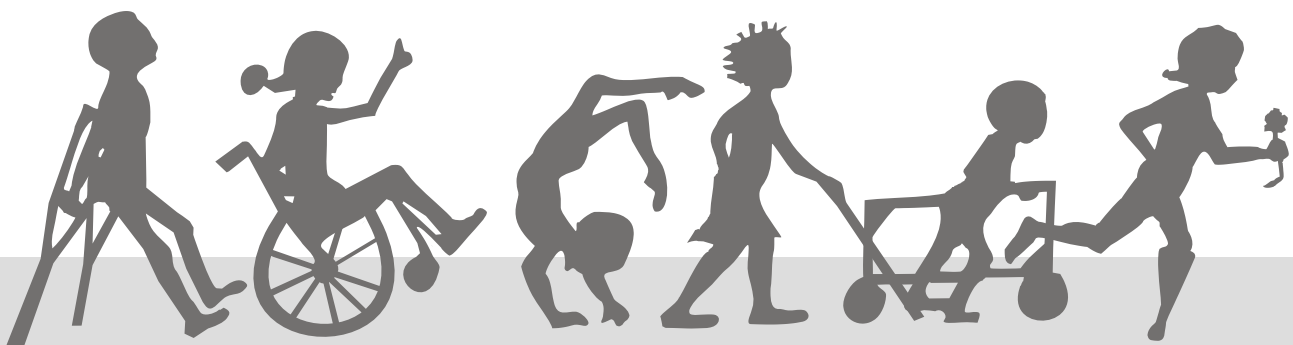# Behinderung und internationale Entwicklung

Disability and International Development

Barrierefreiheit in den Bereichen Information und Kommunikation/Information and Communication without Barriers

Inhaltsverzeichnis
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Editorial

Liebe Leserinnen und Leser,

die UN-BRK hebt die Bedeutung von Barriere-freiheit gleich in mehreren Artikeln hervor. So bezieht sich Artikel 2 auf universelles Design, während Artikel 9 Barrierefreiheit vor dem Hintergrund unabhängiger Lebensführung und gesellschaftlicher Teilhabe in den Blick nimmt. Artikel 29 legt ferner den Fokus auf politische Teilhabe sowie damit verbundene barrierefreie Zugänge zu Informationen und Wahlverfahren.

Die zweite Ausgabe der Themenreihe zu Barrieren gesellschaftlicher Teilhabe und deren Überwindung widmet sich zwei Schwerpunkten: dem Zugang zu Informations- und Kommunikationstechnologien sowie der baulichen Zugänglichkeit.

Die AutorInnen dieser Ausgabe entfalten und diskutieren diese Aspekte in vielfältiger Hinsicht: Sunil Deepak et al. befassen sich mit Barrieren, die die Lebenschancen von Frauen mit Behinderungen in Gaza beeinträchtigen. Im Beitrag von Martin Gould et al. wird die digitale Barrierefreiheit in den Fokus gestellt. Sie reflektieren deren Relevanz für die aktive Teilhabe von Menschen mit Behinderungen an der Umsetzung der UN-BRK. Schließlich thematisiert Damjan Tatic den Aspekt der Rechtsprechung und gewährt den LeserInnen Einblick in die Arbeit des *Committee on the Rights of Persons with Disabilities*.

Die Beiträge werden um Geschichten von Enrique Manuel Aviña Chavez, Abdul Qahir Ghulam Hazrat, Saowalak Thongkuay und Zebenech Getaneh Solomon ergänzt. Sie erzählen aus mexikanischer, afghanischer, thailändischer und äthiopischer Perspektive von zu überwindenden Schwierigkeiten und neuen Wegen – etwa in der Schule, auf dem Fußballfeld und bei der Arbeit.

Wir wünschen Ihnen viel Vergnügen bei der Lektüre und eine schöne Sommerzeit,

Ihr Redaktionsteam.

Dear Readers,

the UN CRPD underlines the importance of accessibility in several articles. Article 2 refers to universal design, whereas article 9 highlights accessibility in the context of independent living and social participation. In addition, article 29 focuses on political participation as well as barrier-free access to information and election procedures.

The second issue of our thematic series on accessibility and barriers to social participation emphasises two topics: access to information and communication technologies and physical accessibility.

The authors of this issue explore and discuss these aspects in a variety of ways: Sunil Deepak et al. highlight barriers which affect the life chances of women with disabilities in Gaza. The contribution of Martin Gould et al. focuses on digital accessibility. The authors reflect the relevance for the active participation of persons with disabilities regarding the implementation of the UN CPRD. Last but not least, Damjan Tatic examines the aspect of jurisprudence and provides an insight into the work of the Committee on the Rights of Persons with Disabilities.

The articles are complemented by stories of Enrique Manuel Aviña Chavez, Abdul Qahir Ghulam Hazrat, Saowalak Thongkuay and Zebenec Getaneh Solomon. From a Mexican, Afghan, Thai and Ethiopian perspective, the four persons share their experiences on difficulties which have to be overcome and new paths to do so – be it at school, on the soccer field or at work.

We hope you enjoy reading this issue and wish you a nice summer time,

Your editorial board.

Barriers Perceived by Women with Disabilities in Gaza, Palestine

Sunil Deepak/Isra'a Juma'a Ahmed Abu Lehya/
Walaa Nemer Mdoukh/Adriano Lostia

This article presents the findings of an emancipatory disability research project in Gaza, Palestine. Among other topics, the project investigates the barriers faced by women with disabilities regarding the access to health services. The article shows that the participants face numerous barriers that are also common to persons with disabilities and more specifically to women with disabilities in other parts of the world. In addition, the authors highlight the specific political situation of Gaza strip, which creates additional barriers and challenges especially for women with disabilities – such as access to specialised health services and livelihood opportunities.

Introduction

Societies have different ways of looking at persons with disabilities. For large parts of human history, in different cultures all over of the world, disabilities were often seen as a divine punishment for wrong behaviour or sins. Even today, such ideas can continue to influence the behaviour and attitudes of many communities and families. For example, different eastern religions share beliefs in reincarnation and influence of deeds in the past lives on the present lives.

Over the last few centuries, with the spread of industrialisation, disability was viewed as a *defect* or *mal-functioning* of individuals who need to be *normalised* through rehabilitation. This way of looking at persons with disabilities has been strengthened by technological advances, which create expectations that sophisticated interventions can normalise most, if not all, disabilities.

Social values and cultural norms influence how disabilities are perceived. All over the world, communities are composed of different groups, each with their own values and norms. Despite this richness of difference, prevailing values and cultural norms derive from and mainly benefit a particular dominant male group. These values are universalised and upheld as shared societal values; to the extent that if one is different from the dominant group, be it on the basis of gender, ethnicity, race, age, sexual preference or ability, one is devalued and marginalised. This devaluation serves to maintain the social order (Home 2000).

Traditional ideas about the *causes* of disability and locating the disability as a problem of the person along with the dominant social values and cultural norms lead to the building of barriers around persons with disabilities that block their equal participation and inclusion in different life activities. Over the last fifty years, persons with disabilities joining together in organisations (disabled people's organisations or DPOs) have started to question these views on disability by pointing to the disabling role of barriers. This understanding has led to the articulation of a *social model of disability* that locates disability in the society and in the disabling barriers (Oliver 1990). The barriers include isolation, neglect, abuse and violence as well as lack of access to social, health, education and livelihood opportunities. Most persons face the first barriers in their own families (Deepak/Kumar/et al. 2013).

The International Convention on the Rights of the Persons with Disabilities (CRPD 2006) and the International Classification of Functioning, Disability and Health (ICF 2001) both highlight the environmental factors that restrict participation in different life activities. The first World Report on Disability (WHO/WB 2011, pp. 263-264) documented widespread evidence of disabling barriers including inadequate policies and standards, negative attitudes, lack of provision of services, problems with service delivery, lack of accessibility, and lack of consultation and involvement.

Palestine and Persons with Disabilities

At present, Palestine is divided into two territories – West Bank bordering Jordan and the Dead Sea; and the Gaza Strip in the south, bordering Egypt. Gaza is a narrow strip of land facing the Mediterranean Sea with an area of about 360 sq. km. It has a total population of about 1.8 million persons (UNRWA 2010, p. 3). Palestine has been part of a conflict with Israel spanning different decades (Smith 2009). Since the beginning of the second Intifada and even more with the elections in 2006, the borders

between Israel and the Gaza Strip have been closed with limited movements of people, goods and services (Li 2006).

The World Report on Disability estimates that 15% of the world's population has a disability. On the other hand, different surveys carried out in Palestine over the past decade have calculated that persons with disabilities constitute between 2 to 6 per cent of the total population (EMRO-WHO 2013; Jarar 2009).

Emancipatory Research Project in Gaza

An emancipatory disability research project (EDR) was planned in the Gaza Strip as part of a European Union co-funded project INCLUDE - Socio-Economic Empowerment of Women with Disabilities in the Gaza Strip cofunded by European Commission (DCI-Gender 2012 pp. 301-155) and focusing on improving the livelihoods of women with disabilities. It is managed by two Italian non-governmental organisations: EducAid/Italy with support from AIFO/Italy.

This emancipatory research activity will be carried out in three regions of Gaza (North Gaza, Gaza City and South Gaza) during 2014. EDR will implement research on three issues - understanding the attitudes of parents of children with disabilities, learning from experiences of persons with disabilities who have successful income generation activities, and understanding the barriers faced by women with disabilities for accessing the health services. EDR is controlled and carried out by people with disabilities in ways that promote their empowerment. It uses a human rights approach that informs them about their legal and moral entitlements. It helps them to understand how different barriers prevent the participation and inclusion of people with disabilities in their communities. It also identifies strategies for overcoming those barriers (Deepak 2012, p. 4).

Preparation for implementing EDR in the Gaza Strip included identification and training of 30 community researchers among women with disabilities to conduct research through participatory methods. After the training, these community researchers will carry out research on three specific themes that they themselves have identified. The training of the researchers for EDR included discussions on barriers faced by women with disabilities in their daily lives. This article is based on those discussions.

Method

Sample

30 women with disabilities, who were selected to be the researchers, took part in an exercise focusing on barriers faced by them in their daily lives during the training course on EDR. These women were identified by local Palestinian community organisations working with persons with disabilities in three regions of the Gaza Strip – North Gaza, Gaza City and South Gaza. From each region ten women, including persons of different ages, with different disabilities and from different educational and socio-economic levels, were selected. An analysis of general information about the sample participants is presented in results. Thus, it was a purposive non-random sample of women with disabilities who took part in the discussions on barriers.

Method

During the training on *Implementing Emancipatory Disability Research*, barriers faced by women with disabilities were discussed in two separate exercises:

1. In the beginning of the training course, a five-day long exercise (including two days of group discussions and three days of self-guided reflections) on *identification of barriers in the daily lives* was organised to introduce the concept of the social model of disability. The exercise started with a one-day seminar, during which there were group discussions on barriers faced by persons with disabilities. Participants were asked to share experiences and then collectively decide the different kinds of barriers.
   Then for three days, each participant was asked to become aware about and write down in a note book all the barriers she encountered in her daily life.
   A second one-day seminar was organised, during which the women shared their experiences of becoming aware about the barriers and their feelings provoked by this exercise. They also discussed ways of overcoming those barriers.
2. A second one-day exercise on barriers was organised at the end of the training course in which the participants discussed the health care needs of different groups of persons with disabilities during different phases of their lives and shared experiences regarding barriers linked to health services and technical appliances.
   This paper presents a summary of the opinions and experiences shared by the women with disabilities during the two exercises mentioned above.

Results

General Information About the Women with Disabilities

General information was available for 29 out of 30 women, one woman did not participate in the first meeting when general information was collected.

Age: The average age of women was 26.6 years, median age was 24 years and the age range was 19 to 41 years. Six persons (20.7%) did not answer the question regarding age.

Education: Three women (10.3%) were illiterate, seven women (24.1%) had high school level education or less, and 19 women (65.6%) had pre-university or university level education.

Kind of disabilities: 17 persons reported difficulties in terms of multiple areas of functioning (90% of the persons with less than high school education and 42% of the persons with university level education), while 12 persons reported difficulties in a single area of functioning (10% of the persons with less than high school education and 58% of persons with university level education).

A numerical score was given to each area of functioning according to the degree of the difficulty in that area – 1 for no difficulty, 2 for little difficulty, 3 for lot of difficulty and 4 for complete inability to function. Thus, higher score indicated greater difficulties and difficulties in more areas of functioning. The average score of persons with university level education was 3.1 while for the persons with less than high school education it was 5.7.

Seven women (24.1%) reported difficulties in vision, eight (27.6%) had difficulties in hearing, nine (31%) had difficulties in speech, 11 (37.9%) had difficulties related to movement and mobility, 13 (44.8%) had psychosocial difficulties, one (3.4%) had difficulties related to convulsions, nine (31%) had learning difficulties and one woman (3.4%) had other difficulties.

Technical appliances: Ten women (34.5%) were using some kind of technical appliance – two persons (20%) among those with less than high school level education and eight persons (42.1%) among those with university level education. The appliances included artificial limbs, eyeglasses, visual aids (audio books and special computer software) and a hearing aid.

Job and income: Among the persons with less than high school education, one woman (10%) had some regular income from work, while among those with university level education, four women (21.1%) reported regular income from work. No women reported a full time paid job.

Marriage: Four women (13.8%) were married, all of them to non-disabled persons.

Participation in disabled people's organisations (DPOs) and in Self-help Groups (SHGs): 14 women (48.3%) were members of a DPO while seven women (24.1%) were members of a SHG.

Barriers Faced By Women with Disabilities in Gaza

The participants were asked to think about the barriers they were facing in their daily lives. During their discussions, the women divided their ideas and experiences in three main groups – external barriers, internal barriers and economic barriers.

External Barriers

The following issues were raised by the participants in their discussions:

- Negative perception of society: This was the most common barrier expressed by the participants and also one of the most difficult to overcome. Many participants felt that women with disabilities face more negative perceptions in the society compared to men with disabilities. For example, they explained that it is harder for women with disabilities to get married compared to men. A participant said, "So much has been done to create awareness about persons with disabilities, but why did it not have any effect? Is it because the awareness activities are insufficient or they are not done properly?"

- Inaccessibility of roads: The roads are not good and in many places there are just dirt tracks. This creates difficulties for different groups of persons with disabilities. Participants said that they often decide not to go out of the house because going out is so difficult.

- Electricity blackouts: Gaza has frequent power breakdowns leading to electricity blackouts. This was seen as a problem for all the citizens but it had worse effects on the persons with disabilities. One person with hearing disability said that during blackout she cannot communicate with others because they can't see her sign language. Another person with mobility problems said that during electricity blackouts, lifts do not work, so she is stuck and cannot go out.

- Unavailability of accessible transportation: Public transport in Gaza is extremely limited and accessible transport is not available. The only way to travel for many persons with disabilities is to get a taxi, but taxi services cost a lot and they do not have money to pay for this service.

- Discrimination against persons with disabilities in the families: This was seen as a barrier by a few women with disabilities. A women with hearing disability said, "My father treats me very badly and he does not love me. For him I am a burden and a disgrace to the family. It pains me very much. Outside the house, community has a negative perception and they say bad things when I go out. I feel very sad when I think about it."
- Non–existing cooperation of decision makers: Many persons felt that the Government and other decision makers do not see disability issues and the problems faced by persons with disabilities as a priority for the country. In addition, there are different non-governmental organisations and disabled people's organisations, all of which do their own activities and do not cooperate and co-ordinate with each other. So there are projects for persons with disabilities, but there is no continuity and sustainability of activities.
- Unavailability of technical appliances: Many persons felt that not having proper technical appliances such as hearing aids is a big barrier to their participation in daily lives.

