

National Policy

On

The Rights

Of

People With Disabilities

Guyana

NATIONAL POLICY ON THE RIGHTS OF PEOPLE WITH DISABILITIES, GUYANA

INTRODUCTION

1.1 PREFACE

The Government of Guyana is committed to the promotion of the rights of children, youth and adults with disabilities in Guyana.

This policy has therefore been developed with the full participation of the organisations of people with disabilities and institutions which serve people with disabilities. Specifically, it was drafted in a series of workshops held between November 1994 and July 1996, utilising a methodology devised by the Caribbean Initiative on Equality and Non-discrimination and organised by a Steering Committee made up of representatives from the Guyana Trades Union Congress, the Consultative Association of Guyanese Industry, the Guyana Coalition of Citizens with Disabilities, the Guyana Human Rights Association, the National Rehabilitation Committee, and the Government of Guyana. The following groups and agencies each participated in at least one workshop, thereby contributing to the formulation of the policy:

1.1.1 Organisations of People with Disabilities

- * Guyana Coalition of Citizens with Disabilities
- * Georgetown Association for the Mentally Handicapped
- * Georgetown Association for the Hearing Impaired
- * Guyana Society for the Blind

1.1.2 Other NGOs

- * Voluntary Services Overseas
- * Canadian Executive Service Organisation
- * Guyana Human Rights Association

1.1.3 Institutions for People with Disabilities

- * David Rose School for the Handicapped
- * St Rose's High School Unit for the Visually Impaired
- * East Coast Demerara Community- Based Rehabilitation Programme (CBR)
- * Haslington/Buxton CBR
- * National Rehabilitation Committee

- * Mahaica Cheshire Home
- * Ptolemy Reid Rehabilitation Centre
- * Linden Centre for Handicapped Children
- * Lions Special Needs School-New Amsterdam
- * Berbice CBR
- * Special Needs School -East Bank Demerara

1.1.4 Ministries/Agencies of Government
Ministries of Health; Education; and Labour, Human Services and Social Security

- * Municipal Day Care Centre
- * Central Housing and Planning
- * Georgetown Mayor and City Council
- * Probation and Welfare Service
- * National Insurance Scheme

1.1.5 Private Sector

- * Consultative Association of Guyanese Industry

1.2. DEFINITION OF TERMS (Taken from the International Classification of Impairments, Disability and Handicaps, World Health Organisation)

IMPAIRMENT: Any loss or abnormality of psychological or anatomical structure or function.

DISABILITY: Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

HANDICAP: A disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfillment of a role that is normal, depending on age, sex, social and cultural factors, for that individual. It describes the encounter between a person with a disability and the environment.

PREVENTION: Measures aimed at preventing the onset of physical, intellectual, psychiatric and sensory impairments (primary prevention) or at preventing impairment, when it has occurred,

from causing permanent functional limitation or disability (secondary prevention).

REHABILITATION: A goal-oriented and time-limited process aimed at enabling persons with disabilities to reach and maintain an optimum physical, sensory, intellectual, psychiatric and/or social functional level, thus providing them with the tools to change their lives towards a higher level of independence.

EQUALISATION OF OPPORTUNITIES: The process through which the general system of society, such as the physical and cultural environment, housing and transportation, social and health services, educational and work opportunities, cultural and social life, including sports and recreational facilities, are made accessible to all.

1.3. A SITUATION ANALYSIS OF DISABILITY IN GUYANA

In Guyana, the status and situation of people with disabilities have historically been given low priority by health planners and policy-makers, and even less by development planners and policy-makers. At the end of 1996, the most recent hard data available date back to a limited survey carried out in 1981 by a PAHO consultant, which showed that the incidence of disability in the six areas surveyed was 3.87%, and that its incidence in areas considered socio-economically depressed was higher, 4.9% in one such urban area and 4.8% in one rural area. The survey also indicated that the most prevalent disabilities were visual and physical with rates of 15.1 and 14.5 per 1000 respectively. In 1993, a PAHO situation analysis suggested that with the increasing number of road traffic accidents in Guyana, it was probable that there was a consequential increase in disabilities in the young adult age group.

