The UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities:

NGO Responses to the Implementation of the Rules on Medical Care, Rehabilitation, Support Services and Personnel Training

Regional Report EURO

Disability and Rehabilitation Team
Management of Noncommunicable Diseases Department
Noncommunicable Diseases and Mental Health Cluster
World Health Organization
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World Health Organization
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<td>REPUBLIC OF MOLDOVA</td>
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2-Euro
<table>
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<tr>
<td>ROMANIA</td>
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<td>MEDICAL CARE</td>
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<tr>
<td>RUSSIAN FEDERATION</td>
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<td>SLOVAKIA</td>
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<td></td>
</tr>
<tr>
<td>RUSSIAN FEDERATION</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>ROMANIA</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
ACKNOWLEDGMENTS

The present report was based on the information provided by non-governmental organizations (NGOs) responding to the questionnaire sent by WHO in May 1999. The questionnaire, developed at the request of the Special Rapporteur on Disability of the UN Commission for Social Development, was designed to monitor the implementation of the health component of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities, in accordance with the United Nations General Assembly Resolution 48/96. Some preliminary results have been included in the report of the UN Special Rapporteur to the UN Commission for Social Development in February 2000 and 2002.

We wish to express our gratitude to Professor Usha S. Nayar, Deputy Director, Tata Institute of Social Sciences, Mumbai, India, and Chairperson, Technology And Social Health (TASH) Foundation, Mumbai, India, who has analyzed the responses and written this report with great competence and commitment.

Many thanks are extended to our donor governments in Italy, Norway and Sweden without whose support this report would not have been possible.

WHO would also like to thank the UN Special Rapporteur on Disability and his Panel of Experts for their important contribution to the questionnaire, the report, and for their untiring support. Special thanks go to the NGOs for submitting the information requested and to the WHO Regional Offices for their assistance in coordinating this work in their respective Regions.

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PART 1

Regional Summary Report of NGOs
Preface

WHO undertook this survey in cooperation with the office of the UN Special Rapporteur on Disability as a part of continuous monitoring of the Standard Rules. There is also an increasing demand for information on disability issues and a need to reflect trends and developments in this domain.

The present Report is an analysis of information collected in 1999 by means of a questionnaire sent to the NGOs\(^1\) working in the field of disability in the member States of the WHO. The information focuses on issues related to four of the 22 Standard Rules on the Equalization of Opportunities for Persons with Disabilities: Rule 2 on Medical Care, Rule 3 on Rehabilitation, Rule 4 on Support Services, and Rule 19 on Personnel Training.

The questionnaire was designed and finalized in April 1999. It was sent to the selected NGOs of the member countries with a request to complete the questionnaire in order to help WHO identify the official policy of the country. For this, they were requested not to give their personal opinion but to quote the official opinion.

The objectives of study were:

- To identify various government policies regarding medical care, rehabilitation, support services and personnel training,
- To identify various strategies adopted and problems encountered while working in the field of medical care and rehabilitation of persons with disabilities.

This survey was conducted to meet the increasing demand for information of this nature and the need for reflecting on trends and developments in this domain. A total of 128 NGOs from 83 Member States responded. A classification according to socio-economic criteria of the NGOs responding to the questionnaire is presented in Table A\(^2\).

Table A: Socio-economic classification of government responses

<table>
<thead>
<tr>
<th>Classification</th>
<th>No. of responses</th>
<th>Percentage NGOs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developed market-economy countries</td>
<td>17</td>
<td>20.5</td>
</tr>
<tr>
<td>Developing countries: Least developed countries</td>
<td>19</td>
<td>22.9</td>
</tr>
<tr>
<td>Developing countries: Other developing countries (excluding least developed countries)</td>
<td>39</td>
<td>47.0</td>
</tr>
<tr>
<td>Economies in transition</td>
<td>8</td>
<td>9.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>83</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

\(^1\) The selected NGOs belong to the international organizations represented in the Panel of Experts, i.e. Disability Persons International (DPI), Inclusion International (ILSMH), Rehabilitation International (RI), World Blind Union (WBU), World Federation of the Deaf (WFD), World Network of Users and Survivors of Psychiatry (WNUSP).

\(^2\) The classifications used in this report are based on the classification of 1st May 1998 used by the United Nations. This classification is an update of the classifications used by the United Nations in the *World Economic and Social Survey 1997*. The groupings are employed for analytical purposes only and do not have any official status.
Table B shows region-wise classification of NGOs included in the analysis. There were a total of 128 NGOs, of which 45 NGOs (35.2%) were from the European Region, a quarter (25%) from the African Region, 23 (18%) were from the American Region, 11 (8.6%) from the Western Pacific Region, 8 (6.2%) from the Eastern Mediterranean Region and 9 (7%) from the South East Asian Region. These NGOs represented 83 member countries of the WHO.

Table B: Regional distribution of WHO member states

<table>
<thead>
<tr>
<th>Region</th>
<th>No. of Countries</th>
<th>No. of NGOs</th>
<th>Percentage NGOs</th>
</tr>
</thead>
<tbody>
<tr>
<td>African</td>
<td>23</td>
<td>32</td>
<td>25.0</td>
</tr>
<tr>
<td>American</td>
<td>15</td>
<td>23</td>
<td>18.0</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>7</td>
<td>8</td>
<td>6.2</td>
</tr>
<tr>
<td>European</td>
<td>26</td>
<td>45</td>
<td>35.2</td>
</tr>
<tr>
<td>South East Asian</td>
<td>6</td>
<td>9</td>
<td>7.0</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>6</td>
<td>11</td>
<td>8.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>83</strong></td>
<td><strong>128</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

The survey, for the first time has attempted to bring together information on the status of the persons with disability, worldwide. Some countries were represented by more than one NGO and thus many questions had multiple answers given by NGOs depending on their involvement in a particular type of work and the area of disability.

The Standard Rules establish that solutions must be sought not only at the individual level, but also in society that hinders real participation (barriers in the physical environment, legislation, education etc.). The policies should aim at enabling persons with disabilities to be included in society, meaningfully, and to adapt to the environment suitably so that the needs of persons with disabilities are met for maximum social interaction. To reach the objective of Equalization of Opportunities some basic preconditions must be fulfilled. For instance, provision of qualified medical care, provision of rehabilitation services wherever necessary, as well as elimination of discrimination against persons with disabilities.

This Report is an overview of the present Regional situation with respect to the level of implementation of the four Standard Rules under review here. This information can be used by policy makers, administrators, program implementers and rehabilitation specialists for planning and implementation of programs related to disability.

Methodological Considerations

Presenting a global perspective is a challenging task for any researcher. Standardization of definitions and classifications to fit into a questionnaire applicable in different social, cultural and administrative settings to draw meaningful analyses is commendable. Many basic concepts, such as medical care system, prevention of impairment and rehabilitation services, required for the survey have different interpretations in different countries. The policies regarding these concepts also vary. There is also a difference in significance attached to policy statements.

A critical balance was maintained while analyzing this type of data to take care of diversity among the countries and within the country between NGOs. The overall results indicate that
there are disparities among the countries and the type of services provided. Certain groups of persons with disability are neglected in quite a few countries. The governments, municipalities, and NGOs need better and coordinated efforts to provide services to persons with disability. Finance and financial subsidies is a critical area where the social insurance schemes offer more options to the persons with disability. Administrative differences in certain countries such as Singapore, where there is no district or province, made regional interpretations inconclusive for questions such as availability of medical/paramedical staff at each level. Therefore, caution was taken while interpreting the data, keeping in mind the socio-cultural and political variations of the countries within the Region. Another area, which was difficult to analyze, was the total reliance on the information given by an NGO. There was a tendency to know more about the specific disability in the area of their work rather than an overall view of various types of persons with disabilities in the country. As a result, underestimation could not be avoided, particularly when one NGO report has been taken to represent the entire country. However, the Comparative Report of the NGO and government would give a more realistic view of the policy and implementation of the four rules.

Despite the difficulties, the effort to interpret all the data collected from various sources is nonetheless worthwhile, since it enables countries to make useful comparisons and to share information on policy and practice. Such data are needed to plan both general socio-political measures to optimize the environment for persons with disabilities and more individual support services.

The study aims primarily to identify tendencies and patterns. However, the cross-national character of this study is limiting, giving only an approximate picture of the present condition, worldwide, for persons with disabilities. The tendencies and patterns, old and new, will indicate the trend.

The survey results can act as a powerful stimulus towards reforms and guidelines to review the neglected areas. The previous survey\(^3\) was widely used and thus has generated a great deal of positive feedback.

\(^3\) *Government Action on Disability Policy*. Office of the United Nations’ Special Rapporteur on Disability. Stockholm, 1997. This survey concentrated on four other Rules, namely, Rule 15 on Legislation, Rule 5 on Accessibility, Rule 18 on Organizations of Persons with Disabilities and Rule 17 on Coordination of Work. Therefore, an overall comparison between these two studies cannot be easily be done.
MEDICAL CARE

The basic information on medical care was whether the medical care system provides services to persons with disabilities. According to the opening paragraph in the Rule on Medical Care, “States should ensure the provision of effective medical care to persons with disabilities.” The first question indicates the extent to which states comply with this rule. All countries, except one, provide medical care to persons with disabilities.

Table 1
Question 1: Medical care system providing services to persons with disabilities in the country

<table>
<thead>
<tr>
<th>Services to persons with disabilities</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>44</td>
<td>97.8</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>2.2</td>
</tr>
<tr>
<td>Total</td>
<td>45</td>
<td>100.0</td>
</tr>
</tbody>
</table>

A little less than 40 percent of NGOs have stated that there is a tendency to provide these services outside the general medical care, whereas it is not so in some of the countries.

Table 2
Question 1a: Treatment given to certain groups of persons with disabilities outside the general medical care services in the country

<table>
<thead>
<tr>
<th>Treatment given</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>17</td>
<td>38.6</td>
</tr>
<tr>
<td>No</td>
<td>27</td>
<td>61.4</td>
</tr>
<tr>
<td>Total</td>
<td>44</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The first paragraph also mentions, “States should work towards the provision of programs for early detection, assessment and treatment of impairment. This could prevent, reduce or eliminate disabling effects.” While in all the countries medical care system includes treatment of impairment, in most countries, the prevention of impairment, early detection and diagnosis, and rehabilitation techniques are also included to a large extent. Necessary referrals and counseling for parents are not so widespread.

Table 3
Question 2: Programs included in the medical care system

<table>
<thead>
<tr>
<th>Programs</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention of impairment</td>
<td>37</td>
<td>82.2</td>
</tr>
<tr>
<td>Early detection and diagnosis</td>
<td>38</td>
<td>84.4</td>
</tr>
<tr>
<td>Treatment of impairment</td>
<td>45</td>
<td>100.0</td>
</tr>
<tr>
<td>Rehabilitation techniques</td>
<td>41</td>
<td>91.1</td>
</tr>
<tr>
<td>Necessary referrals</td>
<td>29</td>
<td>64.4</td>
</tr>
<tr>
<td>Counseling for parents</td>
<td>35</td>
<td>77.8</td>
</tr>
<tr>
<td>Total = 45*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
According to the first paragraph in the Rule on Medical Care on the provision of programs for early detection, assessment and treatment of impairment, “States should ensure full participation of persons with disabilities, and their families at the individual level, and of organizations of persons with disabilities at the planning and evaluation level”. Table 4 summarizes the degree of involvement of organizations of persons with disabilities in planning and evaluation of these programs. Over three-fifths of the NGOs reported that organizations of persons with disabilities are ‘sometimes’ involved in the planning and evaluation of these medical care systems. Only 17.8 percent of the NGOs stated that the organization of persons with disabilities are involved ‘often’ in the planning and evaluation of medical care systems. While over 13 percent stated that they are ‘never’ involved, none stated that they are ‘always’ involved.

Table 4
Question 3: Degree of involvement of organizations of persons with disabilities in planning and evaluation of these programs

<table>
<thead>
<tr>
<th>Degree of involvement</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Often</td>
<td>8</td>
<td>17.8</td>
</tr>
<tr>
<td>Sometimes</td>
<td>31</td>
<td>68.9</td>
</tr>
<tr>
<td>Never/no response</td>
<td>6</td>
<td>13.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>45</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Three NGOs did not respond to, whether there is early detection of impairment for children with disabilities and if it exists, at what age is it performed (Table 5). Although it is done equally at all the three stages, there is a need to increase this coverage.

Table 5
Question 4: Age at which early detection methods for children with disabilities are performed

<table>
<thead>
<tr>
<th>Age of children</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6 months</td>
<td>31</td>
<td>68.9</td>
</tr>
<tr>
<td>6 months-3 years</td>
<td>31</td>
<td>68.9</td>
</tr>
<tr>
<td>4-7 years</td>
<td>30</td>
<td>71.4</td>
</tr>
<tr>
<td>*<em>Total = 45</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Multiple responses

The paragraph 3 of the Rule on Medical Care ensures that infants and children with disabilities are provided with the same level of medical care within the same system as other members of the society. This was asked in the next question. As Table 6 shows that infants and children with disabilities are provided medical care within the same system as other infants and children in most of the countries, almost 96 percent of NGOs have stated that.

Table 6
Question 5: Medical care for children with disabilities within the general medical care system

<table>
<thead>
<tr>
<th>Medical care within the same system</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>43</td>
<td>95.6</td>
</tr>
</tbody>
</table>

10-Euro
The countries, which did not provide medical care to children with disabilities within the same system as other infants and children had given reasons such as, lack of a specific program, lack of staff, and lack of training. Societal attitude and difficulties in the families due to economic constraints were the next most frequently cited reasons.

Table 7
Question 5a: Reasons for not treating children with disabilities within the same system

<table>
<thead>
<tr>
<th>Reason</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of specific program</td>
<td>2</td>
<td>100.0</td>
</tr>
<tr>
<td>Lack of staff</td>
<td>2</td>
<td>100.0</td>
</tr>
<tr>
<td>Lack of training</td>
<td>2</td>
<td>100.0</td>
</tr>
<tr>
<td>Societal attitude</td>
<td>1</td>
<td>50.0</td>
</tr>
<tr>
<td>Difficulties in the families due to economic constraints</td>
<td>1</td>
<td>50.0</td>
</tr>
<tr>
<td><strong>Total = 2</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Multiple responses

Next, it was asked whether persons with disabilities are provided with regular medical treatment to preserve or improve their level of functioning and, if not, why. According to paragraph 6 of the Rule on Medical Care, “States should ensure that persons with disabilities are provided with regular medical treatment and medicine, they may need to preserve or improve their level of functioning.” Table 8 shows that in the vast majority of the countries (over 93 percent), persons with chronic disabilities such as epilepsy and diabetes, are provided with regular medical treatment to preserve or improve their level of functioning.

Table 8
Question 6: Provision of regular medical treatment to preserve or improve level of functioning

<table>
<thead>
<tr>
<th>Regular medical treatment</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>42</td>
<td>93.3</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>6.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>45</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The main reason for the countries that did not provide regular medical treatment to persons with disabilities to preserve or improve their level of functioning was lack of specific program. Lack of staff, lack of training, societal attitude and difficulties in the families due to economic constraints were some of the other reasons given for not providing regular medical treatment.

Table 9
Question 6a: Reasons for not providing regular medical treatment

<table>
<thead>
<tr>
<th>Reason</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of specific program</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>Lack of staff</td>
<td>1</td>
<td>33.3</td>
</tr>
<tr>
<td>Lack of training</td>
<td>1</td>
<td>33.3</td>
</tr>
</tbody>
</table>
Societal attitude

<table>
<thead>
<tr>
<th>Difficulties in the families due to economic constraints</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td><strong>Total = 3</strong>*</td>
</tr>
</tbody>
</table>

* Multiple responses

As mentioned, the first paragraph in the Rule on Medical Care states that, “A multidisciplinary team of professionals should run the provision of programs, and furthermore, that such programs should ensure full participation of persons with disabilities and their families at the individual level and of organizations of persons with disabilities at the planning and evaluation level.” The aim of this analysis was to identify the groups in society with the responsibility of providing medical care and to find out whether the society undertakes the economic responsibility of providing medical care to citizens with disabilities. Or whether this responsibility is laid upon civil society members and as a consequence, whether medical care is provided by professionals. Figure 1 summarizes this. Family members and professionals paid by the state are the only providers involved ‘at all times’, while professionals paid by NGOs and voluntary workers in NGOs are ‘sometimes’ involved in providing medical care to some extent in this Region. Municipalities hardly play a role in providing medical care to persons with disabilities. The least involved are voluntary workers in the municipality and NGOs. The level of involvement is negligible by the providers.

Figure 1

Question 7: Level of involvement of medical care providers

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family members</td>
<td>35</td>
</tr>
<tr>
<td>Voluntary workers in municipality</td>
<td>35</td>
</tr>
<tr>
<td>Professionals paid by municipality</td>
<td>35</td>
</tr>
<tr>
<td>Professionals paid by state</td>
<td>35</td>
</tr>
<tr>
<td>Professionals paid by NGOs</td>
<td>35</td>
</tr>
<tr>
<td>Voluntary workers in NGOs</td>
<td>35</td>
</tr>
</tbody>
</table>

An attempt was made to determine the sources of financing medical care. Table 10 indicates that medical care subsidy is provided mainly by social insurance schemes. The government ministries also provide medical care free of charge to some extent. Other schemes are exemption from duties/taxes, medical insurance, dental care and drugs, and finance by NGOs. Persons with disabilities themselves usually pay fully or partially for receiving medical care.

Table 10

Question 8: Payment for medical care subsidies

<table>
<thead>
<tr>
<th>Payment for medical care</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided free of charge by government</td>
<td>20</td>
<td>44.4</td>
</tr>
<tr>
<td>Paid by social insurance scheme</td>
<td>36</td>
<td>80.0</td>
</tr>
</tbody>
</table>

12-Euro
In countries where social insurance schemes provide medical care subsidy, mostly children, all adults, and the elderly are covered (Table 11). In the European Region very few social insurance schemes cover only working adults.

### Table 11

#### Question 9: Groups covered by social insurance schemes

<table>
<thead>
<tr>
<th>Groups</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>35</td>
<td>97.2</td>
</tr>
<tr>
<td>All adults</td>
<td>31</td>
<td>86.1</td>
</tr>
<tr>
<td>Working adults only</td>
<td>9</td>
<td>25.0</td>
</tr>
<tr>
<td>Elderly</td>
<td>31</td>
<td>86.1</td>
</tr>
<tr>
<td><strong>Total = 36</strong>*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Multiple responses

Nearly three-fourths of the NGOs stated that the social insurance schemes cover 81-100 percent of the population.

### Table 12

#### Question 10: Extent of the population covered by social insurance schemes

<table>
<thead>
<tr>
<th>Population covered (%)</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20</td>
<td>2</td>
<td>5.6</td>
</tr>
<tr>
<td>21-40</td>
<td>1</td>
<td>2.8</td>
</tr>
<tr>
<td>41-60</td>
<td>2</td>
<td>5.6</td>
</tr>
<tr>
<td>61-80</td>
<td>3</td>
<td>8.3</td>
</tr>
<tr>
<td>81-100</td>
<td>26</td>
<td>72.2</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>2.8</td>
</tr>
<tr>
<td><strong>Total = 36</strong>*</td>
<td></td>
<td><strong>97.3</strong></td>
</tr>
</tbody>
</table>

*Multiple responses

The importance of adequately trained and equipped medical and paramedical staff is stressed in two paragraphs in the Rule on Medical Care. According to paragraph 4, “States should ensure that all medical and paramedical personnel are adequately trained and equipped to give medical care to persons with disabilities and that they have access to relevant treatment methods and technology.” And paragraph 5 suggests that, “States should ensure that medical, paramedical and related personnel are adequately trained so that they do not give inappropriate advice to parents, thus restricting options for their children. This training should be an ongoing process and should be based on the latest information available.”
Medical and paramedical staff available at different levels is shown in Figure 2. This shows that pediatricians, doctors in general practice, nurses, psychologists, physiotherapists and speech therapists are equally well available at all levels. To a lesser extent, occupational therapists are also available equally at all levels. Wide disparities exist at the local and other levels for doctors in general practice and nurses. Other specialized doctors are available more at the district, provincial and national levels than at the local level. The least available are Community Based Rehabilitation (CBR) workers at all levels. CBR workers and Primary Health Care (PHC) workers are not available at all in a number of countries.

**Figure 2**

**Question 11: Availability of medical and paramedical staff at all levels**

![Graph showing availability of medical and paramedical staff at all levels.](image)

The second paragraph in the Rule on Medical Care states, “Local community workers should be trained to participate in areas such as early detection of impairments, the provision of primary assistance and referral to appropriate services.” Table 13 shows that medical care services reach the villages and the poor urban areas in most of the countries.

