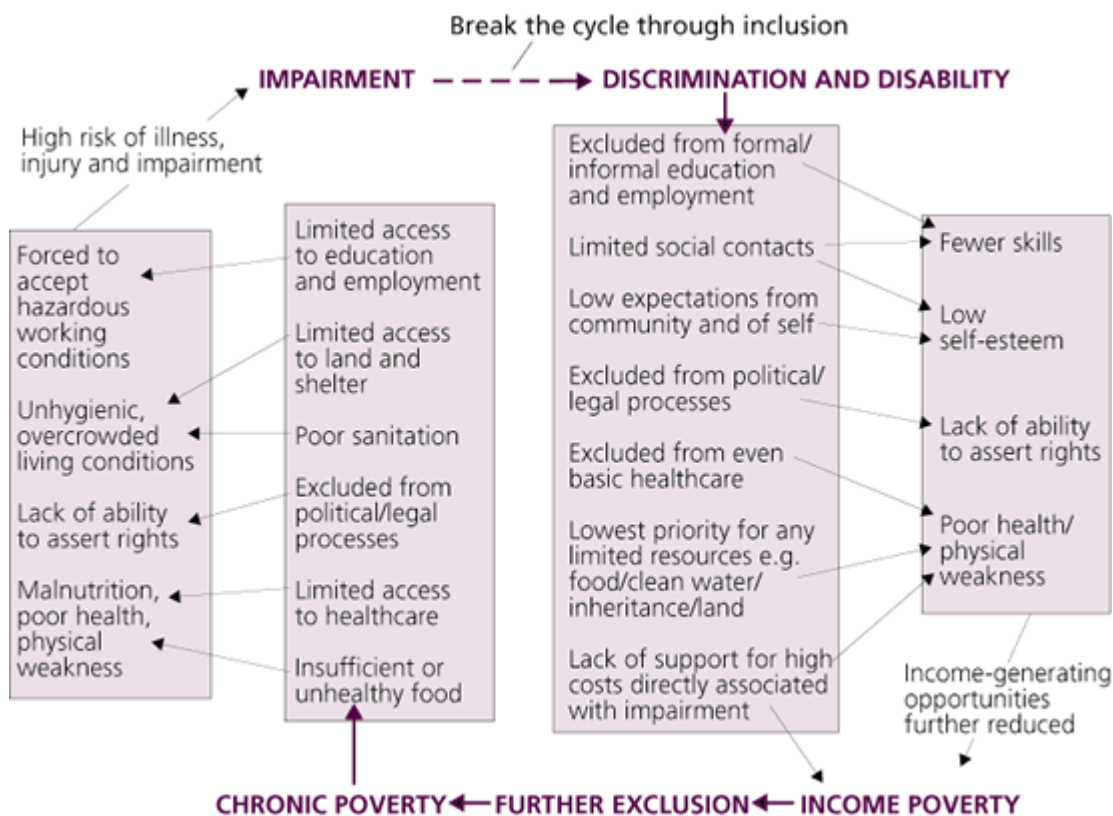


Dark & Light's mission in relation to the Millennium Development Goals (MDGs)

The Millennium Development Goals are targets set by the international community at the Millennium Summit in 2000 to overcome poverty, exclusion and environmental problems by the year 2015. Disability has not been mentioned in these MDGs, which has led to protest from disability equality advocates from around the world. Dark & Light shares the vision that without addressing the issues of disability, the MDGs cannot be achieved.

Goal 1: Eradicate extreme poverty and hunger

Disability influences livelihood opportunities in many ways. A known phenomenon is the [poverty cycle](#): poverty increases the risk of getting becoming impaired. An impairment, together with the stigma that is attached to it, often results in exclusion from education, employment, health services, etc. This leads to a further decline in income opportunities, resulting in further exclusion and trapping people in a chronic poverty cycle.ⁱ See figure below.ⁱⁱ



This cycle can be broken by promoting inclusion of disabled people in society and by prevention and treatment of diseases that lead to impairments.

Dark & Light Blind Care contributes to the fight against extreme poverty by focusing its activities on:

- the eradication of avoidable blindness, the provision of tailor-made services to people with blindness, low vision, or other impairments, and community-based rehabilitation.

- inclusion of people with disabilities into society and into development interventions in particular, to enable them to claim their rights as equal human beings.

Our goal is to support and train organisations for and by people with disabilities, to empower them to take matters into their own hands. They must be enabled to provide services and information to all stakeholders, and to advocate for inclusion of people with disabilities in all government policies and practices, as well as in development interventions by local and external NGOs, so as to eradicate poverty and marginalisation of people with disabilities in a sustainable manner.