It is generally accepted by rehabilitation planners that a much larger percentage of any population is affected by disability-related issues than by disability itself. One main reason for this is the frequent interaction between poverty and disability. Not only is poverty one of the leading causes of disability; disability can cause a family already living with limited resources to sink even deeper into poverty. This is especially true when the main income earner in a household becomes disabled.

While no data are available, it is reasonable to suggest that disability, as a variable of poverty, also interacts with other variables to deepen poverty. In the case of Guyana, this would suggest that indigenous people, for example, are poorer when they are disabled. Women with disabilities who head households, particularly where there are no other income-earners, are probably among the poorest sectors of the Guyanese population.

The problem of disability in Guyana is further aggravated by the paucity of rehabilitation services. The 1993 PAHO situation analysis listed six rehabilitation facilities in the country. Unfortunately, because of the insufficiency of data it was not possible to classify services by type of disability served, and people with disabilities were therefore all classed under the category "multiple disability". The main services provided by the facilities were rehabilitation, special education, specialized assessment and some medical services. It was found that the majority of the facilities were located in the capital: with just 25% of the country's total population, Georgetown had over 75% of the services. The main services available in the rural areas were provided through the Community-based Rehabilitation (CBR) programme, which relies mainly on community volunteers to address the needs of people with disabilities, especially children. By contrast, the other facilities available in the country are vertically-organised e.g. those services provided by institutions and centers.

There are a number of agencies providing services for children with disabilities: the David Rose School provides special education for the hearing- and intellectually-impaired; the Ptolemy Reid Rehabilitation Centre and the Mahaica Cheshire Home cater to the needs of children with physical and developmental disabilities; and the St. Rose's Resource Unit provides education for children who are visually-impaired or blind. These are all directly or indirectly supported by the State.

There are also a few smaller units, the Linden Centre for Handicapped Children, the Lions Special Needs School, New Amsterdam and the Special Needs School, East Bank Demerara, which serve hearing- and intellectually-impaired children in those regions.

Services for adults are provided through the Physiotherapy Services of the Ministry of Health and the Guyana Society for the Blind, and organisations such as the Guyana Coalition of Citizens with Disabilities, and the Parents' Associations of the Mentally Retarded and the Hearing-Impaired are involved, though in a limited way, in advocacy on behalf of people with disabilities.

While the organisations providing rehabilitation services report a growing demand for these services, their availability is decreasing. Two examples are a depletion in the rehabilitation programmes offered by the Physiotherapy Services and a reduction in the enrolment of students for special education due to a shortage of trained teachers. The problem of scarcity of professionals caused by low salaries and high rates of migration is compounded by the curtailment of many of the training programmes in rehabilitation which used to be provided by Government.

The non-governmental, externally-funded CBR programme, "Hopeful Steps", has been successful in its goal of assisting in the development of children with disabilities by facilitating and promoting the effective participation of the family and the wider community in the rehabilitation process. The programme functions in four coastal communities in the East Coast Demerara, East Bank Demerara, Corentyne and the Essequibo Coast, and in one hinterland location, Rupununi. However it is not certain whether such a programme would be as successful in the marginal urban areas where social problems are more complex.

The experience of the CBR programme highlights four facts:

1. That with basic training much of the rehabilitation service can be provided at the community level.
2. Services at this level do not require professionals for actual delivery, even though they will contribute to its design and organisation.
3. With the use of available resources at community level and with local participatory involvement, such a programme is sustainable.
4. For a developing country, this approach makes it possible to provide wider access to basic but essential rehabilitation services to a greater number of persons with disabilities, as opposed to the minority who are typically reached by an approach which relies mainly on professionals and sophisticated technology.

However, while the CBR approach can deliver essential rehabilitation services at the community level as a component of Primary Health Care, specialised and institutional services will still be necessary especially at the secondary and tertiary levels.

A further benefit would be the ability to make more efficient and effective use of scarce professionals at the secondary and tertiary levels where their services are really essential.

While the material problems facing people with disabilities in Guyana are critical, the attitudes that the society has to people with disabilities are no less crippling. People with disabilities

are still seen as objects of charity, better cared for in institutions away from the rest of society. The St. Rose's Unit for the Visually-Impaired is the single example in the country of an institution which functions to equalise opportunities by providing for both the separate and the integrated education of students, as they need.

