From Local to Global Level. Community Based Rehabilitation – a Strategy for Achieving Inclusive Development (03 to 04 May 2012, Bonn, Germany)

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Working Group 1: Health

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What must happen so that your projects / programs in the Health sector can open up to inclusion of persons with disabilities?

Example of Nepal (GIZ) – entry points for disability inclusion:

- *Health system strengthening as overarching goal of German development cooperation: many entry points, e.g. Health policy and programme planning, human resource, infrastructure and supplies, health information systems, financing and social protection*
- *Construction/ rehabilitation of health facilities: consider easy accessibility of site, buildings, and services*
- *Advocate for health facilities to be closer to the community; this would benefit many people*
- *Ownership of the community is important*
- *Prevention: not enough is done in this field, e.g. prevent children having burns from unsafe cooking stoves; promote road safety to prevent road traffic accidents; control vaccine-preventable diseases causing disability (e.g. Japanese Encephalitis); support health education and promote healthy lifestyles (e.g. to avoid cardiovascular disease and diabetes)*
- *Training of health staff: the issue of disability should be mainstreamed; measures need to be adjusted to national context, e.g. uterus prolapse, burns and post-burn contractures are very common in Nepal and need to be incorporated in training curricula*
- *Referral system should be strengthened*
- *Health camps and mobile clinics for specific conditions such as eye diseases or mental disorders are very helpful, but follow-up is important*
- *Training of health workers at all levels of the public health system would be useful*
- *Health and education sectors are the largest public employers in many countries, and could be used as a leverage. The same is true for churches.*

- *Introducing staff quota of persons with disabilities, employed in offices of German Development Cooperation*; foster affirmative policies

Example of EED – entry points for disability inclusion:

- *Partner education: CRPD, disability issues could be included*
- *Awareness about persons with disabilities could be heightened in all organizations when referral options are made known*
- *Introducing a staff quota of persons with disabilities, employed as health staff / support affirmative policies*

2.1. Which different stakeholders are of importance (NGOs: mainstream /disability specific, DPOs, government authorities etc.)?

- *Stakeholders are depending on the national context*
- *Churches are important (they are especially working in isolated areas), close to the communities*
- *The private sector becomes increasingly important in health*
- *Disability focal persons in all ministries could be installed; workshops on activities in mainstreaming done*
- *Government should not be by-passed, the sectoral approach of ministries needs to be respected (one ministry being responsible for each component)*

2.2. What kind of capacity building is needed for the different stakeholders?

- Capacity development of NGOs / state governments on modes of work and delivery for a better coordination

3. Striving for Inclusion in practice: What can be next steps?

- Advocate for setting up disability focal points in all ministries and training of focal points
- Scaling up of successful examples

- **BMZ/GIZ:**
  - Lobby for designation of disability focal person/ ombudsman
  - Promote mainstreaming disability issues in health system strengthening, e.g. mainstreaming in training curricula
  - Lobby for disability inclusion within MDG process until 2015 and beyond
  - Structure of Engagement Global: responsibility for disability to be added and made explicit
  - Implement BMZ Action Plan on Inclusive Development as far as implementing agencies (GIZ, KfW) are concerned
  - Promote integration of vertical programs in the area of disability into national health systems
  - Add-on services could be provided by specific NGOs

- **EED:**
    - Start with assessing general health needs of persons with disabilities and make services accessible to them
    - Successful and well-documented programs: reduce bureaucracy by advocating for and writing summary reports (report-writing often overwhelming, since every donor asks for own formats)
    - Make use of the mechanisms under CRPD (Convention on the Rights of Persons with Disabilities)
    - Implementation of the CRPD within EED and within the scope of development policy
    - Dialogue with partner organization; partner consultations on inclusion and CRPD

- **Specialized NGOs:**
    - should provide training and technical expertise,
    - could step in to deliver disability-related parts for SWAPs (sector-wide approaches)