**Table 13**

<table>
<thead>
<tr>
<th>Services in villages and poor urban areas</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>40</td>
<td>88.9</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>11.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>45</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

The subsequent question notes the type of services provided in these areas (Table 14). The medical care reaches the villages and poor urban areas always through primary health care.

**Table 14**

<table>
<thead>
<tr>
<th>Type of services</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary health care</td>
<td>40</td>
<td>100.0</td>
</tr>
</tbody>
</table>

14-Euro
The services provided to facilitate information and communication between persons with disabilities and staff in health care is given in Table 15. The most equally well provided services are sign language interpretation and information in Braille (almost 47 percent). To a lesser extent information on tape and easy reading information is provided. The services to facilitate information and communication between persons with disabilities and staff in health care is not being provided to cover all types of disabilities thus depriving them of their right to information. A sizeable number of NGOs did not respond to this question.

Table 15
Question 13: Type of services provided to facilitate information and communication between persons with disabilities and staff in health care

<table>
<thead>
<tr>
<th>Type of services</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information in Braille</td>
<td>21</td>
<td>46.7</td>
</tr>
<tr>
<td>Information on tape</td>
<td>15</td>
<td>33.3</td>
</tr>
<tr>
<td>Sign language interpretation</td>
<td>21</td>
<td>46.7</td>
</tr>
<tr>
<td>Easy reading information</td>
<td>12</td>
<td>26.7</td>
</tr>
<tr>
<td>No response</td>
<td>19</td>
<td>42.2</td>
</tr>
<tr>
<td><strong>Total = 45</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Multiple responses
REHABILITATION

“WHO estimates that more than 300 million people worldwide are disabled, over 70% of whom live in developing countries. Only about one to two percent of persons with disabilities in the developing world have access to rehabilitation and majority of them are relegated to the margin of society. Over the past decade, WHO has been promoting community based rehabilitation as a way to increase access to rehabilitation and promoting equalization of opportunities for the social integration of persons with disabilities into the community and society. This approach employs resources within the family and community, along with support from the referral system.”

The opening paragraph in Rule 3 on Rehabilitation says, “States should ensure the provision of rehabilitation services to persons with disabilities in order for them to reach and sustain their optimum level of independence and functioning.” Table 16 shows that there is a national rehabilitation program for persons with disabilities in a few countries. Over one-third of the NGOs stated that there was no rehabilitation program in their country.

Table 16
Question 14: National rehabilitation programs available for persons with disabilities

<table>
<thead>
<tr>
<th>Rehabilitation programs</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not exist</td>
<td>31</td>
<td>68.9</td>
</tr>
<tr>
<td>Exist</td>
<td>14</td>
<td>31.1</td>
</tr>
<tr>
<td>Total</td>
<td>45</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Paragraph 5 in the Rule on Rehabilitation states, “All rehabilitation services should be available in a community where the person with disability lives. However, in some instances, in order to attain a certain training objective, special time limited rehabilitation courses may be organized, where appropriate, in residential form.” Both institutional and community based rehabilitation is hardly available at the local level. The district level has better availability of both these rehabilitation methods. Institutional rehabilitation is more available at the national and provincial levels. It is difficult to comment on this as administrative levels are most differing in this Region, except that community based rehabilitation needs to be encouraged on a wider scale.

Figure 3
Question 15: Level at which institutional and CBR programs are available

16-Euro
Population coverage of rehabilitation services is negligible (Table 17). As reported by nearly 33.3 percent of the NGOs, 61-100 percent of the population with disabilities receives rehabilitation. Population coverage of providing rehabilitation services is low.

Table 17
Question 16: Percentage of persons with disabilities receiving rehabilitation

<table>
<thead>
<tr>
<th>Population covered (%)</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5</td>
<td>2</td>
<td>4.4</td>
</tr>
<tr>
<td>6-20</td>
<td>7</td>
<td>15.6</td>
</tr>
<tr>
<td>21-40</td>
<td>5</td>
<td>11.1</td>
</tr>
<tr>
<td>41-60</td>
<td>3</td>
<td>6.7</td>
</tr>
<tr>
<td>61-80</td>
<td>7</td>
<td>15.6</td>
</tr>
<tr>
<td>81-100</td>
<td>8</td>
<td>17.8</td>
</tr>
<tr>
<td>No response/not applicable</td>
<td>13</td>
<td>28.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>45</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

According to Rule 3 on Rehabilitation, “All persons with disabilities, including persons with severe and/or multiple disabilities, who require rehabilitation should have access to it.” Table 18 suggests that, largely, persons with mobility impairment, hearing disabilities, persons with severe sight impairment, and persons with intellectual disabilities receive rehabilitation services. To a much lesser extent, persons with hearing disabilities, persons with learning disabilities, persons with disabilities owning to chronic diseases, persons with disabilities owning to mental illness, and persons with multiple/severe disabilities are included in receiving rehabilitation. Almost all the disability groups are covered for receiving rehabilitation services.

Table 18
Question 17: Types of disability groups receiving rehabilitation

<table>
<thead>
<tr>
<th>Disability groups</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons with mobility impairment</td>
<td>40</td>
<td>88.9</td>
</tr>
<tr>
<td>Persons with hearing impairment</td>
<td>35</td>
<td>77.8</td>
</tr>
<tr>
<td>Persons with hearing disabilities</td>
<td>40</td>
<td>88.9</td>
</tr>
<tr>
<td>Persons with severe sight impairment</td>
<td>39</td>
<td>86.7</td>
</tr>
<tr>
<td>Persons with intellectual disabilities (mental handicap)</td>
<td>39</td>
<td>86.7</td>
</tr>
<tr>
<td>Persons with learning disabilities (e.g. dyslexia)</td>
<td>35</td>
<td>77.8</td>
</tr>
<tr>
<td>Persons with disabilities owning to chronic diseases (e.g. epilepsy)</td>
<td>35</td>
<td>77.8</td>
</tr>
<tr>
<td>Persons with disabilities owning to mental illness (e.g. schizophrenia)</td>
<td>35</td>
<td>77.8</td>
</tr>
<tr>
<td>Persons with multiple/severe disabilities</td>
<td>37</td>
<td>82.2</td>
</tr>
<tr>
<td>None/no response</td>
<td>3</td>
<td>6.7</td>
</tr>
<tr>
<td><strong>Total=45</strong></td>
<td></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

* Multiple responses

As indicated in paragraph 3 in the Rule on Rehabilitation, all persons with disabilities should have access to rehabilitation, irrespective of age. All age groups are included in the
rehabilitation services as reported by three-fourths of the NGOs. Nearly a quarter of the NGOs stated that all age groups are not included in rehabilitation services, it was mostly the elderly who did not have access to rehabilitation.

Table 19
Question 18: All age groups included in rehabilitation services

<table>
<thead>
<tr>
<th>All age groups in rehabilitation services</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Included</td>
<td>35</td>
<td>77.8</td>
</tr>
<tr>
<td>Not included</td>
<td>10</td>
<td>22.2</td>
</tr>
<tr>
<td>Total</td>
<td>45</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Professional groups involved in providing rehabilitation services are shown in Figure 4. There is a wide disparity in the availability of other specialized doctors and prosthetic/orthotic professionals, which is less at the local level than at other levels. Another disparity noted was that of better availability of pediatricians, psychologists and speech therapists at the district level than at other levels. CBR staff was the least available at all the levels. Doctors and nurses are equally well available at all the levels. The district level is well covered by all the medical and paramedical professionals. Availability of staff for medical care is much better than it is for rehabilitation.

Figure 4
Question 19: Availability of medical and paramedical staff in rehabilitation at all levels

Paragraph 5 in the Rule on Rehabilitation requires that, “All rehabilitation services should be available in the local community where the person with disabilities lives.” Tables 20 and 21 indicate the availability of rehabilitation services at the community level and the way these services are organized. As shown in Table 20, rehabilitation services are available at the community level according to almost three-fourths of the NGOs in their country. In ten countries (28.9 percent), it is not available.
Table 20
Question 20: Rehabilitation services at community level

<table>
<thead>
<tr>
<th>Rehabilitation services</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exist</td>
<td>32</td>
<td>71.1</td>
</tr>
<tr>
<td>Do not exist</td>
<td>13</td>
<td>28.9</td>
</tr>
<tr>
<td>Total</td>
<td>45</td>
<td>100.0</td>
</tr>
</tbody>
</table>

These rehabilitation services are available mostly through primary health care, closely followed by NGOs, whereas through the CBR it is much less.

Table 21
Question 20a: Organization of rehabilitation services at community level

<table>
<thead>
<tr>
<th>Rehabilitation services provided through</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary health care</td>
<td>19</td>
<td>59.4</td>
</tr>
<tr>
<td>Community based rehabilitation</td>
<td>8</td>
<td>25.0</td>
</tr>
<tr>
<td>Non-governmental organizations</td>
<td>18</td>
<td>56.2</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>6.2</td>
</tr>
<tr>
<td>Total = 32*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Multiple responses

The extent of participation of persons, families and organizations in the area of disabilities, is presented in Figure 5. The importance of this is amply provided in the following three paragraphs in Rule 3 on Rehabilitation:

- “Persons with disabilities and their families should be able to participate in the design and organization of rehabilitation services concerning themselves.”
- “Persons with disabilities and their families should be encouraged to involve themselves in rehabilitation, for instance, as trained teachers, instructors or counselors.”
- “States should draw upon the expertise of organizations of persons with disabilities when formulating or evaluating rehabilitation programs.”

As shown in Figure 5, according to over one-third of the NGOs, persons with disabilities participate in rehabilitation as trained teachers, instructors, and counselors. A quarter of them stated that they participate in design and organization as well as in formulation and evaluation of rehabilitation programs. They also participate through other methods. About a third of the NGOs stated that the families of persons with disabilities are involved in design and organization and as trained teachers, instructors and counselors while a little over a quarter of the NGOs stated that they are involved in formulation and evaluation of rehabilitation programs. They also participate through other methods. The most involved are the organizations/agencies of person with disabilities. They are almost equally involved in the design and organization, formulation and evaluation of rehabilitation programs. They are also involved in rehabilitation as trained teachers, instructors and counselors. Their participation through other methods such as advocacy is also apparent. All these groups are least involved in providing rehabilitation services through CBR.
Persons with disabilities and families of persons with disabilities need to be more involved in providing rehabilitation services. Organizations of these persons are mostly involved in all the rehabilitation programs, except CBR.

**Figure 5**

**Question 21: Participation in rehabilitation services**

![Bar chart showing participation in rehabilitation services](chart.png)

- **Proportion of NGOs**
  - Persons with disabilities
  - Families of persons with disabilities
  - Organizations of persons with disabilities

- **Activities**
  - Design & organization
  - Formulation & evaluation
  - Trained teachers, instructors & counselors
  - Through CBR

20-Euro
According to the fourth paragraph of the Rule on Support Services, “States should recognize that all persons with disabilities who need assistive devices should have access to them as appropriate, including financial accessibility. This may mean that assistive devices and equipment should be provided free of charge or at such a low price that persons with disabilities or their families can afford to buy them.” Table 22 shows the sources of financing assistive devices and equipment. The social insurance schemes and government ministries pay mostly partially for the assistive devices and equipment. The municipalities and NGOs usually do not pay as much as the government and social insurance schemes. Persons with disabilities themselves also equally share the financial responsibility with that of social insurance schemes by making partial payments. Others also provide partial financial assistance through international and social aids and sponsors.

Table 22
Question 22: Arrangements for financing assistive devices and equipment

<table>
<thead>
<tr>
<th>Source of finance</th>
<th>Fully</th>
<th>Partially</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government ministries</td>
<td>20.0</td>
<td>48.9</td>
<td>26.7</td>
</tr>
<tr>
<td>Municipalities</td>
<td>15.5</td>
<td>46.7</td>
<td>35.5</td>
</tr>
<tr>
<td>Social insurance scheme</td>
<td>17.8</td>
<td>66.7</td>
<td>20.0</td>
</tr>
<tr>
<td>Persons with disabilities</td>
<td>8.9</td>
<td>64.4</td>
<td>22.2</td>
</tr>
<tr>
<td>NGOs</td>
<td>2.2</td>
<td>46.7</td>
<td>42.2</td>
</tr>
<tr>
<td>Other</td>
<td>0.0</td>
<td>11.1</td>
<td>68.9</td>
</tr>
<tr>
<td><strong>Total</strong> = 45*</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Multiple responses
Note: Figures in brackets are number of NGOs.

Table 23 shows that in countries where social insurance schemes make payments for the assistive devices and equipment, the majority of the children are covered followed by all adults and then the elderly. A little less than a quarter of the NGOs reported that only working adults are covered. This indicates that in this Region, social insurance schemes are covering most of the ages, although the elderly are getting lesser coverage.

Table 23
Question 23: Groups covered by social insurance schemes for providing assistive devices

<table>
<thead>
<tr>
<th>Groups</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>28</td>
<td>77.8</td>
</tr>
<tr>
<td>All adults</td>
<td>25</td>
<td>69.4</td>
</tr>
<tr>
<td>Working adults only</td>
<td>8</td>
<td>22.2</td>
</tr>
<tr>
<td>Elderly</td>
<td>23</td>
<td>63.9</td>
</tr>
<tr>
<td>No response</td>
<td>6</td>
<td>16.7</td>
</tr>
<tr>
<td><strong>Total</strong> = 36*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Multiple responses
Paragraph 2 of the Rule on Support Services stresses that, “States should support the development, production, distribution and servicing of assistive devices and equipment and the dissemination of knowledge about them.” The governments are involved in the provision of assistive devices in most of the countries as stated by the NGOs. A fifth of the NGOs stated that the government is not involved in the provision of assistive devices.

Table 24
**Question 24: Government involvement in the provision of assistive devices**

<table>
<thead>
<tr>
<th>Government involvement</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exists</td>
<td>36</td>
<td>80.0</td>
</tr>
<tr>
<td>Does not exist</td>
<td>9</td>
<td>20.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>45</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

As noted by NGOs, the governments are mostly involved in providing information about the availability of assistive devices, followed by distribution (Table 25). They are involved to a lesser extent in development and production and maintenance and repair of assistive devices. However, some NGOs have reported that the government was providing finance for development, production, distribution etc.

Table 25
**Question 24a: Type of involvement in the provision of assistive devices**

<table>
<thead>
<tr>
<th>Type of involvement</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information about availability</td>
<td>24</td>
<td>66.7</td>
</tr>
<tr>
<td>Distribution</td>
<td>19</td>
<td>52.8</td>
</tr>
<tr>
<td>Development and production</td>
<td>15</td>
<td>41.7</td>
</tr>
<tr>
<td>Maintenance and repair</td>
<td>12</td>
<td>33.3</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>11.1</td>
</tr>
<tr>
<td><strong>Total = 36</strong></td>
<td><strong>36</strong></td>
<td><strong>Multiple responses</strong></td>
</tr>
</tbody>
</table>

The first paragraph of Rule 4 on Support Services reads, “States should ensure the provision of assistive devices and equipment, personal assistance and interpreter services, according to the needs of the persons with disabilities, as important measures to achieve the equalization of opportunities.” Table 26 reviews the kind of assistive devices and equipment provided by the governments. An overwhelming majority of the governments provide visual devices followed by wheel chairs, prostheses/orthoses, crutches, hearing devices and hearing aid. To a much lesser extent, devices for daily living and computers are provided. In addition, other devices such as appliances for inhalation, devices for measuring blood-sugar levels and special cars are provided. Provision of certain assistive devices by the government is quite extensive by almost all the countries. There is a need to increase the provision of assistive devices for daily living as well as computers.
Table 26
Question 25: Type of assistive devices and equipment provided by the government

<table>
<thead>
<tr>
<th>Type of assistive devices/equipment</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostheses/orthoses</td>
<td>30</td>
<td>83.3</td>
</tr>
<tr>
<td>Wheel chairs</td>
<td>32</td>
<td>88.9</td>
</tr>
<tr>
<td>Crutches</td>
<td>30</td>
<td>83.3</td>
</tr>
<tr>
<td>Hearing devices</td>
<td>29</td>
<td>80.5</td>
</tr>
<tr>
<td>Visual devices</td>
<td>25</td>
<td>69.4</td>
</tr>
<tr>
<td>Devices for daily living</td>
<td>21</td>
<td>58.3</td>
</tr>
<tr>
<td>Computers</td>
<td>13</td>
<td>36.1</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>8.3</td>
</tr>
<tr>
<td>*<em>Total = 36</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Multiple responses

According to paragraph 6 of the Rule on Support Services, “States should support the development and provision of personal assistance programs and interpretation services, especially for persons with severe and/or multiple disabilities. Such programs would increase the level of participation of persons with disabilities in everyday life at home, at work, in school and leisure-time activities.” Personal assistance is important to a person with disabilities, since it gives the person psychological and emotional support. Moreover, it ensures safety, particularly in countries where the system is not yet disability-friendly. Table 27 shows that nearly three-fourths of the NGOs reported that personal assistance is provided in their countries.

Table 27
Question 26: Provision of personal assistance

<table>
<thead>
<tr>
<th>Personal assistance</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided</td>
<td>33</td>
<td>73.3</td>
</tr>
<tr>
<td>Not provided</td>
<td>12</td>
<td>26.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>45</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Table 28 indicates the areas or activities where personal assistance is provided. It is provided mostly at home, school, and work places. To a lesser extent it is also provided at health care services and social services and during leisure. It is also provided at other places.

Table 28
Question 26a: Localities/activities where personal assistance is provided

<table>
<thead>
<tr>
<th>Localities/activities</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>28</td>
<td>84.8</td>
</tr>
<tr>
<td>School</td>
<td>27</td>
<td>81.8</td>
</tr>
<tr>
<td>Work</td>
<td>23</td>
<td>69.7</td>
</tr>
<tr>
<td>Health service</td>
<td>21</td>
<td>63.6</td>
</tr>
<tr>
<td>Social service</td>
<td>20</td>
<td>60.6</td>
</tr>
<tr>
<td>During leisure</td>
<td>13</td>
<td>39.4</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>27.3</td>
</tr>
<tr>
<td><strong>Total = 33</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 29 shows that the most common method of financing personal assistance is partially met by the government ministries. Municipalities also provide partial assistance. The NGOs and social insurance schemes are the least involved in providing finance for personal assistance. Nearly a quarter of the NGOs stated that the municipalities provide full finance, which is more than any other category. Most of the governments make partial payment. Persons with disabilities themselves mostly partially finance for personal assistance.

Table 29

Question 27: Arrangements for financing personal assistance

<table>
<thead>
<tr>
<th>Source of finance</th>
<th>Fully</th>
<th>Partially</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government ministries</td>
<td>18.2 (6)</td>
<td>81.8 (27)</td>
<td>24.2 (8)</td>
</tr>
<tr>
<td>Municipalities</td>
<td>24.2 (8)</td>
<td>63.6 (21)</td>
<td>12.1 (4)</td>
</tr>
<tr>
<td>Social insurance scheme</td>
<td>15.1 (5)</td>
<td>36.4 (12)</td>
<td>48.5 (16)</td>
</tr>
<tr>
<td>Persons with disabilities</td>
<td>12.1 (4)</td>
<td>69.7 (23)</td>
<td>18.2 (6)</td>
</tr>
<tr>
<td>NGOs</td>
<td>6.1 (2)</td>
<td>57.6 (19)</td>
<td>36.4 (12)</td>
</tr>
<tr>
<td>Other</td>
<td>0.0 (0)</td>
<td>0.0 (0)</td>
<td>100.0 (33)</td>
</tr>
</tbody>
</table>

Total=33*  
*Multiple responses

Note: Figures in brackets are number of NGOs.

Support is provided to families of children with disabilities in most of the countries.

Table 30

Question 28: Support provided to families of children with disabilities

<table>
<thead>
<tr>
<th>Support</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided</td>
<td>40</td>
<td>88.9</td>
</tr>
<tr>
<td>Not provided/no response</td>
<td>5</td>
<td>11.1</td>
</tr>
<tr>
<td>Total</td>
<td>45</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Support to families of children with disabilities is largely financed partially by the government and municipalities. Social insurance schemes, NGOs and persons with disabilities do not provide finance as much as the government ministries and municipalities.

Table 31

Question 28a: Arrangements for financing support to the families

<table>
<thead>
<tr>
<th>Source of finance</th>
<th>Fully</th>
<th>Partially</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government ministries</td>
<td>10.0 (4)</td>
<td>60.0 (24)</td>
<td>30.0 (12)</td>
</tr>
<tr>
<td>Municipalities</td>
<td>17.5 (7)</td>
<td>52.5 (21)</td>
<td>32.5 (13)</td>
</tr>
<tr>
<td>Social insurance scheme</td>
<td>17.5 (7)</td>
<td>37.5 (15)</td>
<td>45.0 (18)</td>
</tr>
<tr>
<td>Persons with disabilities</td>
<td>5.0 (2)</td>
<td>37.5 (15)</td>
<td>55.0 (22)</td>
</tr>
<tr>
<td>NGOs</td>
<td>5.0 (2)</td>
<td>35.0 (14)</td>
<td>57.5 (23)</td>
</tr>
</tbody>
</table>

Total = 40*  
* Multiple responses

Note: Figures in brackets are number of NGOs.
Interpreter services are mostly provided (66.7 percent), although over a third of the NGOs reported that it is not provided in their country.