Nor is disability viewed as preventable or, as another side of the same coin, something that might happen to anyone. Thus, no link is made between the use of harmful chemicals or the dangerous use of the roads, and preventable disability. Additionally, enough emphasis is not placed on the important relationship that immunisation and the control of chronic diseases have to the prevention of disability.

The pervasiveness of the old view of people with disabilities is reflected in the language used to speak of and to them; it is the language of "handicap", and it is used even in the names of institutions designed to serve their interests. The right of people with disabilities to education, to health services, to employment, to sexual relations and to parenthood, for example, is far from assumed, still less provided for. A major reason why Guyana has not yet reached the stage when people with disabilities are spoken of and to in the language of enabling and empowering, is that while the country has many organisations of people with disabilities, it still has no movement of people with disabilities, articulating a demand for rights. It is not that their situation is given prominence in any other movements; to cite one major example, the particular vulnerability of girls and women with disabilities to assault and abuse, especially sexual assault and abuse, has not been addressed by women's organisations.

2. POLICY AND PRINCIPLES

2.1. POLICY OBJECTIVES

2.1.1. The development of a sense of self-worth among people with disabilities which will enable them to demand their rights as equal citizens.

2.1.2. Among other citizens, the inculcation of attitudes towards people with disabilities based on respect as a foundation for eliminating marginalisation, discrimination, and exploitation, including sexual exploitation.

2.1.3. The achievement of an environment which enables people

with disabilities to take a full part in the economic, social, cultural and recreational life of their communities and country.

2.1.4. The strengthening of the self-organisation of people with disabilities, through support for the institutional building and effective functioning of their existing organisations and where necessary, for their establishment of new organisations.

2.1.5. The creation of the conditions for improved prevention of preventable disabilities through the building or enhancement of the necessary infrastructure, public education, occupational health and safety legislation, and collaboration among relevant agencies, eg, health and education agencies, the legal and traffic departments, and agricultural departments dealing with the use of dangerous chemicals and pesticides.

~~2.1.6. The strengthening of the institutions which provide services to people with disabilities and where necessary and feasible, the establishment of new facilities. Relatedly, the strengthening of collaboration between governmental, non-governmental, private and household sectors in the provision of conditions to equalise opportunities for people with disabilities e.g. (in education, employment, physical access to buildings, housing, transportation etc).~~

2.1.7. The maintenance of an up-to-date data base through continuous research and data collection on such issues as the causes and types of disability in Guyana and the number and location of persons with disabilities. Data will be desegregated by class, race\ethnicity, age, gender and region.

2.1.8. Ensuring the effective implementation of this policy through the systematic use of evaluation and monitoring mechanisms.

2.2. FUNDAMENTAL PRINCIPLES

The Government of Guyana is committed to the following fundamental principles as regards people with disabilities:

2.2.1. The enshrinement of the rights of people with disabilities, including their right to the equalisation of opportunities, in law and Constitution.

2.2.2. The full participation of people with disabilities and their organisations in all areas and levels of decision-making affecting their lives and well-being.

2.2.3. A non-partisan approach to the promotion of the rights of people with disabilities as an essential basis for sustaining work for the equalisation of opportunities, which will include fundamental and costly changes (eg, to ensure physical access).

2.2.4. In implementing this National Policy, the need to recognise that particular groups of people with disabilities are discriminated against in two or more interacting ways. In relation to women with disabilities, this means recognising and addressing the implications of the fact that women's double and triple workload in productive and reproductive work and women's vulnerability to violence are increased in the context of

3. INSTITUTIONAL ARRANGEMENTS

3.1. LEGISLATION

Existing legislation will be reviewed, and legislation amended or enacted to remove areas of discrimination against people with disabilities and promote the equalisation of opportunities as outlined in the Draft Rules for Equalization of Opportunities for the Disabled formulated by the United Nations.