Internal Barriers
All participants felt that internal barriers related to their feelings and emotions are equally important, and often these barriers block their participation in diverse life activities and relationships. These barriers express themselves through different emotions such as lack of self-confidence, a feeling of shame, depression, hesitation, anxiety, psychological repression, shyness, anger and frustration. For example, a 34-year-old woman with movement disability said, "It is so tiring to fight all the time with the negative things that people say. Sometimes they do not say anything, but their looks can communicate what they think about me. As if I have no right to live, or to go out. First I have to fight with my own fears and my sense of shame. Then I have to fight with the world. I wish I could become invisible."

Economic Barriers
All participants agreed that the economic barrier of not having a regular income and not having any financial independence is one of the biggest barriers that they face. They agreed that finding a job in Gaza is difficult for all persons, but it is even more difficult for women, while for women with disabilities it is almost impossible. On the other hand, different factors linked to the political situation with the block-age of frontiers, lack of trade, lack of petrol and electricity, all create uncertainty and risks for self-employment and micro-entrepreneur initiatives.

Overcoming the Barriers
The participants felt that initiatives linked with advocacy and lobbying to put pressure on the Palestinian Government are difficult because of the political situation in the Gaza Strip and the fact that the Palestinian state has limited means to answer the needs of its citizens. Keeping this in mind, the solutions suggested for overcoming the barriers were grouped in three kinds of activities:
1) Promoting wider changes in the people, in the communities and in the State through activities such as advocacy and lobbying for rights, promoting social awareness, and promoting CRPD.
2) Individual efforts to overcome barriers by networking among persons with disabilities, sharing life stories and experiences for motivating each other, organising common initiatives for leisure and sport for women with disabilities, and working with families to stop discrimination.
3) Specific solutions for problems such as carrying a flash-light in backpacks to deal with frequent electric blackouts. A number of participants also suggested that crying, cooking and walking to relieve stress may be good strategies when nothing else works to overcome frustration and depression.

Barriers Related to the Health Services and Technical Appliances
The participants discussed that all women with disabilities require support from health services for general health care needs. In addition, some of them require regular or periodic support from health services for specific needs related to their disabilities. The health care needs can be different depending upon gender, age and kind of disabilities. Some women shared personal experiences of barriers encountered at the health services:

A 26-year-old woman with movement disability said, "Getting health care is like an obstacle course, every step is difficult. Having the money to pay and then to find a transport to the health centre is difficult. When I reach there, I need to go up all the stairs. Once I am inside, they make me wait, because I am disabled so the doctor thinks that I can wait but there is no place to sit. They don't treat non-disabled persons in this way."

A 22-year-old woman with movement dis-

ability said, "My brother has weak bones, he gets bone fractures very easily. Doctors in Gaza don't know what to do with him and how to help him. Perhaps he can get some help outside Gaza but going out of Gaza is so difficult!"

A 31-year-old woman with multiple disabilities said, "My spine is not straight and since I had the baby, I get back pain. I went to the doctor many times but he never even touched me, never explained anything, he just wrote me some medicines to take. In the end, I searched for information on the Internet and read about back pain. I learned some exercises for back pain and do them regularly, so now I am better. We can't wait for doctors to help, we need to find information through the Internet and take care of our bodies."

A 28-year-old deaf woman explained, "When I was married, I did not know anything and soon became pregnant. In the hospital, I went for one check up but I could not communicate with them, so I did not go back for check ups. I went there only for the child birth, but my mother was with me and she explained everything to the doctors and nurses. Without my mother, I don't know how I can get help in the hospital."

A 21-year-old woman with low vision and movement disability said, "I had to get the medical report from the hospital. The first doctor, he refused and sent me to another doctor, so I had to wait for another two hours. Then when he gave me the certificate, I had to get it stamped in five different places and go up and down to different departments. It took me three days to get that report. They do not realise that I suffer when I have to climb stairs. The waiting halls are full and you cannot sit down and rest. It was a nightmare."

Impact of Reflecting on and Discussing Barriers

The participants were asked to give their feedback about the impact of the exercise on reflecting, writing down and discussing barriers. The opinions were almost equally divided between two positions – some persons felt that thinking about barriers had increased their feelings of frustrations and sadness, while others felt that it was liberating to talk openly about the different barriers, and to express their feelings of anger and frustration when faced with discrimination in different aspects of life.

For example, one participant with a mobility disability said, "Thinking about internal and external barriers, I felt an internal revolution. At the same time, I had very disturbed feelings of sadness and sorrow about myself and I had feelings of anger towards the society."

Another participant with hearing disability said, "I found it very strange to write about the barriers and wondered what the reason is to write about these? Is this exercise just to remind me of my sufferings that I must live every day? I still feel a little weird about it, though I understand that it helped me to share with others about what gives me more pain and suffering."

Finally one person with a visual disability said, "I liked this exercise. Usually I feel that my difficulties are because I am disabled. This exercise made me think that so many of my difficulties are because others discriminate against us and do not think of us. It made me feel more optimistic."

Discussion

Like persons with disabilities from different parts of the world, women with disabilities in Palestine report daily encounters with disabling barriers. The attitudinal barriers faced in early childhood within their own families, friends and communities are internalised and accompany the women throughout their lives, provoking feelings of fear, shame, lack of self-confidence, frustration and depression. Often there are limited opportunities to share these feelings with others and thus crying is seen as a legitimate way to express these feelings. The internal barriers are compounded by external barriers related to physical inaccessibility, attitudes of others, lack of opportunities for participation and economic resources, and lack of accessible services.

The specific political situation of Palestine with the prolonged conflict and restrictions of movements has resulted in the worsening of infrastructures and basic services such as electricity and roads. These create difficulties for the whole Palestinian population, but are even more disabling for women with disabilities. And due to these, all the initiatives including those for advocacy and lobbying in change of laws and access to services and opportunities, as well as processes of empowerment, have limited impact on their lives.

In conclusion, women with disabilities in the Gaza Strip face numerous barriers that are common to persons with disabilities and more specifically to women with disabilities in other parts of the world. In addition, the specific political situation of Gaza strip creates additional barriers and renders more difficult individual and institutional dismantling of those barriers. Main entry and exit of persons and goods from

Gaza Strip, including through the sea, are controlled by Israel. Thus the implementation of different national policies and strategies is heavily influenced by the embargo. This negatively affects access to specialised health services and livelihood opportunities for all the population of Gaza Strip, including those of women with disabilities. The barriers affect the women's daily lives. Specific services such as health care are associated with additional barriers.

Limitations

The exercise on barriers encountered in daily lives focused mainly on home, family and health care. It did not touch on other specific areas of life such as access to educational institutions, livelihood opportunities, and sports and leisure activities. Thus, the barriers identified during the exercise do not represent all the barriers that women with disabilities in Palestine encounter in their lives.

The exercise on barriers was conducted as part of the capacity building process for carrying out emancipatory disability research. Thus, many of the women with disabilities who participated in the exercise were meeting for the first time. At the same time they did not know the persons conducting the exercise, some of whom were men. This could have limited the discussions about some cultural barriers, such as those related to family hierarchies and gender issues.

Conflict of Interests

Acknowledgements

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Zusammenfassung: In diesem Beitrag werden die Ergebnisse eines emanzipatorischen Forschungsprojekts mit Menschen mit Behinderung im Gaza-Streifen in Palästina vorgestellt. Unter anderem werden in dem Projekt die Barrieren untersucht, mit denen sich Frauen mit Behinderung im Hinblick auf den Zugang zum Gesundheitssystem konfrontiert sehen. Dieser Beitrag zeigt, dass die Teilnehmerinnen vor zahlreichen Barrieren stehen, von denen auch Menschen mit Behinderung allgemein und insbesondere Frauen mit Behinderung in anderen Teilen der Welt betroffen sind. Zusätzlich heben die Autoren die spezifische politische Situation im Gaza-Streifen hervor, die zusätzliche Barrieren und Herausforderungen, insbesondere für Frauen mit Behinderungen, schafft – wie beispielsweise den Zugang zu spezialisierten Gesundheitsdiensten und zu Möglichkeiten der Existenzsicherung.

Résumé: Cet article présente les résultats d'un projet d'étude innovant sur le handicap à Gaza, Palestine. Entre autre, ce projet enquête sur les barrières rencontrées dans l'accès aux services de santé par les femmes en situation de handicap. L'article démontre que les participantes sont confrontées tant à de nombreuses barrières communes à toute personne handicapée, qu'à des barrières spécifiques aux femmes handicapées, spécificité rencontrée également dans d'autres parties du monde. De plus, les auteurs soulignent la situation politique particulière à Gaza qui crée des barrières et défis supplémentaires, et plus particulièrement pour les femmes handicapées – comme par exemple l'accès aux services de santé spécialisés et les possibilités d'obtenir des moyens de subsistance.

Resumen: Este artículo presenta los resultados de un proyecto de investigación emancipadora sobre la discapacidad en Gaza, Palestina. Entre otros temas, el proyecto examina las barreras que tienen las mujeres con discapacidad en el acceso a servicios de salud. El artículo muestra que los participantes se enfrentan con los mismos obstáculos que encuentran personas con discapacidad y especialmente mujeres con discapacidad en otras partes del mundo. Por otra parte, los autores subrayan la situación política específica de la Franja de Gaza lo que crea obstáculos y desafíos adicionales, especialmente para las mujeres con discapacidad, como el acceso a servicios de salud especializados y las oportunidades de subsistencia.

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Removing Barriers and Advancing Digital Accessibility:
Ensuring Active Participation by Persons with Disabilities in Treaty Implementation[1]

Martin Gould/Axel Leblois/Francesca Cesa Bianchi/Viviana Montenegro

This paper highlights the importance of digital accessibility to information and communication technologies. As one overall approach to effectuate the removal of digital accessibility barriers, the authors argue for the participation of persons with disabilities in the active evaluation and monitoring of their country's implementation of the Convention on the Rights of Persons with Disabilities (CRPD). In this regard, the article highlights the importance of CRPD monitoring and evaluation in general, the need for respective capacity building and recommendations for action directed towards CRPD stakeholders.

Introduction

Virtually all aspects of society are affected by the use of Information and Communication Technologies (ICTs), including mobile communications, television and computers all over the world. Ensuring digital accessibility to ICTs is part of a larger effort to build an information society based on ensuring people's right to communicate, share information, use knowledge for their own ends and overcome barriers in the use of ICTs.

Digital accessibility barriers limit the participation of persons with disabilities into the life of their community – e.g. political processes. ICT barriers affect persons living with sensory, mental, intellectual and physical disabilities including the elderly. For instance: a television program or an emergency announcement may not be signed or captioned for a deaf person; a web site or government data base may not be accessible to a screen reader user; a bank ATM may be too high for a person in a wheel chair to operate its keyboard; a mobile phone may not offer alternative user interfaces for persons with dexterity issues, low vision or cognitive challenges; a computer program may not allow to use alternative input/output devices for persons with motor impairments.

Removing digital barriers to accessibility (Article 9) is an objective for States Parties to the Convention on the Rights of Persons with Disabilities. One overall approach to effectuate the removal of digital accessibility barriers is through the participation of persons with disabilities in the active evaluation and monitoring of their country's implementation of the CRPD. People with disabilities can engage in this evaluation and monitoring work through formal or voluntary channels.

Importance of CRPD Monitoring and Evaluating CRPD Implementation

The Committee on the Rights of Persons with Disabilities considers accessibility as one of the key issues in each of ten dialogues (Essl Foundation 2014; IDA/ITU et al. 2013; Hajnoczi/Fembek et al. 2014; Mpatwa 2012; Leibowitz/Alizada 2011) it has held over several years with States Parties to consider their initial reports on the status of their country's CRPD implementation. The concluding observations have all contained recommendations about accessibility. On 25 November 2013, a Draft General Comment on Article 9 on Accessibility was prepared by the Committee and released for public consultation and response (CRPD Committee 2014). Two challenges cited in that Committee's draft general comment stand out. One challenge cited in the CRPD Committee's General Comment on Article 9 on Accessibility involves the lack of an adequate monitoring mechanism to ensure the practical implementation of accessibility standards and relevant legislation. In some States Parties, monitoring was the responsibility of local authorities that lacked the technical knowledge and the human and material resources to ensure effective implementation.

The *Convention on the Rights of Persons with Disabilities 2013 ICT Accessibility Progress Report* (Gould/LeBlois et al. 2014; hereinafter referred to as the Progress Report) shows that 87 percent of States Parties to the CRPD do not have a systematic mechanism to involve DPOs working in the field of digital accessibility to the drafting, designing, implementation and evaluation of laws and policies.

The CRPD also calls for the collection of "appropriate information, including statistical and research data" to help assess the implementation of the Convention (Article 31(2), Statistics

and Data Collection).

The Progress Report also shows that 91 percent of State Parties to the CRPD have neither statistics nor data accessible for the general public about digital access by persons with disabilities. CRPD monitoring, like all UN treaties, requires each State Party to the Convention to submit a comprehensive (initial) report to the CRPD Committee within two years after the convention enters into force for that State. The initial report is composed of a common core document, which provides general information common to all human rights treaty bodies, and a treaty-specific document, which contains information specific to the implementation of the CRPD and is often organised on an article by article basis. State Parties are required to submit periodic reports at least every four years, or more frequently if so requested by the Committee.

How can individuals with disabilities and Disabled People's Organisations (DPOs) participate in CRPD monitoring and evaluation to correctly assess whether expected outcomes are achieved – e.g. the removal of digital accessibility barriers?

Individuals and DPOs have the opportunity to participate in the assessment of CRPD in their country and to provide input on how the CRPD is being implemented at the national level at various stages during the drafting of the State Party report, including the list of issues and the concluding observations and, in the follow-up to the concluding observations, during days of general discussion and in the drafting of general comments. The involvement and participation with national monitoring frameworks and other national implementation and monitoring bodies is a key component to ensuring the effective implementation of the CRPD.

Opportunities for DPO input exist throughout the monitoring preparation, reporting and follow-up process including when the:

- State Party holds consultations with civil society including DPOs, to prepare its 1st State report two years after entry into force of the CRPD for the State Party.
- State Party submits its State report to CRPD Committee. DPOs may submit their own parallel reports.
- CRPD Committee presents the State Party with a list of issues and questions based on concerns raised by the State report. DPOs can suggest issues and questions the Committee should ask the State, before the Committee adopts its concluding list of issues.
- State Party submits written replies to list of issues and questions. DPOs can also give their own responses.
- Dialogue ensues between the CRPD Committee and the State Party delegation during a plenary session. DPOs can request in advance to give an oral presentation during the session in which the dialogue with their country takes place.
- CRPD Committee issues concluding observations on the State report, and proposes key recommendations. Before concluding observations are adopted, DPOs can identify for Committee members priority areas that need quick action with recommendations.
- State Party engages in the follow-up on the implementation of the CRPD Committee's recommendations. DPOs should work with the (national) monitoring mechanism and government on implementing recommendations and follow up.

Need for Capacity Building for CRPD Monitoring

According to Paragraph 7 of the 25 November 2013 Draft General Comment on Article 9 on Accessibility "A second common challenge has been the lack of training provided to the relevant stakeholders and insufficient involvement of persons with disabilities and their representative organisations in the process of ensuring access to the physical environment, transport, information and communication." The preceding paragraph number 6 of the Draft General Comment reads:

"The World Disability Report (2011) of World Health Organisation and the World Bank stresses that built environment, transport and information and communication are often inaccessible to persons with disabilities (World Disability Report, Summary, p. 10). Persons with disabilities are prevented from enjoying some of their basic rights, like the right to seek employment or the right to health care, due to lack of accessible transport. Levels of implementation of accessibility laws in many countries remains low and persons with disabilities are often denied their freedom of expression due to inaccessible information and communication. Even in countries where sign language interpretation services for deaf persons exist, the number of qualified interpreters is usually too low to meet the needs for interpretation as demands exceed the supply of services."

Common Challenge number 2 is further substantiated by the Progress Report's findings regarding ratifying States' capacity for CRPD implementation. The data points in the following table are the most important ones. They are

extracted from the 2013 Progress Report (Gould/LeBlois et al. 2014, p. 18; derived from Table 13).