**Table 32**
**Question 29: Provision of interpreter service**

<table>
<thead>
<tr>
<th>Interpreter service</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided</td>
<td>30</td>
<td>66.7</td>
</tr>
<tr>
<td>Not provided</td>
<td>15</td>
<td>34.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>45</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

* Multiple responses

Wherever interpreter services are provided, it is mainly in schools (90 percent) and to a lesser extent at work places, followed by health and social services. To some extent it is also provided during leisure and the least at home.

**Table 33**
**Question 29a: Localities/activities where interpreter service is provided**

<table>
<thead>
<tr>
<th>Localities/Activities</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>27</td>
<td>90.0</td>
</tr>
<tr>
<td>Work</td>
<td>19</td>
<td>63.3</td>
</tr>
<tr>
<td>Health service</td>
<td>15</td>
<td>50.0</td>
</tr>
<tr>
<td>Social service</td>
<td>16</td>
<td>53.3</td>
</tr>
<tr>
<td>Leisure</td>
<td>13</td>
<td>43.3</td>
</tr>
<tr>
<td>Home</td>
<td>9</td>
<td>30.0</td>
</tr>
<tr>
<td>Other service in society</td>
<td>7</td>
<td>23.3</td>
</tr>
<tr>
<td><strong>Total = 30</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Multiple responses

Table 34 shows that there is very little financial assistance available for acquiring interpreter services. Persons with disabilities and NGOs followed by the government, and municipalities mostly provide partial finance for interpreter services. Almost 83 percent of NGOs have stated that the social insurance schemes do not pay at all for financial assistance. In one country, the hospital pays the Church Ministry.

Provision of interpreter services is important and needs to be increased.

**Table 34**
**Question 30: Arrangements for financing interpreter service**

<table>
<thead>
<tr>
<th>Source of finance</th>
<th>Fully (n)</th>
<th>Partially (n)</th>
<th>Not at all (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government ministries</td>
<td>26.7 (8)</td>
<td>46.7 (14)</td>
<td>26.7 (8)</td>
</tr>
<tr>
<td>Municipalities</td>
<td>13.3 (4)</td>
<td>43.3 (13)</td>
<td>43.3 (13)</td>
</tr>
<tr>
<td>Social insurance scheme</td>
<td>3.3 (1)</td>
<td>13.3 (4)</td>
<td>83.3 (25)</td>
</tr>
<tr>
<td>Persons with disabilities</td>
<td>13.3 (4)</td>
<td>46.7 (14)</td>
<td>40.0 (12)</td>
</tr>
<tr>
<td>NGOs</td>
<td>3.3 (1)</td>
<td>56.7 (17)</td>
<td>40.0 (12)</td>
</tr>
<tr>
<td>Other</td>
<td>0.0 (0)</td>
<td>6.7 (2)</td>
<td>93.3 (28)</td>
</tr>
</tbody>
</table>

Euro-25
As reported by nearly three-fourths of the NGOs, persons with disabilities and/or their organizations are involved in the planning of support services.

Table 35
Question 31: Involvement of persons with disabilities and/or their organizations in the planning of support services

<table>
<thead>
<tr>
<th>Involved</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>33</td>
<td>73.3</td>
</tr>
<tr>
<td>No</td>
<td>12</td>
<td>26.7</td>
</tr>
<tr>
<td>Total</td>
<td>45</td>
<td>100.0</td>
</tr>
</tbody>
</table>
PERSONNEL TRAINING

An important tool to ensure quality and effective professional care for persons with disabilities is to train the personnel involved. WHO notes that, “Over the years, this priority has been refined and expanded. It now not only includes human resource planning but also consideration of the optimal mix of different categories of health professionals to deliver the most effective service of an acceptable quality. WHO has also successfully promoted the incorporation of sound educational principles to ensure relevant training curricula and effective learning.” The first paragraph of the Rule on Personnel Training suggests, “States should ensure that all authorities providing services in the disability field give adequate training to their personnel.” As stated by over 65 percent NGOs, the government ministries have a mechanism to ensure that all authorities/agencies providing services in the disability field give training to their personnel.

Table 36
Question 32: Training ensured to professionals in the disability field

<table>
<thead>
<tr>
<th>Training</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensured</td>
<td>30</td>
<td>66.7</td>
</tr>
<tr>
<td>Not ensured</td>
<td>15</td>
<td>33.3</td>
</tr>
<tr>
<td>Total</td>
<td>45</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The governments ensure that authorities/agencies providing services in the disability field give training to their personnel mostly through policies adopted by government ministries and through supervision of training curriculum for medical and paramedical staff. Other mechanisms are also used.

Table 37
Question 32a: Methods to ensure training of professionals

<table>
<thead>
<tr>
<th>Method to ensure training</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy adopted by government ministries</td>
<td>20</td>
<td>66.7</td>
</tr>
<tr>
<td>Supervision of training curriculum</td>
<td>15</td>
<td>50.0</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>Total</td>
<td>30*</td>
<td></td>
</tr>
</tbody>
</table>

* Multiple responses

In support of the second paragraph of the Rule on Personnel Training, “In the training of the professionals in the disability field, as well as in the provision of information on disability in general training programs, the principle of full participation and equality should be appropriately reflected”, question 33 on training curriculum was included.

Figure 6 shows that largely prosthetic/orthotic professionals, occupational therapists, physiotherapists, and social workers have disability as a component in the training curriculum. Around half the NGOs have reported that pediatricians, other specialized doctors, general practitioners, PHC workers and social workers have the disability component in their training curriculums. Just over a quarter of the NGOs stated that disability is included as a component in the training program of community workers.
According to the third paragraph of the Rule on Personnel Training, “States should develop training programs in consultation with organizations of persons with disabilities, and persons with disabilities should be involved as teachers, instructors or advisers in staff training programs.” The staff training programs are developed in consultation with organizations of persons with disabilities, as reported by 12 NGOs (Table 38). More programs need to be developed in consultation with organizations/agencies of persons with disabilities for successful program implementation.

Table 38
Question 34: Training programs developed in consultation with organizations of persons with disabilities

<table>
<thead>
<tr>
<th>Organizations</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consulted</td>
<td>12</td>
<td>26.7</td>
</tr>
<tr>
<td>Not consulted</td>
<td>33</td>
<td>73.3</td>
</tr>
<tr>
<td>Total</td>
<td>45</td>
<td>100.0</td>
</tr>
</tbody>
</table>

A little over 42 percent of NGOs have revealed that persons with disabilities are involved in staff training programs (Table 39). There is, therefore, an urgent need to involve them in staff training programs to impart ground realities.

Table 39
Question 35: Involvement of persons with disabilities in staff training programs

<table>
<thead>
<tr>
<th>Persons with disabilities</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involved</td>
<td>19</td>
<td>42.2</td>
</tr>
<tr>
<td>Not involved</td>
<td>26</td>
<td>57.8</td>
</tr>
<tr>
<td>Total</td>
<td>45</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Wherever persons with disabilities are involved in staff training programs they are mostly involved as advisers, and to some extent as teachers and instructors.

28-Euro
Much more involvement of organizations of persons with disabilities and a greater role of persons with disabilities is required in staff training programs.

### Table 40
**Question 35a: Role of persons with disabilities in staff training programs**

<table>
<thead>
<tr>
<th>Role</th>
<th>No. of NGOs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers</td>
<td>9</td>
<td>47.4</td>
</tr>
<tr>
<td>Instructors</td>
<td>9</td>
<td>47.4</td>
</tr>
<tr>
<td>Advisors</td>
<td>15</td>
<td>78.9</td>
</tr>
<tr>
<td><strong>Total = 19</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Multiple responses*
In conclusion, a review of this analysis shows that medical care is provided to persons with disabilities in all the countries through a wide range of programs. Voluntary workers in the municipalities and NGOs are not at all involved in providing medical care. It is mostly professionals, especially those paid by the NGOs, who are mostly ‘sometimes’ involved. Some family members are involved ‘at all times’ in providing medical care. There is a good availability of general practitioners and nurses at the local level for providing medical care. There is also an almost equal distribution of occupational therapists, physiotherapists and speech therapists at all the levels providing medical care. However, CBR workers are the least involved in providing medical care followed by PHC workers.

A primary issue for the persons with disabilities and that for their families is finance. Social insurance schemes mainly provide finance for medical care and for the procurement of assistive devices and equipment. The government mostly pays for personal assistance and for providing support to families of persons with disabilities. Although the government is the major player for providing interpreter services, finance for these services is not available. This shows that there is a clear demarcation in the provision of finances. Much of the financial burden is on the persons with disabilities themselves.

Rehabilitation services are not provided in all the countries. In countries where rehabilitation services are provided it is mostly institutional. Rehabilitation services cover all persons with disabilities groups almost equally well. However, those persons who are disabled due to aging are being neglected. With a trend of increasing population of the elderly, there is a need to review how best to include this group of the aging persons with disabilities into receiving the benefits of schemes for persons with disabilities. Or, should this group be serviced as a group different from other persons with disabilities? The availability of medical and paramedical staff is also not widely available. Thus, this shows that rehabilitation services are not provided to persons with disabilities as much as it should be. Community based rehabilitation needs to be provided on a large scale in order to reach out to all groups of persons with disabilities at every level.

In some of the countries, the government is involved in the provision of assistive devices and equipment. The government is mostly involved in providing information about the availability of assistive devices. In some countries, the governments provide finance for repair and maintenance, production etc. Where the governments are involved in providing assistive devices and equipment, it is quite extensive. The distribution of devices for daily living and computers also need to be widened, so that persons with disabilities are better placed in society and work places.

Much is left to be done in terms of involving persons with disabilities as well as families and organizations of persons with disabilities in planning and evaluation of medical care, rehabilitation services, and in training programs.

Personal assistance and interpreter services are largely not provided. Financial assistance is also not provided to cover these services nor are volunteers and family members involved to a large extent. It could be that in these countries, personal assistance and interpreter services are not required as the commuting systems and other public systems are more disability-friendly.
PART II

Summaries of the NGO responses
Medical Care
Medical care is provided to persons with disabilities and there is a tendency to provide these services outside the general medical care. Medical care system in Azerbaijan includes prevention of impairment, early detection and diagnosis of impairment, treatment of impairment, referrals and counseling for parents. Organizations of persons with disabilities are sometimes involved in the planning and evaluation of these medical care systems.

Early detection methods are used for children with disabilities at birth till seven years of age. Infants and children with disabilities are provided medical care within the same system as other infants and children.

Persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve the level of functioning.

Family members and professionals paid by the state are involved in providing medical care ‘at all times’.

Medical care is provided free of charge by the government ministries.

At the local, district, provincial and national levels, doctors, pediatricians, other specialized doctors, physiotherapists, speech therapists, and occupational therapists are available to provide medical care.

Medical care services reach the villages and the poor urban areas through primary health care.

There is no facility available for information and communication between persons with disabilities and the staff in health care.

Rehabilitation
There is no national rehabilitation program for persons with disabilities. Institutional rehabilitation and community based rehabilitation is not available.

Rehabilitation services are not provided to all age groups except that there are two rehabilitation centers in the Republic of Azerbaijan for persons with disabilities due to war. Visually impaired persons have no facilities for rehabilitation.

At the local, district, provincial and local levels doctors, pediatricians, physiotherapists and speech therapists are available for rehabilitation services.

Rehabilitation services are not available at the community level.

Persons with disabilities, their families and organizations of persons with disabilities do not participate in the provision of rehabilitation.

Support Services
No financial support is received from anywhere for the procurement of assistive devices and equipment. The government does not provide any assistive devices. Personal assistance is not provided. Support is not provided to families of children with disabilities. Interpreter services
are not provided. Persons with disabilities and/or their organizations are not involved in the planning of support services.

**Personnel Training**

The government ministries do not have a mechanism to ensure that all authorities/agencies providing services in the disability field give training to their personnel. Disability issues are not a component in the training curriculum of medical or paramedical staff providing services to persons with disabilities. The staff training programs are not developed in consultation with organizations of persons with disabilities. Persons with disabilities themselves are also not involved in staff training programs.
This report is compiled from the responses of two NGOs. The responses depended on their area of work. All responses have been included, as it would reflect disability as a whole, since the questions were not related or applicable to a particular type of disability. For example, if services were available for the visually impaired as reported by one NGO and not for the physically handicapped, as reported by another, it was considered that services were available.

**Medical Care**

Medical care is provided to persons with disabilities and there is a tendency to provide these services outside the general medical care services. Medical care system includes prevention of impairment, early detection and diagnosis, treatment of impairment, rehabilitation techniques, referrals and counseling for parents. Organizations of persons with disabilities are sometimes involved in the planning and evaluation of these medical care systems.

Early detection methods are used for children with disabilities at six months till seven years of age. Infants and children with disabilities are provided with medical care within the same system as other infants and children.

Persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve the level of functioning.

Family members, volunteers of the municipality, professionals paid by NGOs and volunteers of NGOs are ‘sometimes’ involved in providing medical care, while professionals paid by municipality and professionals paid by the state are involved ‘at all times’.

Medical care is provided free of charge by the government ministries.

At the local level, doctors, pediatricians, nurses, psychologists, and PHC workers are available. At the district and provincial levels, doctors, pediatricians, other specialized doctors, CBR workers, nurses, psychologists, PHC workers, physiotherapists, and speech therapists are available. In addition to these, occupational therapists are also available at the provincial level. At the national level, doctors, pediatricians, other specialized doctors, CBR workers, nurses, psychologists, PHC workers, physiotherapists, speech therapists and occupational therapists are available.

Medical care services reach the villages and the poor urban areas through primary health care.

In order to facilitate information and communication between persons with disabilities and the staff in health care, information in Braille, sign language interpretation, easy reading information and information on tape is provided.

**Rehabilitation**

There is a national rehabilitation program for persons with disabilities. Institutional and community based rehabilitation is available at the local, district, provincial and national levels. Between 6-40 percent of the persons with disabilities receive rehabilitation.

Persons with mobility impairment, hearing impairment, hearing disabilities, persons with severe sight impairment (blind), persons with intellectual disabilities (mental handicap), learning difficulties, persons with disabilities due to chronic diseases, disabilities due to mental illness.
and persons with multiple disabilities receive rehabilitation services. All age groups are included in the rehabilitation services.

At the local level, doctors, pediatricians, nurses, psychologists, and PHC workers are available for rehabilitation services. At the district level, doctors, pediatricians, other specialized doctors, nurses, psychologists, PHC workers, physiotherapists and speech therapists are available for rehabilitation services. At the provincial and national levels, doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, nurses, psychologists, PHC workers, CBR staff, physiotherapists, and speech therapists are available for rehabilitation services. In addition to these, occupational therapists are also available at the national level.

Rehabilitation services are available at the community level through primary health care, community-based rehabilitation and NGOs.

Persons with disabilities participate through community based rehabilitation. Families of persons with disabilities participate in the design and organization of rehabilitation services and through CBR. Organizations/agencies of persons with disabilities participate in the design and organization of rehabilitation services; they are involved in the formulation and evaluation of rehabilitation programs. They are also involved as trained teachers, instructors, counselors, and they participate through CBR.

Support Services
Government, municipalities, and NGOs fully or partially finance the procurement of assistive devices and equipment. Persons with disabilities themselves also fully or partially finance the assistive devices and equipment.

The government is involved in the provision of assistive devices by development and production, maintenance, repair and distribution of assistive devices, as well as in providing information about the availability of assistive devices. The government provides prostheses/orthoses, wheelchairs, crutches, hearing devices, visual devices and devices for daily living.

Personal assistance is provided at home, school, work place, health care services, social services, during leisure and at other services in the society. The government, municipalities, and NGOs fully or partially provide finance for personal assistance for persons with disabilities. Persons with disabilities themselves also fully or partially finance for personal assistance.

Support is provided to families of children with disabilities. It is fully or partially financed by the government and municipalities, while NGOs provide partial finance. Persons with disabilities themselves provide partial financial support to their families.

Interpreter services are provided in schools, work places, health service centers, social service centers and during leisure. The government and NGOs partially pay for interpreter services, while the municipalities pay fully or partially. Persons with disabilities themselves partially pay for interpreter services.

Persons with disabilities and/or their organizations are involved in the planning of support services.

Personnel Training
The government ministries have a mechanism to ensure that all authorities/agencies providing services in the disability field give training to their personnel through policies adopted by the government ministries.
Disability issues are a component in the training curriculums of pediatricians, other specialist doctors, general practitioners, primary health care workers, nurses, prosthetic/orthotic professionals, occupational therapists, physiotherapists, social workers and community workers.

The staff training programs are developed in consultation with organizations of persons with disabilities. Persons with disabilities themselves are sometimes involved in staff training programs as instructors and advisers.
Medical Care

In Bulgaria, medical care is provided to persons with disabilities and there is a tendency to provide these services outside the general medical care. The medical care system includes prevention and treatment of impairment, early detection and diagnosis of impairment, rehabilitation techniques, referrals and counseling for parents. Organizations of persons with disabilities are sometimes involved in the planning and evaluation of these medical care systems.

Early detection methods for children with disabilities are performed at birth to six months of age. Infants and children with disabilities are provided with medical care within the same system as other infants and children.

Persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve the level of functioning.

Family members and professionals paid by the municipality and the state are involved in providing medical care ‘at all times’. While voluntary workers of NGOs are ‘sometimes’ involved, professionals paid by NGOs are ‘often’ involved.

Medical care is subsidized by social insurance schemes, while it is partially paid by the persons with disabilities themselves. The social insurance schemes include only children covering between 61-80 percent of the population.

At the local level, doctors, nurses and PHC workers are available for providing medical care. At the district level, other specialized doctors, CBR workers, psychologists, physiotherapists, speech therapists, and occupational therapists are available.

Medical care services reach the villages and the poor urban areas through primary health care.

In order to facilitate information and communication between persons with disabilities and staff in health care, easy reading information is provided.

Rehabilitation

There is a national rehabilitation program for persons with disabilities. Institutional rehabilitation is available at the district level. Between 21-40 percent of the persons with disabilities receive rehabilitation.

Persons with mobility impairments, hearing impairments, hearing disabilities, persons with severe sight impairment (blind), persons with intellectual disabilities (mental handicap), learning difficulties, persons with disabilities due to chronic diseases, disabilities due to mental illness and persons with multiple/severe disabilities receive rehabilitation services. All age groups are included in the rehabilitation services.

At the local level, doctors, pediatricians, nurses, and PHC workers are available for rehabilitation services. At the district level, other specialized doctors, prosthetic/orthotic professionals, nurses, CBR staff, physiotherapists, speech therapists, and occupational therapists are available.

Rehabilitation services are available at the community level through primary health care.

Organizations of persons with disabilities participate in the provision of rehabilitation through formulation and evaluation of rehabilitation program and also provide trained teachers, instructors and counselors.
Support Services
The social insurance schemes fully finance the procurement of assistive devices and equipment, while the NGOs provide partial support. The social insurance schemes cover children, all adults and the elderly.

The government is involved in the provision of assistive devices by maintenance and repair, development, production and distribution of assistive devices, as well as in providing information about the availability of assistive devices. The government provides prostheses/orthoses, wheelchairs, crutches, hearing devices, visual devices, and devices for daily living.

Personal assistance is not provided. Persons with disabilities pay for themselves.
Support is provided to families of children with disabilities. It is partially financed by the social insurance schemes and NGOs and fully by the municipalities.
Interpreter services are not provided. It is fully paid by persons with disabilities.
Persons with disabilities and/or their organizations are involved in the planning of support services.

Personnel Training
The government ensures that all authorities/agencies providing services in the disability field give training to their personnel through policies adopted by the government ministries.
Disability issues are a component in the training curriculums of general practitioners, nurses, prosthetic/orthotic professionals, occupational therapists, and social workers.
The staff training programs are neither developed in consultation with organizations of persons with disabilities, nor are the persons involved in staff training programs.
CZECH REPUBLIC

This report is compiled from the responses of two NGOs. The responses depended on their areas of work. All responses have been included, as it would reflect disability as a whole, since the questions were not related or applicable to a particular type of disability. For example, if services were available for the visually impaired as reported by one NGO and not for the physically handicapped, as reported by another it was considered that services were available.