3.2. ADMINISTRATION

A National Commission on Disability, funded by the Central Government, will be established to promote the rights of people with disabilities: functions ~~will include developing and implementing programmes to ensure the equalisation of opportunities within the framework of the policy on people with disabilities; advising government on all issues relating to people with disabilities; monitoring the implementation of the policy; and continuously reviewing and evaluating the programmes to ensure their continued relevance.~~

The Commission will liase with the Ministry of Health, the Ministry of Education and the Ministry of Labour, Human Services and Social Security, which will be the lead Ministries for promoting the rights of persons with disabilities. The existing Secretariat of the National Rehabilitation Committee will be strengthened and re-organised to provide the functions of (i) a Secretariat for the Commission and (ii) a disability unit with responsibility for ensuring that all issues and concerns of persons with disabilities are addressed at the central level.

The Commission will be financed via direct subventions from the lead Ministries, but will be able to access additional funding from both local and external donor agencies.

It will comprise no more than fifteen members drawn from the following categories :

- * Organisations of people with disabilities.
- * Institutions serving people with disabilities.
- * Relevant Governmental agencies (including Ministries).
- * Non-governmental organisations (other than organisations of people with disabilities), the trade union movement, the private sector and the media.
- * People with disabilities/care-givers of people with disabilities.
- * Other individuals with a demonstrated concern for the rights of people with disabilities.
- * The Guyana Human Rights Association.

RECOMMENDED POLICY ACTIONS

In conformity with the UN Standard Rules of Equalisation of Opportunities for Persons with Disabilities which have been developed to serve as guidelines for countries in their preparation of national policies, this policy addresses the range of issues within two broad areas - Preconditions for Equal Participation, and Target Areas for Equal Participation. The rules outlined below are taken from the Standard Rules.

It will be the responsibility of the State to lead the way in the implementation of the actions outlined below, encouraging the private sector and other relevant institutions and agencies to play an active role.

4.1. PRECONDITIONS FOR EQUAL PARTICIPATION

4.1.1. AWARENESS-RAISING

Rule 1. "States should take action to raise awareness in society about persons with disabilities, their rights, their needs, their potential and their contribution".

Policy: The state-owned media will act as a model for media promotion of equalisation of opportunities for people with disabilities and all media, both private and public, will be encouraged to train personnel in techniques for equality of access to the media.

Actions:

- ▶ 1. Promote the portrayal of people with disabilities in a positive way.
- ▶ 2. Design and introduce modules on "difference" which address disability issues, which can be used to re-shape teaching curricula and textbooks at all levels.
- ▶ 3. Use the National Policy on the Rights of People with Disabilities as a basis for sustained public education on the situation of people with disabilities and the actions required to equalise opportunities.
- ▶ 4. ~~Ensure the measurement and valuation of unwaged work of people with disabilities, and people caring for family members with disabilities.~~

4.1.2. MEDICAL CARE

Rule 2: "States should ensure the provision of effective medical care to persons with disabilities".

Policy: Conditions will be created to ensure that people with disabilities have ready access to existing community health services, and are not discriminated against in the use of these services; at the same time, special health facilities for people with disabilities will be established wherever necessary and possible, and community services will be upgraded to address the needs of people with disabilities.

- ▶ 1. Establish early intervention programmes to detect children at risk of disability at both pre-natal and post-natal stages.
- ▶ 2. Train health personnel in the early detection of disabilities and knowledge of available referral services.
- ▶ 3. Educate men and women nationally on the advantages of proper use of contraceptive methods.
- ▶ 4. Provide clinics with multi-disciplinary personnel for genetic screening and counselling, emphasising the seriousness of Sexually Transmitted Diseases (STDs) as a cause of disability.
- ▶ 5. Provide sustained public education, including public education targeted at special groups (e.g., parents/guardians/childcarers; farmers) on the dangers of poor nutrition, cigarette smoking,

substance abuse, household, industrial and agricultural chemicals and how they may cause disability.

6. Provide adequate training and equipment to medical and paramedical personnel in urban and rural areas to give medical care to people with disabilities.

7. Train health personnel and other counsellors in the skills of communicating with men, women and adolescents with disabilities, especially in relation to their sexual and reproductive needs.

4.1.3. REHABILITATION

Rule 3: "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".