Table 1: Countries' Capacity for CRPD Implementation of Digital Accessibility	
Government focus – Percentage of countries with policy processes in place "In your Country, are/is there…?"	Yes
… any government fund allocated for digital accessibility	32,0 %
… a systematic review mechanism by the Country of the existing legislation and/or policies concerning digital access	21,0 %
Support of DPOs and NGOs – Percentage of Countries with processes in place "In your country, are/is there…?"	Yes
… financial supports for DPOs and NGOs working in field of digital accessibility	34%
… a forum for active cooperation between NGOs working in field of digital accessibility	23%
Capacity building – Percentage of countries with processes in place "In your country, are/were there…?"	Yes
… nationwide conferences and other awareness raising information programs, projects, in the field of digital access over the past two years organised by Civil Society	37,0 %
… nationwide conferences and other awareness raising information programs, projects, in the field of digital access over the past two years organised by Government	31,0 %
… any (National) Technical Assistance Centers	27,0 %
… nationwide conferences and other awareness raising information programs, projects, in the field of digital access over the past two years organised by Private Sector/Industry	19,0 %
… mandatory training programs (at universities, vocational schools, etc.) for future professionals about digital access for persons with disabilities	11,0 %

CRPD Monitoring and Capacity Building: Strategies That Work

Addressing the two common challenges articulated in the Committee's General Comment on Article 9, Paragraph 7, involves by necessity a combined approach as it relates to persons with disabilities and DPOs. To become active participants in State Party monitoring and to ensure multi-environmental access requires – at a minimum – access to practical instruments and disability-inclusive monitoring and CRPD assessment processes. It also necessitates continuous technical knowledge and skill development as well as access to ongoing technical assistance resources for local capacity building.

G3ict has developed several products, tools and informational resources (e.g. lessons learned from case studies submitted by NGOs, DPOs, field researchers) that State Parties can use to meet the two aforementioned challenges. G3ict's CRPD ICT Accessibility Progress Report offers disability advocates, governments, civil society and international organisations monitoring the progress of the implementation of the CRPD by State Parties a unique benchmarking tool that collects data on country laws, policies, and programs pertaining to Accessible and Assistive Information and Communication Technologies around the globe.

G3ict created the ICT Accessibility Self-Assessment Framework benchmarked to the CRPD. The Self-Assessment Framework enables ratifying States – as well as States planning to ratify the CRPD – to evaluate their own progress toward domestic conformity with the CRPD's ICT accessibility requirements. Self-assessment may facilitate advocacy and needed improvement on many levels by encouraging cooperation among concerned actors within States. Over the past seven years of work, G3ict has also developed a local capacity building rubric (Table 2 below) based on: (a) reviews of State Parties' CRPD monitoring reports submitted to the CRPD Committee, as well as parallel submissions to the CRPD Committee by DPOs and NGOs; (b) G3ict's observations and research data acquired as a result of its outreach and technical assistance to individual countries and regions; and (c) lessons learned from the field by NGOs, DPOs, regional activists and researchers – e.g., setting up accessible community telecentres, or establishing early warning alert systems using accessible mobile community phone trees.

Recommendations for Action

To ensure active and effective participation by individuals with disabilities and DPOs in improving digital accessibility through treaty monitoring and evaluation, CRPD stakeholder leaders need to:

1. Design country-driven multi-stakeholder

Table 2: Dimensions and Elements of Effective Local Capacity Building for CRPD ICT Implementation

Stages of Capacity Building	Strategies for Building ICT Capacity to Improve e-Participation
Start from communities strategic priorities	Work in tandem with communities, DPOs, NGOs goals and objectives
	Conduct a needs assessment
	Involve DPOs in ICT policy/program planning and design
Target policy/program effectively	Define clear objectives
	Identify target recipients; focus on marginalised groups (women, children, elderly)
	Plan realistically for implementation within local resources
Learn from monitoring and/or evaluation	Link policy/program goals to local (strategic) priorities
	Empower target groups to evaluate
	Adapt policy/program in response to findings
	Monitor and/or evaluate regularly
Build strong partnerships	Select partners with complementary strengths
	Provide partners with incentives
Develop a sustainable model	Identify which services provided as public good, and which can be commercial
	Involve the private sector
Share policy/project lessons learned	Communicate best practice lessons learned continuously
Build on existing information and knowledge	Identify existing information and knowledge base
	Incorporate existing information and knowledgebase into scope of policy and program
	Connect to traditional knowledge
	Promote local participation in the policy and program
Create/adopt accessible materials	Identify citizens accessibility needs, literacy levels, etc.
	Understand information needs of local citizens
	Address diversity of local language(s)
	Develop materials in accessible format(s) for use
Use appropriate ICTs to reach individuals	Adopt ICTs that local people can use in daily life
	Choose ICTs that people can afford to use
Work with local leaders	Identify grassroots-based leaders with a track record
	Provide appropriate incentives for partnership
Build capacity of leaders and target group	Provide training in efficient information access, manipulation, and transmission
	Provide usable information resources
	Build adaptation skills – e.g. translate content to suit local conditions

programs that are focused on specific areas of accessibility (e.g., television broadcasting, mobile services, e-government, Inclusive ICTs for Education etc.) and which:

a) Are open and flexible in order to engage relevant stakeholders for each sector including DPOs

b) Generate sector specific roadmaps, progress metrics, milestones and monitoring processes involving relevant stakeholders including DPOs

c) Are supported by disability-inclusive development data collection, analyses, and reporting, and tools for disseminating the results.

2. Enhance in-country capacity through training and broadening skills in internally identified subjects related to accessibility, capacity development from mediation to economics by:

a) Being willing to promote capacity building program funding that involves fewer clear-cut short term accessibility outputs, and targets that are less easily monitored and quantified besides the increased

number of individuals trained and their level of proficiency.

b) Offering training and awareness raising programs on accessibility to enable essential stakeholders such as DPO leaders and public and private sector executives to participate in the design of accessibility programs and policies in an effective manner.

c) Deploying capacity building and technical programs consistent with and supportive of implementation roadmaps for specific sectors (e.g., TV broadcasting, mobile, e-government web sites or education).

3. Encourage greater adaptability to local conditions through:

a) Delegation and decentralisation, and

b) Broader financial mechanisms to make them more flexible to include longer-term resource commitments, programmatic approaches to funding and support for co-operative agreements, multi-lateral agreements, and other forms of multi-source arrangements including from the private sector.

Conclusion

Removing digital accessibility barriers and developing sustainable local capabilities among DPOs to implement CRPD provisions will require commitment by State Parties to capacity building projects that are aimed at improving the capacity of individual institutions, civil society organisations, and the overall enabling environment in which persons with disabilities operate and interact. Capacity building projects and interventions must therefore be designed with flexibility, and be open to local adaptation during implementation. To that end, a range of approaches, techniques and institutional arrangements can be used to support capacity building with DPOs in their own unique community environments. For example: rely on locally controlled funds and small scale funding mechanisms that are transparent and that require only simple accounting by DPOs; build local DPOs capabilities to take over institution building support; improve and apply capacity building evaluation frameworks that move beyond a checklist approach; and build individual, organisational and institutional skills, ability and professionalism within an open collaborative framework.

Notes

1 This paper is the work of the Global Initiative for Inclusive Information and Communication Technologies

(G3ict) in partnership with Disabled Peoples' International– an advocacy initiative launched in December 2006 by the United Nations Global Alliance for ICT and Development, in cooperation with the Secretariat for the Convention on the Rights of Persons with Disabilities at the UN Department of Economic and Social Affairs. Its mission is to facilitate and support the implementation of the dispositions of the Convention on the Rights of Persons with Disabilities on the accessibility of Information Communication Technologies (ICTs) and assistive technologies. G3ict relies on an international network of ICT accessibility experts to develop and promote good practices, technical resources and benchmarks for ICT accessibility advocates around the world. It is incorporated as a non-profit organisation in the State of Georgia, USA, and headquartered in Atlanta.

A key feature of G3ict's work has been the development of a suite of best practice knowledge, curriculum and benchmarking tools aligned with the Convention on the Rights of Persons with Disabilities (CRPD) and its Article 9 regarding accessibility. These tools can be effectively used by ratifying States and the UN Committee on the Rights of Persons with Disabilities to address the general mandate of ICT accessibility rights, as well as the specific requirements of the CRPD regarding information, and accessible Information and Communication Technologies (ICTs) and Assistive Technologies (ATs). These tools can also be used by local governments and Disabled Persons Organisations (DPOs) to build their skill sets and capacity to engage in key implementation requirements of treaty monitoring and evaluation.

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Zusammenfassung: Dieser Artikel hebt die Bedeutung des digitalen Zugangs zu Informations- und Kommunikations-technologien hervor. Als ein Gesamtansatz um den Abbau von Barrieren im Zugang zu digitalen Inhalten zu bewirken fordern die AutorInnen, dass Menschen mit Behinderungen in die aktive Evaluierung und die Monitoring-Prozesse zur Implementierung der Konvention über die Rechte von Menschen mit Behinderung (UN-BRK) einbezogen werden. Unter diesem Blickwinkel hebt der Beitrag die Bedeutung von Monitoring- und Evaluationsprozessen in der Umsetzung der UN-BRK im Allgemeinen, so wie die Notwendigkeit des Aufbaus der jeweiligen Fähigkeiten und das Herantragen von Handlungsvorschlägen an relevante Akteure der UN-BRK hervor

Résumé: Cet article souligne l'importance de l'accessibilité digitale aux technologies d'information et de communication. Comme approche globale pour réaliser l'enlèvement de barrières d'accessibilité digitale, les auteurs reecommendent la participation active des personnes handicapées à l'évaluation et au suivi de l'implémentation de la Convention relative aux droits des personnes handicapées (CRDPH) dans leurs pays. En ce sense, l'article mets en relief l'importance du suivi et de l'évaluation de la CRPDH en général, le besoin pour le renforcement des capacités respectives et les recommendations pour les actions des acteurs principaux de la CRPDH.

Resumen: Este documento pone de relieve la importancia de la accesibilidad digital a las tecnologías de información y comunicación. Como enfoque general para efectuar la eliminación de las barreras de accesibilidad digitales, los autores abogan por la participación de las personas con discapacidad en la evaluación activa y el seguimiento de la aplicación de la CRPD en su país. En este sentido, el artículo destaca la importancia del monitoreo y de la evaluación de la CRPD en general, la necesidad de la capacitación y recomendaciones para la acción dirigida a las partes interesadas de la CRPD.

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Accessibility in the Jurisprudence of the Committee on the Rights of Persons with Disabilities

Damjan Tatic

The jurisprudence of the Convention on the Rights of Persons with Disabilities (CRPD) Committee contributed considerably to the promotion of accessibility and highlighted the need for the removal of existing barriers. The CRPD Committee discussed accessibility extensively in each of the dialogues held so far with State Parties and in its concluding observations. It dealt with the issue of accessibility in April 2013 in the case of Szilvia Nyusti, Péter Takács and Tamás Fazekas v. Hungary. The CRPD Committee adopted the General comment on accessibility in April 2014.

Introduction

Accessibility is a pre-condition for independent life and full and equal participation of persons with disabilities in the society. Without the access to the physical environment, to transportation, to information and communication, including information and communication technologies and systems, and to other facilities and services open or provided to the public, persons with disabilities would not have the equal opportunities for participation in their respective societies. The World Report on Disability (2011) of the World Health Organisation and the World Bank stresses that built environment, transport, information and communication are often inaccessible to persons with disabilities (World Report on Disability 2011, Summary, p. 10). The Convention on the Rights of Persons with Disabilities (CRPD) establishes accessibility as one of the principles on which this instrument of international law is based on (Article 3, section (f)). Article 9 of the CRPD prescribes that „States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas".

After the CRPD entered into force in May 2008 and after the Committee on the Rights of Persons with Disabilities (CRPD Committee) had been established several months later, accessibility quickly has been promoted as one of the focuses of the work of that Committee. The CRPD Committee set up a working group to draft a general comment on Article 9 of the CRPD: accessibility. A day of general discussion on accessibility was held in Geneva on 7 October 2010. In the course of examination of the initial reports of State Parties to the CRPD, the Committee paid special attention to segments of the initial reports pertaining to accessibility. One of the six individual communications considered by the CRPD Committee dealt with the issue of accessibility. In September 2013, the working group presented a draft of a General comment on Article 9 of CRPD - accessibility. The Committee on the Rights of Persons with Disabilities adopted its General comment No. 2 on accessibility in April 2014.

An Analysis of the Initial Reports of State Parties to the Committee on the Rights of Persons with Disabilities

A closer look at the contents of the initial reports of State Parties submitted to the CRPD Committee clearly demonstrates the significance the State Parties attach to accessibility. The initial reports contain information on the national legal framework that prescribes accessibility. Some State Parties prescribe mandatory application of accessibility in laws that provide non-discrimination and equalisation of opportunities for persons with disabilities (see initial reports of Australia CRPD/C/AUS/1, paragraph 16; Austria CRPD/C/AUT/1, p. 14; Azerbaijan CRPD/C/AZE/1, p. 9; Spain CRPD/C/ESP/1, paragraphs 15, 42 and 43 to CRPD Committee), while others stipulate accessibility in laws on construction and urban planning (see initial report of the Republic of Korea CRPD/C/KOR/1, paragraph 45 to CRPD Committee). A number of countries use the twin-track approach, mentioning accessibility both in the equality and non-discrimination legislation and laws on construction (see initial reports of Austria CRPD/C/AUT/1, p. 10, 12, 18, and 19; Azerbaijan CRPD/C/AZE/1, p. 9 and 10; Croatia CRPD/C/CRO/1; Hungary CRPD/C/HUN/1; and the Republic of Korea CRPD/C/KOR/1, paragraphs 30 and 45, to CRPD Committee). A number of

State Parties also provide information on by-laws and regulations that define the technical accessibility standards. For example, the Australian Government has enacted two sets of standards under the Disability Discrimination Act (DDA) in relation to access to public transport (Disability Standards for Accessible Public Transport (Transport Standards)) and education (Disability Standards for Education (Education Standards)), and has tabled in Parliament a third set of nationally applicable standards on access to premises (Disability (Access to Premises – Buildings) Standards 2010 (Premises Standards)) (see the initial report of Australia to the CRPD Committee CRPD/C/AUS/1, paragraph 16). In Germany, regulations for the creation of accessibility hence form the core of the Act on Equal Opportunities for Persons with Disabilities. Specifically for individual regulatory areas, the standards are established by recognised rules of the art (incl. Deutsche Industrie Normen [German industrial standards] - DIN) (see initial report of Germany to the CRPD Committee, CRPD/C/GER/1, p. 17). Some State Parties additionally dealt with accessibility issues in strategic documents and action plans, both national disability strategies and/or national action plans for accessibility. For example, the Republic of Korea set up the five-year National Plan for Convenience Promotion based on the Act on Promotion of Convenience for the Disabled, Senior Citizens, and Pregnant Women (see the initial report of Republic of Korea to CRPD Committee CRPD/C/KOR/1, paragraph 46). As part of the Austrian Health and Safety Strategy 2007-2012, a project on freedom from barriers in the workplace was carried out and a folder on the barrier-free design of workplaces was published (see the initial report of Austria to Committee on the Rights of Persons with Disabilities CRPD/C/AUT/1, p. 20). In Spain, the first Accessibility Plan 2004-2012 was established to foster accessibility over the medium and long term (see initial report of Spain to CRPD Committee CRPD/C/ESP/1, paragraph 45).

