For a new rehabilitation centre due to open in June 1982, Mauritius is lending its Chief Physiotherapist under CFTC arrangements to complete the final planning and start things off. The equipment is coming from France and the staff from Cuba.

223. The IYDP committee has completed its work and handed over to a permanent National Council for the Disabled with much the same multi-disciplinary membership.

Singapore

224. Singapore's IYDP literature was particularly impressive. A 100-page "Rights Issue" reproduced documents leading up to the special Year, analyses of the extent of disability, and Rehabilitation International's "Charter for the 80s" as well as a number of articles about Singapore itself. "Access Singapore" is a guidebook of accessible places for the physically disabled from arrival at Changi airport through hotels, shopping centres, government offices, libraries, theatres, sports facilities etc; it was published by the Council of Social Service with assistance from the Tourist Promotion Board, Handicaps Welfare Association, Society for Aid to the Paralysed, and the YMCA for the photographs. The Social Welfare Department produced a coloured pictorial booklet on "Work and the disabled person" with themes such as "An equal chance is all they ask", "Different disabilities but capable workers" and "Work - the road towards self-reliance", intended to "explode the myth that disabled persons are useless and cannot lead a meaningful and productive life". Pamphlets included "What do you do after the first Hello?" - "Befriend at least one disabled person this year". Over 10,000 taxi drivers received a pamphlet on how to help disabled passengers, several of them expressing surprise that it was so easy to fold a wheelchair and put it in the boot. These and many other publicity activities carried out the terms of reference of the IYDP committee which were to "formulate plans of action in disability rehabilitation and carry them through ...; reiterating that the disabled person is an integral part of the community with an equal right to health, education, housing and employment with his able-bodied counterpart".

225. Singapore had a chance to test its attitude to disabled people at the end of November, when it was host to the First Congress of Disabled Peoples International, attended by over 400 delegates from 53 countries, most of them disabled, some very severely. The implications of this congress are dealt with elsewhere in the report. Its motto "Vox nostra" might be interpreted: "We want to make our voices heard, please".

226. This emphasis on publicity and the welfare aspects is not meant to suggest that prevention, rehabilitation or schooling are neglected. The reverse is true. It is just because the medical services and the educational provision, by government and by voluntary associations, are so good that the main IYDP effort could concentrate on public awareness and co-operation. While requests for outside help for the blind (instructor for computer training), for the deaf (sophisticated hearing aids), for the mentally sick (contacts with mental health associations), for the slow learners (contacts with the Intellectually Handicapped Society in New Zealand), and for the training of teachers of all categories of handicapped children were made to me, Singapore readily agreed in return that they would listen to requests from less developed

countries for training and experience in the administration of social services and for supplies of a wide range of aids required in less developed countries.

227. Abilympics-Singapore organised a skills competition along the lines of the International Abilympics, the aim being to promote public awareness and recognition of disabled persons' abilities and to promote employment of the disabled. Among the main areas of competition were watch and clock repairing, dress-making, tailoring, cabinet-making, radio and television repairing and typing for the visually handicapped.

Solomon Islands

228. The IYDP committee in the Solomon Islands had as its main proposal for consideration by government the creation of a new national centre for the disabled on a site apparently already set aside for it near Honiara. The discussions I had with the chairman and secretary of the committee are perhaps best recorded in extracts from a letter I left with them on 4 february 1982:

"Rehabilitation centre is a better term than centre for the disabled because it emphasises the objective of restoring disabled people to as normal a life as possible. An essential point is that the new centre must evolve from existing work among the disabled, with the greatest possible continuity. This means that the council should interest itself in the work now being done for disabled adults at the hospital and in the Red Cross day centre for handicapped children, maintaining and strengthening their work until they can come together in a rehabilitation centre. Both have already trained staff (Solomon Islanders) who have been trained in Fiji and elsewhere, and have valuable experience on the job. The help of volunteers, especially with the children, will need to be continued and encouraged because of the lack of full-time staff. Apparatus and equipment essential for the new centre - the expensive equipment at the hospital work-shop and the speech trainers, hearing aids, etc, at the day centre - are already there and should be maintained, used and renewed without any break, for the sake of adults and children already being helped.