Goal 2: Achieve universal primary education

Children with a disability are less likely to be in school. A survey of data in different countries shows an enrolment rate of disabled children (age 6-11) from 14% in Burundi to 29% in Indonesia, whereas the enrolment of children without a disability in the same age group in Burundi was 37% and 88% in Indonesiaⁱⁱⁱ. If children are enrolled in school, often lack of assistive devices, lack of personal child-centred attention and prejudice or bullying by classmates lead to a high drop-out rate.

The UN Convention on the Rights of the Child expresses the right of each child to education (Article 28) and the responsibility of governments to ensure that disabled children receive quality education (Article 23).

This is reinforced by the UN Convention on the Rights of Persons with Disabilities, which places an obligation on governments to ensure an inclusive system (Article 24).

The EFA (Education for All) Global Monitoring Report 2007 estimated that one third of the 77 million children still out of school have a disability, and that fewer than 10 per cent of disabled children in Sub-Saharan Africa attend school (UNESCO, 2006). The report recommends that Inclusive Education should be a top priority if governments want to achieve the targets of Education for All.^{iv}

Dark & Light contributes towards reaching this goal by stimulating inclusive education. This means that whenever possible, children with a disability should be enabled to go to school in their own environment, together with other children from the community. Teachers should be trained to make them aware of the problems faced by children with a disability and to help them provide quality education for each and every child. Parents and communities should be sensitised to send children with disabilities to school and to support them to prevent dropping out. The provision of assistive devices and a barrier-free learning environment should further facilitate accessibility. In addition, lobby towards the government is essential to raise awareness about the needs of disabled children and to promote authorities to make inclusive education the standard nation-wide.

Goal 3: Promote gender equality and empower women

Women with disabilities bear a double burden: that of gender and that of disability. "While women with disabilities do have some experiences and challenges in common with men with disabilities, in many circumstances, the former face multiple and intersectional discrimination. Therefore, they are often profoundly more disadvantaged than men with disabilities in similar situations, leading to the denial of rights, opportunities and resources."^v

In disability movements, women with disabilities are often underrepresented; and likewise, in women's movements disabilities are not considered important. Specific threats that women with a disability encounter are: abuse, lack of healthcare, lesser access to education and lower social status.

Population-based surveys on blindness-prevalence indicate that women bear approximately two-thirds of the burden of blindness in the world. Barriers that prevent people from using available eye-care services vary considerably for women and men.^{vi} Statistics from different eye care programmes show that in the first years, the female: male ratio is below 50:50, but after some years of service provision the ratio usually increases to above 50:50. Eye care providers have a role to play in the identification and the removal of barriers that prevent women from receiving health care services.

Another topic is the risk of sexual abuse and the risk of sexually transmitted diseases. The prejudice that disabled people do not have or are not allowed to have sex is widespread. Because it is a taboo, people with a disability, and especially women, are more likely to be sexually abused^{vii}, often even by their close relations or caregivers. Their disability makes them dependent on their caregivers, so that they do not dare protest in fear of being withheld care or support. Women with disabilities have a hard time to find a marriage partner, and if they marry, they are often physically or sexually abused and/ or abandoned after a short while.

On top of this, campaigns and communication materials about sexual and reproductive health, contraception or the causes of HIV/AIDS tend to be inaccessible to women with a disability. Organisations that work on empowerment of men and women with disabilities play an important role in reducing these risks.

Goal 4: Reduce child mortality

Several studies indicate higher mortality rates among children and adults with (visual) disabilities and also a greater risk of accidents^{viii}. Children with a disability are often left uncared for, because the family members are busy earning a meagre income. Prejudice leads to children being hidden away from the community, without adequate nutrition, sunlight or healthcare/ rehabilitation. Sometimes even, children with disabilities are purposefully killed or starved. Awareness-raising on the causes and treatment of impairments can contribute towards reducing child mortality. Research also suggests that interventions to reverse blindness or rehabilitation interventions can reduce the risk of mortality. For instance, vitamin A supplementation prevents blindness in young children and also is the best treatment against measles and other potentially fatal diseases.

Goal 5: Improve maternal health

Up to 20 million women a year are affected by disabling impairments associated with pregnancy and childbirth. The lack of access to good healthcare and the lack of knowledge of Traditional Birth Attendants (TBAs) contribute to this enormous drama. In addition, disabled women are often refused entry to healthcare facilities to give birth, or they cannot access them due to physical barriers and the non-availability of special beds and wheelchairs.^{ix} Bad maternal health also leads to increased disability in children and malnutrition.