Some of the State Parties that are member states of the European Union also mentioned EU directives and strategies, which are relevant for accessibility in their initial reports. For example, Austria refers to EU's Regulation on railway passengers' rights adopted on 23 October 2007, which contains important provisions on the services required for rail passengers with disabilities and on the extent of accessibility required, and EU Regulation No. 1107/2006 on the rights of disabled air passengers and air passengers with reduced mobility (see the initial

report of Austria to CRPD Committee CRPD/C/AUT/1, p. 19). Germany refers to the Communication of 15 November 2010 on a European Disability Strategy 2010-2020: A Renewed Commitment to a Barrier-Free Europe, in which the European Commission favours "improving guarantees of barrier-free access to goods, services and aids for persons with disabilities" (see initial report of Germany to CRPD Committee, CRPD/C/GER/1, p. 18).

A number of State Parties view a denial of access in the context of prohibited discrimination and regulate the issue in their non-discrimination legislation (see initial reports of Australia CRPD/C/AUS/1, paragraph 45; Austria CRPD/C/AUT/1, p. 12; China CRPD/C/CHN/1, Add-1, paragraphs 2.23, 2.24 and 2.25; and the Republic of Korea CRPD/C/KOR/1, paragraphs 30 and 48, to CRPD Committee). Legislations of Australia, Croatia, Hong Kong, the Republic of Korea and Tunisia link the issue of accessibility with the obligation of providing reasonable accommodation. Australia provides data on the number of complaints submitted due to the denial of access; those complaints constitute 35% of all complaints lodged to the authorities in Australia in 2008/2009 (see the initial report of Australia to the CRPD Committee CRPD/C/AUS/1, paragraph 21). In the annex to the initial report pertaining to the territory of Hong Kong, China also provides data on the number of complaints submitted due to the denial of access to built environment: The above-mentioned complaints constitute 7% of the total complaints submitted (see the initial report of China to the CRPD Committee CRPD/C/CHN/1, Add-1, paragraph 9.56). The Republic of Korea reports that 19,4% of complaints submitted in accordance with Korea's non-discrimination legislation pertain to the denial of access to transport, 7% of complaints are related to denial of access to facilities and 9,8% to the denial of access to information and communication (see the initial report of the Republic of Korea to the CRPD Committee CRPD/C/KOR/1, table 5 on p. 79).

Legislations of Australia, Croatia, Hong Kong, Republic of Korea and Tunisia link the issue of accessibility with the obligation of providing reasonable accommodation, laws in Australia and Hong Kong also incorporate the concept of undue burden/ hardship (see the initial reports of Australia CRPD/C/AUS/1, paragraphs 68 and 69; China CRPD/C/CHN/1, Add-1, paragraphs 2.23, 2.24 and 2.25; and the Republic of Korea CRPD/C/KOR/1, paragraph 48, to the CRPD Committee). In cases when legislation provides for the obligation of

ensuring access to built environment open to the public, some laws set deadlines for the adaptation of the existing buildings and spaces and the removal of barriers (e.g. Austria, Germany, Hungary, and Spain). However, some initial State Party reports indicated that State Parties had been compelled to extend the deadlines and civil society shadow reports cover this issue even more critically (Austria, Hungary, Spain). On the part of civil society in Austria, the obligation to draw up staged plans is considered positive, although there is no compulsory monitoring to ensure the plans' actual realisation. In addition, the transitional periods laid down in the legislation on equality for people with disabilities in the sectors of construction and transport are criticised and more information is demanded on the overall topic of freedom from barriers (see the initial report of Austria to Committee on the Rights of Persons with Disabilities CRPD/C/AUT/1, p. 20).

CRPD Committee's Jurisprudence on Accessibility: the Concluding Observations

The CRPD Committee considered the issue of accessibility as one of the key issues in each of the dialogues held so far with State Parties: One of the common challenges was the "lack of adequate monitoring mechanisms to ensure the implementation of the accessibility standards and relevant legislation in practice. In some of the State Parties, the monitoring was in the competence of local authorities that lacked the technical knowledge, human and material resources for effective implementation" (General comment No. 2, CRPD/C/GC/2, paragraph 11, Geneva, 2014). In the course of reviewing the initial reports of different states, the Committee on the Rights of Persons with Disabilities concluded that the lack of training to the relevant stakeholders, and insufficient involvement of persons with disabilities and their representative organisations in the process of ensuring access to physical environment, transport, information and communication as well as services offered to the public were a *common challenge* in many countries. The Committee addressed the issue of accessibility in various Concluding observations – the recommendations and guidelines it gives to State Parties on how to efficiently implement the CRPD (see the Committee's Concluding observations for Tunisia CRPD/C/TUN/CO/1, paragraph 21, April 2011 (R); Spain CRPD/C/ESP/CO/1, paragraph 28, September 2011 (R); Argentina CRPD/C/ARG/CO/1, paragraph 18, September 2012

(R); Hungary CRPD/C/HUN/CO/1, paragraph 24, September 2012 (R); and China CRPD/C/CHN/CO/1, paragraph 62, September 2012 (R)).

The CRPD Committee's Jurisprudence on Accessibility: Individual Communications and Complaints Submitted to the Committee

So far, the CRPD Committee has considered six individual communications and complaints about the alleged violation of rights in the Convention. In one of those cases (Szilvia Nyusti, Péter Takács and Tamás Fazekas versus Hungary), the CRPD Committee dealt with accessibility: The persons submitting the complaint claimed that the OTP Bank in Hungary failed to provide access to ATMs for blind persons, thus violating article 9 of the Convention. The CRPD Committee decided that all services open to the public have to be accessible in accordance with the provisions of article 9 of the CRPD. The State Party was called upon to ensure access to ATM for blind persons (CRPD/C/9/D/1/2010). The Committee inter alia made the recommendations to the State Party to establish "minimum standards for the accessibility of banking services provided by private financial institutions for persons with visual and other types of impairments" (CRPD/C/9/D/1/2010 paragraph 10.2 (a)) and "to create a legislative framework with concrete, enforceable and time-bound benchmarks for monitoring and assessing the gradual modification and adjustment by private financial institutions of previously inaccessible banking services provided by them into accessible ones. The State Party should also ensure that all newly procured ATMs and other banking services are fully accessible for persons with disabilities" (CRPD/C/9/D/1/2010 paragraph 10.2 (a)).

The CRPD Committee's Jurisprudence on Accessibility: General Comment No. 2 on Accessibility

Like other human rights treaty bodies, the CRPD Committee has the capacity to adopt general comments. A general comment serves as guideline to State Parties to a convention on how to implement some key articles of that convention, or guidance on how to address a general issue or a challenge in the convention's implementation. In September 2013, the CRPD Committee adopted the draft of General comment No. 2 on accessibility, and in April 2014, the CRPD Committee adopted that General comment in a public reading after reviewing comments from State Parties, civil society and

academia experts. In its General comment on accessibility, the CRPD Committee analysed the normative content of article 9 of the CRPD and attempted to provide guidelines to the State Parties in respect to their obligations pertaining to accessibility. The CRPD Committee also offered its views on the link between article 9 and other relevant articles of the CRPD.

The General comment offers a clear view on the need to make all newly built objects, newly produced goods, facilities and services accessible: "Strict application of the universal design to all new goods, products, facilities, technologies, services should ensure full, equal and unrestricted access for all potential consumers, including persons with disabilities..." (General comment No. 2, CRPD/C/GC/2, paragraph 15, Geneva, 2014).

In its General comment, the CRPD Committee stresses the need for development, promulgation and strict implementation of minimum national accessibility standards. The CRPD Committee insists that accessibility standards must be equally implemented by public and private enterprises in cases when goods, facilities and services are open to the public. It also highlights the necessity of adequate accessibility training and offers a non-exhaustive list of some of the relevant stakeholders who need training (General comment No. 2, CRPD/C/GC/2, paragraphs 18 and 19, Geneva, 2014). The CRPD Committee pointed out in its General comment that access to information and communication is a necessary pre-condition for the effective enjoyment of freedom of opinion and expression and many other fundamental rights by persons with disabilities (General comment No. 2, CRPD/C/GC/2, paragraph 21, Geneva, 2014). It also correctly highlighted that "new technologies can be used for promotion of full and equal participation of persons with disabilities in the society, but only if they are designed and produced in a way that would ensure their accessibility. New investments, new research and production should contribute to elimination of inequality, and shouldn't contribute to the creation of the new barriers" (General comment No. 2, CRPD/C/GC/2, paragraph 22, Geneva, 2014).

Since accessibility is a pre-condition for the full and equal participation of persons with disabilities in society, the "denial of access to the physical environment, transportation, information and communication, and services opened to the general public should be viewed in the context of discrimination" (General comment No. 2, CRPD/C/GC/2, paragraph 23, Geneva, 2014). The CRPD Committee clearly linked ac-

cessibility with equality and non-discrimination: Denial of access constitutes an act of disability-based discrimination that is prohibited by article 5 of CRPD. Ensuring the accessibility pro futuro should be viewed in the context of the implementation of the general obligation of development of universally designed goods, services, equipment and facilities (CRPD, Article 4, Paragraph 1 (f)). However, the CRPD Committee clearly distinguished between the State Parties' duty to ensure the access to all newly designed, built and produced objects, infrastructure, goods, products, services and the obligation to remove the barriers and ensure access to already existing physical environment, transportation, information and communication as well as services opened to the general public on the other hand. As this obligation is to be implemented gradually, States Parties should establish definite time frames and allocate adequate resources for the removal of existing barriers. It would not be realistic to expect all the existing barriers to be removed immediately, as that is a time- and resource-consuming process that has to be undertaken in a determined, systematic and continuous manner.

In the General comment on accessibility, the CRPD Committee highlighted accessibility as a pre-condition for education, health care, employment and the participation of persons with disabilities in politics, culture, sports and other areas of life.

Concluding Remarks

Accessibility has been one of the key issues in the comprehensive jurisprudence of the CRPD Committee so far: In October 2010, it held a day of general discussion on accessibility. The CRPD Committee considered accessibility extensively in each of the dialogues held so far with State Parties and in its concluding observations. It dealt with the issue of accessibility in April 2013 in the case of Szilvia Nyusti, Péter Takács and Tamás Fazekas v. Hungary. The CRPD Committee adopted the draft of that General comment in September 2013 and formally adopted the General comment No. 2 on accessibility in April 2014. Jurisprudence of the CRPD Committee contributed considerably to the promotion of accessibility, and it highlighted the need for the removal of the existing barriers to ensure full accessibility for all persons with disabilities.

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Zusammenfassung: Die Rechtsprechung des Überwachungsausschusses der UN-Konvention über die Rechte von Menschen mit Behinderung (UN-BRK) hat erheblich zur Förderung der Barrierefreiheit beigetragen und die Notwendigkeit der Beseitigung bestehender Barrieren hervorgehoben. Im UN-BRK Ausschuss wurde das Thema Barrierefreiheit in jedem der bisher geführten Dialoge mit den Vertragsstaaten und den abschließenden Bemerkungen ausführlich diskutiert. Es befasste sich mit der Frage der Barrierefreiheit im Fall von Szilvia Nyusti, Péter Takács and Tamás Fazekas gegen Ungarn im April 2013. Der UN-BRK Ausschuss verabschiedete den Allgemeinen Kommentar zur Barrierefreiheit im April 2014.

Résumé: La jurisprudence de la Convention relative aux droits des personnes handicapées (CRDPH) a contribué de façon considérable à la promotion de l'accèsibilité et a souligné le besoin de l'enlèvement des barrières existantes. Le Comité de la CRDPH a discuté l'accessibilité de manière extensive dans chaque dialogue mené avec les Etats parties jusqu'à présent et dans ses conclusions d'observation. De plus, il s'est penché sur le sujet de l'accessibilité en avril 2013 dans le cas de Szilvia Nyusti, Péter Takács et Tamás Fazekas v. Hongrie. Le Comité de la CRDPH a également adopté le commentaire général sur l'accesibilité en avril 2014.

Resumen: La jurisprudencia del Comité de la Convención sobre los Derechos de las Personas con Discapacidad (CRPD) contribuyó considerablemente a la promoción de la accesibilidad y destacó la necesidad de la eliminación de las barreras existentes. El Comité de la CRPD discutió ampliamente la accesibilidad en cada uno de los diálogos mantenidos hasta ahora con los Estados y en sus observaciones finales. Se trató el tema de la accesibilidad en abril de 2013 en el caso de Szilvia Nyusti, Péter Takács y Tamás Fazekas v. Hungría. El Comité de la CRPD aprobó el 'Comentario General sobre la Accesibilidad' en Abril de 2014.

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Behinderung geht jeden etwas an
Interviews mit Menschen mit Behinderung aus
Afrika, Asien und Lateinamerika

Was bedeutet es konkret für einen Menschen in einem Entwicklungsland mit einer Behinderung aufzuwachsen? In den folgenden Interviews erzählen Menschen mit Behinderung aus ihrem Leben.

Enrique Manuel Aviña Chavez (Mexiko)

Hallo Herr Chavez! Bitte stellen Sie sich kurz vor.

Ich heiße Enrique Manuel und ich wurde im Mai 1971 in Mexiko Stadt geboren. Zurzeit lebe ich in Ixtapaluca, im Bundesstaat México.

Ich mache Recherchen, verschiedene Reportagen und bin Radio-Berichterstatter. Außerdem nehme ich an vielen Veranstaltungen teil, die etwas mit dem Thema Behinderung zu tun haben.

Ich liebe es, zu zeichnen und zu malen und Gedichte zu schreiben. Eines meiner großen Hobbies ist Musik, zum Beispiel Jazz, Soul, Rhythm Blues und progressiven Rock. Ich bin aktives Mitglied von *Libre Acceso A.C.* (*Freier Zugang*) und Mitarbeiter vom Radiosender *La Pirinola*.

Welche Art von Beeinträchtigung haben Sie?

Es ist schwierig zu beschreiben, welche Art von Beeinträchtigung ich habe. Seit meiner Kindheit habe ich Probleme zu sprechen. Mit eineinhalb Jahren fing ich an zu laufen und mit zwei Jahren einige Wörter zu sprechen. Als ich schon älter war, litt ich unter einer Angststörung und ich musste in eine neurologische Klinik. Ich musste lebensrettende Medikamente nehmen.

Ich habe eine leichte intellektuelle und psychische Behinderung.

Wann haben Sie zum ersten Mal festgestellt, dass es Hindernisse in Ihrem täglichen Leben gab? Und wie wirkten sich diese auf Ihr Leben aus?

Schon immer gab es Barrieren in meinem täglichen Leben, die mit Ausgrenzung, Diskriminierung und Ablehnung zu tun hatten. Dadurch wurde ich introvertiert. Ich fühlte mich sehr speziell, isoliert und ängstlich. Das alles hat mich sehr beeinflusst. Ich muss zugeben, dass ich mit mir selbst rede.

Wie war Ihre Kindheit und Schulzeit?

Meine Kindheit war normal wie die eines x-beliebigen Kindes. Dennoch erfuhr ich jede Menge Ablehnung, Spott und Diskriminierung durch meine Schulkameraden. Sie sagten, ich sei verrückt. In meiner Kindheit hatte Schwierigkeiten im Umgang mit anderen Menschen und deswegen hatten sie keine Geduld mit mir.

Ich machte meinen Schulabschluss, trotz aller Schwierigkeiten. Aber ich konnte mich sozial nicht weiterentwickeln.

Haben Sie zurzeit eine Arbeit?

Ich habe keine feste Arbeit, aber ich erhalte eine monatliche Entlohnung von *La Pirinola*. Ich arbeite als freier Mitarbeiter. Anfangs erhielt ich Honorare, wenn ich für Zeitschriften mit Bezug zum Thema Behinderung Werbung machte.

Erhälten Sie irgendwelche Unterstützung von anderen Personen oder dem Staat?

Manchmal bekomme ich Unterstützung von meiner Familie, aber es würde mir sehr helfen, wenn ich Unterstützung vom Staat oder anderen Stellen bekommen würde.

Sind Sie in kulturellen, politischen oder sportlichen Aktivitäten involviert?

Ich bin sehr engagiert in allem, was mit Kommunikationsmedien und Behinderung zu tun hat. Außerdem engagiere ich mich für die Rechte von Menschen mit Behinderung und im Behinderten-Sport.