Work for the disabled in the Solomon Islands is at present supported by the Telethon Trust, the New Zealand Leprosy Trust Board, the Society for the Intellectually Handicapped of New Zealand, Rotary International, the British Red Cross and many other external voluntary societies. It is important to maintain their goodwill and support throughout, so that existing work does not suffer. Blind people, especially children, could be assisted by the Royal Commonwealth Society for the Blind, Heath Road, Haywards Heath, West Sussex, RH10 3AZ, England, and I suggest that you apply to them. It is doubtful whether any external sources will pay for bricks and mortar, so your own fund-raising efforts should aim to supply the building while you develop all possible internal and external sources of help with equipment, salaries, etc., especially local service clubs and the larger trading firms".

Sri Lanka

229. The IYDP committee, under the chairmanship of the Secretary to the Ministry of Social Services, published a national plan of action under seven heads, with an implementation programme and a list of implementing agencies under each. The awareness aspects received support from the media, service clubs and general public, stimulated by sports events for the disabled and the winning of 13 gold medals by the ten-member national team sent to the Abilympics in Japan in October. The integration aspects included the setting-up of additional special units in schools so that more disabled children could go to normal schools while living at home with their parents and the placing of disabled people in open employment. The prevention aspect - immunisation against disabling diseases and public education on disability prevention methods - figured prominently in the programme; and disability detection activities in rural areas were followed up by medical and social rehabilitation measures.

230. A survey of mentally retarded persons carried out under the IYDP committee complemented the 1981 census figures for people with other disabilities. The combined result

records 87,836 disabled people (0.60 per cent of the population) of whom 9,331 were recorded as totally blind, 9,341 as deaf and dumb, 30,027 mentally retarded and 39,137 orthopaedically disabled. (The very low percentage is no doubt due to the exclusion of the partially blind and partially deaf, together with the difficulty of conducting a disability survey by ordinary census enumeration methods).

231. The IYDP committee commissioned a directory of services and facilities available for disabled people in the country and a Sinhala translation of WHO's manual on "Training the disabled in the community". Preliminary field-testing of the manual was undertaken by the Sri Lanka School of Social Work.

232. The International Secretariat in Vienna has made a grant of US\$25,000 for the maintenance of an IYDP Secretariat in Sri Lanka, so that its work can continue into 1982.

233. A request for help in setting up small-scale appliance manufacturing centres, including visits to neighbouring countries to see them in operation, has been referred to AHRTAG, the appropriate health technology group in London, and will be pursued with World Orthopaedic Concern.

Swaziland

234. Information received from Swaziland was brief but to the point. A National Society for the Handicapped, an umbrella organisation for all activities for the disabled, had already been in existence for eleven years and had been largely responsible for the establishment of new services, many of them initiated by church organisations. There was a new impetus with the information at the end of 1980 of a national committee for the IYDP. Among its specific achievements have been the registration of 10,000 disabled persons in four disability groups; the setting-up of a vocational rehabilitation centre in collaboration with ILO and UNDP; assistance to individuals by providing prosthetic and orthotic aids; participation by two paraplegic representatives in the Abilympics in Japan; and the inauguration of a week-end market to sell items made by disabled people.

235. Emphasis on the provision of institutions is gradually moving towards family care with the introduction of rural health visitors, community development workers and primary health care, except perhaps for the mentally impaired. The extended programme of immunisation is covering most of the country, using mobile units where there are no clinics; but transport is a problem in some rural areas. Special needs are in training for teachers of the blind and deaf, the finding of less costly prosthetic and orthotic aids, and assistance for trainees from the vocational rehabilitation schools, in the form of housing for those who find open employment and protected workshops for those who need them.