Medical Care
Medical care in the Czech Republic is provided to persons with disabilities. However, there is no tendency to provide these services outside the general medical care. Medical care system includes prevention of impairment, early detection and diagnosis of impairment, treatment of impairment, rehabilitation techniques, referrals and counseling for parents. Organizations of persons with disabilities are often or sometimes involved in the planning and evaluation of these medical care systems.

Early detection methods are used for children with disabilities at birth to seven years of age. Infants and children with disabilities are provided medical care within the same system as other infants and children.

Persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve their level of functioning.

Family members and professionals paid by the state are involved ‘at all times’ in providing medical care, while professionals paid by municipality, voluntary workers in NGOs and professionals paid by NGOs are ‘sometimes’ involved, volunteers in the municipality are ‘never’ involved.

Medical care is subsidized by social insurance schemes and the payments for medical care are partially made by the persons with disabilities. Social insurance schemes provide medical care subsidy to children, all adults, and the elderly covering between 81-100 percent of the population.

At the local level, doctors, pediatricians, nurses, and PHC workers are available to provide medical care. At the district level other specialized doctors, CBR workers, psychologists, physiotherapists, and speech therapists are available. At the provincial level, occupational therapists are available.

Medical care services reach the villages and the poor urban areas through primary health care.

In order to facilitate information and communication between persons with disabilities and the staff in health care, information in Braille, sign language interpretation, and information on tape is provided.

Rehabilitation
There is a national rehabilitation program for persons with disabilities as reported by one NGO, while two NGOs stated that there is no such national program. Institutional rehabilitation is available at the district and provincial levels. Community based rehabilitation...
is available at the district level. Between 41-80 percent of the persons with disabilities receive rehabilitation.

Persons with mobility impairments, hearing impairments, hearing disabilities, persons with severe sight impairment (blind), persons with intellectual disabilities (mental handicap), learning difficulties, persons with disabilities due to chronic diseases, due to mental illness and persons with multiple/severe disabilities receive rehabilitation services. All age groups are included in the rehabilitation services.

At the local level, pediatricians and nurses are available for rehabilitation services. At the district level, doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, nurses, psychologists, PHC workers, physiotherapists, speech therapists, and occupational therapists are available. At the provincial level, prosthetic/orthotic professionals, speech therapists, and occupational therapists are available. At the national level, pediatricians are available for rehabilitation services.

Rehabilitation services are available at the community level through NGOs.

Persons with disabilities as well as their families participate in the provision of rehabilitation as trained teachers, instructors, and counselors. Organizations/agencies of persons with disabilities participate in the design and organization of rehabilitation services, and they are involved as trained teachers, instructors and counselors.

**Support Services**

Government and municipalities partially and social insurance schemes fully or partially finance the procurement of assistive devices and equipment. Persons with disabilities themselves partially finance the procurement of assistive devices and equipment. Social insurance schemes make payments for the assistive devices and equipment for children, all adults and the elderly.

The government is involved in the provision of assistive devices through their distribution as well as in providing information about the availability of assistive devices and financing the same. The government provides prostheses/orthoses, wheelchairs, crutches, hearing devices, visual devices, devices for daily living and computers.

One of the NGOs stated that personal assistance is provided at home, school, work place, and health care services; while two NGOs reported that it is not provided at all. The government, municipalities, and NGOs partially provide finance for personal assistance to persons with disabilities. Persons with disabilities themselves partially finance for their personal assistance.

Support is provided to families of children with disabilities. It is partially financed by the government, municipalities, social insurance schemes, and NGOs. Persons with disabilities themselves also provide partial financial support to families of children with disabilities.

Interpreter services are provided at home, in schools, work places, health service centers, social service centers and during leisure. The government, municipality, and NGOs partially pay for interpreter services. Persons with disabilities themselves also partially pay for interpreter services.

Persons with disabilities and/or their organizations are involved in the planning of support services.

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40-Euro
**Personnel Training**

The government ministries have a mechanism to ensure that all authorities/agencies providing services in the disability field give training to their personnel through supervision of training curriculums for medical and paramedical staff.

Disability issues are a component in the training curriculums of pediatricians, other specialist doctors, prosthetic/orthotic professionals, occupational therapists, physiotherapists, and social workers.

The staff training programs are not developed in consultation with organizations of persons with disabilities. But according to one NGO, persons with disabilities are involved in staff training programs as instructors.
DENMARK

This report is compiled from the responses of two NGOs. The responses depended on their areas of work. All responses have been included, as it would reflect disability as a whole, since the questions were not related or applicable to a particular type of disability. For example, if services were available for the blind as reported by one NGO and not for the physically handicapped, as reported by another, it was considered that services were available.

Medical Care

Medical care in Denmark is provided to persons with disabilities. However, there is no tendency to provide these services outside the general medical care. Medical care system includes prevention and treatment of impairment, early detection and diagnosis of impairment, rehabilitation techniques, referrals and counseling for parents. Organizations of persons with disabilities are often or sometimes involved in the planning and evaluation of these medical care systems.

Early detection methods are used for children with disabilities at birth to three years of age. Infants and children with disabilities are provided with medical care within the same system as other infants and children.

Persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve their level of functioning.

Family members, voluntary workers in municipality, and professionals paid by municipality are ‘often’ involved in providing medical care. Professionals paid by NGOs and voluntary workers of NGOs are ‘sometimes’ involved.

Medical care is provided free of charge by the government, social insurance schemes and by other schemes. Persons with disabilities also pay fully or partially for the medical care. Social insurance schemes provide medical care for children, all adults, and the elderly, covering a population of about 81-100 percent.

At the local level, doctors, nurses, psychologists, PHC workers, physiotherapists, speech therapists, and occupational therapists are available to provide medical care. At the provincial level, pediatricians, other specialized doctors, and nurses are available.

Medical care services reach the villages and the poor urban areas through primary health care.

In order to facilitate information and communication between persons with disabilities and the staff in health care, sign language interpretation, easy reading information and information on tape is provided.

Rehabilitation

In Denmark, there is a national rehabilitation program for persons with disabilities. Institutional rehabilitation is available at the district, provincial and national levels. Community based rehabilitation is available at the local level. Between 81-100 percent persons with disabilities receive rehabilitation.

Persons with mobility impairments, hearing impairments, hearing disabilities, persons with severe sight impairment (blind), persons with intellectual disabilities (mental handicap),
learning difficulties, persons with disabilities due to chronic diseases, due to mental illness and persons with multiple/severe disabilities receive rehabilitation services. All age groups are included in rehabilitation services.

At the local level, nurses, psychologists, PHC workers, physiotherapists, and occupational therapists are available for rehabilitation services. At the provincial level, doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, psychologists, speech therapists and computer workers are available for rehabilitation services.

Rehabilitation services are available at the community level through NGOs and municipality based schemes according to legislation.

Persons with disabilities, their families, and organizations/agencies of persons with disabilities participate in the provision of rehabilitation through design and organization of rehabilitation services; they are involved in the formulation and evaluation of rehabilitation programs. They are also involved in rehabilitation as trained teachers, instructors, and counselors.

**Support Services**

While the government and municipalities fully or partially finance the procurement of assistive devices and equipment, social insurance schemes, NGOs and persons with disabilities themselves partially provide finance. Children, all adults, and the elderly are covered by social insurance schemes.

The government is involved in the provision of assistive devices through development, production, and distribution of assistive devices, as well as in providing information about the availability of assistive devices. The government provides prostheses/orthoses, wheelchairs, crutches, hearing devices, visual devices, devices for daily living and computers. All special technical aids and consumer durables, which compensate a given impairment, are also provided.

Personal assistance is provided at home, school, work place, health care services, social services, during leisure and at other services in society. The government, municipalities, and social insurance schemes provide full finance for personal assistance for persons with disabilities, while NGOs provide partial finance. Persons with disabilities themselves partially finance for personal assistance.

Support is provided to families of children with disabilities. It is partially financed by the government ministries and municipalities.

Interpreter services are provided in schools, work places, health service centers, social service centers and during leisure. The government and municipality fully or partially pay for interpreter services.

Persons with disabilities and/or their organizations are involved in the planning of support services.

**Personnel Training**

The government ministries have a mechanism to ensure that all authorities/agencies providing services in the disability field give training to their personnel. This is ensured through the policies adopted by government ministries and through supervision of training curriculums for medical and paramedical staff.
Disability issues are a component in the training curriculums of pediatricians, other specialist doctors, general practitioners, primary health care workers, nurses, prosthetic/orthotic professionals, occupational therapists, physiotherapists, and social workers.

The staff training programs are developed in consultation with organizations of persons with disabilities and the persons themselves are involved in staff training programs as teachers, instructors, and advisers.
Medical Care

Medical care is provided to persons with disabilities but there is no tendency to provide these services outside the general medical care. Medical care system in Estonia includes prevention and treatment of impairment, early detection and diagnosis of impairment, rehabilitation techniques, referrals and counseling for parents. Organizations of persons with disabilities are often involved in the planning and evaluation of these medical care systems.

Early detection methods are performed for children with disabilities at birth to seven years of age. Infants and children with disabilities are provided with medical care within the same system as other infants and children.

Persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve their level of functioning.

The NGO responding to the questionnaire has no information regarding the extent of involvement of medical care providers.

Medical care is subsidized by social insurance schemes and is paid partially by the persons with disabilities. Social insurance schemes cover children, only working adults and the elderly. However, the population coverage is not known.

At the local level, doctors, nurses, and PHC workers are available for providing medical care. At the district level, doctors, pediatricians, and PHC workers are available. At the provincial level, doctors, pediatricians, other specialized doctors, nurses, psychologists, PHC workers, physiotherapists, and speech therapists are available. At the national level, doctors, pediatricians, other specialized doctors, nurses, psychologists, PHC workers, physiotherapists, speech therapists and occupational therapists are available.

Medical care services reach the villages and the poor urban areas through primary health care.

In order to facilitate information and communication between persons with disabilities and the staff in health care, information in Braille, sign language interpretation, and information on tape is provided.

Rehabilitation

In Estonia, there is no national rehabilitation program for persons with disabilities. Institutional rehabilitation and community based rehabilitation is available at the provincial and national levels. Population coverage of rehabilitation services is not known.

Persons with mobility impairments, hearing impairments, hearing disabilities, persons with severe sight impairment (blind), persons with intellectual disabilities (mental handicap), persons with disabilities due to chronic diseases, disabilities due to mental illness and persons with multiple/severe disabilities receive rehabilitation services. All age groups are included in the rehabilitation services.

At the district level, doctors and pediatricians are available for rehabilitation services. At the provincial and national levels, doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, nurses, psychologists, physiotherapists, and speech therapists are available for rehabilitation services. PHC workers are also available at the provincial level.

ESTONIA

Euro-45
Persons with disabilities do not participate in the design and organization of rehabilitation services. Organizations/agencies of persons with disabilities are involved through design and organization of rehabilitation services, in the formulation and evaluation of rehabilitation programs and as trained teachers, instructors, and counselors.

**Support Services**

The municipality, social insurance schemes, NGOs and persons with disabilities themselves provide partial finance for the procurement of assistive devices and equipment. Social insurance schemes cover children, only working adults and the elderly.

The government does not provide assistive devices.

Personal assistance is provided at home. The municipalities, social insurance schemes, NGOs and persons with disabilities themselves provide partial finance for personal assistance.

Support is provided to families of children with disabilities. It is fully financed by social insurance schemes.

Interpreter services are provided in schools. The municipalities, social insurance schemes and NGOs provide partial payment for interpreter services.

Persons with disabilities and/or their organizations are involved in the planning of support services.

**Personnel Training**

The government ministries have a mechanism to ensure that all authorities/agencies providing services in the disability field give training to their personnel. This is ensured through the policies adopted by government ministries and through supervision of training curriculum of medical and paramedical staff.

Disability issues are a component in the training curriculums of prosthetic/orthotic professionals, physiotherapists, and social workers.

Staff training programs are sometimes developed in consultation with organizations of persons with disabilities. Persons with disabilities are involved in staff training programs as teachers, instructors, and advisers.
This report is compiled from the responses of three NGOs. The responses depended on their areas of work. All responses have been included, as it would reflect disability as a whole, since the questions were not related or applicable to a particular type of disability. For example, if services were available for the visually impaired, as reported by one NGO and not for the physically handicapped, as reported by another, it was considered that services were available.

Medical Care
In Finland, medical care is provided to persons with disabilities and there is a tendency to provide these services outside the general medical care. Medical care system includes prevention and treatment of impairment, early detection and diagnosis of impairment, rehabilitation techniques, referrals and counseling for parents. Organizations of persons with disabilities are often or sometimes involved in the planning and evaluation of these medical care systems.

Early detection methods are used for children with disabilities at birth to seven years of age, depending on the disability. Infants and children with disabilities are provided medical care within the same system as other infants and children.

Persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve their level of functioning.

Family members, professionals paid by municipality, and professionals paid by NGOs are involved in providing medical care ‘at all times’. Voluntary workers of NGOs are ‘sometimes’ involved and professionals paid by the state are ‘often’ involved in providing medical care.

Medical care is provided free of charge by the government and social insurance schemes, both private and public. The persons with disabilities also pay fully or partially for the medical care. Social insurance schemes provide subsidized medical care for children, all adults, and the elderly. The social insurance schemes cover 81-100 percent of the population.

At the local level, doctors, pediatricians, other specialized doctors, nurses, psychologists, PHC workers, physiotherapists, speech therapists, and occupational therapists are available for providing medical care. At the district level, doctors, pediatricians, other specialized doctors, nurses, psychologists, PHC workers, physiotherapists, speech therapists, and occupational therapists are available. At the provincial and national levels, doctors, pediatricians, other specialized doctors, CBR workers, nurses, psychologists, PHC workers, physiotherapists, speech therapists, and occupational therapists are available.

Medical care services reach the villages and the poor urban areas through primary health care.

In order to facilitate information and communication between persons with disabilities and the staff in health care, information in Braille, sign language interpretation, easy reading information and information on tape is provided, as reported by only one NGO.
Rehabilitation

There is a national rehabilitation program in Finland for persons with disabilities. Institutional and community based rehabilitation are available at the local, district, provincial and national levels. The NGOs were not unanimous on this. According to one NGO, between 6-40 percent of the persons with disabilities receive rehabilitation, while the other two estimate that the percentage is between 61-80.

Persons with mobility impairments, hearing impairments, hearing disabilities, persons with severe sight impairment (blind), persons with intellectual disabilities (mental handicap), learning difficulties, persons with disabilities due to chronic diseases, due to mental illness and persons with multiple disabilities receive rehabilitation services. All age groups are included in the rehabilitation services. However, persons above 65 years of age are entitled to fewer rehabilitation services.

At the local level, doctors, other specialized doctors, nurses, psychologists, PHC workers, physiotherapists, and occupational therapists are available for rehabilitation services. At the district and national levels, doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, nurses, psychologists, PHC workers, physiotherapists, speech therapists, and occupational therapists are available. At the provincial level, doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, nurses, psychologists, PHC workers, CBR staff, physiotherapists, speech therapists, and occupational therapists are available for rehabilitation services.

Rehabilitation services are available at the community level through primary health care and NGOs.

Persons with disabilities, their families, and organizations/agencies of persons with disabilities participate in rehabilitation through design and organization of rehabilitation services. They are involved in the formulation and evaluation of rehabilitation programs, they also work as trained teachers, instructors, and counselors as well as they participate through community based rehabilitation.

Support Services

The government, municipality, social insurance schemes and persons with disabilities themselves partially finance the procurement of assistive devices and equipment. Social insurance schemes cover children, all adults, working adults and the elderly.

The government is involved in the provision of assistive devices through development and production and in providing information about the availability of assistive devices. The government provides prostheses/orthoses, wheelchairs, crutches, hearing devices, visual devices, devices for daily living and sometimes computers.

Personal assistance is provided at home, school, work place, health care services, social services, during leisure and at other services in society. The municipalities, NGOs and persons with disabilities themselves partially finance for personal assistance.

Support is provided to families of children with disabilities. This support to families is partially financed by the government ministries, municipalities, social insurance schemes, and NGOs. Persons with disabilities themselves provide partial financial support to families of children with disabilities.

Interpreter services are provided at home, in schools, work places, health service centers, social service centers, during leisure and at other services in society. The municipality pays...
fully or partially for interpreter services. Persons with disabilities themselves partially pay for interpreter services.

Persons with disabilities and/or their organizations are involved in the planning of support services.

**Personnel Training**

The government ministries have a mechanism to ensure that all authorities/agencies providing services in the disability field give training to their personnel. This is ensured through the policies adopted by government ministries and through supervision of the training curriculum of medical and paramedical staff, as reported by two NGOs.

Disability issues are a component in the training curriculums of pediatricians, other specialist doctors, general practitioners, primary health care workers, nurses, prosthetic/orthotic professionals, occupational therapists, physiotherapists, and social workers.

The staff training programs are developed in consultation with organizations of persons with disabilities, as reported by only one NGO. Persons with disabilities are involved in staff training programs as teachers and advisers.
This report is compiled from the responses of four NGOs. The responses depended on their area of work. All responses have been included, as it would reflect disability as a whole, since the questions were not related or applicable to a particular type of disability. For example, if services were available for the visually impaired, as reported by one NGO and not for the physically handicapped, as reported by another, it was considered that services were available.

**Medical Care**

In France, medical care is provided to persons with disabilities and there is a tendency to provide these services outside the general medical care. The medical care system includes prevention and treatment of impairment, early detection and diagnosis of impairment, rehabilitation techniques, referrals and counseling for parents. Organizations of persons with disabilities are sometimes involved in the planning and evaluation of these medical care systems.

Early detection methods are used for children with disabilities at birth to seven years of age. Infants and children with disabilities are provided medical care within the same system as other infants and children.

Persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve their level of functioning.

Family members and professionals paid by state are involved ‘at all times’ in providing medical care. Professionals paid by the municipality and professionals paid by NGOs are ‘often’ or ‘sometimes’ involved, while voluntary workers of the municipality and voluntary workers of the NGOs are ‘sometimes’ involved.

Medical care is provided at subsidized rates by the social insurance schemes and partially the persons with disabilities pay for it. Social insurance schemes include children, all adults, and the elderly covering 61-100 percent of the population.

At the local and district levels, doctors, pediatricians, other specialized doctors, CBR workers, nurses, psychologists, PHC workers, physiotherapists, speech therapists, and occupational therapists are available for providing medical care. At the provincial and national levels also, doctors, pediatricians, other specialized doctors, CBR workers, nurses, psychologists, PHC workers, physiotherapists, speech therapists, and occupational therapists are available.

Medical care services reach the villages and the poor urban areas through primary health care and community based rehabilitation.

In order to facilitate information and communication between persons with disabilities and the staff in health care, information in Braille, sign language interpretation, easy reading information and information on tape is provided to some extent, as reported by one NGO.

**Rehabilitation**

There is a national rehabilitation program for persons with disabilities. Institutional rehabilitation is available at the local, district, provincial and national levels. Community based rehabilitation is available at the local level. Between 61-100 percent of the persons with disabilities receive rehabilitation.
Persons with mobility impairments, hearing impairments, hearing disabilities, persons with severe sight impairment (blind), persons with intellectual disabilities (mental handicap), learning difficulties, persons with disabilities due to chronic diseases, due to mental illness and persons with multiple/severe disabilities receive rehabilitation services. All age groups are included in the rehabilitation services.

At the local, district, provincial and national levels, doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, nurses, psychologists, PHC workers, CBR staff, physiotherapists, speech therapists, and occupational therapists are available for rehabilitation services.

Rehabilitation services are available at the community level through primary health care and NGOs.

Persons with disabilities, their families and organizations/agencies of persons with disabilities participate in the provision of rehabilitation through design and organization of rehabilitation services. They are involved in the formulation and evaluation of rehabilitation programs, they also work as trained teachers, instructors, and counselors as well as they participate through community based rehabilitation.

**Support Services**

The municipality, social insurance schemes, NGOs and persons with disabilities themselves partially finance the procurement of assistive devices and equipment. Social insurance schemes cover children, all adults, and the elderly.

The government is involved in the provision of assistive devices through maintenance and repair and in providing information about the availability of assistive devices. The government provides prostheses/orthoses, wheelchairs, crutches, hearing devices, visual devices, devices for daily living and computers.

Personal assistance is provided at home, school, work place, health care services, social services, and during leisure. The municipality, social insurance schemes, and NGOs partially provide finance for personal assistance for persons with disabilities. Persons with disabilities themselves partially finance for it.

Support is provided to families of children with disabilities. It is partially financed by the government, municipality, social insurance schemes, NGOs and persons with disabilities themselves.

Interpreter services are provided at home, in schools, work places, health service centers, social service centers and during leisure. Interpreter services are partially financed by the municipality, social insurance schemes and NGOs. Persons with disabilities themselves fully or partially pay for interpreter services.

Persons with disabilities and/or their organizations are involved in the planning of support services, as reported by two NGOs.