Dark & Light programmes address the needs of mothers(-to be), for example by campaigning and educating on sexual and reproductive health (Sindhu Improvement society, Nepal and Salu Self Help/ ENOVIB, Ethiopia).

Goal 6: Combat HIV/AIDS, malaria and other diseases

HIV/AIDS is a global epidemic which threatens the live of millions of people and causes great social and economic devastation.

Studies on HIV/AIDS and disability have found that people with disabilities are at significantly higher risk of becoming HIV-infected^{x,xi} (see also the text under goal 3 about the risks of sexual abuse). Organisations providing rehabilitation services to blind and other disabled persons organise awareness campaigns targeting people with disabilities and their community members to inform them about the risks of HIV/AIDS and how to prevent becoming infected. In addition, wider awareness-raising campaigns should ensure that HIV/AIDS programmes also include people with disabilities, for example by using sign language for deaf people and Braille sheets for blind persons.

Dark & Light has a policy on HIV/AIDS and disability, which states that not only disabled people have a higher risk of being infected with HIV/AIDS, but also that HIV/AIDS is an important cause of disability and blindness. In programme countries with an infection rate of more than 1%, Dark & Light requires its partners to develop a workplace policy on HIV/AIDS and in all eye care programmes, partners are asked to adopt the prevention measures that were developed by the Community Eye Health Journal.

Goal 7: Ensure environmental sustainability

The eye infection trachoma, which is in fact a poverty disease, is to be eliminated using the [SAFE](#) strategy, which is promoted by WHO^{xii}. Besides Surgery and Antibiotics, the SAFE strategy targets the Facial cleanliness and improvement of the community Environment to eliminate the disease. Especially provision of water, improvement of sanitation and garbage removal are measures taken to reduce the number of transmissions of trachoma.

Goal 8: Develop a global partnership for development

By a 'global partnership for development' is meant that states, international organisations, social movements, NGOs and the private sector need to come together and coordinate their efforts to create a sustainable impetus for development. This MDG is aimed at least-developed countries, fair trade, debt relief, non-monopolised provision of essential drugs, and the making available of new technology and communication worldwide.

This kind of development should be inclusive of all poor and marginalised people, also people with disabilities. Dark & Light works on developing such partnerships, by:

1. Participating in international platforms (e.g. IDDC) and working with national and international donors on issues of disability and lobby/advocacy;
2. Linking partner and other Southern organisations to one another to help them develop themselves and learn from each others' approaches;
3. Participating in large multi-stakeholder programmes which address a specific topic (e.g. food security in Gaibandha, Bangladesh) to come to a concerted approach and action, thereby increasing efficiency and effectiveness and at the same time raising awareness about disability and inclusion.

-
- ⁱ Yeo, R. and K. Moore (2003), *Including disabled people in poverty reduction work: "Nothing about us, without us"*, World Development, 31 (3).
- ⁱⁱ Based on Yeo and Moore (2003), extracted from www.id21.org.
- ⁱⁱⁱ Filmer, D. (2005), *Disability, Poverty and schooling in developing countries: Results from 11 household surveys*, World Bank.
- ^{iv} UNESCO (2007), *Strong Foundations: Early Childhood Care and Education*, EFA Global Monitoring Report 2007, Paris.
- ^v Stubbs, D./ Tawake, S. (2009), *Pacific sisters with disabilities: At the intersection of discrimination*, Suva: UNDP Pacific Centre
- ^{vi} Paul Courtright (2005), *Gender and Blindness*, Gender and Health, World Health Organization.
- ^{vii} Yousafzi, A. and K. Edwards (2004) *Double Burden: A situation analysis of HIV/AIDS and young people with disabilities in Rwanda and Uganda*, Institute of Child Health, University college London and Save the Children.
- ^{viii} World Health Organization (2000), *Preventing Blindness in children: report of WHO/IAPB scientific meeting*, Geneva, WHO/PBL/00.77.
- ^{ix} See: <http://www.includeeverybody.org/cs-maternal-health.php>
- ^x Yousafzi, A and K. Edwards (2004).
- ^{xi} Groce, N. (2004) *Capturing Hidden Voices: Global Survey on HIV/AIDS and Disability*, Yale/ World Bank
- ^{xii} <http://www.who.int/pbd/blindness/trachoma/en/>