

CHAPTER SEVEN: A REVIEW OF THE PROBLEMS

Disabled people in the developing countries face many problems, which call for solutions. The problems can be divided into four components:

- functional situation
- organisational problems
- environment
- political concerns.

1. FUNCTIONAL SITUATION

The functional situation of disabled people in general is characterised by:

- reduced level of performance of daily life activities (ADL) such as mobility, eating/drinking, keeping clean, communicating, learning, doing household duties, etc., and/or behavior discrepancies;
- lack of education, and training;
- lack of job and income;

(These three factors result in: physical, psychological, social and/or economic dependency)

- increased rates of morbidity and mortality;
- generally low level of quality of life, poverty.

2. ORGANISATIONAL PROBLEMS

The organisational problems are evident:

- most developing countries have services that are merely symbolic. To organise and deliver sustainable services to cover all essential needs will require an administrative system at all levels;
- lack of a local infrastructure for service delivery. Few countries have organisational networks that reach into the communities. The best developed is the elementary education structure. Primary health care and local social services are in most countries still and as yet unable to serve the entire disabled population. Services provided by NGOs and external donors are fragmented;
- lack of professional and managerial personnel, and of community workers competent in CBR, as well as of training programmes/facilities for these groups. The existing rehabilitation personnel do not suffice even for a small part of the essential services. Their training is oriented toward institutions. Innovative types of personnel working at the community level are needed;
- problems related to referral services. In many countries, disabled people are often referred to the existing specialised centres whenever and wherever they seek help. These rarely are able to take care of more people than they already have, making the referrals meaningless. Most centres have low turnover and the facilities are often underutilised. With few exceptions, their quality leaves a good deal to be desired;
- co-ordination problems are frequent: between ministries of the government, between the government and NGOs, and between NGOs;
- the financing of services is very vulnerable: governments often reduce the budgets for "social" programmes during periods of austerity. External donors often ask nationals prematurely to take over the funding of very costly programmes.

3. THE ENVIRONMENT

The psychological environment is characterised by:

- embarrassment: many disabled children and adults are hidden away, not even known to neighbours, and

their presence may be seen as an indication of punishment by God for sins. Their presence can reduce the value of their relatives as potential marriage partners;

- neglect: although disabled family members are sometimes well cared for, the majority of them suffer from neglect. They are often the last to be given food, clothing, health care, physical protection and so on. Neglect is the main contributor to an excessive mortality rate. Most people believe that it is unproductive to try to improve disabled people's performance; they are seen as "useless" and as "a burden to the family."

The physical environment is characterised by:

- lack of access, especially for physically disabled people, to public buildings, services, transport and so forth.

Another environmental problem is:

- the lack of access to mainstream opportunities, for example, for schooling, training, jobs, general development projects health and other public services, information and leisure activities.

4. *POLITICAL CONCERNS*

There are number of political concerns:

- the perception of many governments - as of people in general - is that rehabilitation, education and job placement for disabled people is costly and non-productive. This explains - at least partly - why government services and financial participation are symbolic only. This sector has often been left to charitable organisations;
- disabled people and their families have very little influence over anything, including services set up for them. Their own organisations, if any, are weak, splintered into small fractions and often not very representative. With few exceptions, they also lack cohesion and financial resources. They may be dominated by non-disabled professionals or be under the close supervision of a ministry, indicating that disabled people are not considered as grown-ups. To sum up: disabled people and their families have no power;
- the human rights situation is in a shambles. Equal opportunities exist on paper only; they are not a reality. The right to vote, to freedom of association, freedom of expression, does not always exist. Abuse in all its forms - verbal, physical, mental, economic and sexual - is commonplace. This is a disgrace and makes us wonder how far we are from ensuring a life in dignity and decency for disabled people.

5. *SUMMARY*

The review above is brief and not complete. It should be emphasised that the situation globally is very diverse. There are some excellent services in many countries, trained and capable professionals and well-managed systems. Yet in spite of these positive factors, the problems described are considerable and concern very large groups of people. The disabled population grows rapidly, and a further deterioration of their quality of life can be expected if rapid and extensive measures are not taken by governments and other partners. The situation now is no better than it was 30-40 years ago.

The task is to try to outline an innovative set of solutions to these problems - the community-based rehabilitation strategy. In the following chapter, this strategy will be described, starting with the principles of CBR, a set of objectives and formulation of the general, common sense approaches to problem solving.