**Personnel Training**

The government ministries have a mechanism to ensure that all authorities/agencies providing services in the disability field give training to their personnel. This is ensured through supervision of training curriculum of medical and paramedical staff and other mechanisms.
Disability issues are a component in the training curriculums of pediatricians, other specialist doctors, general practitioners, primary health care workers, nurses, prosthetic/orthotic professionals, occupational therapists, physiotherapists, and social workers. The staff training programs are developed in consultation with organizations of persons with disabilities, as reported by only one NGO. Persons with disabilities are involved in staff training programs as teachers and instructors, as reported by one NGO.
**GERMANY**

**Medical Care**

Medical care is provided to persons with disabilities and there is a tendency to provide these services outside the general medical care. The medical care system includes treatment of impairment and rehabilitation techniques. Organizations of persons with disabilities are never involved in the planning and evaluation of these medical care systems.

Early detection methods are performed on children with disabilities at birth to six months. Infants and children with disabilities are provided with medical care within the same system as other infants and children.

Persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve their level of functioning.

Family members, volunteers of municipality, professionals paid by municipality, and professionals paid by the state are ‘sometimes’ involved in providing medical care.

Medical care is subsidized by the social insurance schemes and the persons with disabilities pay partially for medical care. Social insurance schemes include children, all adults, and the elderly covering 81-100 percent of the population.

At the local and district levels, doctors, pediatricians, other specialized doctors, CBR workers, nurses, psychologists, PHC workers, physiotherapists, speech therapists, and occupational therapists are available. At the provincial and national levels, doctors, pediatricians, and other specialized doctors are available.

Medical care services reach the villages and the poor urban areas through primary health care and community based rehabilitation.

The NGOs could not respond to whether services exist to facilitate information and communication between persons with disabilities and staff in health care.

**Rehabilitation**

There is a national rehabilitation program for persons with disabilities. Institutional rehabilitation and community based rehabilitation is available at the local, district and provincial levels. Between 61-80 percent of the persons with disabilities receive rehabilitation.

Persons with mobility impairments, hearing impairments, hearing disabilities, persons with severe sight impairment (blind), persons with intellectual disabilities (mental handicap), learning difficulties, persons with disabilities due to chronic diseases, due to mental illness and persons with multiple/severe disabilities receive rehabilitation services. Persons who are disabled due to age are not included in rehabilitation services.

At the local, district, and provincial levels, doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, nurses, psychologists, PHC workers, CBR staff, physiotherapists, speech therapists, and occupational therapists are available for rehabilitation services.

Rehabilitation services are available at the community level through primary health care, CBR and NGOs.

Persons with disabilities, their families and organizations of persons with disabilities do not participate in rehabilitation programs.

Euro-53
Support Services
The government, municipality and social insurance schemes fully or partially finance the procurement of assistive devices and equipment. Persons with disabilities themselves also fully or partially finance the procurement of assistive devices and equipment. Social insurance schemes make payment for the assistive devices and equipment for children, all adults, and the elderly.

The government is involved in the provision of assistive devices specifically through regional or departmental councils and normally through insurance schemes. The government also provides wheelchairs, computers and other working devices such as cars.

Personal assistance is provided at home, school, work place, health care services, social services, and during leisure. The government, municipalities, social insurance schemes, and NGOs partially provide finance for personal assistance for persons with disabilities. Persons with disabilities themselves partially finance for their personal assistance.

Support is provided to families of children with disabilities. It is partially financed by the government ministries, municipalities, and social insurance schemes. Persons with disabilities themselves provide partial financial support to families of children with disabilities.

Interpreter services are provided in special schools and are partially financed by social insurance schemes. Persons with disabilities themselves partially pay for interpreter services.

Persons with disabilities and/or their organizations are involved in the planning of support services.

Personnel Training
The government ministries ensure that all authorities/agencies providing services in the disability field give training to their personnel through the policies adopted by government ministries and through supervision of training curriculums for medical and paramedical staff.

Disability issues are a component in the training curriculums of prosthetic/orthotic professionals, occupational therapists, physiotherapists, and social workers.

The staff training programs are not developed in consultation with organizations of persons with disabilities. However, the persons with disabilities are involved in staff training programs as advisers.
GREECE

Medical Care
Medical care is provided to persons with disabilities and there is a tendency to provide these services outside the general medical care. Medical care system includes treatment of impairment and rehabilitation techniques. Organizations of persons with disabilities are sometimes involved in the planning and evaluation of these medical care systems.

Early detection methods are not used for children with disabilities. Infants and children with disabilities are provided with medical care within the same system as other infants and children.

Persons with chronic disabilities are not provided with regular medical treatment to preserve or improve their level of functioning. This is due to lack of specific programs, lack of staff, lack of training, and societal attitudes.

Family members are involved in providing medical care ‘at all times’ and professionals paid by municipality are ‘sometimes’ involved.

Medical care is subsidized by the social insurance schemes. The persons with disabilities also pay fully or partially for medical care. Social insurance schemes cover children, all adults, only working adults, and the elderly. Less than 21 percent of the population is covered.

At the local and district levels, doctors, pediatricians, nurses, and physiotherapists are available to provide medical care. At the provincial level, doctors, pediatricians, other specialized doctors, nurses, psychologists, physiotherapists, and occupational therapists are available. At the national level, doctors, pediatricians, other specialized doctors, CBR workers, nurses, psychologists, physiotherapists, speech therapists and occupational therapists are available.

Medical care services do not reach the villages and the poor urban areas.

There is no service provided to facilitate information and communication between persons with disabilities and the staff in health care.

Rehabilitation
In Greece, there is a national rehabilitation program for persons with disabilities. Institutional rehabilitation is available at the district, provincial and national levels. Community based rehabilitation is not available. Less than five percent and between 41-60 percent of the population receives rehabilitation.

Persons with hearing disabilities, persons with severe sight impairment (blind), persons with intellectual disabilities (mental handicap) receive rehabilitation services. All age groups are included in the rehabilitation services.

At the local level, nurses and physiotherapists are available for rehabilitation services. At the district level, pediatricians, other specialized doctors, nurses, psychologists, and physiotherapists are available. At the provincial level, doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, nurses, psychologists, CBR staff, physiotherapists, and occupational therapists are available. At the national level, doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, nurses, psychologists, PHC workers, CBR staff, physiotherapists, speech therapists, and occupational therapists are available for providing rehabilitation services.
Rehabilitation services are available at the community level through community based rehabilitation and NGOs.
Organizations of persons with disabilities participate in the provision of rehabilitation through community based rehabilitation.

Support Services
The government, municipality, and social insurance schemes partially finance the procurement of assistive devices and equipment. Persons with disabilities themselves also fully finance the procurement of assistive devices and equipment.
The government is involved in the distribution of assistive devices. It also provides wheelchairs and visual devices.
Personal assistance is provided at work place and health care services. The government and municipalities partially provide finance for personal assistance for persons with disabilities. Persons with disabilities themselves fully finance for personal assistance.
Support is provided to families of children with disabilities. It is partially financed by the government. Persons with disabilities themselves provide full financial support to families of children with disabilities.
Interpreter services are provided in schools and are partially financed by the government. Persons with disabilities themselves fully pay for interpreter services.
Persons with disabilities and/or their organizations are not involved in the planning of support services.

Personnel Training
The government ministries ensure that all authorities/agencies providing services in the disability field give training to their personnel through the policies adopted by the government.
Disability issues are a component in the training curriculums of pediatricians, other specialist doctors, general practitioners, nurses, prosthetic/orthotic professionals, occupational therapists, physiotherapists, and social workers.
The staff training programs are neither developed in consultation with organizations of persons with disabilities, nor are the persons with disabilities involved in staff training programs.
IRELAND

Medical Care
Medical care is provided to persons with disabilities but there is no tendency to provide these services outside the general medical care. Medical care system includes prevention and treatment of impairment, early detection and diagnosis of impairment, rehabilitation techniques, and referrals. Organizations of persons with disabilities are sometimes involved in the planning and evaluation of these medical care systems.

Early detection methods are used for children with disabilities at birth to seven years of age. Infants and children with disabilities are provided with medical care within the same system as other infants and children.

Persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve their level of functioning.

Family members, volunteers of the municipality, professionals paid by the municipality, professionals paid by the state, professionals paid by NGOs and voluntary workers of NGOs ‘sometimes’ provide medical care.

Medical care is provided free of charge by the government and social insurance schemes. Social insurance schemes provide subsidized medical care to children and the elderly, covering 41-60 percent of the population.

At the local level, doctors and PHC workers are available to provide medical care. At the district level, pediatricians, nurses, psychologists, physiotherapists, and speech therapists are available. At the provincial level, occupational therapists are available. At the national level, other specialized doctors are available.

Medical care services reach the villages and the poor urban areas through primary health care.

In order to facilitate information and communication between persons with disabilities and the staff in health care, information in Braille, sign language interpretation, and information on tape is provided.

Rehabilitation
In Ireland, there is a national rehabilitation program for persons with disabilities. Institutional rehabilitation is available at the local, district, provincial and national levels. Community based rehabilitation is available, but not as per the definition given by WHO. Between 61-80 percent of persons with disabilities receive rehabilitation.

Persons with mobility impairments, hearing impairments, hearing disabilities, persons with severe sight impairment (blind), persons with intellectual disabilities (mental handicap), learning difficulties, persons with disabilities due to chronic diseases, due to mental illness and persons with multiple/severe disabilities receive rehabilitation services. All age groups are included in the rehabilitation services.

At the local level, doctors, nurses and PHC workers are available for rehabilitation services. At the district level, pediatricians, psychologists, physiotherapists, and speech therapists are available. At the provincial level, occupational therapists are available for rehabilitation services. At the national level, other specialized doctors and prosthetic/orthotic professionals are available for rehabilitation services.
Rehabilitation services are available at the community level through primary health care and NGOs.

Persons with disabilities, their families, and organizations/agencies of persons with disabilities participate in the provision of rehabilitation through design and organization of rehabilitation services. They are involved in the formulation and evaluation of rehabilitation programs, they work as trained teachers, instructors, and counselors as well as they participate through community based rehabilitation. They also participate through other methods such as consultations and policy making.

**Support Services**

The government, NGOs and persons with disabilities themselves partially finance the procurement of assistive devices and equipment.

The government is involved in the distribution of assistive devices as well as it provides information about the availability of assistive devices. The government provides prostheses/orthoses, wheelchairs, crutches, hearing devices, visual devices, devices for daily living and computers.

Personal assistance is sometimes provided at home, school, and work places. The government, NGOs and persons with disabilities themselves provide partial finance for personal assistance.

Support is provided to families of children with disabilities. It is partially financed by the government ministries.

Interpreter services are provided at home and in schools. Interpreter services are partially financed by the government, NGOs and persons with disabilities.

Persons with disabilities and/or their organizations are sometimes involved in the planning of support services.

**Personnel Training**

The government ministries have a mechanism to ensure that all authorities/agencies providing services in the disability field give training to their personnel. This is ensured through the policies adopted by government ministries and through supervision of training curriculums of medical and paramedical staff.

Disability issues are a component in the training curriculums of pediatricians, other specialist doctors, general practitioners, primary health care workers, nurses, prosthetic/orthotic professionals, occupational therapists, physiotherapists, social workers and community workers.

The staff training programs are sometimes developed in consultation with organizations of persons with disabilities. Persons with disabilities are involved in staff training programs as advisers.

58-Euro
ISRAEL

Medical Care
Medical care is provided to persons with disabilities. There is no tendency to provide these services outside the general medical care. The medical care system includes prevention and treatment of impairment, early detection and diagnosis of impairment, rehabilitation techniques, referrals and counseling for parents. Organizations of persons with disabilities are often or sometimes involved in the planning and evaluation of these medical care systems.

Early detection of impairment is done at birth to seven years of age and it is an ongoing process. Infants and children with disabilities are provided with medical care within the same system as other infants and children.

Persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve the level of functioning.

Professionals paid by the state, family members, volunteers of the municipality, and professionals paid by the municipality are involved in providing medical care ‘at all times’.

Medical care is subsidized by social insurance schemes and it is provided to all adults. The social insurance scheme covers 81-100 percent of the population.

At the local level, doctors, pediatricians, CBR workers, nurses, psychologists, PHC workers, physiotherapists, speech therapists, and occupational therapists are available for providing medical care.

Medical care services reach the villages and the poor urban areas through primary health care and community based rehabilitation.

In order to facilitate information and communication between persons with disabilities and the staff in health care, information in Braille is provided.

Rehabilitation
There is a national rehabilitation program in Israel, for persons with disabilities. Institutional rehabilitation is available at the district level. Community based rehabilitation is available at the local level. Between 81-100 percent of the persons with disabilities receive rehabilitation.

Persons with mobility impairments, hearing impairments, hearing disabilities, persons with severe sight impairment (blind), persons with intellectual disabilities (mental handicap), learning difficulties, persons with disabilities due to chronic diseases, due to mental illness and persons with multiple/severe disabilities receive rehabilitation services. All age groups are included in rehabilitation services.

At the local level, PHC workers, CBR staff, physiotherapists are available for rehabilitation services. At the district level, doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, nurses, psychologists, speech therapists, occupational therapists and other staff are available for rehabilitation services.

Rehabilitation services are available at the community level through primary health care.

Organizations/agencies of persons with disabilities participate in the provision of rehabilitation through design and organization of rehabilitation services. They are involved in the formulation and evaluation of rehabilitation programs; they are involved in rehabilitation as trained teachers, instructors, counselors as well as they participate through community based rehabilitation.
Support Services
The government and social insurance schemes partially finance the procurement of assistive devices and equipment. Social insurance schemes cover all adults.
   The government does not provide assistive devices.
   Personal assistance is provided at home, school, work places, and at social services. The government and social insurance schemes provide partial finance for personal assistance for persons with disabilities.
   Support is provided to families of children with disabilities. It is fully financed by social insurance schemes.
   Persons with disabilities and/or their organizations are involved in the planning of support services.

Personnel Training
The government ministries have a mechanism to ensure that all authorities/agencies providing services in the disability field give training to their personnel. This is ensured through the policies adopted by government ministries.
   Disability issues are a component in the training curriculums of pediatricians, other specialist doctors, general practitioners, primary health care workers, nurses, prosthetic/orthotic professionals, occupational therapists, physiotherapists, social workers and community workers.
   The staff training programs are developed in consultation with organizations of persons with disabilities. Persons with disabilities are involved in staff training programs as teachers, instructors, and advisers.
**LATVIA**

**Medical Care**

Medical care is provided to persons with disabilities and there is a tendency to provide these services outside the general medical care services. The medical care system in Latvia does not include specific medical care programs. Organizations of persons with disabilities are sometimes involved in the planning and evaluation of these medical care systems.

Early detection methods are used for children with disabilities at birth to three years of age. Infants and children with disabilities are not provided with medical care within the same system as other infants and children due to lack of specific programs, lack of staff and difficulties in the families due to economic constraints.

Persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve their level of functioning.

Family members and professionals paid by the state are ‘often’ involved in providing medical care, while professionals paid by NGOs are ‘sometimes’ involved.

Medical care is provided free of charge by the government and social insurance schemes. The persons with disabilities also pay partially for the medical care. Social insurance schemes include children, all adults, only working adults and the elderly covering 81-100 percent of the population.

At the local level, doctors, pediatricians, other specialized doctors, nurses, PHC workers, and physiotherapists are available for providing medical care. At the district level, other specialized doctors, PHC workers, physiotherapists, and speech therapists are available. At the national level occupational therapists are available for providing medical care.

Medical care services reach the villages and the poor urban areas through primary health care.

In order to facilitate information and communication between persons with disabilities and the staff in health care, information in Braille and sign language is provided.

**Rehabilitation**

In Latvia, there is a national rehabilitation program for persons with disabilities. Institutional rehabilitation is available at the national level. Community based rehabilitation is not available. Between 21-40 percent of the persons with disabilities receive rehabilitation.

Persons with mobility impairment, persons with hearing impairment, hearing disabilities, persons with severe sight impairment (blind), persons with intellectual disabilities (mental handicap), learning difficulties, persons with disabilities due to mental illness and persons with multiple disabilities receive rehabilitation services. All age groups are included in the rehabilitation services.

At the local level, doctors, pediatricians, nurses, and PHC workers are available for rehabilitation services. At the district level, pediatricians, other specialized doctors, nurses, psychologists, physiotherapists, and speech therapists are available. At the national level, other specialized doctors, prosthetic/orthotic professionals, nurses, psychologists, physiotherapists, speech therapists, and occupational therapists are available.

Rehabilitation services are available at the community level through primary health care.

Persons with disabilities, their families and organizations/agencies participate in rehabilitation through the design and organization of rehabilitation services and in the
formulation and evaluation of rehabilitation programs. Families of persons with disabilities also participate as trained teachers, instructors, and counselors.

Support Services
The government, municipality, and social insurance schemes partially finance the procurement of assistive devices and equipment. Persons with disabilities themselves fully or partially finance it. The social insurance schemes cover children.

  The government provides prostheses/orthoses, wheelchairs, crutches, hearing devices, and visual devices.

  Personal assistance is not provided.

  Support is provided to families of children with disabilities. It is partially financed by the government ministries, municipalities, social insurance schemes, and NGOs. Persons with disabilities themselves provide partial financial support to families of children with disabilities.

  Interpreter services are not provided. It is fully financed by persons with disabilities.

  Persons with disabilities and/or their organizations are not involved in the planning of support services.

Personnel Training
The government does not ensure that all authorities/agencies providing services in the disability field give training to their personnel.

  The staff training programs are neither developed in consultation with organizations of persons with disabilities, nor are the persons with disabilities themselves involved in staff training programs.
Medical Care

Medical care is provided to persons with disabilities. There is no tendency to provide these services outside the general medical care. The medical care system in Malta includes prevention and treatment of impairment, early detection and diagnosis of impairment. Organizations of persons with disabilities are sometimes involved in the planning and evaluation of these medical care systems.

Early detection methods are used for children with disabilities at birth to seven years of age according to the type of disability. Infants and children with disabilities are provided with medical care within the same system as other infants and children.

Persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve their level of functioning.

Family members and voluntary workers of NGOs are ‘sometimes’ involved in providing medical care, while professionals paid by NGOs are ‘often’ involved in providing medical care. Professionals paid by state expenditures are involved ‘at all times’.

Medical care is provided free of charge by the government and social insurance schemes. Social insurance schemes provide subsidized medical care to children, all adults and the elderly. The social insurance scheme covers 81-100 percent of the population.

At the local level, doctors, pediatricians, other specialized doctors, nurses, psychologists, PHC workers, physiotherapists, speech therapists, and occupational therapists are available for providing medical care. At the district level, doctors and PHC workers are available. At the national level, doctors, pediatricians, other specialized doctors, nurses, PHC workers, physiotherapists, speech therapists and occupational therapists are available.

Medical care services reach the villages and the poor urban areas through primary health care.

There is no service provided to facilitate information and communication between persons with disabilities and the staff in health care.

Rehabilitation

There is a national rehabilitation program for persons with disabilities. Institutional rehabilitation and community based rehabilitation is available at the national level. Between 61-80 percent of persons with disabilities receive rehabilitation.

Persons with mobility impairments, hearing impairments, hearing disabilities, persons with severe sight impairment (blind), persons with intellectual disabilities (mental handicap), learning difficulties, persons with disabilities due to chronic diseases, persons with disabilities due to mental illness and persons with multiple/severe disabilities receive rehabilitation services. All age groups are included in the rehabilitation services.

At the local level, doctors, pediatricians, other specialized doctors, and nurses are available for rehabilitation services. At the national level, doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, nurses, psychologists, physiotherapists, speech therapists, and occupational therapists are available for rehabilitation services.

Rehabilitation services are available at the community level through the private sector.

Persons with disabilities, their families and organizations of persons with disabilities do not participate in the provision of rehabilitation.
Support Services
The government, social insurance schemes, NGOs and persons with disabilities themselves provide partial finance for the procurement of assistive devices and equipment. Social insurance schemes cover children, all adults and the elderly.

The government is involved in the distribution of assistive devices and it also provides information about their availability. The government partially provides prostheses/orthoses, wheelchairs, crutches, hearing devices, visual devices, devices for daily living and computers.

Personal assistance is provided at home and in schools. The government, NGOs and persons with disabilities provide partial finance for personal assistance for persons with disabilities.

Support is provided to families of children with disabilities. It is partially financed by the government and NGOs.

Interpreter services are not provided.

Persons with disabilities and/or their organizations are involved in the planning of support services only to some extent.

Personnel Training
The government ministries have a mechanism to ensure that all authorities/agencies providing services in the disability field give training to their personnel. This is ensured through the policies adopted by government ministries.

Disability issues are a component in the training curriculums of nurses, occupational therapists and physiotherapists.