Policy: People with disabilities and their families will be involved in the design, organisation, monitoring and evaluation of rehabilitation services, but more especially in those services provided at the community level.

Actions:

1. Train nurses, health workers, doctors and social workers in Identification and Assessment of Disability and Referral.

2. Ensure trained rehabilitation workers for intervention at all levels of rehabilitation care and in all related disciplines, e.g., physiotherapy, occupational therapy and social work.

3. Create a referral system to facilitate collaboration (a) between community-based services, secondary, and tertiary care institutions and all other organisations (b) between those services and social, educational, vocational and employment services.

4. Recognise drug and mental health rehabilitation as part of rehabilitation, and ensure trained counsellors in these areas.

5. Train persons with disabilities and family members to act as counsellors.

4.1.4. SUPPORT SERVICES

Rule 4: " 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".

Policy: The government will treat access by people with

disabilities to support services as a right, in keeping with its commitment to promote their maximum self-reliance.

Actions:

1. Establish a facility for the production and servicing of basic equipment needed by people with disabilities, and train technicians/professionals in the production of rehabilitation aids.
2. Create a mechanism to assist people with disabilities to acquire rehabilitation aids.
3. Provide duty-free concessions for the importation, where necessary, of aids, equipment and appliances for people with disabilities.

4.2. TARGET AREAS FOR EQUAL PARTICIPATION

4.2.1. Accessibility

Rule 5: " States should recognise the overall importance of accessibility to the process of the equalisation of opportunities in all spheres of society. For persons with disabilities of any kind, states should (a) introduce programmes of action to make the physical environment accessible; and (b) undertake measures to provide access to information and communication".

Policy: Given the high cost of providing people with disabilities with access to the physical environment and to information and communication, the government will actively foster the closest possible collaboration among all sectors to design, implement and monitor a ten-year programme for establishing such access.

Actions:

1. Develop standards and guidelines and enact legislation providing for accessibility to be required in new facilities such as buildings, parks, pavements, buses; and to be gradually introduced in existing facilities.
2. Provide incentives to the private sector to promote action by them on ensuring physical accessibility to their buildings, paying early attention to promoting action on accessibility to daycare centres, medical services and schools.
3. Target the following specific organisations/institutions for close collaboration with central and local government, the private

sector, the trade union sector, organisations of people with disabilities, and institutions servicing people with disabilities in a sustained national campaign to create physical accessibility for people with disabilities: the Guyana Society of Architects; the Guyana Association of Professional Engineers; private medical services, the National Insurance Scheme and other insurance agencies; Religious Organisations; and NGO's which provide community and group services.

4. Enact legislation to prevent discrimination in access to transportation by people with disabilities.

5. Establish an Information and Resource Centre for people with disabilities providing, in all necessary forms (e.g., braille, and information recorded in cassette form) on services available and general information.

6. Provide information that is accessible to all persons with disabilities in existing public facilities.

4.2.2. EDUCATION

Rule 6: " States should recognise the principle of equal primary, secondary and tertiary educational opportunities for children, youth and adults with disabilities, in integrated settings. They should ensure that the education of persons with disabilities is an integral part of the education system".

Policy: As far as possible, children, youth and adults with disabilities will be educated within the existing school system; adequate special facilities will be established for those who need them; and laws relating to compulsory education for children will be made to apply to children with disabilities. An inter-agency approach to special education involving the following institutions and sectors will be adopted: the Ministries of Education; Health; Labour, Human Services and Social Security; and Information; the private sector; the NGO sector; and CBR programmes.

Actions:

1. Adopt the appropriate sections of the Government's Policy on Education which relate to the education of persons with disabilities and special needs.

2. Provide adequate and appropriate support services, beginning at the pre-school level, to facilitate the inclusion of people with disabilities in the existing system.

3. Carefully monitor the methods and results of streaming people with disabilities into integrated learning situations.

4. Enhance special education training by evaluating existing programmes in Guyana and the rest of the Caribbean and taking appropriate action along one or more of the following lines:

- * developing and incorporating modules on teaching children with a wide range of abilities into pre-school, primary and secondary curricula for teacher training.