Was sind die wichtigsten Aufgaben für die Menschen in Mexiko?

Dazu beizutragen, dass die Gesellschaft

hier in Mexiko sich dahin entwickelt, dass es eine größere Akzeptanz gibt. Und dass es keine größeren Entwicklungsrückstände mehr gibt, vor allem in ärmeren Gemeinden und Städten.

Außerdem müssen die Regierung und die Gesellschaft begreifen, dass es um Inklusion und nicht um Ausgrenzung geht. Sie müssen berücksichtigen, dass es Menschen mit Behinderung gibt und dass wir alle - mit oder ohne Behinderung - eine Gemeinschaft sein sollten.

Was muss verändert werden, um die Situation der Menschen mit einer Behinderung in Ihrem Land zu verbessern?

Wir müssen die Einstellungen ändern. Menschen mit Behinderung selbst müssen dies fordern und die Initiative ergreifen. Behinderung geht jeden etwas an.

Abdul Qahir Ghulam Hazrat (Afghanistan)

Hallo Herr Hazrat! Wo kommen Sie her? Und wo leben Sie?

Ich wurde in Kabul in Afghanistan geboren und lebe seitdem dort.

Welche Art von Beeinträchtigung haben Sie?

Ich bin unterhalb meiner beiden Knie amputiert.

Wann haben Sie das erste Mal festgestellt, dass es Hindernisse in Ihrem täglichen Leben gab? Und wie wirkten sich diese auf Ihr Leben aus?

Ich war ein 7-jähriges Kind, als ich meine beiden Beine durch eine Bombe verlor. Dieses Ereignis führte nicht nur zu einer körperlichen Beeinträchtigung, sondern zerstörte vor allem meine Gefühle, meine Leidenschaft und meine Lebensbegeisterung. Ich befand mich in einer verzweifelten Situation, da es für mich scheinbar keine Hoffnung mehr im Leben gab. Ich hatte zwei Beine und beide wurden mir genommen. Ich wurde eines sehr wesentlichen und wichtigen Bestandteils meines Körpers beraubt.

Mein Problem blieb nicht nur das meinige. Ich wurde schlecht gemacht und stigmatisiert durch das Verhalten meiner Mitmenschen in meiner Gemeinde. Ich fühlte mich isoliert und wusste nicht, was ich noch tun konnte, um ein 'normales' Le-

ben in dieser Gemeinschaft neu zu beginnen.

Die Leute begannen mich als einen unnützen und ineffektiven Teil der Gesellschaft zu sehen - sie sahen mich als eine Belastung für die ganze Gemeinschaft. Im Kreise meiner eigenen Verwandtschaft, guten Freunden und Nachbarn wurde über meine Behinderung und Untauglichkeit gesprochen, was meine Verzweiflung und Schwierigkeiten noch vergrößerte.

Wie war Ihre Kindheit bis Sie in die Schule kamen?

Ich war ein normales, aber doch auch ein besonderes Kind, das von einer sinnvollen Arbeit träumte. Diese Arbeit sollte nicht nur mein eigenes Leben verbessern, nein, ich wollte auch einen Beitrag zur Verbesserung und Entwicklung meiner eigenen Gemeinde und meines Landes leisten. Ich träumte davon, studieren zu gehen und mit meiner Arbeit einen positiven Wandel für mein Leben und das Leben der anderen zu erreichen.

Doch dann ereignete sich die Tragödie: Als ich Essen für meine Familie holte, trat ich auf eine Landmine. Dieses Ereignis zerstörte alle meine Träume und katapultierte mich an den Rand der Gemeinde, ohne Teilhabe an der Gesellschaft.

War es für Sie möglich, eine Schule zu besuchen?

Ich war als ein regulärer Schüler zugelassen und hatte großes Interesse am Unterricht, den ich bis zur vierten Klasse besuchte. Aber seit meiner Amputation war es mir aufgrund meiner Unbeweglichkeit nicht möglich am Unterricht teilzunehmen. Ich konnte nicht selbstständig von zu Hause zu der Schule gelangen. Aber trotz allem nahm ich an ein paar Schreib- und Rechenkursen teil, die von der *Afghan Amputee Bicyclists for Rehabilitation and Recreation* (AABRAR) organisiert wurden.

Haben Sie zurzeit eine Arbeit? Können Sie davon leben?

Ja, ich habe eine Vollzeitstelle. Ich arbeite als Wachmann für ein paar Ausländer in Kabul. Ich kann frei arbeiten und verdiene einen angemessenen Lebensunterhalt für meine Familie.

Erhalten Sie irgendwelche Unterstützung von anderen Personen oder dem Staat?

Ich erhalte nur 14$ pro Monat von der afghanischen Regierung als Entschädigung für meine Amputation.

Sind Sie in kulturellen, politischen oder sportlichen Aktivitäten involviert?

Ja, ich bin ein stetiges Mitglied des afghanischen Paralympic-Komitees (APC). Ich bin Radrennfahrer für das APC und habe an vielen nationalen und internationalen Spielen teilgenommen, wie z.B. in Athen oder in Frankfurt am *Cycling for Peace Competition*. Außerdem nehme ich immer als Fahrer an den Fahrrad- und Rollstuhlrennen teil, welche jedes Jahr am 3. Dezember (Internationaler Tag der Menschen mit Behinderung) von der *Afghan Amputee Bicyclist for Rehabilitation And Reintegration* (AABRAR) organisiert werden.

Was sind die größten Herausforderungen, denen Menschen mit einer Behinderung in Afghanistan begegnen?

In Afghanistan begegnen Menschen mit einer Behinderung vielen Schwierigkeiten. Sie haben keine Möglichkeit, Schulter an Schulter mit Menschen ohne Behinderung zusammenzuarbeiten. Sie werden in Isolation gehalten und haben nicht die Möglichkeit, ihre Arbeit frei zu wählen. Menschen mit einer körperlichen Behinderung haben zu vielen Gebäuden keinen barrierefreien Zugang.

Was muss verändert werden, um die Situation der Menschen mit einer Behinderung in Ihrem Land zu verbessern?

Die Menschen in Afghanistan müssen über die Rechte für Menschen mit Behinderung in dieser Gesellschaft aufgeklärt werden. Ihnen muss gezeigt werden, wie man Menschen mit einer Behinderung achtet und wie man sie richtig unterstützt. Es sollten Programme für Menschen mit einer Behinderung geschaffen werden, welche diese in die Lage versetzt, ihren eigenen Lebensunterhalt zu verdienen. Menschen mit Behinderung sollten durch ihre Arbeit wirtschaftlich unabhängig sein, sodass ihre Behinderung keine Rolle spielt. Die Wege zu Schulen, Märkten, öffentlichen Parkanlagen, Moscheen, Krankenhäusern, Gesundheitszentren und anderen wichtigen staatlichen Stellen müssen barrierefrei sein.

Saowalak Thongkuay (Thailand)

Hallo Frau Thongkuay! Wo kommen Sie her? Und wo leben Sie?

Hallo, meine Heimatstadt heißt Pichit Province, sie liegt ganz im Norden von Thailand, fast 500 km entfernt von Bangkok. Seit kurzem arbeite ich als Regional Development Officer bei *Disabled Peoples' International Asia Pacific* (DPIAP) in Bangkok.

Welche Beeinträchtigung haben Sie?

Ich habe eine Wirbelsäulenverletzung, deswegen sitze ich in einem Rollstuhl.

Wann haben Sie das erste Mal festgestellt, dass es Hindernisse in Ihrem täglichen Leben gab? Und wie wirkten sich diese auf Ihr Leben aus?

Ich wurde nicht mit einer Behinderung geboren, ich hatte einen Autounfall. Vor diesem verhängnisvollen Tag im Dezember 1993, habe ich als Angestellte in einer Bank gearbeitet und war glücklich verlobt. Als der Unfall geschah, waren mein Verlobter und ich gerade auf dem Weg in unsere Heimatstadt, die 470 km entfernt liegt von Bangkok. Wir fuhren dorthin, um unsere Hochzeit vorzubereiten. Ich erlitt eine sehr schwere Wirbelsäulenverletzung, die mich zur Rollstuhlfahrerin machte. Mein Verlobter war unverletzt und begann ein neues Leben – er löste die Verlobung und begann eine neue Beziehung mit meiner Freundin.
Während ich krampfhaft versuchte, mein Leben wieder aufzunehmen, bemerkte ich, dass das Leben mit einer Behinderung eine ganz andere Welt ist als die der Nichtbehinderten. Als ich verletzt wurde, musste ich automatisch meinen Beruf aufgeben. Drei Jahre lang lebte ich getrennt von meiner Familie zusammen mit einem Pfleger, um medizinische Rehabilitationsmaßnahmen in Anspruch zu nehmen.
Dann bekam ich einen Job in einem örtlichen Hotel in meiner Heimatstadt. Überraschenderweise schauten alle Angestellten des Hotels auf mich herab. Sie streuten Gerüchte bei meinem Chef, erzählten

ich sei nicht produktiv und würde mich nicht benehmen wie eine Leiterin der Buchhaltung. Ich war tief bestürzt über diese schlechte Arbeitsatmosphäre. Im Job hatte ich ja meine Fähigkeiten unter Beweis gestellt. Dennoch musste ich ihn aufgeben wegen Barrieren, die mir täglich begegneten und die ich überwinden musste. Danach beschloss ich ins Familienunternehmen mit einzusteigen und hoffte, dass ich endlich meinen Platz, meine Nische finden würde. Ich blieb zu Hause und unterstützte meine Schwägerin in ihrem Bäckerei-Unternehmen. Alles ging gut, bis eines Tages unsere Kunden ihre Freunde dazu ermunterten, unser Brot zu kaufen, weil es von einer Frau mit einer Behinderung gemacht wurde. Das Brot war schnell ausverkauft, aber aus dem falschen Grund – nicht weil es so gut schmeckte. Dieser Vorfall ließ mich zweifeln über mein Dasein als Mensch, als Person. Wie kann es sein, dass meine Behinderung damit etwas zu tun hat? Was geht hier vor? Und dann entschied ich mich dafür, diesen Arbeitsbereich zu verlassen.

Ich beschloss, Englisch an der *Redemptorist Vocational School for Persons with Disability* zu studieren. In dieser Schule lernte ich zum ersten Mal eine andere Sicht auf Behinderung, weil ich dort einen Schlafraum mit Studierenden mit anderen körperlichen Behinderungen teilte. Ich begriff, dass eine behindernde Umwelt und negative Einstellungen der Grund dafür waren, dass ich kein vollwertiges Mitglied der Gesellschaft war. Seitdem arbeite ich leidenschaftlich in der Bewegung für Menschen mit Behinderung.

Ich glaube an den *menschlichen Geist* und dass jeder Alles erreichen kann.

Wie war Ihre Kindheit bis Sie in die Schule kamen?

Ich ging zu einer regulären Schule und verbrachte meine Kindheit so wie andere Kinder, weil ich noch keine Behinderung hatte.

Erhalten Sie irgendwelche Unterstützung von anderen Personen oder dem Staat?

Nur ein wenig, ich kann von meinem Gehalt leben und verbringe mein Leben so wie Menschen ohne eine Behinderung. Ich bekomme eine Krankenversicherung vom Staat.

Was sind die größten Herausforderungen, denen Menschen mit einer Behinderung in Ihrem Land begegnen?

In Thailand leben ungefähr 1,9 Millionen Menschen mit Behinderung, 41 % davon sind weiblich und 58 % männlich. Offiziell haben 2,9 % der thailändischen Bevölkerung eine Behinderung. Die meisten von ihnen leben in ländlichen Gebieten. Frauen mit einer Behinderung begegnen Diskriminierung, Verstößen gegen die Menschenrechte, Gewalt und Marginalisierung bei der Beschäftigung, Gesundheit, Bildung und politischen Einstellungen. Die größte Herausforderung ist, dass immer noch wenige Stimmen von Frauen mit Behinderung gehört werden. Frauen und Mädchen mit Behinderung werden doppelt benachteiligt und stehen oft am Rand der Gesellschaft. Sie werden auch im Kampf für die Rechte von Menschen mit Behinderung benachteiligt, weil die Behindertenbewegung die Bedürfnisse von Frauen und Mädchen nicht immer berücksichtigt.

Was muss verändert werden, um die Situation der Menschen mit einer Behinderung in Thailand zu verbessern?

Die Regierung muss alle entsprechenden Maßnahmen ergreifen, damit Menschen mit Behinderung befähigt werden, ihre Rechte einzufordern. Das heißt, dass sie alle Menschenrechte und Freiheiten wahrnehmen können, welche in der UN-Konvention über die Rechte von Menschen mit Behinderung genannt werden. Es muss ausreichend finanzielle Unterstützung bereitgestellt werden, um Frauen mit Behinderung zu stärken. Und es müssen mehr Frauen mit Behinderung politische Macht erhalten. Die UN-Konvention muss zusammen mit anderen Menschenrechten umgesetzt werden. Hierfür sollten einerseits Menschen mit Behinderung gezielt gefördert werden, andererseits muss das Thema Behinderung in allen gesellschaftlichen Bereichen eingebracht werden. Denn Behinderung hat keine Grenzen.

Zebenech Getaneh Solomon (Äthiopien)

Hallo Frau Solomon! Bitte stellen Sie sich kurz vor.

Ich wurde 1980 in North Shoa in der Nähe der äthiopischen Stadt Gohastion geboren. Meine Mutter heißt Workageg-

nehu Afrash und ich habe einen Bruder und drei Schwestern. Mein Vater lebt leider nicht mehr. Die meisten in meiner Familie sind Landwirte. Zurzeit lebe ich in Addis Abeba.

Ich bin ein Vorstandsmitglied von *Ethiopian Women with Disability National Association*, einer Selbstvertretungsorganisation, die für die Rechte von Frauen mit Behinderung kämpft.

Welche Art von Beeinträchtigung haben Sie?

Ich habe eine körperliche Beeinträchtigung.

Wann haben Sie das erste Mal festgestellt, dass es Hindernisse in Ihrem täglichen Leben gab? Und wie wirkten sich diese auf Ihr Leben aus?

Als ich ein Kind war, bin ich zusammen mit anderen Kindern mit Behinderung aufgewachsen. Dort gab es keine Hindernisse, denn die Umgebung war barrierefrei. Aber als ich die Schule besuchte, begannen für mich die Schwierigkeiten, denn schon auf dem Weg zur Schule gab es viele Hindernisse. Die Straßen waren sehr steinig, matschig und staubig und selbst die asphaltierten Wege waren nicht für Rollstühle oder Gehhilfen geeignet. Ich stürzte häufig und konnte die Schule oft nicht besuchen.

In der Schule selber gab es viele Treppen und keinen Aufzug. Und die Schultoilette war ungeeignet für behinderte Schüler. Wenn ich auf Toilette musste, war ich gezwungen nach Hause zu gehen und verpasste so den Unterricht. Aus diesem Grund wollte ich nicht zur Schule gehen und ich hatte Angst vor dem nächsten Schultag.

Haben Sie zurzeit eine Arbeit? Können Sie davon leben?

Ja, ich arbeite für das Gewerbeamt im Regionalbüro des Handelsministeriums. Aber mein monatliches Einkommen reicht nicht aus. Ich vermiete zwei kleine Räume meiner Wohnung. Die Wohnung ist nicht barrierefrei, sogar die Toilette ist für mich nicht zugänglich. Diese Probleme zwingen mich, zusammen mit einer anderen Person zu leben. Hätte ich ein ausreichendes Einkommen würde ich ein selbstständiges Leben führen.

Sind Sie in kulturellen, politischen oder sportlichen Aktivitäten involviert?