The staff training programs are developed in consultation with organizations of persons with disabilities.

Persons with disabilities are involved in staff training programs as teachers and advisers.
Medical Care

Medical care is provided to persons with disabilities and there is a tendency to provide these services outside the general medical care. The medical care system includes early detection and diagnosis of impairment, treatment of impairment, rehabilitation techniques, referrals and counseling for parents. Organizations of persons with disabilities are often involved in the planning and evaluation of these medical care systems.

Early detection methods are used for children with disabilities at birth to seven years of age. Infants and children with disabilities are not provided with medical care within the same system as other infants and children due to lack of specific programs and societal attitudes.

Persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve their level of functioning.

Family members, voluntary workers in the municipality and NGOs and professionals paid by NGOs are ‘often’ involved in providing medical care. Professionals paid by municipality and by the state are involved ‘at all times’.

Medical care is provided free of charge by the government and social insurance schemes. The social insurance schemes include children, all adults, and the elderly covering 41-60 percent and 81-100 percent of the population.

At the local level, doctors, pediatricians, other specialized doctors, nurses, psychologists, PHC workers, physiotherapists, speech therapists, and occupational therapists are available for providing medical care.

Medical care services reach the villages and the poor urban areas through primary health care and CBR.

In order to facilitate information and communication between persons with disabilities and the staff in health care, information in Braille, sign language, easy reading information, information on tape, and text telephone is provided.

Rehabilitation

There is no national rehabilitation program for persons with disabilities. Institutional rehabilitation is available at the local, district, and provincial levels. Between 21-40 percent of the persons with disabilities receive rehabilitation.

Persons with mobility impairments, hearing impairments, hearing disabilities, persons with severe sight impairment (blind), persons with intellectual disabilities (mental handicap), persons with disabilities due to chronic diseases, due to mental illness and persons with multiple/severe disabilities receive rehabilitation services. All age groups are included in the rehabilitation services.

At the local level, doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, nurses, psychologists, PHC workers, physiotherapists, speech therapists, and occupational therapists are available for rehabilitation services.

Rehabilitation services are not available at the community level.

Organizations of persons with disabilities participate in the provision of rehabilitation through formulation and evaluation of rehabilitation programs.
Support Services
The government, municipality, social insurance schemes and persons with disabilities partially finance the procurement of assistive devices and equipment. The social insurance schemes cover children, all adults, and the elderly.

The government is involved in the provision of assistive devices. The government provides prostheses/orthoses, wheelchairs, crutches, hearing devices, visual devices, and devices for daily living.

Personal assistance is provided at home, schools, work places, health services, social services, during leisure and at other services in society. It is partially financed by the government, municipalities, social insurance schemes, and persons with disabilities.

Support is provided to families of children with disabilities. It is partially financed by the government, municipalities, NGOs, and by persons with disabilities.

Interpreter services are provided at schools, social service centers and during leisure. It is partially financed by the government, municipality, and social insurance schemes. Persons with disabilities and/or their organizations are involved in the planning of support services.

Personnel Training
The government ensures that all authorities/agencies providing services in the disability field give training to their personnel through policies adopted by government ministries and through supervision of the training curriculum of medical and paramedical staff.

Disability issues are a component in the training curriculums of paediatricians, other specialist doctors, general practitioners, primary health care workers, prosthetic/orthotic professionals, occupational therapists, physiotherapists, social workers, and community workers.

The staff training programs are neither developed in consultation with organizations of persons with disabilities, nor are the persons with disabilities involved in staff training programs.
Medical Care
Medical care is provided to persons with disabilities but there is no tendency to provide these services outside the general medical care. The medical care system in Norway includes early detection, diagnosis and treatment of impairment, rehabilitation techniques, referrals and counseling for parents. Organizations of persons with disabilities are sometimes involved in the planning and evaluation of these medical care systems.

Early detection methods are used for children with disabilities at birth to seven years of age. Infants and children with disabilities are provided with medical care within the same system as other infants and children.

Persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve their level of functioning.

Voluntary workers in the municipality are ‘sometimes’ involved in providing medical care.

Medical care is provided free of charge by the government and social insurance schemes. Persons with disabilities also pay partially for the medical care. Social insurance schemes provide subsidized medical care to children, all adults, only working adults and the elderly. The social insurance scheme covers 81-100 percent of the population.

At the local level, doctors, pediatricians, nurses, psychologists, PHC workers, physiotherapists, and speech therapists are available for providing medical care. At the district level, other specialized doctors, CBR workers and occupational therapists are available.

Medical care services reach the villages and the poor urban areas through primary health care and community based rehabilitation.

In order to facilitate information and communication between persons with disabilities and the staff in health care, sign language interpretation is provided.

Rehabilitation
In Norway, there is a national rehabilitation program for persons with disabilities. Institutional rehabilitation is available at the district, provincial and national levels. Community based rehabilitation is available at the local and district levels.

Persons with mobility impairments, persons with intellectual disabilities (mental handicap), persons with disabilities due to chronic diseases, persons with disabilities due to mental illness and persons with multiple/severe disabilities receive rehabilitation services. Adults who become impaired do not receive rehabilitation services.

Rehabilitation services are available at the community level through primary health care.

Families of persons with disabilities and their organizations/agencies participate in the provision of rehabilitation through design and organization of rehabilitation services and they are involved in the formulation and evaluation of rehabilitation programs.

Support Services
The government, municipality, and social insurance schemes fully finance the procurement of assistive devices and equipment.

The government is involved in the provision of assistive devices through development and production, maintenance, repair and distribution of assistive devices, as well as in providing
information about their availability. The government provides prostheses/orthoses, wheelchairs, crutches, hearing devices, visual devices, devices for daily living, and computers.

Personal assistance is provided at home, school, work place, and during leisure. The municipality provides full finance for personal assistance for persons with disabilities.

Support is provided to families of children with disabilities. It is fully financed by the government ministries and municipalities.

Interpreter services are provided at home, in schools, work places, health service centers, social service centers, during leisure and other services in society. Interpreter services are fully financed by the government, and partially by the municipality. The hospital and the church ministry also pay.

Persons with disabilities and/or their organizations are involved in the planning of support services.

**Personnel Training**

The government ministries do not have a mechanism to ensure that all authorities/agencies providing services in the disability field give training to their personnel.

68-Euro
POLAND

Medical Care

Medical care is provided to persons with disabilities but there is no tendency to provide these services outside the general medical care. The medical care system includes prevention and treatment of impairment, rehabilitation techniques, and counseling for parents. Organizations of persons with disabilities are sometimes involved in the planning and evaluation of these medical care systems.

Infants and children with disabilities are provided medical care within the same system as other infants and children.

Persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve their level of functioning.

Family members, professionals paid by municipality, and professionals paid by the state are ‘often’ involved in providing medical care. Voluntary workers in the municipality, professionals paid by NGOs and volunteers of NGOs are ‘sometimes’ involved.

Medical care is provided free of charge by the government and social insurance schemes. The persons with disabilities also pay fully or partially for the medical care. Social insurance schemes provide subsidized medical care to the children, only working adults and the elderly. The social insurance schemes cover 81-100 percent of the population.

At the local level, doctors, pediatricians, other specialized doctors, nurses, and PHC workers are available. At the district and provincial levels, doctors, pediatricians, other specialized doctors, CBR workers, nurses, psychologists, PHC workers, physiotherapists, speech therapists, and occupational therapists are available. Other staff is also available for providing medical care.

Medical care services reach the villages and the poor urban areas through primary health care and community based rehabilitation.

In order to facilitate information and communication between persons with disabilities and the staff in health care, easy reading information is provided.

Rehabilitation

There is a national rehabilitation program in Poland for persons with disabilities. Institutional rehabilitation is available at the district, provincial and national levels. Community based rehabilitation is available at the local, district and provincial levels. Between 41-100 percent of persons with disabilities receive rehabilitation.

Persons with mobility impairments, hearing impairments, hearing disabilities, persons with severe sight impairment (blind), persons with intellectual disabilities (mental handicap), learning difficulties, persons with disabilities due to chronic diseases, persons with disabilities due to mental illness and persons with multiple/severe disabilities receive rehabilitation services. All age groups are included in the rehabilitation services.

At the local level, doctors, pediatricians, nurses, PHC workers, and CBR staff are available for rehabilitation services. At the district and provincial levels, doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, nurses, psychologists, PHC workers, CBR staff, physiotherapists, speech therapists, and occupational therapists are available for rehabilitation services.
Rehabilitation services are available at the community level through primary health care, community based rehabilitation and NGOs.

Persons with disabilities and their families participate in the provision of rehabilitation through design and organization of rehabilitation services. They are involved in rehabilitation as trained teachers, instructors, counselors as well as they participate through community based rehabilitation.

Organizations/agencies of persons with disabilities participate in the provision of rehabilitation through design and organization of rehabilitation services. They are involved in the formulation and evaluation of rehabilitation programs; they are involved in rehabilitation as trained teachers, instructors, counselors as well as they participate through community based rehabilitation.

Support Services
The government, municipality, social insurance schemes and NGOs partially finance the procurement of assistive devices and equipment. Persons with disabilities themselves also partially finance the procurement of assistive devices and equipment. Social insurance schemes make payment for the assistive devices and equipment for children, only working adults and the elderly.

The government is involved in the provision of assistive devices through a special fund for persons with disabilities. The government provides prostheses/orthoses, wheelchairs, crutches, hearing devices, visual devices, devices for daily living and computers.

Personal assistance is provided at home, school, work place, health care services, and social services. The government, municipality, NGOs and persons with disabilities themselves partially provide finance for personal assistance.

Support is provided to families of children with disabilities. It is partially financed by the government ministries, municipalities, and NGOs. Persons with disabilities themselves also provide partial financial support to families of children with disabilities.

Interpreter services are provided in schools, work places, health service centers, and social service centers. Interpreter services are partially financed by the government, municipality, and NGOs. Persons with disabilities themselves partially pay for interpreter services.

Persons with disabilities and/or their organizations are involved in the planning of support services.

Personnel Training
The government ensures that all authorities/agencies providing services in the disability field give training to their personnel through the policies adopted by the government ministries and through supervision of the training curriculums for medical and paramedical staff.

Disability issues are a component in the training curriculums of pediatricians, other specialized doctors, general practitioners, primary health care workers, nurses, prosthetic/orthotic professionals, occupational therapists, physiotherapists, social workers and community workers.

Though the staff training programs are not developed in consultation with organizations of persons with disabilities, but the persons themselves are involved in staff training programs as teachers and instructors.
This report is compiled from the responses of two NGOs. The responses depended on their areas of work. All responses have been included, as it would reflect disability as a whole, since the questions were not related or applicable to a particular type of disability. For example, if services were available for the visually impaired as reported by one NGO and not for the physically handicapped, as reported by another, it was considered that services were available.

Medical Care
Medical care is provided to persons with disabilities and there is a tendency to treat certain groups of persons with disabilities outside the general medical care. The medical care system includes prevention of impairment as well as early detection and diagnosis of impairment. Organizations of persons with disabilities are sometimes involved in the planning and evaluation of these medical care systems.

Early detection methods are used for children with disabilities at four to seven years of age. Infants and children with disabilities are provided with medical care within the same system as other infants and children.

Persons with chronic disabilities such as epilepsy and diabetes are not provided with regular medical treatment to preserve or improve the level of their functioning because of lack of a specific program, societal attitudes, and difficulties in the families due to economic constraints.

Family members, voluntary workers in municipalities and NGOs, professionals paid by the municipalities, state and NGOs are ‘sometimes’ involved in providing medical care.

Persons with disabilities pay fully for the medical care.

At the local level, doctors, pediatricians, other specialized doctors and occupational therapists are available in providing medical care.

Medical care services reach the villages and the poor urban areas through primary health care.

Easy reading information is the only service provided to facilitate information and communication between persons with disabilities and the staff in health care.

Rehabilitation
There is no national rehabilitation program for persons with disabilities. Less than five percent of persons with disabilities receive rehabilitation services.

Persons with mobility impairments, hearing impairments and persons with hearing disabilities receive rehabilitation services. All age groups are included in receiving rehabilitation services.

At the local level, doctors, pediatricians, other specialized doctors, and occupational therapists are available in rehabilitation.

Families and organizations/agencies of persons with disabilities participate in the provision of rehabilitation in design and organization, formulation and evaluation, as trained personnel, through CBR and other methods.
Support Services
There is no support service available for persons with disabilities to assist them to increase their level of independence in their daily living and to exercise their rights.

Personnel Training
The government ensures that all authorities/agencies providing services in the disability field give training to their personnel through supervision of training curriculum for medical and paramedical staff.

Disability issues are a component in the training curriculums of pediatricians, other specialized doctors, general practitioners, PHC workers, nurses, prosthetic/orthotic professionals, occupational therapists, physiotherapists, and social workers.

The staff training programs are neither developed in consultation with organizations of persons with disabilities, nor are the persons involved in staff training programs.
This report is compiled from the responses of three NGOs. The responses depended on their area of work. All responses have been included, as it would reflect disability as a whole, since the questions were not related or applicable to a particular type of disability. For example, if services were available for the visually impaired as reported by one NGO and not for the physically handicapped as reported by another, it was considered that services were available.

**Medical Care**

Medical care is provided to persons with disabilities and there is a tendency to provide these services outside the general medical care services, as reported by two out of three NGOs. Medical care system includes prevention of impairment, early detection and diagnosis of impairment, treatment of impairment, rehabilitation techniques, referrals, and counseling for parents. Organizations of persons with disabilities are sometimes involved in the planning and evaluation of these medical care systems.

Early detection methods are used for children with disabilities at birth to seven years of age. Infants and children with disabilities are provided medical care within the same system as other infants and children.

Persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve their level of functioning.

Family members and professionals paid by the state are involved in providing medical care ‘at all times’, while professionals paid by the municipality and NGOs are ‘often’ involved. Volunteers of both the municipality and NGOs are ‘sometimes’ involved in providing medical care.

Medical care is subsidized by the social insurance schemes. The persons with disabilities also pay fully or partially for medical care. Social insurance schemes provide medical care subsidy to children, all adults, and the elderly. They cover less than 20 percent, 41-60 percent and 81-100 percent of the population, as reported by the three NGOs respectively.

At the local level, doctors, pediatricians, other specialized doctors, nurses, psychologists, PHC workers, physiotherapists, speech therapists, and occupational therapists are available for providing medical care. At the district level, doctors, pediatricians, other specialized doctors, nurses, psychologists, PHC workers, and speech therapists are available. At the provincial and national levels, doctors, pediatricians, other specialized doctors, nurses, psychologists, PHC workers, physiotherapists, and speech therapists are available. In addition, at the national level occupational therapist are available.

Medical care services reach the villages and the poor urban areas through primary health care.

In order to facilitate information and communication between persons with disabilities and the staff in health care, information in Braille, sign language interpretation, easy reading information and information on tape is provided.

**Rehabilitation**

In Romania, there is no national rehabilitation program for persons with disabilities. Institutional rehabilitation is available at the provincial and national levels. Community based
rehabilitation is not available. Between 6-20 percent of persons with disabilities receive rehabilitation.

Persons with mobility impairments, hearing impairments, hearing disabilities, persons with severe sight impairment (blind), persons with intellectual disabilities (mental handicap), learning difficulties, persons with disabilities due to chronic diseases, due to mental illness and persons with multiple/severe disabilities receive rehabilitation services. All age groups are included in rehabilitation services. However, one NGO reported that the age group of 62-65 years is not included.

At the local level, doctors, pediatricians, other specialized doctors, nurses, psychologists, physiotherapists, speech therapists, and occupational therapists are available for rehabilitation services. At the district level, doctors, pediatricians, nurses, psychologists, physiotherapists, and speech therapists are available for rehabilitation services. At the provincial and national levels, doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, nurses, psychologists, PHC workers, physiotherapists, speech therapists, and occupational therapists are available for rehabilitation services.

Rehabilitation services are available at the community level through NGOs as reported by one NGO.

Persons with disabilities participate in the provision of rehabilitation through design and organization of rehabilitation services and they are involved in rehabilitation as trained teachers, instructors, and counselors. Families of persons with disabilities participate through design and organization of rehabilitation services. Organizations/agencies of persons with disabilities are involved in the provision of rehabilitation through design and organization of rehabilitation services. They are involved in the formulation and evaluation of rehabilitation programs, and they are also involved as trained teachers, instructors, and counselors.

**Support Services**

The government provides full or partial finance for the procurement of assistive devices and equipment. They are also procured through the partial finance by the social insurance schemes, NGOs and international help. Persons with disabilities themselves partially finance the procurement of assistive devices and equipment. Social insurance schemes cover children, all adults, and the elderly.

The government’s involvement in the provision of assistive devices is through the development and production, maintenance and repair, distribution of assistive devices, as well as in providing information about the availability of assistive devices. The government provides prostheses/orthoses, wheelchairs, crutches, hearing devices, visual devices, and devices for daily living.

Personal assistance is provided at home, school, work place, health care services, and at social services. The government, municipality, social insurance schemes, and NGOs partially provide finance for personal assistance for persons with disabilities. Persons with disabilities themselves also partially finance for personal assistance.

Support is provided to families of children with disabilities. It is partially financed by the government ministries, municipalities, social insurance schemes, and NGOs. Persons with disabilities themselves provide partial financial support to families of children with disabilities.

74-Euro
Interpreter services are provided at home, in schools, work places, health service centers, social service centers and during leisure. Interpreter services are fully financed by the government.

Persons with disabilities and/or their organizations are not involved in the planning of support services.

**Personnel Training**

The government ensures that all authorities/agencies providing services in the disability field give training to their personnel, according to one NGO. This is ensured through other mechanisms.

Disability issues are a component in the training curriculums of pediatricians, other specialist doctors, general practitioners, primary health care workers, nurses, prosthetic/orthotic professionals, occupational therapists, physiotherapists, social workers and community workers.

The staff training programs are not developed in consultation with organizations of persons with disabilities. However, the persons with disabilities are involved in staff training programs as teachers and advisers, according to one NGO.
This report is compiled from the responses of five NGOs. The responses depended on their areas of work. All responses have been included, as it would reflect disability as a whole, since the questions were not related or applicable to a particular type of disability. For example, if services were available for the visually impaired, as reported by one NGO and not for the physically handicapped, as reported by another, it was considered that services were available.

**Medical Care**

Medical care is provided to persons with disabilities and there is a tendency to provide these services outside the general medical care. The medical care system includes prevention and treatment of impairment, early detection and diagnosis of impairment, rehabilitation techniques, referrals and counseling for parents. Organizations of persons with disabilities are often or sometimes involved in the planning and evaluation of these medical care systems.

Early detection methods are used for children with disabilities at birth to seven years of age. Infants and children with disabilities are provided medical care within the same system as other infants and children. One out of five NGOs stated that this is not provided due to lack of specific programs, lack of staff and lack of training.

Persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve their level of functioning. One NGO stated that this is not provided due to lack of specific programs and difficulties in the families due to economic constraints.

Family members are involved ‘at all times’ in providing medical care. Volunteer workers and professionals paid by municipality, and professionals paid by the state are ‘often’ involved in providing medical care, while professionals paid by NGOs are ‘sometimes’ involved.

Medical care is provided free of charge by the government, social insurance schemes and by other schemes. The persons with disabilities also pay partially for the medical care. Social insurance schemes include children, all adults, only working adults and the elderly, covering 21-40 percent and 61-100 percent of the population.

At the local level, doctors, pediatricians, other specialized doctors, nurses, psychologists, PHC workers, physiotherapists, speech therapists, and occupational therapists are available for providing medical care. (The administrative system is different in Russia). At the district level, doctors, pediatricians, other specialized doctors, nurses, psychologists, PHC workers, physiotherapists, speech therapists, and occupational therapists are available.

Medical care services reach the villages and the poor urban areas through primary health care.

In order to facilitate information and communication between persons with disabilities and the staff in health care, information in Braille, sign language interpretation, and easy reading information is provided.

**Rehabilitation**

In the Russian Federation, there is a national rehabilitation program for persons with disabilities. Institutional rehabilitation is available at the local, district, provincial, and
national levels. Community based rehabilitation is not available. Between 81-100 percent of persons with disabilities receive rehabilitation.

Persons with mobility impairments, hearing impairments, hearing disabilities, persons with severe sight impairment (blind), persons with intellectual disabilities (mental handicap), learning difficulties, persons with disabilities due to chronic diseases, due to mental illness and persons with multiple/severe disabilities receive rehabilitation services. All age groups are included in the rehabilitation services.

At the local level, doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, nurses, psychologists, PHC workers, CBR staff, physiotherapists, speech therapists, and occupational therapists are available for rehabilitation services. At the district level, doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, nurses, psychologists, PHC workers, physiotherapists, speech therapists, and occupational therapists are available for rehabilitation services.