- * training teachers in the skills required by children with special disabilities, e.g., severe hearing impairment, speech problems, and multiple disabilities.

- * introducing training similar to that offered by the Mico College, Jamaica, into the University of Guyana or Cyril Potter teacher training programmes.

- * providing a range of alternative modes of education for school age children, to include accommodation in inclusive programmes, temporary resource classrooms, special classes, itinerant teacher service, specialised units and special schools.

5. Collaborate with CBR programmes in implementing more community-based approaches to providing educational services to children, youth and adults with disabilities, especially in rural, marginal urban, and hinterland areas.

6. Develop additional support material for children with disabilities and slow learners, using ideas from alternative models of delivery of special education services that have been tried successfully in other similar situations, e.g. the UNESCO Education Package which provides teachers with strategies for children with special needs in the classroom.

7. Include modules in the pre-school, primary and secondary curricula to instill respect for and acceptance of "difference" in school children.

8. Introduce remedial programmes in Language and Mathematics in Community High schools and Secondary Departments of Primary Schools to facilitate students with disabilities entering the system at this stage.

9. Provide skills-based training programmes for early school leavers with disabilities to assist them to be productive and independent.

4.2.3. EMPLOYMENT

Rule 7: "States should recognise the principle that persons with disabilities must be empowered to exercise their human rights, particularly in the field of employment. In both rural and urban areas they must have equal opportunities for productive and gainful employment in the labour market".

Policy: The right to gainful employment in the public and private sectors will be reflected in national policies on employment, and government will lead the way by actively promoting their employment in the public sector. In addition to organisations of people with disabilities, Government will actively collaborate with private sector organisations, the trade union movement, and professional associations in implementing this policy.

Actions:

1. Enact legislation and encourage implementation in the Laws with regard to discrimination against people with disabilities in employment policies and practices.
2. Provide tax concessions to employers who have to make adaptations and provide special equipment for employees with disabilities.
3. Carry out periodic surveys to identify and establish a register recording (a) the types and numbers of jobs now available to people with disabilities and (b) the specific skills that people with disabilities possess, and use this as a basis for advocating and designing a system of affirmative action in the employment of people with disabilities, with employers who engage in the system identifying themselves as equal opportunity employers in their advertisements.
4. As part of awareness campaigns, target prospective employers to sensitise them to focusing on people with disabilities as people, rather than focusing on their disability; there must be regular practical demonstrations of what people with disabilities are capable of doing.
5. Encourage self employment and the development of small industries through the training in technical skills and the provision of small loans by government and other funding agencies.
6. Provide special training for placement staff at the Ministry of Labour in the skills and attitudes needed for effective placement of workers with disabilities. All persons with disabilities who are able to work must be placed on the recruitment and placement register.

7. Institute a programme of follow-up visits to work areas to evaluate placements of workers with disabilities; these evaluations should be used both to intervene, where necessary, in the situation of individual workers with disabilities and as a basis for planning.

8. Ensure re-training and alternative vocations for persons who become disabled and are unable to return to their former occupations or professions.

9. Design classes for both formal and non-formal training of people with disabilities, to equip them with skills for meaningful employment or self-employment; this training should be provided at affordable cost, and on scholarship, where necessary.

10. Provide vocational guidance and assessment, apprenticeship training and sheltered employment for people with disabilities who are unable to compete for jobs on the open market.

11. For enhanced prevention of disabilities, enforce Health and Safety regulations in the work place and ensure that inspections take place regularly.

12. Institute duty-free concessions and other concessionary measures for self-employed persons with disabilities.

4.2.4. INCOME MAINTENANCE AND SOCIAL SECURITY

Rule 8: "States are responsible for the provision of social security and income maintenance for persons with disabilities".

Policy: Social policy will be formulated on the basis of respect for the human rights of all persons, and on the responsibility of the nation to ensure social equity for all its citizens. Social programmes will therefore target people with disabilities as a distinct group of citizens.

Actions:

1. Increase Social Assistance for those parents who are unable to earn as a result of having to take care of a Child/Children with disabilities. Relatedly, amend the provisions of the National Insurance Scheme to provide for such parents, who should be entitled to receive benefits as self-employed persons.