Dort, wo ich aufgewachsen bin, konnte ich mit den anderen behinderten Kindern spielen, zum Beispiel Handball, Fußball oder wir haben uns Geschichten erzählt. Ich wusch meine Wäsche, säuberte mein Zimmer und bereitete einmal in der Woche das Essen zusammen mit einer anderen Person zu. Aber als ich in die Schule kam, konnte ich nicht mehr mit den anderen Schülerinnen und Schüler spielen. Ich ging nie in die Pause, nicht auf die Toilette und beim Sport habe ich nicht mitgemacht. Und wenn meine Klassenkameraden in die Bibliothek oder in die Werkstätte gingen, habe ich auf ihre Schulbücher aufgepasst.

Was sind die größten Herausforderungen, denen Menschen mit einer Behinderung in Ihrem Land begegnen?

Die größte Herausforderung in unserem Land ist der Mangel an Bewusstsein und Respekt für die Rechte von Menschen mit Behinderung. Andererseits gibt es in meinem Land nicht genügend öffentliche Verkehrsmittel, schon gar nicht für Menschen mit Behinderung. Jeder Weg und jede Reise ist extrem schwierig für Menschen mit Behinderung. Und wenn es geeignete Transportmittel gibt, sind sie zu teuer.

Ein weiteres Problem für mich war der Schulbesuch – wie ich bereits erzählt habe. Aber das größte Problem ist die gesellschaftliche Einstellung gegenüber Menschen mit Behinderung

Was muss verändert werden, um die Situation der Menschen mit einer Behinderung in Ihrem Land zu verbessern?

Wir brauchen Schulen, die auch für Menschen mit Behinderung zugänglich sind. Außerdem müssen Arbeitsmöglichkeiten geschaffen werden. Jeder muss sich an allen sozialen, politischen und kulturellen Aktivitäten beteiligen können, sonst sinkt der Lebensmut der Menschen.

Quelle: Behinderung und Entwicklungszusammenarbeit: Lebensgeschichten von Menschen mit Behinderung weltweit. http://www.bezev.de/globales-lernen/lebensgeschichten.html (Zugriff am 25.08.2014)

South Africa: Broader Representation for People with Disabilities

The growing representation and participation of people with disabilities within government agencies and bodies demonstrates the changes in attitudes within the most important offices of the country, the 20 Year Review: South Africa 1994 – 2014 states.

The Review, released on 11th March 2014 by President Jacob Zuma, notes that in post-apartheid South Africa, the Disability Rights Charter of 1992 was the turning point in establishing the minimum demands of people with disabilities. It is further emphasised that the Charter culminated in the inclusion of disability in the non-discrimination and equality clause (section 9) in the Constitution of South Africa of 1996, followed by the White Paper on an Integrated National Disability Strategy (INDS). As South Africa moved into the new millennium, several White Papers were developed and served to inform legislation reform. The two decades covered in the review also saw the development of policy guides, strategies and programmes to enforce the implementation of legislation already in place. The main vision of the INDS was a society for all, one in which people with disabilities are actively involved in the process of transformation. The report highlights that even though the understanding of disability at the policy level was moving beyond a health and welfare construct, the residual effects of apartheid still had to be addressed within the health, social development, education and employment sectors, which are the core areas of service delivery for persons with disabilities. Special schools were required to ensure that all policies were developed in line with national policies, including admissions, language, curriculum etc. The review notes that a comprehensive audit of all special schools conducted in 2002 found that the majority of them did not transform at the institutional level regarding the national policies.

Persons with disabilities represent the interests of the disability sector on a number of other public institutions, including the National Youth Development Agency; the Public Service Commission; the National Economic Development and Labour Council; the National Lotteries Board and its distributing agencies; the Commission on Employment Equity; the National Development Agency; the Pan South African Language Board; the National Skills Authority; and the South African National Aids Council. At community level, organisations of persons with disabilities and for persons with disabilities were differentiated at grassroots, with the former primarily mobilising for advocacy and change, and the latter aiming to meet needs through service delivery.

In 2002, the Free Health Care Policy for pregnant women and children under the age of six years was extended to persons with disabilities to facilitate access to healthcare, rehabilitation and assistive devices. In 2007, South Africa ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol without reservation. From 2002-2011, more public special schools were built, increasing from 375 to 423, according to the Country Report, 2013 (Baseline Country Report to the United Nations on the Implementation of the Convention on the Rights of Persons with Disabilities in South Africa, p. 38). But there is also attempt to promote inclusive education, as expressed in the National Development Plan of 2012 (NDP 2030). The Department of Higher Education and Training (DHET) has recently entered into consultations on the Green Paper for Post-school Education and Training. The Green Paper acknowledges the need to develop an enabling and empowering environment across the system for staff and students with disabilities.

Through the Department of Public Service Administration, the Government is aiming to meet the 2% employment equity target, set in 2005, for the employment of persons with disabilities. The employment of people with disabilities in the public service improved from 0.16% in 2005 to 0.32 % in 2010/11 and 0.36% in 2011/12. The 20 Year Review notes that while this is still below the actual target, the gradual increase in the employment of persons with disabilities in the public sector shows that several initiatives to address compliance were resulting in an upward trend for employment targets. These include JobACCESS Strategic Framework for Recruitment, Employment and Retention of Persons with Disabilities in the Public Service Workplace (2009) and the development of an accredited training course in Disability Management in 2011 by the Public Administration Leadership and Management Academy (PALAMA).

A total of 5 133 out of 9 541 of enrolled learners with disabilities, who were registered in learning programmes across 15 Sector Education and Training Authorities (SETAs), successfully completed their learnerships during 2008-2011, with 45% successfully gaining employment after completing their learnerships. The launch of the Medunsa Organisation for Disabled Entrepreneurs has enabled 532 persons with disabilities to establish their own income-generating micro-enterprises between 2004 and 2011. Approximately 900 jobs have been created through this initiative for micro-enterprise.

The establishment of the Ministry for Women, Children and People with Disabilities has also served to increase awareness of disability rights and to strengthen coordinated and strategic action to integrate and mainstream disability across the sectors. In the National Strategic Plan (NSP) 2012-2016, persons with disabilities are recognised specifically as a vulnerable group and their particular needs are taken into account in the objectives and interventions detailed in the document. The NSP insists that HIV screening and testing facilities must be physically accessible as well as using accessible communication, in order to facilitate the inclusion of persons with disabilities. The large disparities inherited between the different race groups, geographical locations, and between men and women, the review says, resulted in extremely uneven starting points when identifying needs, especially for persons with disabilities.

Despite positive trends in participation rates and access to services, intended outcomes for the majority of persons with disabilities in South Africa have not been achieved within the time-frames and targets set, especially regarding education and employment, the review notes.

Information: 20 Years Review: www.thepresidency-dpme.gov.za/news/Pages/20-Year-Review.aspx; Country Report 2013: www.panusp.org/wp-content/uploads/2013/02/COUNTRY-REPORT-Final-Baseline-Country-Report-on-the-CRPD-Cabinet-Approved-3.pdf; National Development Plan 2030: www.npconline.co.za/pebble.asp?relid=757.

Kurzmeldungen/Announcements

Techshare India: Assistive Technology for Simplifying the Lives of Persons with Disabilities

From 13 to 14 February 2014, the Techshare India took -place in New Delhi. The right to accessible Information and Communication Technologies (ICTs) for persons with disabilities in India is a complex issue. In a country which has over 21 million persons living with one or more types of disability (2001 Census of India), accessibility and inclusion do not receive the attention mandated by law. Persons with disabilities are still facing challenges in all walks of life: from access to transportation, education and employment to independent living and performing routine tasks like shopping, watching a movie or using a cash machine. Assistive technology can help remove the barriers that people with disabilities face in all these areas. Today, there is a wide range of assistive technology that is available in India. Though many products are available, two factors form barriers for persons with disabilities: a) Often, they might not be able to afford the costs of communication and assistive devices, and b) These technology solutions are not available at places where they are most needed: in schools and colleges, libraries, resource centres, government institutions, public sector banks and financial services institutions, as well as cultural venues such as museums.

The aim of BarrierBreak (an Indian brand of Net Systems Informatics (I) Private Limited, founded in 1995 when the growing impact of technology in the lives of persons with disabilities was realised) in conceptualising and organising the Techshare India conference and showcase was to bring together the community of disability stakeholders – the government, the corporates, the NGOs, persons with disabilities, the product companies and the education providers – under one roof.

This year's theme was Innovate – Adapt – Evolve regarding the areas of education, employability, accessible technology as well as law, policies and standards. Topics included Computer Literacy for Children with Disability, Employability for Persons with Severe Disability through Integrated Solutions, Training Using Videos – An Approach to Include Deaf, Hard of Hearing, Visually Impaired and Learning Impaired, Next Steps on the National Policy on Electronic Universal Accessibility and many more.

Information: http://g3ict.org/resource_center/newsletter/news/p/id_476; http://barrierbreak.com.

Disability Studies International Conference: The Art of Belonging

From Thursday, 31 October to Saturday, 2 November 2013, the Disability Studies International Conference with the theme The Art of Belonging took place in Amsterdam, the Netherlands. The conference was initiated by the organisation Disability Studies in Nederland (DSiN) and the VU University Amsterdam. The theme of the conference had a focus that traversed the tensions between disability experience, the art of living and belonging. Explaining this theme, the organisers stated that it is every person's right to belong, but that belonging is much more than a right. Belonging is a state of mind, achieved through ongoing activity where shared spaces of interest and excitement are not only accessed, but also negotiated, and ultimately occupied. More than just being at home, belonging requires overt, and sometimes political, action. It is something people have to learn and develop throughout life, through their personal experiences and social participation. It is individuals with disabilities finding their places in life, without compromising themselves for the purpose of fitting in and persons without disabilities people finding their places in the world of persons with disability.

In collaboration with the International Association for the Scientific Study of Intellectual and Developmental Disabilities (IASSID), two pre-conference workshops took place for interested attendees. The first workshop Dementia and Age-Related Decline in People with Lifelong Disabilities consisted of six related lectures and mostly focused on ageing of persons with intellectual impairments. The second workshop Quality of Life Applications in Education & Families: Challenges and Solutions discussed the concept of quality of life on the individual level and in the family context. It explored the use of an assessment based on quality of life in family support and interaction and explored potential applications of quality of life principles in education.

A large group of conference presenters from across the world shared their work with the attendees. The various presentations were divided into ten streams: Social Inclusion and Representation, (Family) Quality of Life, Empowerment and Environment, Inclusive Employment, Friendship, Inclusive Methods, Workshops, Inclusive Education, Public Policy as well as Rights and Participation.

Through the application of the concept The Art of Belonging to the context of disability, participants were encouraged to reflect on their own sense of belonging and to develop a feeling of belonging together. The situation of persons with intellectual disabilities was a central focus of the conference addressed and discussed by self-advocates and other presenters.

Information: http://disabilitystudies.nl/disability-studies-international-conference-2013; http://disabilitystudies.nl/over-dsin.

Authors: Lieke van Heumen, Lotte Werkema and Karin van den Bosch.

Persons with Disabilities still Face Employment Challenges in Many Countries

Employment remains a challenge for persons with disabilities in many countries, a United Nations expert told the Commission for Social Development in February, as some delegations described national achievements in that field.

Shuaib Chalklen, the Commission's Special Rapporteur on Disability, said that the most important event on the global disability agenda during the reporting period had been last September's meeting of Heads of State and Government during which an outcome document (General Assembly resolution 68/3) had been adopted under the theme The way forward, a disability-inclusive development agenda towards 2015 and beyond. Member States were asked to create more ambitious disability-inclusive national development plans prescribing targeted actions, and backed by increasing international cooperation and support. They should strengthen the inclusion of persons with disabilities and their needs in humanitarian responses, and encourage greater understanding, knowledge and social awareness about them in order to eliminate discrimination and negative attitudes as well as facilitate their full inclusion and participation in society. It also called upon regional as well as international development banks and financial institutions to integrate disability across their development efforts and lending mechanisms, because persons with disabilities were disproportionately affected during economic crises. The Commission then began its general debate on the review of United Nations plans and programmes of action pertaining to such social groups as persons with disabilities, youth, older persons and families. Ukraine's representative said that over the last five years, more than 725,000 persons with disabilities had found employment in her country despite the impact of the world economic crisis. The new national law on employment guaranteed that persons with special needs would receive free public vocational education and retraining, and that their employers would receive subsidies. The goal was to employ up to 80 per cent of persons with special needs who had received a vocational education, she said. Zimbabwe's delegate said that the country's Government had adopted a policy of equal employment opportunities for persons with disabilities in the public service. It entailed mainstreaming disability employment regulations that would ensure that there was no discrimination against that group in terms of conditions of employment and deployment.

Information: www.un.org/News/Press/docs/2014/ soc4812.doc.htm.

African Leader's Forum on Disability: *Disability is not Inability*

On 19th February 2014, the first ever African Leader's Forum on Disability took place in Malawi organised by the President of Malawi, Joyce Banda and Special Olympics International. The aim was to send a strong message across the continent that as the President herself had coined, *disability is not inability*. The Forum was an opportunity to bring the issue of disability to the forefront of the continental political agenda and build momentum amongst African Ministers, development experts and disability activists. The President of Malawi has proven to be a supporter of the rights of people with disabilities and in her first few weeks in office, she passed a landmark Disability Act, enshrining into law equal rights and inclusion policies for people with disabilities in Malawi and also ratifying the Convention on the Rights of Persons with Disabilities in 2013.

To demonstrate her commitment to change the thinking around disability from charity to one of human rights and development, she also appointed Rachel Kachaje, once a disability activist and herself a polio victim using a wheelchair, the Minister of Disability and Elderly Affairs. Although 36 countries have ratified the convention in the continent and many have policies and laws in place, the challenge has been how to translate them into real change on the ground. As President Banda acknowledged, the challenge to this action is in part because stigma and discrimination has sought to hide, shun and exclude people with disability. The event was marked with a series of panel discussions with experts that focused on different dimensions of the problem: from stigma, to health related issues, to the use of sports as a vehicle to break down barriers, to data collection and evidence.

Last year, the Ministry of Disability and Elderly Affairs, with UNICEF, launched a situational analysis of children with disabilities in the country. The findings revealed that Malawi has an estimated 200,000 children under the age of 18, which are living with disability, although this is thought to be understated. It also revealed that not only are they often kept hidden from society at large, but there was also lack of consistency in definitions, especially on intellectual disability, which was clumped together in a category of *other* and represented 35 percent of the total. The findings demonstrated that children with disabilities were clearly the most excluded from society, and often due to discrimination were denied their right to adequate education, health care and opportunities. Often, children of parents with disabilities were forced to bear the brunt of workload within the family, while parents of children with disabilities often fell deeper into poverty as had to divide their time between care giving and providing for their child with disability. The need for better evidence and data was echoed by many speakers as critical avenue to address social exclusion.

The forum ended with the ambitious goal of forming an alliance of leaders from the continent committed to making sure the voice of those with disabilities grows and is put firmly on the development agenda of the continent. It agreed that to reverse the trend of exclusion, build better data on types and causes of disability, as well as systems to track access to services so that those with disabilities have a right to a fair share of resources.

Information: http://www.unicef.org/esaro/5440_ malawi_forum-on-disability.html.

Global Education Report: Children with Disabilities are Likely to Face the Most Severe Discrimination and Exclusion

The challenges that children with disabilities face in accessing quality education were a striking finding of this year's UNESCO Education for All Global Monitoring Report (GMR). Launched at the end of January 2014, the GMR has, for the first time, elaborately highlighted issues affecting children with disabilities. The report recognised the challenges that children with disabilities face, both with being admitted to school and, for those admitted, with getting the support they need in school. If children with disabilities are ignored, it will not succeed in getting the 57 million children without an education into school and learning - and the Millennium Development Goal of universal primary education will not be reached.
Information: http://unesdoc.unesco.org/images/0022/002256/225660e.pdf; www.unesco.org/new/en/education/themes/leading-the-international-agenda/efa-report/reports/2013/.