Rehabilitation services are available at the community level through primary health care and NGOs.

Persons with disabilities, their families, and organizations of persons with disabilities participate in the provision of rehabilitation through design and organization of rehabilitation services. They are involved in the formulation and evaluation of rehabilitation programs, and they are also involved in rehabilitation as trained teachers, instructors, and counselors.

**Support Services**

The government and NGOs fully or partially finance the procurement of assistive devices and equipment. Social insurance schemes and municipality provide partial financial assistance. Persons with disabilities themselves fully or partially finance the procurement of assistive devices and equipment. Social insurance schemes cover children, all adults including the working adults and the elderly.

The government is involved in the provision of assistive devices through development and production, maintenance, repair, and distribution of assistive devices, as well as in providing information about their availability. The government provides prostheses/orthoses, wheelchairs, crutches, hearing devices, visual devices, and devices for daily living.

Personal assistance is provided at home, school, work place, health care services, social services, and at other places. The government, municipality, social insurance schemes, and NGOs provide partial finance for personal assistance to persons with disabilities. Persons with disabilities themselves also provide partial finance.

Support is provided to families of children with disabilities. It is partially financed by the government ministries, municipalities, and social insurance schemes. Persons with disabilities themselves provide partial financial support to families of children with disabilities.

Interpreter services are provided in schools, work places, health service centers, social service centers and during leisure (Television). Interpreter services are fully and sometimes partially financed by the government (Television) and partially by the municipality and NGOs. Persons with disabilities themselves partially pay for interpreter services.

Persons with disabilities and/or their organizations are involved in the planning of support services.
**Personnel Training**

The government ensures that all authorities/agencies providing services in the disability field give training to their personnel through policies adopted by government ministries and through supervision of training curriculum for medical and paramedical staff.

Disability issues are a component in the training curriculums of other specialist doctors, prosthetic/orthotic professionals, physiotherapists, and social workers.

The staff training programs are developed in consultation with organizations of persons with disabilities, as stated by only one NGO. Persons with disabilities are involved in staff training programs as advisers, as reported by one NGO.

NOTE: Only 15-16 percent of the children are practically healthy. More than half have some impairment and 30-35 percent have chronic diseases. The population of Russia is 150,000,000. An alarmingly high number of children, about 79,000, are born every year with impairments and genetic disorders. Children with disabilities are not supplied with necessary means of rehabilitation and medicines. Only 11.7 percent of the children are supplied with medicines, 50 percent of the children with cerebral palsy need special orthopedic shoes, every third child needs wheelchairs and about 3-4 percent need hearing aids. Although there is a statement for providing rehabilitation services to persons with disabilities in the Federal Law, but it has not been adopted as there is no budget allocated for it. A new development is of setting up of Rehabilitation Centers. There are 100 such centers. Approximately every tenth Center is financed from the Federal budget, a third of which is from out-of-budget means.
This report is compiled from the responses of two NGOs. The responses depended on their area of work. All responses have been included, as it would reflect disability as a whole, since the questions were not related or applicable to a particular type of disability. For example, if services were available for the visually impaired as reported by one NGO and not for the physically handicapped, as reported by another, it was considered that services were available.

**Medical Care**

Medical care is provided to persons with disabilities but there is a tendency to provide these services outside the general medical care. The medical care system includes prevention and treatment of impairment, early detection and diagnosis of impairments, rehabilitation techniques, referrals, and counseling for parents. Organizations of persons with disabilities are often or sometimes involved in the planning and evaluation of these medical care systems.

Early detection methods are used for children with disabilities at birth to seven years of age. Infants and children with disabilities are provided medical care within the same system as other infants and children.

Persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve their level of functioning.

Family members, professionals paid by NGOs, and NGO volunteers are ‘sometimes’ involved in providing medical care, while professionals paid by the state are involved ‘at all times’.

Medical care is provided free of charge by the government and medical/social insurance schemes. The persons with disabilities also pay partially for the medical care. Social insurance schemes include children, all adults, and the elderly covering a population of 81-100 percent.

At the local level, doctors, pediatricians, other specialized doctors, CBR workers, nurses, psychologists, PHC workers, physiotherapists, speech therapists, and occupational therapists are available for providing medical care. At the district level, doctors, pediatricians, other specialized doctors, CBR workers, nurses, and psychologists are available. At the provincial level, doctors, pediatricians, other specialized doctors, nurses, and psychologists are available. At the national level, doctors, pediatricians, other specialized doctors, CBR workers, nurses, psychologists, PHC workers, physiotherapists, speech therapists and occupational therapists are available.

Medical care services reach the villages and the poor urban areas through primary health care.

In order to facilitate information and communication between persons with disabilities and the staff in health care, information in Braille, sign language interpretation, easy reading information and information on tape is provided.

**Rehabilitation**

In Slovakia, there is a national rehabilitation program for persons with disabilities. Institutional rehabilitation is available at the local, provincial and national levels. Community based rehabilitation is available at the local and national levels. The two NGOs have reported
the percentage of persons with disabilities receiving rehabilitation to be between 21-40 percent and between 81-100 percent respectively.

Persons with mobility impairments, hearing impairments, hearing disabilities, persons with severe sight impairment (blind), persons with intellectual disabilities (mental handicap), learning difficulties, persons with disabilities due to chronic diseases, due to mental illness and persons with multiple/severe disabilities receive rehabilitation services. All age groups are included in the rehabilitation services, except the elderly.

At the local level, doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, nurses, psychologists, PHC workers, CBR staff, physiotherapists, speech therapists, and occupational therapists are available for rehabilitation services. At the district level, doctors, pediatricians, nurses, and psychologists are available. At the provincial level, doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, nurses, psychologists, physiotherapists, speech therapists, and occupational therapists are available. At the national level, doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, nurses, psychologists, PHC workers, CBR staff, physiotherapists, speech therapists, and occupational therapists are available for rehabilitation services.

Rehabilitation services are available at the community level through primary health care.

Families of persons with disabilities are involved in rehabilitation as trained teachers, instructors, counselors as well as they participate through community based rehabilitation.

Organizations/agencies of persons with disabilities participate in the provision of rehabilitation through design and organization of rehabilitation services. They are involved in the formulation and evaluation of rehabilitation programs; they are involved in rehabilitation as trained teachers, instructors, counselors as well as they participate through community based rehabilitation.

**Support Services**

The government and social insurance schemes fully or partially finance the procurement of assistive devices and equipment. NGOs and others provide partial financial assistance. Persons with disabilities themselves partially finance the procurement of assistive devices and equipment. Social insurance schemes cover children, all adults, and the elderly.

The government is involved in the provision of assistive devices through development and production, maintenance, repair, and distribution of assistive devices, as well as in providing information about the availability of assistive devices. The government provides prostheses/orthoses, wheelchairs, crutches, hearing devices, visual devices, devices for daily living and computers.

Personal assistance is provided at health care and social services. The government and social insurance schemes provide partial finance for personal assistance for persons with disabilities.

Support is provided to families of children with disabilities. It is fully financed by the government and social insurance schemes.

Interpreter services are provided in schools, work places, health service centers, and social service centers. Interpreter services are financed fully or partially by the government, and partially by NGOs. Persons with disabilities partially pay for interpreter services.

Persons with disabilities and/or their organizations are involved in the planning of support services.

80-Euro
**Personnel Training**

The government ensures that all authorities/agencies providing services in the disability field give training to their personnel through the policies adopted by government ministries.

Disability issues are a component in the training curriculums of pediatricians, other specialist doctors, general practitioners, primary health care workers, nurses, prosthetic/orthotic professionals, occupational therapists, physiotherapists, social workers and community workers.

The staff training programs are developed in consultation with organizations of persons with disabilities and the persons themselves are involved in staff training programs as advisers.
Medical Care
Medical care is provided to persons with disabilities but there is no tendency to provide these services outside the general medical care. The medical care system includes prevention and treatment of impairment, early detection and diagnosis of impairment, rehabilitation techniques, referrals and counseling for parents. Organizations of persons with disabilities are sometimes involved in the planning and evaluation of these medical care systems.

Early detection methods are used for children with disabilities at six months to seven years of age. Infants and children with disabilities are provided medical care within the same system as other infants and children.

Persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve their level of functioning.

Family members, volunteers of NGOs and professionals paid by municipality are ‘often’ involved in providing medical care. Professionals paid by the state, professionals paid by NGOs are involved at ‘all times’ in providing medical care.

Medical care is provided free of charge by the government and social insurance schemes. Social insurance schemes include children, all adults, only working adults and the elderly covering 81-100 percent of the population.

At the local level, doctors, nurses, and PHC workers are available for providing medical care. At the district level, pediatricians and physiotherapists are available. At the national level, other specialized doctors, CBR workers, psychologists, speech therapists and occupational therapists are available.

Medical care services reach the villages and the poor urban areas through primary health care. In order to facilitate information and communication between persons with disabilities and the staff in health care, information in Braille, sign language interpretation, easy reading information and information on tape is provided.

Rehabilitation
There is a national rehabilitation program for persons with some types of disabilities. Institutional rehabilitation and community based rehabilitation is available at the district level. Between 41-100 percent of persons with disabilities receive rehabilitation.

Persons with mobility impairments, intellectual disabilities (mental handicap), learning difficulties, persons with disabilities due to chronic diseases, persons with disabilities due to mental illness and persons with multiple/severe disabilities receive rehabilitation services. All age groups are included in the rehabilitation services.

At the local level, doctors, nurses, and PHC workers are available for rehabilitation services. At the district level, pediatricians and the CBR staff are available. At the national level, other specialized doctors, prosthetic/orthotic professionals, psychologists, physiotherapists, speech therapists, and occupational therapists are available for rehabilitation services.

Rehabilitation services are available at the community level through primary health care and NGOs.

Persons with disabilities, their families, and organizations/agencies of persons with disabilities participate in the provision of rehabilitation through design and organization of
rehabilitation services. They are involved in the formulation and evaluation of rehabilitation programs; they are involved in rehabilitation as trained teachers, instructors, counselors as well as they participate through community based rehabilitation. They also participate through other methods.

**Support Services**
The government, social insurance schemes, NGOs and others provide partial finance for the procurement of assistive devices and equipment. Persons with disabilities themselves also partially finance the procurement of assistive devices and equipment. Social insurance schemes cover children, all adults, working adults and the elderly.

The government is involved in the provision of assistive devices through development and production, maintenance, repair, and distribution of assistive devices, as well as in providing information about the availability of assistive devices. The government also provides prostheses/orthoses, wheelchairs, crutches, hearing devices, and devices for daily living. Visual devices are also provided, partially.

Personal assistance is provided at home, school, work place, health care services, social services, during leisure and at other places. The municipality, social insurance schemes and NGOs fully provide finance for personal assistance for persons with disabilities.

Support is provided to families of children with disabilities. It is fully financed by the NGOs, while it is partially financed by government, municipalities and social insurance schemes.

Interpreter services are not provided.

Persons with disabilities and/or their organizations are involved in the planning of support services.

**Personnel Training**
The government ensures that all authorities/agencies providing services in the disability field give training to their personnel through the policies adopted by government ministries.

Disability issues are a component in the training curriculums of general practitioners, primary health care workers, nurses, prosthetic/orthopedic professionals, occupational and physiotherapists, and social and community workers.

The staff training programs are neither developed in consultation with organizations of persons with disabilities nor the persons themselves are involved in staff training programs.
This report is compiled from the responses of four NGOs. The responses depended on their areas of work. All responses have been included, as it would reflect disability as a whole, since the questions were not related or applicable to a particular type of disability. For example, if services were available for the visually impaired as reported by one NGO, and not for the physically handicapped as reported by another, it was considered that services were available.

Medical Care
Medical care is provided to persons with disabilities but there is no tendency to provide these services outside the general medical care. The medical care system includes prevention and treatment of impairment, early detection and diagnosis of impairment, rehabilitation techniques, referrals and counseling for parents. Organizations of persons with disabilities are sometimes or never involved in the planning and evaluation of these medical care systems.

Early detection methods are used for children with disabilities at birth to seven years of age. Infants and children with disabilities are provided medical care within the same system as other infants and children.

Persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve their level of functioning.

Family members are ‘at all times’ or ‘sometimes’ involved in providing medical care. Professionals paid by the municipality and state are involved ‘at all times’. The NGOs are ‘never’ involved in providing medical care.

Medical care is subsidized by the social insurance schemes and through taxes. Sometimes the persons with disabilities also pay for the medical care. Social insurance schemes cover children, all adults, only working adults and the elderly covering 81-100 percent of the population.

At the local, district, provincial and national levels, doctors, pediatricians, other specialized doctors, nurses, psychologists, PHC workers, physiotherapists, speech therapists, and occupational therapists are available for providing medical care. At the national level, primary health care workers are not available.

Medical care services reach the villages and the poor urban areas through primary health care.

In order to facilitate information and communication between persons with disabilities and the staff in health care, information in Braille, sign language interpretation, easy reading information and information on tape is provided.

Rehabilitation
In Sweden, there is no national rehabilitation program for persons with disabilities, as stated by three out of four NGOs. Institutional rehabilitation is available at the local, district, provincial levels. Community based rehabilitation is available at the local and district levels. Between 61-100 percent of persons with disabilities receive rehabilitation.
Persons with mobility impairments, hearing impairments, hearing disabilities, persons with severe sight impairment (blind), persons with intellectual disabilities (mental handicap), learning difficulties, persons with disabilities due to chronic diseases, due to mental illness and persons with multiple/severe disabilities receive rehabilitation services. Although all age groups are included in the rehabilitation services, there is lack of resources for the elderly.

At the local level, nurses, PHC workers, physiotherapists, and occupational therapists are available for rehabilitation services. At the district and provincial levels, doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, nurses, psychologists, PHC workers, physiotherapists, speech therapists, and occupational therapists are available for rehabilitation services. At the national level, doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, and psychologists are available for rehabilitation services.

Rehabilitation services are available at the community level through primary health care. Persons with disabilities and their families are involved in the provision of rehabilitation as trained teachers, instructors, and counselors, are involved in the formulation and evaluation of rehabilitation programs and sometimes they participate in the design and organization of rehabilitation services. In addition to this, organizations/agencies of persons with disabilities participate through community based rehabilitation as well as in advocacy.

Support Services

The government, municipality, and social insurance schemes partially finance the procurement of assistive devices and equipment. Persons with disabilities themselves also partially finance the procurement of assistive devices and equipment. Social insurance schemes cover children, all adults, working adults and the elderly.

The government is involved in the provision of assistive devices through development and production, maintenance, repair, and distribution of assistive devices, as well as in providing information about the availability of assistive devices and other ways. The government provides prostheses/orthoses, wheelchairs, crutches, hearing devices, visual devices, devices for daily living and computers.

Personal assistance is provided at home, school, work place, health care services, social services, during leisure and at other places. The government, municipality, and social insurance schemes partially provide finance for personal assistance to persons with disabilities. Persons with disabilities themselves also partially finance for personal assistance.

Support is provided to families of children with disabilities. It is partially financed by the government, while municipality and social insurance schemes fully or partially provide finance. Persons with disabilities themselves provide partial financial support to families of children with disabilities.

Interpreter services are provided at home, in schools, work places, health service centers, social service centers, during leisure and other services in society. Interpreter services are financed fully or partially by the government and municipality.

Persons with disabilities and/or their organizations are involved in the planning of support services.
**Personnel Training**

The government does not have a mechanism to ensure that all authorities/agencies providing services in the disability field give training to their personnel.

Disability issues are a component in the training curriculums of pediatricians, other specialized doctors, general practitioners, primary health care workers, nurses, prosthetic/orthotic professionals, occupational and physiotherapists, and social and community workers.

The staff training programs are developed in consultation with organizations of persons with disabilities, as stated by one NGO. Persons with disabilities are involved in staff training programs as teachers, instructors, and advisers, as reported by one NGO.
**Medical Care**

Medical care is provided to persons with disabilities but there is no tendency to provide these services outside the general medical care. The medical care system includes prevention and treatment of impairment, early detection and diagnosis of impairment. Organizations of persons with disabilities are never involved in the planning and evaluation of these medical care systems.

Early detection methods are used for children with disabilities at birth to seven years of age. Infants and children with disabilities are provided with medical care within the same system as other infants and children.

Persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve their level of functioning.

The NGO found it difficult to respond to who are involved in providing medical care as it depended on the pathology.

Medical care is subsidized by social insurance schemes and also other schemes such as exemption from duties, allowances of the Confederation and of the cantons. It is also paid partially by the person with disabilities. Social insurance schemes include children and all adults covering 81-100 percent of the population.

At the local, district and provincial levels, doctors, pediatricians, other specialized doctors, nurses, psychologists, PHC workers, physiotherapists, speech therapists, and occupational therapists are available for providing medical care. However, at the provincial level PHC workers are not available.

Medical care services reach the villages and the poor urban areas through primary health care.

In order to facilitate information and communication between persons with disabilities and the staff in health care, information in Braille, sign language interpretation, easy reading information and information on tape is provided.

**Rehabilitation**

In Switzerland, there is a national rehabilitation program for persons with disabilities. Institutional rehabilitation is available at the provincial and national levels. Community based rehabilitation is not available.

The statistics of invalid assurance (insurance) are based on the notion of being an invalid (a person may be suffering from an incapability without necessarily being an invalid).

Persons with mobility impairments, hearing impairments, hearing disabilities, persons with severe sight impairment (blind), persons with intellectual disabilities (mental handicap), persons with learning difficulties, persons with disabilities due to mental illness and persons with multiple/severe disabilities receive rehabilitation services. All age groups are included in the rehabilitation services.

At the local, district and provincial levels, doctors, pediatricians, other specialized doctors, prosthetic/orthotic professionals, nurses, psychologists, physiotherapists, speech therapists, and occupational therapists are available for rehabilitation services.

Rehabilitation services are not available at the community level.

Persons with disabilities are involved in rehabilitation as trained teachers, instructors, and counselors.
Organizations/agencies of persons with disabilities participate in the design and organization of rehabilitation services; they are involved in the formulation and evaluation of rehabilitation programs and they are involved as trained teachers, instructors, and counselors.

**Support Services**
Social insurance schemes fully finance the procurement of assistive devices and equipment. NGOs and others (social aid) provide partial assistance. Persons with disabilities themselves partially finance the procurement of assistive devices and equipment. Social insurance schemes cover children and all adults.

The government is involved in the provision of assistive devices by distributing assistive devices as well as providing information about the availability of assistive devices. The government provides prostheses/orthoses, wheelchairs, crutches, hearing devices, visual devices, devices for daily living, computers, and other devices are also provided.

Personal assistance is provided at home, school, social services, and at other places. The municipality and NGOs partially provide finance for personal assistance for persons with disabilities. Social insurance schemes provide full finance. Persons with disabilities themselves also partially finance for personal assistance.

Support is provided to families of children with disabilities. It is fully financed by social insurance schemes.

Interpreter services are provided at home, in schools, work places, and during leisure. Interpreter services are partially financed by the government, municipality, NGOs, and others and fully or partially by social insurance schemes. Persons with disabilities themselves partially pay for interpreter services.

Persons with disabilities and/or their organizations are involved in the planning of support services.

**Personnel Training**
The government ensures that all authorities/agencies providing services in the disability field give training to their personnel through the policies adopted by the government ministries and others such as the Swiss Red Cross and medical professionals.

Disability issues are a component in the training curriculums of pediatricians, primary health care workers, nurses, prosthetic/orthotic professionals, occupational therapists, physiotherapists, social workers and community workers.

The staff training programs are developed in consultation with organizations of persons with disabilities, but the persons themselves are not involved in staff training programs.
Medical Care

Medical care is provided to persons with disabilities but there is no tendency to provide these services outside the general medical care. Medical care system mainly includes referrals and counseling for parents and partly prevention of impairments, treatment of impairments, and rehabilitation techniques. Organizations of persons with disabilities are never involved in the planning and evaluation of these medical care systems.

Early detection methods are used for children with disabilities at six months to seven years of age. Infants and children with disabilities are provided medical care within the same system as other infants and children.

Persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve their level of functioning.

Family members, voluntary workers in the municipality, professionals paid by the municipality and the state, professionals paid by NGOs and NGO volunteers are not involved in providing medical care.

Medical care is subsidized by the social insurance schemes.

At the local level, doctors, pediatricians, nurses, psychologists, and PHC workers are available to provide medical care. At the district level, other specialized doctors, physiotherapists, speech therapists, and occupational therapists are available. At the national level, physiotherapists, speech therapists and occupational therapists are available.

Medical care services reach the villages and the poor urban areas through primary health care.

There is no service to facilitate information and communication between persons with disabilities and the staff in health care.

Rehabilitation

There is no national rehabilitation program for persons with disabilities. Institutional rehabilitation is available at the national level. Between 6-20 percent of persons with disabilities receive rehabilitation.

