# **Paradise Mobility Aids**

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#### **ABSTRACT**

'Disability' and 'impairment' are two different concepts. The distinction in definitions has gradually come about with the advance of the social model of disability. Impairment is the physical or mental limitation a person has, so the purely factual absence of or loss of function in a body parts .Disability, on the other hand, is the limitation to a person with an impairment caused by society's attitudes, physical environment, institutional and legal barriers. If a child cannot go

to school because the steps are too high, the books are not available in Braille, the teacher and other pupils will not accept the child, or the transport to school is impossible, then that is called a disability. Impairments can be medically classified, or treated, or provided technical aids for; disabilities cannot. To most people with a disability, the impairment is not the main problem; but disability is. Therefore, disability is what we must focus on.

Keywords: Mainstreaming disability, twin track approach, mainstream development

## 2. Twin track approach

Figure 3: A twin-track approach to disability and development

## A twin-track approach

Addressing inequalities between disabled and non-disabled persons in all strategic areas of our work Supporting specific initiatives to enhance the empowerment of people with disabilities

Equality of rights and opportunities for persons with disabilities

# 2.1 NEED TO MAINSTREAM DISABILITY IN DEVELOPMENT

There are people with disabilities in all target groups. In a medical model and disability-specific approach, the needs of people with a disability are often not understood. People themselves see economic survival and social participation as more essential than medical treatment or rehabilitation. People with a disability are more likely to be poor, because of the costs associated with treatment, loss of income and strain on caregivers. Disability works as a magnifier of problems, leading vulnerability to sudden shocks. Charity cannot scope with this structural problem. Inclusion is cheaper than special services. The United Nations Convention on the Rights on Persons with Disabilities must be implemented. It is essential for achieving the Millennium Development Goals (MDGs). A key strength of mainstreaming is that it helps decrease attitudinal barriers against impairment .When people with a disability are allowed to take part in and codecide over 'regular' development programmes, they become more visible to the rest of society.



2.2 Is disability always a result poverty:

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### 2.3 SITUATION OF PEOPLE WITH DISABILITIES

Approx. 10% of the world population has a disability, of which 90% lives in developing countries. In general disabled people belong to the most vulnerable groups of society. The EFA (Education for All) Global Monitoring Report 2007 estimated that one third of the 77 million children still out of school are disabled, and that fewer than 10 percent of disabled children in Sub-Saharan Africa attend school (UNESCO, 2006). Disabled people often do not have access to the labour market and are depending on family members .They are more vulnerable for sexual abuse and are more likely to get infected with HIV/Aids. They have poor access to information on HIV-Aids and have less access to health care and HIV-Aids services.

#### 2.5 PROCESS TO ACCESS BASIC SERVICE PROGRAMS

The process towards inclusion of all people in the Access to basic services programs can be split up into different steps. The steps are:

- 1. Preparation
- 2. Questionnaire to partner organisations
- 3. Data collection
- 4. Mapping
- 5. Assessment of partner organisations
- 6. Workshop on mainstreaming disability
- 7. Development of capacity building plan
- 8. Capacity building of partner organizations
- 9. Inclusion of disabled people in the programs (evaluation)

## 3. Strengths of mainstreaming disability:

#### 3.1 SOCIAL INCLUSION:

Mainstreaming disability also creates a range of opportunities for people who formerly were hidden away in shelters and institutions. Instead of being dependent 'inmates', they are gradually allowed to go into the 'real' world and do the things that all people do: working, learning, socializing and having fun. Not only society's attitudinal barriers are broken down, but most of all their own. Social inclusion generates self-esteem, and self-esteem is what powers action for equal rights.

## 3.2 Participation (institutional barriers):

Institutional barriers are lifted when policies, laws and basic services become inclusive of people with a disability. In many countries, laws exist that discriminate against disabled people. Even if there are not such laws, disability discrimination is enshrined in daily governance practice. Also, schools tend not to accept children with a disability, because they think they cannot provide for such a child. Sometimes, children are accepted, but no assistance or materials are provided, so the children cannot participate.

#### 3.3 Access for all (environmental barriers):

A big problem is access to transport and buildings. Without accessible transport, disabled people cannot get anywhere outside their home, block or village. Without buildings being accessible, they cannot enter or move around within. This really impedes their possibility to participate in daily activities, go to school, work and social meetings. A solution to this is called 'Universal Design': a set of guidelines and rules that help architects and local government plan building works ahead of time to make buildings, roads and means of transport accessible to all people within society.