Asia-Pacific Meeting on Disability-Inclusive Disaster Risk Reduction: Changing Mindsets through Knowledge

The Asia-Pacific Meeting on Disability-Inclusive Disaster Risk Reduction took place on 22nd and 23th April 2014 in Sendai, Japan. The event was organised by the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), in cooperation with Rehabilitation International and the Nippon Foundation. The meeting brought together disaster risk policy experts, disability policy experts and disability rights experts to discuss disability inclusion in Disaster Risk Reduction (DRR).

Asia-Pacific is the region most adversely affected by disasters, and persons with disabilities are approximately two to four times more likely to die than the general population when a disaster occurs. Often, disability perspectives are not included in legal frameworks, policies and action plans for DRR, and physical infrastructure and disaster response services do not incorporate universal design principles. Public service announcements are often issued in inaccessible formats, and shelters and other facilities often are not barrier-free. Participants launched an Outcome Document to promote disability-inclusive Disaster Risk Reduction for resilient, inclusive and equitable societies in Asia and the Pacific. The outcome document: Sendai Statement to Promote Disability-Inclusive Disaster Risk Reduction for Resilient, Inclusive and Equitable Societies in Asia and the Pacific is available online.
Information: www.unescapsdd.org/events/asia-pacific-meeting-disability-inclusive-disaster-risk-reduc-tion.; www.unescapsdd.org/files/documents/DiDRR_Outcome-document.pdf.

Commission on the Status of Women (CSW58) Side Event: Mainstreaming Women with Disabilities in Women's Associations

At a parallel event in the context of the 58th session of the CSW on 10th March 2014, Rehabilitation International (RI) President Jan Monsbakken and RI Secretary General Venus Ilagan both presented information on RI's work with women with disabilities (WWDs) and underscored the importance of providing support to these women. Specifically, President Monsbakken highlighted the barriers WWDs face, which include poverty and social exclusion, violence, deprivation from sexual and reproductive freedom, and lack of access to health services, education, and employment opportunities. Monsbakken offered possible solutions to these barriers, including raising awareness about disability rights among women's rights communities, deepening the understanding of issues faced by WWDs, challenging myths about WWDs and ensuring their involvement in women's associations.

Secretary General Ilagan added the importance of education, training, and gender equality in the disability community. She touched on the importance of beginning appropriate education and sensitisation at a young age, to ensure an equal future for all. A WWD herself, Ilagan gave an in-depth insight into the possibilities and opportunities that can come from support and education, and underscored the importance of supporting this disadvantaged group in all aspects of society.

After the educational session, which included insights about disability rights in Ethiopia from the Women's Health Association of Ethiopia (WHAE), there were many questions and comments from the audience. One woman highlighted the importance of recognising people with invisible disabilities like deafness, while another commented on the need for a global perspective in the disability rights community. The panel responded with personal anecdotes and informational statistics which highlighted the importance of self-representation and advocacy organisations.
Information: www.unwomen.org/en/news/in-focus/csw/side-events.

Meeting of the Informal Network on Disability Statistics for Inclusive Development

On 4th March 2014, approximately twenty experts from national statistical offices and the UN system as well as representatives from Permanent Missions to the UN discussed the current status of data and statistics with regard to persons with disabilities. Deliberations focused on how to better coordinate the collection and analysis of disability data among UN agencies; on how to improve data collection and analysis; on how to strengthen national capacity; and on the roles for collaboration. The Secretariat for the Convention on the Rights of Persons with Disabilities (SCRPD) will provide follow-up on its website and the in-

ter-agency online discussions will also provide input for preparations for an expert group meeting on Disability data and statistics, which is planned for the summer of 2014.

Information: www.un.org/disabilities/default.asp?id=1515.

First Session of the Working Group on the Asian and Pacific Decade of Persons with Disabilities, 2013-2022

The First Session of the Working Group on the Asian and Pacific Decade of Persons with Disabilities, 2013-2022 was held in Incheon, Republic of Korea on 25th and 26th February 2014. The Working Group is composed of 30 members, 15 from member States and 15 from civil society organisations. Its main responsibility is to provide technical advice and support to the Economic and Social Commission for Asia and the Pacific (ESCAP) members and associate members in order to promote the full and effective implementation of the Asian and Pacific Decade of Persons with Disabilities, 2013-2022. The participants discussed several topics, including Consideration and Adoption of the Draft Rules and Procedure of the Working Group on the Asian and Pacific Decade of Persons with Disabilities, 2013-2022; and Review and Adoption of the Preliminary Draft ESCAP Road Map for the Implementation of the Incheon Strategy to Make the Right Real for Persons with Disabilities in Asia and the Pacific. The next session is scheduled sometime early in 2015 in India. The Working Group adopted a five-year road map (2013-2017) for the implementation of the Incheon Strategy to Make the Right Real for Persons with Disabilities in Asia and the Pacific. The road map highlights overarching actions that need to be taken at national, sub-regional and regional levels, to set in motion the timely implementation of the Incheon Strategy. In pursuance of the ESCAP resolution 69/13: Implementation of the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013-2022, and the Incheon Strategy to Make the Right Real for Persons with Disabilities in Asia and the Pacific, the road map as adopted by the Working Group shall be submitted to the Commission at its 70th session from 4 to 8 August 2014, for its consideration and endorsement.

Information: www.unescapsdd.org/events/first-session-working-group-asian-and-pacific-decade-persons-disabilities-2013-2022; http://apcdfoundation.org/?q=content/first-session-working-group-asian-and-pacific-decade-persons-disabilities-2013-2022-incheon-; www.unescap.org/resources/escap-resolution-6913-implementation-ministerial-declaration-asian-and-pacific-decade.

Draft WHO Global Disability Action Plan 2014-2021: Better Health for All People with Disabilities

Across the world, people with disabilities do not receive the health care they need and have poorer health than their non-disabled peers. People with disabilities are more than twice as likely to find healthcare providers' skills and facilities inadequate; nearly three times more likely to be denied health care; and four times more likely to be treated badly. The WHO Global Disability Action Plan 2014-2021 seeks to address these disparities. The 66th World Health Assembly held in May 2013 adopted a resolution calling for better health care for people with disabilities and requesting the WHO Director-General to prepare a comprehensive WHO action plan in consultation with United Nations organisations and Member States. It was noted that the plan should be based on the recommendations of the World Report on Disability and in line with the Convention on the Rights of Persons with Disabilities. In June and July 2013, the WHO secretariat developed an initial draft of the action plan. From August to November 2013, this draft was reviewed through an extensive consultation process which included meetings in Geneva, New York and WHO regions with officials from Member States, the Committee on the Rights of Persons with Disabilities, regional economic integration organisations, United Nations agencies, non-governmental organisations, professional associations and disabled people's organisations. In addition, a web-based consultation was open to all. Around 300 contributions were received and the WHO used these comments in revising the initial draft. Based on this extensive consultation process, the draft WHO global disability action plan 2014–2021: Better health for all people with disability is now available in Arabic, Chinese, English, French, Russian and Spanish. At its session held on 20-25 January 2014, the 134th Executive Board provided guidance on the plan and submitted it to the 67th World Health Assembly in May 2014 for adoption.

Information: http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_16-en.pdf?ua=1; www.who.int/disabilities/actionplan/en/.

WHO Guidelines on Health-Related Rehabilitation Initiated

Six international research organisations have been selected and have commenced work to identify and analyse evidence to inform the first ever global guidelines on health-related rehabilitation. The guidelines will support the implementation of the rehabilitation aspects of the Convention on the Rights of Persons with Disabilities and the recommendations contained in the outcome document of the United Nations General Assembly's High Level Meeting on Disability and Development.

Information: www.who.int/disabilities/media/news/2014/15_01/en/.

Literatur/Reviews

Matthew Morin/Daniel Hoopes/Elizabeth Szalay
Positive Communication Paradigm Decreases Early Recurrence in Clubfoot Treatment
The Ponseti method has become the treatment standard for idiopathic clubfoot. Deformity recurrence is most commonly attributed to premature abandonment of the requisite abduction orthosis. All children treated for clubfoot at the University of New Mexico Carrie Tingley Hospital, Albuquerque, NM, from 2008 to 2010 were reviewed. They were compared with a historical control group from this institution, the subjects of the 2009 study, and were analysed for the rate of recurrence and Pirani score improvement. The study cohort comprised 69 infants (104 clubfeet), all of whom were treated with the new communication style. A positive, rather than a negative communication style, emphasis on the brace as the most important aspect of treatment, and a more culturally sensitive family education paradigm, resulted in a lower rate of deformity recurrence when treating children with clubfeet using the Ponseti method.
Bezug: Journal of Pediatric Orthopaedics (2014). Volume 34; Issue 2; p 219-222; doi: 10.1097/ BPO.0000000000000080.

G3ict/DPI

Convention on the Rights of Persons with Disabilities: 2013 ICT Accessibility Progress Report
The CRPD Progress Report highlights critical areas that show deficits in making essential services accessible to persons with disabilities around the world. Developed by The Global Initiative for Inclusive ICTs (G3ict) in cooperation with Disabled People's International (DPI), the CRPD 2013 ICT Accessibility Progress Report is a resource for advocates and policy makers to benchmark progress in making ICTs accessible in compliance with the United Nations Convention on the Rights of Persons with Disabilities (CRPD). This third edition covers 72 ratifying countries representing 65 percent of the world's population. Based on the findings from the 2010 and 2012 editions of the CRPD Progress Report, it was clear that digital accessibility is not merely about greater use of technologies by persons with disabilities. It is about transforming information-based policies and the ICT system. Despite the progress made by several countries, the report shows that accessibility of the information infrastructure is lagging behind ratifying countries' general commitments to the CRPD: More than 80 percent of countries in 2013 report no or minimum levels of implementation of policies or programs which promote accessibility in critical areas such as mobile telephony, websites, fixed telephony, transportation public address systems, television or Automatic Teller Machines (ATMs). Other critical areas also show deficits in making essential services accessible to persons with disabilities around the world. While most countries are generally aware of their basic obligation to implement ICT accessi-

bility, they have not: (1) translated essential CRPD dispositions into actual policies or programs, and (2) included persons with disabilities in the foundational countrywide policy development processes and capacity-building necessary to achieve valued outcomes. As a result, more than one fifth of the world's population may be vulnerable to a digital divide.
Bezug: http://g3ict.org/download/p/fileId_1005/ productId_316; http://g3ict.org/resource_center/ publications_and_reports/p/productCategory_ whitepapers/subCat_0/id_316.

ESSL Foundation
Zero Project Report 2014: Accessibility
Under the motto No one can enjoy a human right to which one does not have access, the international initiative Zero Project mobilised its worldwide network of more than 1,000 disability experts in spring 2013 to map the state of the implementation of the CRPD and to find innovative practice and policy solutions on accessibility. Together, they showed the progress of the implementation of the UN CRPD in 130 countries. They nominated 243 innovative projects in practice and 68 innovative projects in politics.
Outcomes focus on the accessibility in these countries and highlighted 54 best practice projects on the implementation level and 15 best practice projects on the political level that support accessibility and universal design.
Bezug: http://zeroproject.org/wp-content/uploads/2013/ 12/ZERO-PROJECT-REPORT-2014.pdf; http://zeroproject.org.

World Bank
Inclusive Mobility: Improving the Accessibility of Road Infrastructure Through Public Participation - East Asia and Pacific Region Transport
This note describes a number of innovations taken by some Chinese cities, in particular Jinzhou, Liaoning province, to ensure that urban transport systems are more accessible for mobility-challenged persons. Public participation by residents with disabilities in Liaoning province in northeast China has increased awareness and consideration for special needs in the design and implementation of road infrastructure. Jinzhou has convened a series of meetings inviting public participation on the issue of improving traffic infrastructure for use by people with disabilities. With the introduction of some low or no-cost features, the principle of *people first* for urban transport has been put into practice.
Bezug: http://www-wds.worldbank.org/external/default/ WDSContentServer/WDSP/IB/2014/01/24/000442464_ 20140124115129/Rendered/PDF/ 841770WP0inclu0Box0382094B00PUBLIC0.pdf.

Leonard Cheshire Disability
Making Rights a Reality: Young Voices on the UN CRPD

Young Voices campaigners from across the globe report on how their governments are implementing the UN Convention on the Rights of Persons with Disabilities (UN CRPD).
Bezug: http://www.leonardcheshire.org/sites/default/files/Making%20Rights%20a%20Reality.pdf

Mojdeh Bayat
The Stories of *Snake Children*: Killing and Abuse of Children with Developmental Disabilities in West Africa

Killing and abuse of children with disabilities are covert phenomena, occurring in some developing regions, especially in some African countries. Similar to the practice of ritual killing of spirit children in Ghana, the phenomenon of the snake child in Cote d'Ivoire (known as Ivory Coast) is the ritual abandonment or killing of children with intellectual disability (ID). This study is a qualitative ethnographic investigation into understanding this phenomenon. Three major questions were of interest: (1) Who are the snake children? (2) How are these children viewed and treated? (3) What are ways of changing negative attitudes towards children with developmental disabilities? Killing and abuse of children with ID are explained within the context of indigenous African religions, animism and folk culture. The concept of disability otherness and inferiority is also explored as a framework for reflection and ethical debate.
Bezug: Bayat, M. (2014), The stories of *snake children*: killing and abuse of children with developmental disabilities in West Africa. Journal of Intellectual Disability Research. doi: 10.1111/jir.12118; http://onlinelibrary.wiley.com/doi/10.1111/jir.12118/abstract; http://onlinelibrary.wiley.com/doi/10.1111/jir.12118/pdf.

Royal Thai Government/Government of Japan/APCD/DESA
Community, Rights-Based and Disability-Inclusive Development

The Report of the United Nations High-Level Side Event: Community, Rights-Based and Disability-Inclusive Development, held at the UN Headquarters in New York on 23rd September 2013, is now available. The Meeting's theme was The Way Forward: A Disability-Inclusive Development Agenda Towards 2015 and Beyond. The Report highlights the High-Level Side Event as a platform for discussion towards a disability-inclusive development agenda, and how the international community can galvanise efforts to promote the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and Community-Based Inclusive Development as important poverty reduction and empowerment strategies for persons with disabilities.
Bezug: http://www.apcdfoundation.org/?q=system/files/UN%20Side%20Event_small.pdf; http://www.apcdfoundation.org/?q=content/report-un-high-level-side-event-community-rights-based-and-disability-inclusive-development.

South Asian Disability Forum
Strategic Planning Workshop: A Summary Report

The South Asian Disability Forum's (SADF) Strategic Planning Workshop details can now be accessed via a Summary Report. Held in Islamabad, Pakistan on 18th to 19th November 2013, the Workshop aimed at unifying strategic plans that will empower women with diverse disabilities through capacity-building activities in South Asia. A draft of the South Asian Disability and Development Initiative 2014-2016 was adopted to address the rights of women with disabilities who are facing multiple-fold discrimination. SADF, a regional network of DPOs from eight South Asian countries (Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka), is one of the Working Group members identified by ESCAP's Incheon Strategy to Make the Right Real, 2013-2022.
Bezug: http://apcdfoundation.org/?q=system/files/SADF%20Report%20%28small_a%29.pdf; http://apcdfoundation.org/?q=content/summary-report-south-asian-disability-forum-strategic-planning-workshop.

Jill Hanass-Hancock/Marisa Casale
An Exploratory Model to Illustrate the Interrelationship Between HIV, Disability, and Caregiving in Southern Africa

Increased caregiving burden and HIV-related impairments have important implications for affected populations as well as health and social security systems in southern Africa. Based on a review of HIV, caregiving, and disability literature, including the existing disability models, the authors discuss the potential interrelationships between caregiving and disability in the context of HIV. They develop an exploratory model to illustrate these linkages. Co-existing experiences of disability and caregiving burden may lead to a vicious cycle of deteriorating well-being among affected households and place additional strain on social security systems. HIV may exacerbate this cycle at both a micro and a macro level. Research, policy, and practice should aim to provide more effective synergies between rehabilitation, HIV treatment, care and support, and household livelihood interventions. Particular attention should be paid to the ability of social systems to meet the specific needs of informal care providers with disability and their care recipients.
Bezug: http://www.sciencedirect.com/science/article/pii/S1055329013001994.