Tanzania

236. At a rally attended by the President and Vice-President on 31 August 1981, the Minister responsible for IYDP, Mr Alfred Tandau (Labour and Social Welfare), estimated 572,000 disabled in Tanzania (3.25 per cent of the population) - 78,000 blind, 51,000 deaf, 136,000 orthopaedically disabled, 170,000 with leprosy and 136,000 severely mentally retarded. The voluntary societies for the blind and the deaf, which have existed for some time, are maintaining their work but are now being complemented by leagues of the blind, of the physically handicapped and of albinos; much of the money raised (target 12 million shillings) by the IYDP committee is intended for these new associations of disabled people to enable them to establish their secretariats, organise joint conferences of all handicapped people and provide the means (money, tools, materials, a hostel) whereby they can make their members more self-reliant.

237. Meanwhile, the far-reaching health services of the Government are achieving a high percentage of immunisation, regularly monitored by a Ministry of Health /DANIDA/WHO/UNICEF team. A report on leprosy in Tanzania by Jean Watson of the Leprosy Mission makes expert recommendations regarding both prevention and rehabilitation. Workshops for the employment of disabled people, the Yombo rehabilitation institute and the Masasi institute for the blind are being extended and improved.

238. A Swahili version of "Donde no hay doctor" ("Where there is no doctor" - David Werner's handbook for village health workers), with appropriate new local illustrations, was produced for use in Tanzania under Rotary auspices and a second, larger, order has had to be placed so that it can circulate widely in neighbouring countries as well. A Swahili version of WHO's manual "Training the disabled in the community" is also in hand.

Zambia

239. Inaugurating Zambia's Humanism Week on 18 October 1981, President Kaunda took as his theme "Enabling the disabled". Five hundred thousand disabled but rehabilitable people in Zambia were of employable age. Urbanisation and the breakdown of extended family care accentuated their needs. These were being met in various ways by both government and voluntary agencies; but their work needed to be co-ordinated, and that was what the IYDP committee should do. But it was not for one year only. "What is needed is a comprehensive policy aimed at tackling continuously the problems of disabled persons in our community."

240. Zambia has a Council and a Commissioner for the Handicapped established by Act of Parliament as long ago as 1968. It also has a Ministry of Education policy, declared in 1979, of "positive discrimination" in favour of children with special learning problems due to disabilities. To date, about half the blind, one in six of the deaf, scarcely any of the severely mentally handicapped and an unknown proportion of the orthopaedically handicapped receive formal education. The goal of public health policies is to reduce the impact of the various causes of disablement, but there must be a public concern for the large numbers of children who are handicapped for life. The aim in 1981 therefore was to plan the means for reaching out during 1982 through health and education services to contact as many disabled children as possible in order to ascertain their numbers and their needs and then to develop appropriate services.

241. A feasibility study for this campaign has already been conducted by Zambia's Educational Research Bureau with UNICEF support. Four screening instruments were field-tested for use by staff with limited training to ascertain children with visual and auditory impairments and children with severe physical and mental handicaps. Meanwhile, materials are being prepared for translation into seven Zambian languages which will focus on:

- how to identify a child with a handicap
- what can be done by the family and community
- what back-up services and resources are available.

242. Three Ministries (Health, Education and Culture, Labour and Social Services) are working together on the 1982 implementation programme with the co-operation of the University of Zambia and UNICEF. The objective is not just to count disabilities by categories but to supply prosthetic aids (spectacles, hearing aids, braces, crutches etc.) to those who need them. Increased production of orthopaedic aids is a major IYDP objective.

243. The adult disabled were encouraged to organise themselves for recreation purposes, for participation in the political life of the country and for technical and vocational training according to their needs. Parliament would be asked to introduce a quota system for the employment of disabled persons; but as many rehabilitated people as possible would be encouraged to return to their own districts of origin, where farm settlement schemes are run by the Council for the Handicapped.

THE MAIN CONCLUSIONS

244. The four major conclusions of this survey are now beginning to emerge. The first is that much of the paraphernalia of the relatively new science and practice of rehabilitation to be seen in industrialised countries is a long way out of the reach of smaller and more remote Commonwealth countries. Somehow, a means must be found to adapt these modern sophisticated technologies to the needs of disabled children and adults in the less developed countries - and not just in their urban areas.