## 3.4 Cost benefits and other practical advantages:

One of the great strengths of mainstreaming disability in development is that it is much cheaper and more sustainable than ad hoc project-based, disability-specific interventions. Firstly, building new special schools and institutions, hiring medical and educational professionals, importing technical equipment from abroad and providing for people on a daily basis cost a lot of money.



#### 3.5 opportunities for mainstreaming disability are:

The new emerging legislative and policy frameworks; (Self-) advocacy; Learning from other mainstreaming efforts, such as gender mainstreaming; The increasing numbers of freely available tools and manuals online; Networks and platforms in which NGOs and DPOs discuss and coordinate their strategy.

### 3.6 constraints to mainstreaming disability are:

A (perceived) lack of money, time and/ or capacity, especially for local NGOs. That disability is not mentioned in the Millennium Development Goals, and is therefore not on the global agenda; Attitudes among professional (development) staff, who do not understand the need to make special provisions for disability or are afraid to lose their technical/ medical job;

A lack of (academic) research on disability-related development issues in general and on disability statistics in particular. A lack of formal accountability mechanisms and of disability-specific indicators for monitoring and evaluation. Though the concept of disability mainstreaming is strong in theory and ideology, the practical implementation is a little more complicated.

# 4. Media influence on attitudes towards disability:

In trying to remove disabling practices, a major obstacle that must not be overlooked is bureaucracy. Putting files on a desk can be done easily, but actually having them read, discussed and implemented is another. Mainstreaming of disability overall suffers from disregard and half-hearted implementation.



## 5. strengths of mainstreaming disability are:

It enables people with a disability to participate in daily society. It helps decrease attitudinal, institutional and environmental barriers; It is more cost-effective and capable of servicing many more people than charity approaches; It allows for people with a disability to be independent and make their own decisions for life.

#### 5.1 weaknesses of mainstreaming disability:

The sheer scope and size of the project, as well as the effort that has to be put in to achieving sustainable improvement, is often grossly underestimated. That, due to a variety of different (half-hearted) approaches, views and interests mainstreaming efforts are fragmented and uncoordinated. There needs to be more clarity on the concept that disability as a concept and disabled people as a group are often generalised yet every group requires a different approach.

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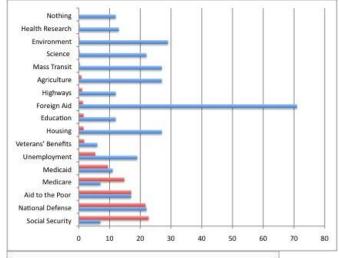
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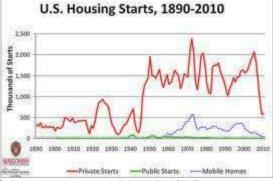
#### CONCLUSION:

How does this all balance out? On the one hand mainstreaming disability has a vast potential and increasing opportunities to realize it; yet on the other hand, it remains low on the agenda of many countries and (influential) development actors, for whom 'survival of the fittest' is not merely a catchphrase. The movement with the most supporters, the loudest voice and the largest financial resources will be most likely to attract significant worldwide attention – but, in fear of sounding gloomy, that will *not be the mainstreaming disability campaign*.

But let's not be disappointed. Globalization and new aid modalities have provided civil society with communication technology and with alliances between all sorts of organisations from the top to the very grassroots of society.

People with disabilities themselves should be empowered and stand up for their rights. If they do, they again can raise awareness with others and lead them to education, employment and a dignified life.





#### REFRENCES

- [1] www.inclusive*sector*,http://www.inclusive development.org/cbmtools/part3/4/UrbanDevelopment/DisabilitysensitiveindicatorsUrbanDevelopmentsector.pdf
- [2] CBM (2006-8), Disability sensitive indicators for the Water and Sanitation sector, www.inclusive-development.org/cbmtools/part3/4/WaterandSanitation/DisabilitysensitiveindicatorsWaterandSanitationsector.pdf
- [3] www.inclusivedevelopment.org/cbmtools/part3/2/TOR/ PreparingtermsofreferenceattheImplementationphase.pd