Joanna Morrison/Machhindra Basnet/Bharat Budhathokhi et al.
Disabled Women's Maternal and Newborn Health Care in Rural Nepal: A Qualitative Study

There is little evidence about the access to maternal and newborn health services for women with disabilities in

low-income countries, and few studies consult the women themselves to understand their experience of care and care seeking. This study explores the experiences of women with disabilities regarding maternal and newborn care in rural Nepal. A qualitative methodology was applied by using semi-structured interviews.

Married women with different impairments who had delivered a baby in the past ten years were sampled from different topographical areas of the district. Maternal health workers were also interviewed. The findings were compared with a recent qualitative study of women without disabilities in the same district to explore the differences between disabled and non-disabled women. Married women with disabilities considered pregnancy and childbirth to be a normal state of life for themselves and preferred to deliver at home. Issues of quality, cost and lack of family support were as pertinent for disabled women as they were for their non-disabled peers. Health workers felt unprepared to meet the maternal health needs of disabled women. Integration of disability into existing Skilled Birth Attendant training curricula may improve maternal health care for disabled women. There is a need to monitor progress of interventions that encourage institutional delivery through the use of disaggregated data, to check that disabled women are benefiting equally in efforts to improve access to maternal health care.

Bezug: http://www.sciencedirect.com/science/article/pii/S0266613814000928.

Handicap International/HelpAge International
Hidden Victims: Radical Change Needed for Older, Disabled and Injured Syrian Refugees

A new research published on 9th April 2014 shows that older, disabled and injured Syrian refugees are paying a double toll as a result of the conflict. The report, released by Handicap International and HelpAge International, provides new data showing how much these vulnerable refugees are struggling to meet their specific needs. The two agencies are calling on all national and international humanitarian stakeholders providing assistance to Syrian refugees to change the way aid is delivered, so that disabled, injured and older refugees are no longer the hidden casualties of the conflict. More precise targeting and registration of refugees and better training of staff will ensure that humanitarian assistance is accessible, appropriate and effective, says the report.

The Syrian crisis has now generated the largest refugee movement since the 1994 Rwandan genocide. The report shows that, hidden amongst the overall refugee population, disabled, injured and older refugees and those suffering from chronic diseases are facing significant difficulties in accessing appropriate aid. Invisible, the most vulnerable people are at far greater risk of falling through the gaps of humanitarian relief, with a higher impact on their health, living conditions and social integration than for other refugees, as well as increased psychological distress. Yet, studies of humanitarian assistance show how these same groups are often neglected in the assessment, the collection of data, design and delivery of humanitarian relief. To ensure that people with specific needs are no longer the forgotten casualties of this conflict, Handicap

International and HelpAge International are making eight recommendations, such as appropriate collection of information. Their aim is that older, disabled and injured refugees can access essential services such as healthcare, income support and rehabilitation services.

Bezug: http://bit.ly/HiddenVictims; http://reliefweb.int/report/syrian-arab-republic/hidden-victims-syrian-crisis-disabled-injured-and-older-refugees.

WHO
International Perspectives on Spinal Cord Injury

Many of the consequences of spinal cord injury do not result from the condition itself, but from inadequate medical care and rehabilitation services, and from barriers in the physical, social and policy environments that exclude people with spinal cord injury from participation in their communities. This study summarises the best available evidence and suggests measures for improving the survival, health and participation of people with spinal cord injury.

Bezug: http://apps.who.int/iris/bitstream/10665/94190/1/9789241564663_eng.pdf.

OHCHR
Thematic Study on the Right of Persons with Disabilities to Education

The right to education has been recognised as a fundamental human right by the Universal Declaration of Human Rights and has been later codified by a number of legal instruments, the most recent being the Convention on the Rights of Persons with Disabilities. The right to education is an example of the indivisibility and interdependence of all human rights due to its essential role in the full and effective realisation of other human rights, both economic, social and cultural rights and civil and political rights. Such interrelation is clearly evident in the case of persons with disabilities, for instance, when ensuring that they obtain the same educational degrees in equal terms with others, as a prerequisite to their right to work or when guaranteeing that they can study in mainstream schools as a way of upholding their right to live in the community.

Bezug: http://www.ohchr.org/EN/Issues/Disability/Pages/ThematicStudies.aspx.

Arlene Kanter
International Human Rights Recognition of People with Disabilities: From Charity to Human Rights

The Convention on the Rights of People with Disabilities (CPRD) is the first comprehensive and binding treaty on the rights of people with disabilities. It establishes the right of people with disabilities to equality, dignity, autonomy, full participation, as well as the right to live in the community, and the right to supported decision-making and inclusive education. Prior to the CRPD, international law had provided only limited protections to people with disabilities. This book analyses the development of disabil-

ity rights as an international human rights movement. Focusing on the United States and countries in Asia, Africa, the Middle East, the book examines the status of people with disabilities under international law prior to the adoption of the CPRD, and follows the development of human rights protections through the convention's drafting process. Arlene Kanter argues that by including both new applications and entirely new approaches to human rights treaty enforcement, the CRPD is significant not only to people with disabilities but also to the general development of international human rights, by offering new human rights protections for all people. Taking a comparative perspective, the book explores how the success of the CRPD in achieving protections depends on the extent to which individual countries enforce domestic laws and policies, and the changing public attitudes towards people with disabilities. This book will be of interest to researchers and students of human rights law, discrimination, and disability studies.
Bezug: Routledge, 2014, 392 pages;
ISBN: 9780415524513.

David Mitchell/Valerie Karr (Eds.)
Crises, Conflict and Disability: Ensuring Equality

People with disabilities are among the most adversely affected persons during conflict situations or when natural disasters strike. They experience higher mortality rates, have fewer available resources and less access to help, especially in refugee camps, as well as in post-disaster environments. Already subjects to severe discrimination in many societies, people with disabilities are often overlooked during emergency evacuation, relief, recovery and rebuilding efforts. States party to the UN Convention on the Rights of Persons with Disabilities must take all necessary measures to ensure the protection and safety of people with disabilities during situations of armed conflict, humanitarian emergencies, and natural disasters. Such aid should be designed to support preparedness, response, recovery and rebuilding. This book includes perspectives from around the globe and explores the implications at the policy, programme, and personal level, discussing issues such as:
How can national laws, policies, and regulations provide guidance, methods and strategies to integrate and coordinate inclusive emergency management? What should people with disabilities know in order to be prepared for emergency situations? What lessons have we learned from past experiences? What are the current shortfalls (physical and cultural) that put people with disabilities at risk during emergencies and what can be done to improve these situations (e.g. through new technologies and disaster planning)? How does disability affect people's experiences as refugees and in other displaced situations? What programmes and best practices are in place to protect and promote their rights during their period of displacement? How must people with disabilities be factored in to the resettlement and rebuilding process; does an opportunity for ensuring universal access exist in the rebuilding process? What is the impact of disasters and conflicts especially on women and children with disabilities, and persons with intellectual disabilities?

Spotlighting a pressing issue that has long been neglected in emergency planning fields, this innovative book discusses how to meet the needs of people with disabilities in crises and conflict situations. It is an important reference for all those working or doing research in the field of disability and inclusion, and emergency and disaster management, both in developed and developing countries.
Bezug: Routledge, 2014, 260 pages;
ISBN: 978-0-415-81165-1.

Karen Soldatic/Helen Meekosha (Eds.)
The Global Politics of Impairment and Disability: Processes and Embodiments

Disability is of central concern to the developing world, but has largely been under-represented in global development debates, discourses and negotiations. Similarly, disability studies have overlooked both the theorists and the social experiences of the Global South, and there has been a one-way transfer of ideas and knowledge from the North to the South in this field. This volume seeks to redress the processes of scholarly colonialism by drawing together a diverse set of understandings, theorising and experiences. The chapters situate disability within the Southern context and support the work of Southern scholars and activists with disabilities, seeking to decolonise Southern experiences, knowledge and knowledge gaps in the field while simultaneously attempting to make an intervention into able-bodied (mainstream) development discourses, practices and politics.
Bezug: Routledge, 2014, 176 pages;
ISBN: 978-1-13-877600-5

Maya Thomas/Akiie Ninomiya
Relevance of CBR and Inclusive Development in Post-2015 Development Agenda

This report aims to convey regional experiences and viewpoints on Community Based Inclusive Development (CBID) with an aim to provoke thoughts and to identify key elements for future direction regarding Post MDGs framework from the perspective of persons with disabilities in Asia and the Pacific. The focus is on two aspects: to further develop the implementation of CBR towards a CBID approach and to reassure the possibility of an inclusive, barrier-free, and rights-based society.
Bezug: https://docs.google.com/file/d/1K8HMfnAxlTa79O9vTcdl5zfoTrwtwIeM6XBwS2XHFs41v-MNZhInXx2-oIeV/edit.

WHO
Multi-Country Assessment of National Capacity to Provide Hearing Care

According to a report published on the International Ear Care Day, 3rd March, many of the countries that responded to a new WHO survey lack the capacity to prevent and care for hearing loss. The WHO estimates that over 5% of the world's population – 360 million people – has hearing impairment. The highest prevalence is found in the Asia Pacific, South Asia and sub-Saharan Africa.

About half of all cases of hearing loss worldwide are easily prevented or treated. A leading cause for hearing loss in younger ages, particularly in low- and middle-income countries, is untreated ear infections, which are often characterised by discharge from the ear. Vaccine-preventable infectious diseases such as rubella, meningitis, measles, or mumps can also lead to hearing loss. Only 32 of the 76 countries that responded have developed plans and programmes to prevent and control ear diseases and hearing loss. According to the report, many countries lack trained health personnel, educational facilities, data and national plans to address the needs of those living with ear and hearing impairments. The information received also indicates that the gap between needs and services is greatest in sub-Saharan Africa.

Bezug: http://www.who.int/mediacentre/news/notes/2014/survey-hearing-loss/en/; http://www.who.int/pbd/publications/WHOReportHearingCare_Englishweb.pdf?ua=1.

VERANSTALTUNGEN/EVENTS

24.08. – 28. 08.2014   Fifth International Disaster and Risk Conference IDRC Davos: Integrative Risk Management -
Science and technology to strengthen the post 2015 framework, Davos, Switzerland.
Information: http://www.grforum.org.
Kontakt: International Disaster and Risk Conference (IDRC), Promenade 35 CH – 7270, Davos
Platz, Switzerland; Tel: +41 81 414 16 00; Fax: +41 81 414 16 01; E-mail:
info@grforum.org .

15.09. – 26.09.2014   Monitoring and Evaluation in Disability and Development, Pokhara, Nepal.
Information: http://www.enablement.nl/index.php/121/Courses.html.
Kontakt: A van Leeuwenhoekweg 38, unit A16, 2408 AN Alphen aan de Rijn, The Nether-
lands; Tel: +31 172 499940; E-mail: info@enablement.nl.

15.09. – 17.09.2014   Disability Sport: Changing Lives, Changing Perceptions, Coventry, UK.
Information: http://www.coventry.ac.uk/events/disability-sport-conference-2014/.
Kontakt: Tel: +44 24 7688 7688; E-mail: ian.brittain@coventry.ac.uk.

22.09. – 16.09.2014   IDDC: Training on Disability Mainstreaming in Projects and Organisations, Lunteren, Nether-
lands.
Information: http://www.mdf.nl/course/dm-nl#.U7_5AVY3roo.
Kontakt: MDF Head Office, Ede, Netherlands; Tel: +31 318 6500 60;
E-mail: registration@mdf.nl.

09.10. – 11.10.2014   Fourth International Postgraduate Conference – Development: What Now?, Hong Kong.
Information: http://myweb.polyu.edu.hk/~apsspgc/index.html.
Kontakt: Department of Applied Social Sciences (APSS), The Hong Kong Polytechnic Universi-
ty, Hung Hom, Kowloon, Hong Kong; Tel: +852 2766 5773; Fax: +852 2772 6558; E-mail:
pgconference.apss@polyu.edu.hk.

14.10.2014   Evaluation Conference „weltwärts alle inklusive", Düsseldorf, Germany.
Information: http://www.bezev.de/freiwilligendienst/infos-fuer-organisationen.html#c5261
Kontakt: bezev, Wandastraße 9, 45136 Essen, D; Tel: +49 2011 788 963; Fax: +49 2011
789 026; E-mail: freiwilligendienst@bezev.de

14.11. - 16.11.2014   Seminar: Arbeit um jeden Preis? Menschenwürdige Arbeit für Menschen mit und ohne Behin-
derung weltweit durchsetzen. Duisburg
Information unter www.bezev.de oder kampagnen@bezev.de, Tel.0201/1788963 (Benedikt
Nerger)

24.11. – 26.11.2014   From Exclusion to Empowerment – The Role of Information and Communication Technologies
for Persons with Disabilities, New Delhi, India.
Information: http://www.unesco-ci.org/ict-pwd/. Kontakt: E-mail: i.kasinskaite@unesco.org.

25.11. – 26.11.2014   Building Sustainability of Civil Society Workshop, Oxford, UK.
Information: http://www.intrac.org/pages/en/conferences.html.
Kontakt: INTRAC, Oxbridge Court, Osney Mead, Oxford OX2 0ES, UK; Tel: +44 1865 201
851; Fax: +44 1865 201 852; Email: info@intrac.org.

Schwerpunktthemen kommender Ausgaben der Zeitschrift
Focal Topics of Upcoming Issues

3/2014:   Physische Barrierefreiheit/Physical Access without Barriers (verantwortlich/responsible: Christine Bruker/Isabella Bertmann)

1/2015:   Inklusion in der Humanitären Hilfe und Katastrophenvorsorge/Inclusion in Humantarian Aid and Disaster Risk Reduction (verantwortlich/responsible: Gabriele Weigt)

2/2015:   Älter werdende Menschen im Globalen Süden/Ageing People in the Global South (verantwortlich/responsible: Sabine Schäper)

Interessierte Autorinnen und Autoren mögen sich für nähere Informationen und unseren *Leitfaden für AutorInnen* bitte an die oben genannten Verantwortlichen wenden. Darüber hinaus sind Vorschläge für weitere Schwerpunktthemen willkommen unter info@inie-inid.org.

If you are interested in contributing, please contact the respective member of the editorial board mentioned above for more information and our Guidelines for Submissions. Moreover, we welcome ideas and suggestions for future focal topics which you can submit to our editorship at info@inie-inid.org.

Deadlines for the upcoming issues:

	3/2014	**1/2015**	**2/2015**
Hauptbeiträge/Focal articles	25.07.2014	15.10.2014	15.03.2015
Kurzbeiträge/Other contributions	25.07.2014	15.10.2014	15.03.2015

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Behinderung und internationale Entwicklung
Disability and International Development

Die Zeitschrift *Behinderung und internationale Entwicklung* erscheint seit 1990 dreimal jährlich mit Beiträgen sowohl in deutscher als auch englischer Sprache. Ihr Anspruch ist es, ein Medium für einen grenzüberschreitenden Informationsaustausch zur Thematik zu bieten sowie die fachliche Diskussion zu pädagogischen, sozial- und entwicklungspolitischen sowie interkulturellen Fragen im Zusammenhang mit Behinderung in Entwicklungsländern weiterzuentwickeln. Jede Ausgabe ist einem Schwerpunktthema gewidmet, das durch Einzelbeiträge und einen aktuellen Informationsteil ergänzt wird.

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Darüber hinaus kostenlos im Internet unter www.zbdw.de.

The journal *Disability and International Development* is published three times a year since 1990, featuring contributions in both English and German. Its objective is the scholarly and practice-oriented discourse on disability in low-income countries. The journal aims at providing a platform for a cross-border dialogue and promoting the professional discussion of related development policy, pedagogical/educational, socio-political and intercultural questions. Each issue is dedicated to a focal topic, complemented by single contributions on other subjects and up-to-date information.

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