2. Provide tax rebates for the medical expenses of people with disabilities where necessary.

3. Extend financial support to primary care-givers with children under five, to include those with children with disabilities of all

ages in need of total care.

4.2.5. FAMILY LIFE AND PERSONAL INTEGRITY

Rule 9: "States should promote the full participation of persons with disabilities in family life. They should promote their right to personal integrity and ensure that laws do not discriminate against persons with disabilities with respect to sexual relationships, marriage and parenthood".

Policy: Wherever possible, Government will ensure that people with disabilities remain within their family unit and in their communities as they desire.

Actions:

1. ~~Provide economic support, counselling and care services to enable people with disabilities to live within their family home.~~

2. In all government-assisted housing programmes, allocate a certain percentage of houses built for the use of persons with disabilities and give assistance to adapt existing houses to allow for their special needs.

3. Establish training for personnel and other counsellors in family life education with special reference to persons with disabilities.

4. Ensure that education to foster a positive attitude towards people and families of persons with disabilities include the right of people with disabilities to experience sexuality; have sexual relations; experience parenthood; have access to family planning information and aids; and to information on sexual functioning and on where to receive related counselling and advice.

4.2.6. CULTURE, RECREATION AND SPORTS

Rule 10: "States will ensure that persons with disabilities are integrated into and can participate in cultural activities on an equal basis".

Rule 11: "States will take measures to ensure that persons with disabilities have equal opportunities for recreation and sports".

Policy: Government will facilitate the inclusion of persons with disabilities in community activities relating to sports, recreation and culture by ensuring the removal of all barriers, physical and social, to their participation.

Actions:

1. Encourage all public and private places of entertainment to allow accessibility to persons with disability.
2. Assist organisations of persons with disabilities to acquire appropriate sporting equipment and facilities paying attention to the special needs of persons with disabilities.
3. Develop programmes for the training of coaches in the sporting areas which facilitate the participation of persons with disabilities.
4. ~~Provide special arrangements for persons with visual, hearing and mental impairments, such as literature in braille and on cassettes, reading material adapted to the individual's mental capacity, and close-captioning of television programmes.~~

4.2.7. RELIGION

Rule 12: "States will encourage measures for equal participation by persons with disabilities in the religious life of their communities".

Policy: Government will collaborate with the various religious organisations to ensure that the religious freedoms enshrined in the Constitution will apply to all persons with disabilities.

Actions:

1. Encourage religious bodies to ensure accessibility to places of worship for persons with disabilities.
2. Target religious authorities as a separate group for awareness-raising to the needs of persons with disabilities.

5. RESEARCH

Government will encourage continuous research and data collection on such issues as :

1. Causes , types , incidence and prevalence of disability in Guyana; including (a) the relationship between disability and accidents (traffic, workplace and home) (b) the role of immunisation in the prevention of disability.
2. The socio-economic conditions of people with disability in Guyana; how these impact on their lives and the lives of their families; and the response of society to these issues.

3. The levels and types of available rehabilitation services and the methods of service delivery.

4. The numbers and location of persons with disabilities in Guyana. An initial survey on persons with disability will be conducted but subsequent data will be collected via the National Population Censuses.

5. Employment practices on the labour market and the levels of training and vocational programmes offered for persons with disability.

6. POLICY PLANNING

The National Policy recognises the need for the inclusion of disability-related issues in the formulation of national development plans.

In an effort to achieve this there will be inter-agency collaboration and consultation requiring inputs from all Government agencies, Employers' and Trade Union organisations and organisations providing services for people with disabilities.

Organisations of persons with disabilities will be involved at the national level in decision-making on issues which are likely to impact on the lives of their members.

7. INTERNATIONAL CO-OPERATION

In keeping with its commitment to the rights of Guyanese with disabilities, the Government of Guyana will ensure its own participation in discussions and activities relating to persons with disabilities at the regional and international level.

Further the Government favours the collaborative approach, and will actively support the participation of organisations of persons with disabilities in these discussions and activities.

It will encourage and offer support for the exchange of knowledge and expertise among Non-Governmental organisations, research institutions, and professional and national bodies concerned with people with disabilities both regionally and internationally.