Persons with mobility impairments, hearing impairments, hearing disabilities, persons with severe sight impairment (blind), and persons with intellectual disabilities (mental handicap) receive rehabilitation services. All age groups are included in the rehabilitation services.

At the local level, doctors, pediatricians, nurses, psychologists, and PHC workers are available for rehabilitation services. At the district level, other specialized doctors, prosthetic/orthotic professionals, physiotherapists, speech therapists, and occupational therapists are available for rehabilitation services. At the national level, other specialized doctors, prosthetic/orthotic professionals, CBR staff, physiotherapists, speech therapists, and occupational therapists are available for rehabilitation services.

Rehabilitation services are not available at the community level.

Persons with disabilities, their families and organizations of persons with disabilities do not participate in the provision of rehabilitation.

Support Services

The government, NGOs and persons with disabilities themselves partially finance the procurement of assistive devices and equipment.
The government is not involved in the provision of assistive devices. The government provides wheelchairs, crutches, hearing devices, and visual devices.

Personal assistance is not provided.

Support is provided to families of children with disabilities. It is partially financed by the government.

Interpreter services are provided in schools, work places, and during leisure. Interpreter services are fully financed by the government.

Persons with disabilities and/or their organizations are not involved in the planning of support services.

**Personnel Training**

The government does not have a mechanism to ensure that all authorities/agencies providing services in the disability field give training to their personnel.

Disability issues are a component in the training curriculums of prosthetic/orthotic professionals and physiotherapists.

The staff training programs are neither developed in consultation with organizations of persons with disabilities, nor are the persons with disabilities involved in staff training programs.
UNITED KINGDOM

This report is compiled from the responses of two NGOs. The responses depended on their areas of work. All responses have been included, as it would reflect disability as a whole, since the questions were not related or applicable to a particular type of disability. For example, if services were available for the visually impaired as reported by one NGO and not for the physically handicapped, as reported by another, it was considered that services were available.

Medical Care
Medical care in United Kingdom is provided to persons with disabilities and there is a tendency to provide these services outside the general medical care. The medical care system includes prevention and treatment of impairment, early detection and diagnosis of impairment, rehabilitation techniques, referrals and counseling for parents. Organizations of persons with disabilities are sometimes involved in the planning and evaluation of these medical care systems.

Early detection methods are used for children with disabilities at birth to six months of age. Infants and children with disabilities are provided medical care within the same system as other infants and children.

Persons with chronic disabilities such as epilepsy and diabetes are provided with regular medical treatment to preserve or improve their level of functioning.

Family members, professionals paid by municipality, and professionals paid by the state are ‘often’ involved, while volunteer workers in the municipality, professionals paid by NGOs, and NGO volunteers are ‘sometimes’ involved in providing medical care.

Medical care is provided free of charge by the government.

At the local level, doctors, CBR workers, nurses, and PHC workers are available for providing medical care. At the district level, pediatricians, other specialized doctors, psychologists, physiotherapists, speech therapists, and occupational therapists are available.

Medical care services reach the villages and the poor urban areas through primary health care.

In order to facilitate information and communication between persons with disabilities and the staff in health care, information in Braille and sign language interpretation is provided.

Rehabilitation
There is a national rehabilitation program for persons with disabilities. Institutional rehabilitation is available at the district and provincial levels and community based rehabilitation is available at the local and district levels. Between 6-20 percent of the persons with disabilities receive rehabilitation.

Persons with mobility impairments, hearing impairments, hearing disabilities, persons with severe sight impairment (blind), persons with intellectual disabilities (mental handicap), learning difficulties, persons with disabilities due to mental illness and persons with multiple/severe disabilities receive rehabilitation services. All age groups are included in the rehabilitation services.
At the local level, doctors, nurses, PHC workers, and CBR staff are available for rehabilitation services. At the district level, pediatricians, other specialized doctors, prosthetic/orthotic professionals, nurses, psychologists, PHC workers, physiotherapists, speech therapists, and occupational therapists are available for rehabilitation services.

Rehabilitation services are available at the community level through primary health care, community based rehabilitation and NGOs.

Persons with disabilities, their families, and organizations of persons with disabilities participate in the provision of rehabilitation through formulation and evaluation of rehabilitation programs and through CBR. In addition, organizations/agencies of persons with disabilities participate in the design and organization of rehabilitation services.

**Support Services**
The government, municipality, social insurance schemes, NGOs and others partially finance the procurement of assistive devices and equipment. Persons with disabilities themselves partially finance the procurement of assistive devices and equipment.

The government is involved in the provision of assistive devices. The government provides prostheses/orthoses, wheelchairs, crutches, hearing and visual devices.

Personal assistance is provided at home, school, work place, health care services, social services, and during leisure. The government, municipalities, NGOs and persons with disabilities themselves partially provide finance for personal assistance for persons with disabilities.

Support is provided to families of children with disabilities. It is partially financed by the government, municipality, and NGOs. Persons with disabilities themselves provide partial financial support to families of children with disabilities.

Interpreter services are provided in schools and at work places. Interpreter services are partially financed by the government, NGOs and persons with disabilities themselves.

Persons with disabilities and/or their organizations are involved in the planning of support services.

**Personnel Training**
The government does not have a mechanism to ensure that all authorities/agencies providing services in the disability field give training to their personnel.

Disability issues are a component in the training curriculums of paediatricians, other specialized doctors, general practitioners, primary health care workers, nurses, prosthetic/orthotic professionals, occupational therapists, physiotherapists, social workers and community workers.

The staff training programs are neither developed in consultation with organizations of persons with disabilities, nor are the persons themselves involved in staff training programs.
ANNEX: Questionnaire
QUESTIONNAIRE TO NGOs

Country:

Name of Ministry/NGO:

Address:

Contact person:

Tel. No.:

Fax No.:

E-mail:

Questionnaire to be returned at least 30th April to
WHO
Disability and Rehabilitation Team
Avenue Appia 20
CH-1211 Geneva 27
Switzerland
Fax No.: 41 22 791 48 74
Please read this before answering the questionnaire

In 1993, the General Assembly of the United Nations adopted the Standard Rules (Resolution 48/96 of 20th December 1993). The main purpose of the Standard Rules is to facilitate for Member States to adopt policies, programs and measures in order to achieve Full Participation and Equality for Persons with Disabilities. One important feature of the Standard Rules is that the United Nations and the specialized agencies should actively monitor the implementations.

In 1997, the UN Special Rapporteur on Disability, Mr. Bengt Lindqvist, in consultation with his Panel of Experts, requested WHO to provide assistance to him. The World Health Organization is therefore presently monitoring the implementation of four rule areas of the UN Standard Rules. The objective of the study is twofold:

• To identify various government policies regarding medical care, rehabilitation, support services and personnel training for persons with disabilities.
• To identify various strategies adopted and problems encountered when working in the field of medical care and rehabilitation of persons with disabilities.

WHO will perform this task through collecting information based on the four rules, Medical Care, Rehabilitation, Support Services, and Personnel Training. For this purpose, we have prepared an elaborate questionnaire to send to all Member States and selected NGOs.

You are requested to kindly answer this questionnaire in order to help us identify the official policy of your country. Please do not give your personal opinion, but quote the official opinion. In some instances, interpretations of official documents and policies may be necessary so that the official policy can be clearly stated.

Since the Standard Rules stress the importance of the involvement of persons with disabilities, their families and their organizations in all matters that relate to them, the questionnaire is being sent to International Disabled Peoples’ Organizations (IDPOs). All the selected IDPOs belong to the international organizations represented in the above-mentioned Panel of Experts. The same procedure has been utilized in previous surveys of the UN Special Rapporteur on Disability.

Results of the survey will be presented by the Special Rapporteur on Disability in his report to the UN Commission for Social Development as well as in a report from WHO at the end of the year. Such guidelines have to be based on an accurate knowledge of the situation in a number of countries, since traditions and cultural values differ between countries in the WHO Member States.

We are aware of your interest in this field and are therefore asking for your assistance in our effort to identify the government policy in your country. We thank you in advance for your kind cooperation and trust that you will return this questionnaire as soon as possible and at the latest before 30th of April.
Definition of terms

With Governments is understood government ministries or bodies representing ministries on national, regional or local level e.g. countries and municipalities.

The term “disability” summarizes a great number of different functional limitations occurring in any population in any country of the world. People may be disabled by physical, intellectual or sensory impairment, medical conditions or mental illness. Such impairments, conditions or illnesses may be permanent or transitory in nature.

The term “handicap” means the loss or limitation of opportunities to take part in the life of the community on an equal level with others. It describes the encounter between the person with a disability and the environment. The purpose of this term is to emphasize the focus on the shortcomings in the environment and in many organized activities in society, for example, information, communication and education, which prevent persons with disabilities from participating on equal terms.

The term “rehabilitation” refers to a process aimed at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric and/or social functional levels, thus providing them with the tools to change their lives towards a higher level of independence. Rehabilitation may include measures to provide and/or restore functions, or compensate for the loss or absence of a function or for a functional limitation. It includes a wide range of measures and activities from more basic and general rehabilitation to goal-oriented activities, for instance vocational rehabilitation. The rehabilitation process does not, however, involve initial medical care.

The term “equalization of opportunities” means the process through which the various systems of society and the environment, such as services, activities, information and documentation, are made available to all, particularly to persons with disabilities.

Community-Based Rehabilitation, CBR, is a strategy within community development for the rehabilitation, equalization of opportunities and social integration of all people with disabilities. CBR is implemented through the combined efforts of disabled people themselves, their families and communities, and the appropriate health, education, vocational and social services.

The term “personal assistance” refers to assistance provided to a person (child, youth or adult) with multiple/severe disability according to his or her needs.
Rule 2. Medical care

States should ensure the provision of effective medical care to persons with disabilities.

Most questions can be answered by ticking the appropriate alternative. In some questions more than one answer may be ticked or there is an alternative to answer with your own words. Please read the instructions carefully and do not rush. It will only take a very limited amount of time to complete the questionnaire.

1. Does the medical care system in your country provide services for persons with disabilities?

   1. Yes  
   2. No

   If yes, is there a tendency to treat certain groups of persons with disabilities outside the general medical care services?

   1. Yes  
   2. No

2. Does the medical care system include programs for:

   MARK ALL THAT APPLY

   Prevention of impairment  
   Early detection and diagnosis of impairment  
   Treatment of impairment  
   Rehabilitation techniques  
   Necessary referrals  
   Counseling for parents

   1. Yes  
   2. No

Euro-97
3. Are organization of persons with disabilities involved in the planning and evaluation of the above mentioned programs?

1☐ Always
2☐ Often
3☐ Sometimes
4☐ Never

4. If there are early detection methods for children with disabilities at what stage are they performed?

1☐ When the child is born (0-6 months)
2☐ Mother and child health care (6 months - 3 years)
3☐ Health care in pre-school/school age (4-7 years)

5. Are infants and children with disabilities provided medical care within the same system as other infants and children?

1☐ Yes
2☐ No  If no, why?

MARK ALL THAT APPLY
1☐ Due to lack of specific programs
2☐ Due to lack of staff
3☐ Due to lack of training
4☐ Due to societal attitudes
5☐ Difficulties in the families due to economic constraints
6☐ Due to other reasons. Please specify:

6. Are persons with disabilities provided with regular medical treatment (e.g. for epilepsy or diabetes) to preserve or improve the level of functioning?

1☐ Yes
2☐ No  If no, why?

MARK ALL THAT APPLY
1☐ Due to lack of specific programs
2☐ Due to lack of staff
3☐ Due to lack of training
4☐ Due to societal attitudes
5☐ Difficulties in the families due to economic constraints
6☐ Due to other reasons. Please specify:
7. How often are the following medical care providers involved?

<table>
<thead>
<tr>
<th>Care providers</th>
<th>At all times</th>
<th>Often</th>
<th>Sometimes</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary workers in the municipality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionals paid by municipality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionals paid by state expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionals paid by NGOs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary workers of NGOs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Is medical care subsidized in any way?

**MARK ALL THAT APPLY**

- It is provided free of charge by Government Ministries
- It is paid by social insurance schemes
- It is paid fully by the patient
- It is paid partially by the patient
- Other. Please specify:

9. Who are covered by social insurance schemes?

**Please answer only if the health care in your country is paid by social insurance schemes.**

**MARK ALL THAT APPLY**

- Children
- All adults
- Only working adults
- Elderly

10. What is the percentage of the population covered by social insurance schemes?

- 0-20 percent
- 21-40 percent
- 41-60 percent
- 61-80 percent
- 81-100 percent
11. What medical and paramedical staffs are available at different levels in the medical care of your country?

MARK ALL THAT APPLY

<table>
<thead>
<tr>
<th>Professional support in medical care</th>
<th>Local level</th>
<th>District level</th>
<th>Provinci-al level</th>
<th>National level</th>
<th>Not included</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors (general practitioners)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Pediatricians</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Other specialized doctors</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>CBR workers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Nurses</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Psychologists</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Primary health care workers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Physiotherapists</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Speech therapists</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Occupational therapists</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Others. Please specify:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

12. Do medical care services reach villages and poor urban areas?

1 ☐ Yes  If yes, in what form?
2 ☐ No  

1 ☐ Primary health care
2 ☐ Community Based Rehabilitation
3 ☐ Others. Please specify:

13. Which of the following services are provided in order to facilitate information and communication between persons with disabilities and staff in health care?

MARK ALL THAT APPLY

<table>
<thead>
<tr>
<th>Information in Braille</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information on tape</td>
<td>☒</td>
</tr>
<tr>
<td>Sign language interpretation</td>
<td>☐</td>
</tr>
<tr>
<td>Easy reading information</td>
<td>☒</td>
</tr>
</tbody>
</table>

Euro-100
Rule 3. Rehabilitation

*States should ensure the provision of rehabilitation services to persons with disabilities in order for them to reach and sustain their optimum level of independence and functioning.*

14. Is there a national rehabilitation program for persons with disabilities in your country?
   - ☐ Yes
   - ☐ No

15. At what levels do you have institutional and community based rehabilitation programs in your country?

<table>
<thead>
<tr>
<th>Programs</th>
<th>Local level</th>
<th>District level</th>
<th>Provinc- al level</th>
<th>National level</th>
<th>Do not exist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional rehabilitation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Community based rehabilitation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

16. What is the percentage of persons with disabilities receiving rehabilitation in your country?

   - Less than 5 percent ☐
   - 6-20 percent ☐
   - 21-40 percent ☐
   - 41-60 percent ☐
   - 61-80 percent ☐
   - 81-100 per cent ☐
17. What groups of persons with disabilities receive rehabilitation services?

MARK ALL THAT APPLY

- Persons with mobility impairments
- Persons with hearing impairments
- Deaf people
- Persons with severe sight impairment (blind)
- Persons with intellectual disabilities (mental handicap)
- Persons with learning difficulties (e.g. dyslexia)
- Persons with disabilities due to chronic diseases (e.g. epilepsy, diabetes)
- Persons with disabilities due to mental illness (e.g. schizophrenia)
- Persons with multiple/severe disabilities

18. Are all age groups included in rehabilitation services?

☐ Yes
☐ No 
If yes, in what form?

19. What medical and paramedical staffs are available at different levels in rehabilitation?

MARK ALL THAT APPLY

<table>
<thead>
<tr>
<th>Professional support in rehabilitation</th>
<th>Local level</th>
<th>District level</th>
<th>Provinci-al level</th>
<th>National level</th>
<th>Not included</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors (general practitioners)</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>Pediatricians</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>Other specialized doctors</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>Prosthetic/orthotic Professionals</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>Nurses</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>Psychologists</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>Primary health care workers</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>CBR Staff</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>Physiotherapists</td>
<td>☐</td>
<td>☑</td>
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<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>Occupational therapists</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>Speech therapists</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>Others. Please specify:</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
</tr>
</tbody>
</table>
20. Are rehabilitation services available at community level?

☐ Yes
☐ No

If yes, how are they organized?

☐ Through primary health care (PHC)
☐ Through community-based rehabilitation (CBR)
☐ Through Non-Government Organizations
☐ Others. Please specify:

21. How do persons with disabilities, their families and organizations of persons with disabilities participate in the provision of rehabilitation in your country?

MARK ALL THAT APPLY

Persons with disabilities
Families of persons with disabilities
Organizations of persons with disabilities

They participate in the design and organization of rehabilitation services

☐ ☐ ☐

They are involved in the formulation and evaluation or rehabilitation programs

☐ ☐ ☐

They are involved in rehabilitation as trained teachers, instructors, counselors

☐ ☐ ☐

They participate through CBR

☐ ☐ ☐

Others. Please specify: ☐ ☐ ☐
4. Support services

States should ensure the development and supply of support services, including assistive devices for persons with disabilities, to assist them to increase their level of independence in their daily living and to exercise their rights.

22. What arrangements exist for the financing of assistive devices and equipment for persons with disabilities?

<table>
<thead>
<tr>
<th>Financing of assistive devices</th>
<th>Fully</th>
<th>Partially</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Ministries</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Municipalities</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Social insurance schemes</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Persons with disabilities pay by themselves</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>NGOs</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Others. Please specify:</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

23. Who are covered, if the assistive devices are paid by social insurance schemes?

(Please answer only if the health care in your country is paid by social insurance schemes.)

1. Children
2. All adults
3. Only working adults
4. Elderly

24. Is your Government involved in the provision of assistive devices?

1. Yes
2. No (If no, pass to Q. 26)

(If yes, through

MARK ALL THAT APPLY

1. Development and production of assistive devices
2. Distribution of assistive devices
3. Maintenance and repair of assistive devices
4. Information about availability of assistive devices
5. Others. Please specify:

Euro-104
25. What kind of assistive devices/equipment does your Government provide?

MARK ALL THAT APPLY
- Prostheses/Orthoses
- Wheelchairs
- Crutches
- Hearing devices
- Visual devices
- Devices for daily living
- Computers
- Others. Please specify:

26. Is personal assistance provided?

1. Yes
2. No

If yes, where?

MARK ALL THAT APPLY
- At home
- At school
- At work
- During leisure
- At health service
- At social service
- At other services in society

27. What arrangements exist for the financing of personal assistance for persons with disabilities?

Financing of personal assistance

<table>
<thead>
<tr>
<th></th>
<th>Fully</th>
<th>Partially</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Ministries</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Municipalities</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Social insurance schemes</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Persons with disabilities pay by themselves</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>NGOs</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Others. Please specify:</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

Euro-105
28. Is support provided to families with children with disabilities?

1. Yes
2. No

If yes, how is it financed?

MARK ALL THAT APPLY

Financed by

- Government Ministries
- Municipalities
- Social insurance schemes
- Persons with disabilities pay by themselves
- NGOs
- Others. Please specify:

Marked by Fully Partially Not at all

29. Is interpreter service (sign language and speech interpretation) provided?

1. Yes
2. No

If yes, where

MARK ALL THAT APPLY

- At home
- At school
- At work
- During leisure
- At health service
- At social service
- At other services in society

30. Who pays for interpreter service?

MARK ALL THAT APPLY

Financed by

- Government Ministries
- Municipalities
- Social insurance schemes
- Persons with disabilities pay by themselves
- NGOs
- Others. Please specify:

Marked by Fully Partially Not at all

31. At persons with disabilities and/or their organizations involved in the planning of support services?

1. Yes
2. No
Rule 19. Personnel training

*States are responsible for ensuring the adequate training of personnel, at all levels, involved in the planning and provision of programs and services concerning persons with disabilities.*

### 32. Do Government Ministries in your country ensure that all authorities/agencies providing services in the disability field give training to their personnel?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>If yes, how is it expressed?</td>
</tr>
<tr>
<td>☐ No</td>
<td>Through policy adopted by Government Ministries</td>
</tr>
<tr>
<td></td>
<td>Through supervision of training curriculum for medical and paramedical staff</td>
</tr>
<tr>
<td></td>
<td>Others. Please specify:</td>
</tr>
</tbody>
</table>

### 33. Are disability issues a component in the training curriculum of personnel providing services to persons with disabilities?

**MARK ALL THAT APPLY**

<table>
<thead>
<tr>
<th>Professional groups</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatricians</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other specialized doctors</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>General practitioners</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Primary health care workers</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Nurses</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Prosthetic and orthotic professionals</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Occupational therapists</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Physiotherapists</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Social Workers</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Community workers</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### 34. Are the staffs training programs developed in consultation with organizations of persons with disabilities?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td></td>
</tr>
<tr>
<td>☐ No</td>
<td></td>
</tr>
</tbody>
</table>
35. In what roles are persons with disabilities involved in staff training programs?

☐ Yes  ☐ No

If yes, mark all that apply:

☐ As teachers
☐ As instructors
☐ As advisers
☐ Others. Please specify: